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# Campaign Finance

## *Candidate Guide*

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[www.azsos.gov](http://www.azsos.gov)



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## **ABOUT THIS PUBLICATION**

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Running a campaign, especially for the first time, can be a daunting task. But it need not be. This Guide outlines what a candidate needs to know to be successful when running a privately financed campaign in Arizona.<sup>1</sup>

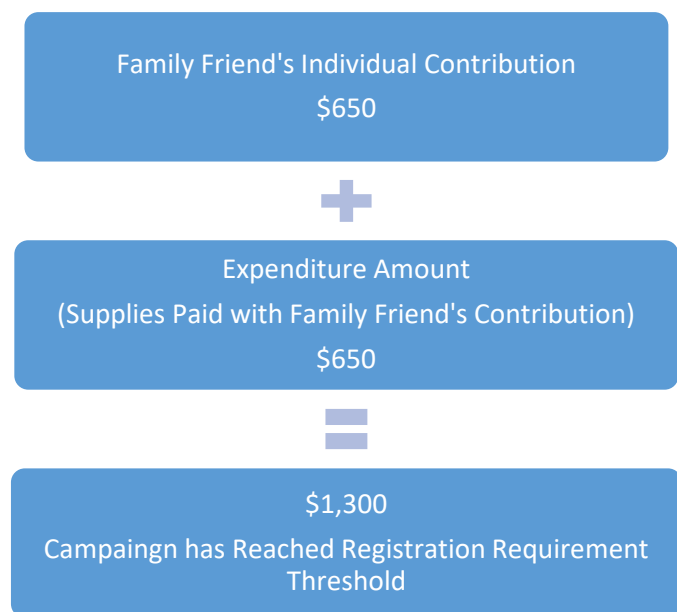
## 1 ESTABLISHING A CANDIDATE COMMITTEE

With few exceptions, a candidate generally needs to form a campaign committee before commencing his or her campaign in earnest.

### 1.1 WHEN TO FORM A CAMPAIGN COMMITTEE

A candidate seeking election to state, county, or city/town public office, including a justice or judge seeking to be retained in office,<sup>2</sup> is required to form a candidate committee upon reaching a certain level of financial activity.

A **statewide, legislative, or county candidate** who has received contributions or made expenditures (in any combination) of at least \$1,300 in connection with his or her candidacy during the election cycle is required to form a committee **within** 10 days of reaching that threshold.<sup>3</sup> For example, receiving a \$650 check from a family friend while spending \$650 on campaign supplies will trigger the registration requirement. Use of a candidate's own personal monies for electoral purposes counts towards the \$1,300 threshold.<sup>4</sup> **If a candidate never reaches the \$1,300 threshold, however, registration and reporting are not required.**



A **city or town candidate** who has received contributions or made expenditures (in any combination) of at least \$500 in connection with his or her candidacy during the election cycle is required to form a committee **within** 10 days of

<sup>1</sup> This Guide is primarily intended for privately financed candidates. Statewide and legislative candidates using public financing should contact the Arizona Citizens Clean Elections Commission (“CCEC”) to confirm additional campaign finance requirements that may be applicable. CCEC may also impose penalties against privately financed candidates for failure to comply with campaign finance reporting requirements or exceeding contribution limits. For additional information on these penalties, please refer to [A.R.S. § 16-941\(B\)](#); [A.R.S. § 16-942](#), the rules adopted by CCEC, and related judicial decision available at [www.azcleelections.gov](http://www.azcleelections.gov).

<sup>2</sup> [A.R.S. § 16-901\(7\)](#); [A.R.S. § 16-905\(A\)](#). Arizona Supreme Court Justices, Court of Appeals judges, and Superior Court judges in Maricopa, Pima and Pinal Counties seek retention in office pursuant to [Ariz. Const. Art. VI, § 38](#) after their initial appointment. Although they are required to form campaign committees if they reach the requisite financial threshold, Arizona judicial ethics rules prohibit judges from personally soliciting campaign contributions. See [Ariz. Code of Judicial Conduct, Rule 4.1\(A\)\(6\)](#).

<sup>3</sup> [A.R.S. § 16-905\(A\)](#); [A.R.S. § 16-906\(A\)](#). The registration threshold for statewide, legislative, and county candidates is increased by \$100 each odd-numbered year pursuant to [A.R.S. § 16-931\(A\)\(1\)](#).

<sup>4</sup> A candidate's “personal monies” include all sources of income or wealth available to the candidate or candidate's spouse. [A.R.S. § 16-901\(40\)](#). A candidate's use of personal monies is discussed more in depth in [Section 4.2](#).

reaching that threshold.<sup>5</sup>

Spending “in connection with” one’s candidacy includes more than just the obvious indicators that someone is running for office, such as receiving contributions or purchasing campaign signs.<sup>6</sup> It also includes (but is not necessarily limited to) activities such as conducting polling, purchasing email lists, hiring attorneys or consultants, taking out a loan, incurring travel expenses, leasing facilities, purchasing supplies or equipment, or any other expense incurred for campaign purposes. Keep in mind, all contributions received or expenditures incurred before committee registration are eventually reportable, so a candidate must keep track of all financial activity from dollar one.<sup>7</sup>

Even if registration is not required, it nonetheless may be a good idea. At the state level, for example, doing so will enable the candidate to have access to the online campaign finance reporting system to begin inputting financial data.

Candidate committee registration thresholds for statewide, state legislative and county offices are increased on a biennial basis.<sup>8</sup>

| Financial Threshold for Registration |                          |
|--------------------------------------|--------------------------|
| 2021-2022 Election Cycle             | 2023-2024 Election Cycle |
| \$1,300                              | \$1,400                  |

## 1.2 WHERE TO REGISTER A CANDIDATE COMMITTEE

A candidate committee is formed by filing a statement of organization with the appropriate filing officer within 10 days of qualifying as a committee. The “filing officer” is the election official that accepts campaign finance reports for the office in question.<sup>9</sup> The table on the following page demonstrates the filing office for each office type.

*[space intentionally left blank]*

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<sup>5</sup> [A.R.S. § 16-905\(B\)](#). The registration threshold for city and town candidates is set at \$500 and is not adjusted on a biennial basis. [A.R.S. § 16-931\(A\)\(1\)](#).

<sup>6</sup> Candidate registration is triggered if a candidate reaches a certain monetary threshold “in connection with” his or her candidacy. [A.R.S. § 16-905\(A\)-\(B\)](#); [A.R.S. § 16-931\(A\)\(1\)](#).

<sup>7</sup> [A.R.S. § 16-907\(I\)](#); *see also* [A.R.S. § 16-927\(B\)](#) (specifying that the reporting period for a candidate’s first campaign finance report of the election cycle must include activity from the entire election cycle to date).

<sup>8</sup> [A.R.S. § 16-931\(A\)\(1\)](#).

<sup>9</sup> [A.R.S. § 16-906\(A\)](#); [A.R.S. § 16-928\(A\)](#). A “filing officer” means the Secretary of State or the county, city or town officer in charge of elections for that jurisdiction who accepts statements and reports for those elections. [A.R.S. § 16-901\(27\)](#).

| Candidate & Office Type              | Filing Office                                                                                 | Contact Information                                                                                                                     |
|--------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Statewide & State Legislative Office | Arizona Secretary of State <sup>10</sup>                                                      | <a href="https://azsos.gov">https://azsos.gov</a>                                                                                       |
|                                      |                                                                                               | <a href="#">Beacon</a><br>Statewide and legislative candidates file a statement of organization via the online campaign finance system. |
| County & Special Taxing District     | County Recorder’s Office or Elections Department within that particular county. <sup>11</sup> | County contact information is listed in <a href="#">Appendix A</a>                                                                      |
| School District Candidates           | County School Superintendent <sup>12</sup>                                                    | County contact information is listed in <a href="#">Appendix A</a>                                                                      |
| City or Town                         | City or Town Clerk <sup>13</sup>                                                              | <a href="#">Arizona League of Arizona Cities and Towns</a>                                                                              |

## 1.3 FILING A STATEMENT OF ORGANIZATION

### 1.3.1 Getting Started

A candidate committee will need a few basic things to get the campaign off the ground.

First, the committee will need a chairperson and treasurer to administer the committee. A chairperson may be assigned as many or as few duties as the candidate sees fit. Some chairpersons run the day-to-day operations of the campaign committee, while other chairpersons merely serve as figureheads.

**However, the committee treasurer should not be a figurehead.**

The treasurer is responsible for keeping the committee’s books and records, must sign off on financial transactions, and remains legally and personally responsible for filing complete and accurate campaign finance reports.<sup>14</sup> Since most campaign finance violations stem from poor recordkeeping or inattention to the law, picking the right treasurer is important.

#### What do you need to get started?

- ✓ Committee Chairperson
- ✓ Committee Treasurer
- ✓ Designate Physical & Email Address that will be checked often
- ✓ Determine Banking Institution

<sup>10</sup> [A.R.S. § 16-928\(A\)\(1\).](#)

<sup>11</sup> [A.R.S. § 16-928\(A\)\(2\).](#)

<sup>12</sup> Despite that [A.R.S. § 16-928\(A\)\(2\)](#) makes the “county officer in charge of elections” the filing officer for school district elections, [A.R.S. § 15-422\(A\)](#) requires that nominating petitions be filed with the county school superintendent.

<sup>13</sup> [A.R.S. § 16-928\(A\)\(3\).](#)

<sup>14</sup> [A.R.S. § 16-907\(A\); A.R.S. § 16-926\(B\)\(5\); A.R.S. § 16-934\(B\).](#)

Candidates typically select the person they trust most to serve as chairperson and treasurer: themselves.<sup>15</sup> Only candidate committees are permitted to have the candidate act as chairperson and treasurer.

Secondly, the committee will also need to provide basic contact information. It is perfectly acceptable to use the candidate's own contact information, but some candidates establish a separate mailing address and/or email address for their committee. Whichever choice is made, the candidate should provide email and physical addresses that the candidate will check often. Donors will send checks that must be timely reported, and election officials may send emails with important announcements or notices.<sup>16</sup>

Finally, a candidate committee must establish a bank account and be prepared to disclose the name of its bank or other financial institution.<sup>17</sup> (Please do not provide bank account numbers in a statement of organization; only provide the bank name). In some cases, a committee might have to forecast in its statement of organization the bank where it *intends* to open an account. This is because some banks might require a committee to have certain formalities already established prior to opening an account, such as filing a statement of organization, incorporating with the Arizona Corporation Commission, and/or obtaining a taxpayer ID number from the Internal Revenue Service (IRS). **Committees are solely responsible for adhering to banking policies, and filing officers are unable to assist in establishing a bank account.**

It is permissible to list the committee's *future* financial institution on a statement of organization if the committee ultimately opens an account with that institution. In that case, the committee should wait no longer than 30 days after filing the statement of organization to open the account to avoid a campaign finance violation. For reasons discussed in the next section, the committee must open its *own* account, and may not commingle other monies in the account.<sup>18</sup>

### **1.3.2 Components of a Statement of Organization**

A statement of organization must contain certain information to be considered complete, as explained in the subsections below.

#### **1.3.2.1 Committee Information**

The following information must be provided about a candidate committee:<sup>19</sup>

- Committee name
  - The committee name must include the candidate's first or last name and, if the candidate has a candidate

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<sup>15</sup> [A.R.S. § 16-906\(B\)\(3\)](#) (“the candidate may serve as both chairperson and treasurer”).

<sup>16</sup> [A.R.S. § 16-906\(B\)\(6\)](#). A condition of filing a statement of organization is that the candidate agrees to accept all notices via email in lieu of certified mail or personal delivery. Failure to regularly check one's email will not be considered a valid defense to any enforcement action.

<sup>17</sup> [A.R.S. § 16-906\(B\)\(5\)](#).

<sup>18</sup> [A.R.S. § 16-907\(B\)\(1\)](#).

<sup>19</sup> [A.R.S. § 16-906\(B\)\(1\)](#).

committee open for more than one office, the office sought.<sup>20</sup>

- Committee mailing address
  - If the committee has its own mailing address separate from the candidate's, chairperson's, and treasurer's address, this mailing address should be listed.
  - Otherwise, if the committee does not have its own mailing address, the committee may list the mailing address for the chairperson, treasurer, committee's political consultant, or any other person who speaks for the committee.
  - A P.O. Box may serve as a mailing address.
- Committee email address
  - If the committee has its own email address separate from the chairperson's or treasurer's email address, the committee's email address should be listed.
  - Otherwise, if the committee does not have its own email address, the committee may list the email address for the chairperson, treasurer, committee's political consultant, or any other person who speaks for the committee.
- Committee website (if the committee has a campaign website)
- Committee telephone number
  - If the committee has its own telephone number separate from the chairperson's or treasurer's phone number, that number should be listed.
  - Otherwise, if the committee does not have its own telephone number, the committee should list the telephone number for the chairperson, treasurer, committee's political consultant, or any other person who speaks for the committee.
- Name of any banks or other financial institutions used by the committee.<sup>21</sup> Bank account numbers should not be listed.

### ***1.3.2.2 Chairperson Information***

The following information must be provided about the committee chairperson:<sup>22</sup>

- Chairperson's name
  - A candidate may serve as chairperson of his or her own campaign committee (and may serve as the

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<sup>20</sup> [A.R.S. § 16-906\(B\)\(1\)\(a\)](#). If a candidate has multiple committees open, it is not necessary to identify the district with the "office sought" but legislative candidates must specify whether they are running for the Senate or House of Representatives. Abbreviations and shorthand phrases are permissible. For example, "Johnson 4 House" or "Smith Corp. Comm. Committee" are sufficiently descriptive committee names. In cases involving multiple committees, the committee names must include the office sought because it is necessary that any fundraising solicitations or advertising disclaimers properly disclose which committee actually paid for the expenditure. See [A.R.S. § 16-906\(F\)](#) (barring multiple committees for the same office but imposing no restrictions on forming multiple committees for different offices); [A.R.S. § 16-925\(A\)\(1\)](#) (requiring "paid for" followed by the committee name on any fundraising solicitation or political advertisement).

<sup>21</sup> [A.R.S. § 16-906\(B\)\(5\)](#).

<sup>22</sup> [A.R.S. § 16-906\(B\)\(3\)](#).

committee treasurer as well).

- Chairperson’s physical location or street address
  - The chairperson must provide a physical or street address where he or she can be located, and therefore may not list a P.O. Box.
- Chairperson’s email address
  - The chairperson should list a personal or work email address that is separate from the committee’s generic email address. This is intended to ensure there are multiple ways to reach a committee via email.
- Chairperson’s telephone number
  - The chairperson should list a personal or work telephone number that is separate from the committee’s telephone number. This is intended to ensure there are multiple ways to reach a committee via telephone.
- Chairperson’s occupation
  - The occupation should be sufficiently specific to identify the chairperson’s line of work.
  - “Attorney,” “accountant,” “doctor,” and the like are sufficiently descriptive. A “consultant” should be more specifically identified, such as “political consultant” or “management consultant.”
  - “Retired,” “homemaker,” “unemployed,” “student,” and the like are sufficient occupational descriptions, if applicable.
  - If the chairperson has multiple occupations, list the chairperson’s primary or principal occupation.
- Chairperson’s employer
  - If the chairperson has multiple employers, list the chairperson’s primary or principal employer.
  - If the chairperson is self-employed, list the name, company, or title through which the chairperson does business.
  - “Retired,” “homemaker,” “unemployed,” “student,” and the like are sufficient employment descriptions, if applicable.

### ***1.3.2.3 Treasurer Information***

The following information must be provided about the committee treasurer:<sup>23</sup>

- Treasurer’s name
  - A candidate may serve as treasurer of his or her own campaign committee (and may serve as the committee chairperson as well).
- Treasurer’s physical location or street address
  - The treasurer must provide a physical or street address where he or she can be located, and therefore may not list a P.O. Box.
- Treasurer’s email address
  - The treasurer should list a personal or work email address that is separate from the committee’s generic

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<sup>23</sup> [A.R.S. § 16-906\(B\)\(3\).](#)

email address. This is intended to ensure there are multiple ways to reach a committee via email.

- Treasurer’s telephone number
  - The treasurer should list a personal or work telephone number that is separate from the committee’s telephone number. This is intended to ensure there are multiple ways to reach a committee via telephone.
- Treasurer’s occupation
  - The occupation should be sufficiently specific to identify the treasurer’s line of work.
  - “Attorney,” “accountant,” “doctor,” and the like are sufficiently descriptive. A “consultant” should be more specifically identified, such as “political consultant” or “management consultant.”
  - “Retired,” “homemaker,” “unemployed,” “student,” and the like are sufficient occupational descriptions, if applicable.
  - If the treasurer has multiple occupations, list the treasurer’s primary or principal occupation.
- Treasurer’s employer
  - If the treasurer has multiple employers, list the treasurer’s primary or principal employer.
  - If the treasurer is self-employed, list the name, company, or title through which the treasurer does business.
  - “Retired,” “homemaker,” “unemployed,” “student,” and the like are sufficient employment descriptions, if applicable.

### **1.3.3 Finalizing a Statement of Organization**

After providing the required information outlined above, the candidate, chairperson, and treasurer must swear under penalty of perjury that they (1) have read this Guide (and/or any additional guide provided by a local filing officer), (2) agree to comply with Arizona campaign finance law, and (3) agree to accept all notifications, statements, service of process, or other important documents via the committee’s email address.<sup>24</sup>

Please note, because official notifications will be exclusively sent via email, the candidate and committee officers should list email addresses that will be routinely monitored. In the event a campaign finance complaint is filed against the committee, for example, the filing officer will not typically accept failure to monitor the email account(s) as a legitimate defense for failing to respond to the complaint.

Original signatures are not required for a statement of organization, given that typed or electronic signatures are deemed to have the same legal effect.<sup>25</sup>

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<sup>24</sup> [A.R.S. § 16-906\(B\)\(6\).](#)

<sup>25</sup> Original signatures are no longer required because a filing officer must provide an electronic filing option for all candidates. [A.R.S. § 16-928\(C\).](#) On an interim basis, local jurisdictions typically comply with the requirement by providing fillable PDFs and accepting any completed documents via email or direct upload to the filing officer’s website. A more comprehensive, statewide campaign filing system that includes the use by local filing jurisdictions, is anticipated to be available in the 2022 election cycle.

Once registration is complete, the filing officer will issue an identification number for the candidate committee.<sup>26</sup> This identification number will be used to identify the committee in future correspondence.

A sample Local Statement of Organization for a local filing office is included in [Appendix B](#).

## **1.4 QUALIFICATION FOR PUBLIC FUNDING**

A statewide or legislative candidate who has filed a statement of organization is eligible to participate in the Arizona Citizens Clean Elections funding program. A publicly funded candidate must comply with the provisions of the Citizens Clean Elections Act, including filing an Application for Certification as a Participating Candidate with the Secretary of State's Office before the end of the applicable qualifying period.<sup>27</sup> Please contact the [Citizens Clean Elections Commission \("CCEC"\)](#) for further information.<sup>28</sup>

The City of Tucson also operates a Public Funds Matching Program for candidates running within the City of Tucson's jurisdiction. Please contact the [Tucson City Clerk's Office](#) for further information about that program.<sup>29</sup>

## **1.5 CHANGES IN COMMITTEE INFORMATION**

If there is a change in any committee information outlined in [Section 1.3.2](#) above, a committee must file an amended statement of organization within ten days of the change.<sup>30</sup>

## **1.6 FORMING MULTIPLE COMMITTEES**

From a campaign finance perspective, a candidate may only have one campaign committee in existence for the same office during the same election cycle.<sup>31</sup> This prevents a candidate from subverting contribution limits by having donors contribute to multiple affiliated committees.

In the event a candidate seeks to open multiple committees for the same office, filing officers are authorized to reject the additional statement of organization.<sup>32</sup>

If a candidate runs for the same office in consecutive election cycles, it is not necessary to open a new campaign committee for the next election cycle while terminating the previous committee. Rather, it is acceptable to continue using the previously existing committee, amend that committee's statement of organization to make any necessary

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<sup>26</sup> [A.R.S. § 16-906\(D\)](#).

<sup>27</sup> [A.R.S. § 16-947](#); [A.R.S. § 16-950](#).

<sup>28</sup> Visit <http://www.azcanelections.gov>.

<sup>29</sup> Visit [www.tucsonaz.gov/clerks/campaign-finance-information](http://www.tucsonaz.gov/clerks/campaign-finance-information).

<sup>30</sup> [A.R.S. § 16-906\(C\)](#).

<sup>31</sup> [A.R.S. § 16-906\(F\)](#). Other Arizona laws prohibit a candidate from submitting multiple nomination papers to run for multiple offices. See e.g. [Ariz. Const. Art. 22, § 18](#); [A.R.S. § 38-296](#); [A.R.S. § 38-296.01](#).

<sup>32</sup> Even if not rejected by the filing officer, the candidate would be subject to a campaign finance complaint for maintaining multiple committees for the same office in violation of [A.R.S. § 16-906\(F\)](#).

changes, and update the committee's election cycle designation within the campaign finance reporting system.<sup>33</sup>

A candidate may simultaneously maintain multiple committees *for different offices*; however, that does not mean the candidate is permitted to freely transfer money between these committees. If a candidate has a candidate committee open for more than one office, the committee name must include the office sought (e.g. Jane Doe for State Representative, Jane Doe for State Senator). (Again, this is intended to prevent candidates from subverting contribution limits by having donors contribute to multiple committees). [Section 4.1](#) and [Section 5](#) of this Guide more fully discuss the limitations on transferring money from committee to committee.

## 2 RECORDKEEPING AND FINANCIAL MANAGEMENT

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A candidate committee is required to maintain financial records. The legal responsibility for compliance falls on the committee treasurer, but many candidates act as their own treasurer. Regardless of who serves as treasurer, however, it is imperative that candidates remain actively involved in financially managing their own campaigns.<sup>34</sup>

### 2.1 COLLECTING CONTRIBUTOR INFORMATION

Often the lifeblood of a thriving campaign is fundraising. But when a campaign receives contributions, it is important that the campaign conduct its due diligence to properly document these contributions. Different rules apply depending on the source and the amount of the contribution.

#### 2.1.1 Information Required by Contributor Type

##### 2.1.1.1 *In-State Individual Contributions That Exceed \$100*

For contributions from in-state individuals who contribute more than \$100 during the election cycle, a campaign committee is required to record and report each contributor's name, address, occupation, and employer.<sup>35</sup> The following standards apply:<sup>36</sup>

- Contributor's name
  - The contributor must provide a first and last name.
  - If a joint contribution is made by a married couple, each spouse's first and last name must be provided to the committee.

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<sup>33</sup> If a candidate closes a committee and reopens another committee for the same office during the same election cycle, contribution limits will not reset for the new committee. Contributions to the original committee will be deemed to be contributions to the new committee, so both committees must keep accurate records to reconcile both committees' financial activities.

<sup>34</sup> [A.R.S. § 16-907\(A\)](#).

<sup>35</sup> [A.R.S. § 16-901\(29\)](#). A candidate committee must fully "identify" any individual who contributes more than \$100 during the election cycle. [A.R.S. § 16-907\(C\)](#); [A.R.S. § 16-926\(B\)\(2\)\(a\)\(i\)](#).

<sup>36</sup> [A.R.S. § 16-901\(29\)\(a\)](#).

- Contributor's residential location or street address<sup>37</sup>
  - Only a residential address or location may be provided. A work address or P.O. Box is not permitted.
- Contributor's occupation
  - The occupation should be sufficiently specific to identify the contributor's line of work.
  - "Attorney," "accountant," "doctor," and the like are sufficiently descriptive. A "consultant" should be more specifically identified, such as "political consultant" or "management consultant."
  - "Retired," "homemaker," "unemployed," "student," and the like are sufficient occupational descriptions, if applicable.
  - If the contributor has multiple occupations, the contributor's primary or principal occupation should be provided.
- Contributor's employer
  - If the contributor has multiple employers, the contributor's primary or principal employer should be provided.
  - If the contributor is self-employed, the contributor should list the name, company, or title through which he or she does business.
  - "Retired," "homemaker," "unemployed," "student," and the like are sufficient employment descriptions, if applicable.

#### *2.1.1.2 Out-of-State Individual Contributions*

For all contributions from out-of-state individuals, regardless of amount, a campaign committee is required to record and report each contributor's name, address, occupation, and employer.<sup>38</sup> The following standards apply:<sup>39</sup>

- Contributor's name
  - The contributor must provide a first and last name.
  - If a joint contribution is made by a married couple, each spouse's first and last name must be provided to the committee.
- Contributor's residential location or street address
  - Only a residential address or location may be provided. A work address or P.O. Box is not permitted.
- Contributor's occupation
  - The occupation should be sufficiently specific to identify the contributor's line of work.
  - "Attorney," "accountant," "doctor," and the like are sufficiently descriptive. A "consultant" should be

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<sup>37</sup> A person whose residential address is protected from public disclosure pursuant to section 16-153 is not required to disclose the person's residential address and shall instead provide an alternate mailing address. [A.R.S. § 16-907\(C\); A.R.S. § 16-926\(B\)\(2\)\(a\)\(i\).](#)

<sup>38</sup> [A.R.S. § 16-901\(29\).](#)

<sup>39</sup> [A.R.S. § 16-901\(29\)\(a\).](#)

more specifically identified, such as “political consultant” or “management consultant.”

- “Retired,” “homemaker,” “unemployed,” “student,” and the like are sufficient occupational descriptions, if applicable.
- If the contributor has multiple occupations, the contributor’s primary or principal occupation should be provided.
- Contributor’s employer
  - If the contributor has multiple employers, the contributor’s primary or principal employer should be provided.
  - If the contributor is self-employed, the contributor should list the name, company, or title through which he or she does business.
  - “Retired,” “homemaker,” “unemployed,” “student,” and the like are sufficient employment descriptions, if applicable.

### *2.1.1.2 In-State Individual Contributions of \$100 or Less*

If an in-state individual contributor gave \$100 or less to a candidate’s committee during the election cycle, the committee need not *report* the contributor’s name, address, occupation and employer.<sup>40</sup> But the committee should keep *records* of this information.<sup>41</sup>

For example, if an in-state individual contributor eventually exceeds the \$100 threshold during the election cycle, the contributor’s identifying information will be required to be reported going forward. If the committee does not track a person’s small-dollar contributions from the beginning, it will be difficult to know when a contributor’s \$100 aggregate threshold has been reached.

Tracking these small donations is easier said than done in the real world. Campaigns are not expected to seek identifying information during isolated or fleeting fundraising encounters, such as when selling campaign T-shirts or raffle tickets. On the other hand, routinely raising funds at a reoccurring political meeting or event is likely to put a candidate face-to-face with donors who are inclined to contribute again in the future.

Generally, a candidate should err on the side of caution if there is a substantial likelihood of encountering small dollar contributors who will exceed \$100 in contributions during the election cycle.

In the end, a campaign should always use its best judgement as to when to collect identifying information from small-dollar individual contributors. Further, even if identifying information is not required from small-dollar individual contributors, the candidate committee must report the *aggregate amount* of contributions from all in-state individuals whose contributions do not exceed \$100 for the election cycle.<sup>42</sup>

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<sup>40</sup> [A.R.S. § 16-926\(B\)\(2\)\(a\)\(i\).](#)

<sup>41</sup> [A.R.S. § 16-907\(D\)\(1\).](#)

<sup>42</sup> [A.R.S. § 16-926\(B\)\(2\)\(b\).](#)

### **2.1.1.3 Committee Contributions**

For contributions from PACs, political parties, or other candidate committees *in any amount*, a candidate committee is required to record and report the contributor's name and address. The following standards apply:<sup>43</sup>

- Committee's name<sup>44</sup>
  - A committee should provide its name as reflected in its statement of organization.<sup>45</sup>
- Committee's physical location or street address<sup>46</sup>
  - Only a physical address or street location may be provided. A P.O. Box is not permitted.

### **2.1.1.4 Partnership Contributions**

For partnership contributions in any amount, a candidate committee is required to record and report the partnership's name and address, including identifying information about the individual partner contributors. The following standards apply:

- Partnership's name<sup>47</sup>
  - A partnership should provide its name as reflected in its articles of incorporation/organization, partnership agreement, or other official document filed with a government entity.
- Partnership's physical location or street address<sup>48</sup>
  - Only a physical address or street location may be provided. A P.O. Box is not permitted.
- Individual contributing partners' information
  - A partnership must provide the name, address, occupation and employer for each individual partner who has agreed to participate in the partnership's contribution, as well as the amount of the contribution attributed to each partner.<sup>49</sup>

For more information about partnership contributions, please see [Section 3.2.4](#) of this Guide.

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<sup>43</sup> [A.R.S. § 16-901\(29\)\(b\)](#). All committee contributors must be identified, as there is no \$50 reporting threshold similar to what exists in the individual context. Compare [A.R.S. § 16-926\(B\)\(2\)\(a\)\(i\)](#) with [A.R.S. § 16-926\(B\)\(2\)\(a\)\(iii\)-\(iv\)](#). A candidate committee may accept contributions from political parties and other candidate committees under limited circumstances. See [Section 3.2.3](#) (political party contributions) and [Section 3.2.5](#) (candidate contributions) for more information.

<sup>44</sup> [A.R.S. § 16-901\(29\)\(b\)](#).

<sup>45</sup> Only PACs and political parties registered in Arizona are permitted to make contributions to candidate committees. See [A.R.S. § 16-901\(41\)](#) (defining a "political action committee" as an entity "that is required to register" with an Arizona filing officer pursuant to [A.R.S. § 16-905](#)); [A.R.S. § 16-901\(42\)](#) (defining a "political party" as a committee that has met "the requirements for recognition as a political party pursuant to [Arizona law]"). Thus, an out-of-state PAC or political party must register with the Secretary of State before making a contribution to a candidate.

<sup>46</sup> [A.R.S. § 16-901\(29\)\(b\)](#).

<sup>47</sup> [A.R.S. § 16-901\(29\)\(b\)](#).

<sup>48</sup> [A.R.S. § 16-901\(29\)\(b\)](#).

<sup>49</sup> [A.R.S. § 16-917\(C\)\(1\)](#).

### **2.1.2 Using Standard Disclaimers**

Candidate committees not only must ask for identifying information, they must also inform prospective contributors that the committee is legally required to do so.<sup>50</sup> Thus, when sending out a fundraising solicitation for a forthcoming fundraiser, the following disclaimer will normally suffice:

“The committee is legally required to request identifying information from each contributor.”<sup>51</sup>

### **2.1.3 Making “Best Efforts” to Seek Missing Information**

Good practice entails scrutinizing all contributions upon receipt to ensure they sufficiently meet the above standards.<sup>52</sup> Some contributions are bound to be lacking, however. These are known as “incomplete contributions.”<sup>53</sup> If a campaign committee discovers an incomplete contribution, it is required to affirmatively seek out the missing information in order to file a complete and accurate campaign finance report.<sup>54</sup>

The committee is not held to a standard of perfection, since it need only make its “best effort” to acquire the missing information. But in order to qualify as a “best effort,” the committee treasurer (or the treasurer’s agent) must make at least one attempted written communication, such as by email, text message, private message through social media or other similar communication, or at least one attempted oral communication to the contributor that is documented in writing.<sup>55</sup> In either case, the treasurer should keep written records documenting these attempts.<sup>56</sup> And remember, each follow-up request for information must clearly identify the missing information sought and inform the contributor that the committee was legally required to seek that information.<sup>57</sup>

### **2.1.4 Reporting and Amending Reports with Contributor Information**

If a committee’s best effort to contact a contributor ultimately fails, the committee has done all it can do. It should timely file its campaign finance report with the incomplete contributor information.

If a contributor belatedly provides this information to the committee after the applicable campaign finance report was filed, the committee must amend that report with the updated contributor information within a reasonable period.<sup>58</sup>

If a previously small dollar individual donor reaches over \$50 in aggregate contributions during the election cycle, the

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<sup>50</sup> [A.R.S. § 16-907\(C\).](#)

<sup>51</sup> The content of the disclaimer is not statutorily prescribed. Any substantially similar disclaimer will suffice.

<sup>52</sup> [A.R.S. § 16-901\(29\).](#)

<sup>53</sup> [A.R.S. § 16-901\(30\).](#)

<sup>54</sup> [A.R.S. § 16-907\(C\).](#)

<sup>55</sup> [A.R.S. § 16-901\(5\).](#)

<sup>56</sup> Written records of all “best efforts” attempts will normally be sufficient to defend against a campaign finance complaint alleging incomplete campaign finance reports.

<sup>57</sup> [A.R.S. § 16-907\(C\).](#)

<sup>58</sup> [A.R.S. § 16-907\(C\).](#)

committee need not amend any previous reports.

## **2.2 MANAGING FINANCIAL ACTIVITY AND RECORDS**

The committee treasurer is charged with preserving the committee's financial records, managing the committee's financial affairs, and ensuring the accuracy of campaign finance reports. This section outlines in greater detail some of these basic responsibilities.

### **2.2.1 Activities Requiring Treasurer Approval**

A candidate committee may not engage in any financial activity without the authorization of the treasurer or, at least, someone designated by the treasurer.<sup>59</sup> Since the treasurer is ultimately responsible for campaign finance reporting, it is only fair to give the treasurer final say over financial transactions.

### **2.2.2 Method of Accepting Contributions**

A candidate committee may accept a contribution made by cash, check, credit card, payroll deduction, wire transfer, or any other method of online or electronic payment, including contributions in the form of cryptocurrency.<sup>60</sup>

The committee need not provide a receipt for cash contributions, although some contributors might request one. Most contributions likely will be by check or credit card, however. In those cases, the treasurer (or treasurer's agent) has a duty to ensure that the contributor is the account holder of the instrument.<sup>61</sup> For example, the committee may not accept a check drawn from the account of "David Johnson" when the accompanying contribution form is from "Marcy Smith." In these cases, the committee must attempt to reconcile the discrepancy and be prepared to issue a refund.

Special attribution rules apply to married couples. If a check has both spouses' names printed on it but only one spouse signs the check, the contribution is deemed to be from the signing spouse only.<sup>62</sup> The same goes for credit card transactions: if a contribution is made from a joint account, only the spouse who authorized the transaction is deemed the contributor. A married couple seeking to make a joint contribution, therefore, must jointly sign the check or otherwise clearly indicate that the contribution should be dually-attributed to both spouses.<sup>63</sup> A joint contribution is normally assumed to be allocated 50/50 between spouses, but any other allocation percentage chosen by joint contributors is permissible.<sup>64</sup>

Fundraising is discussed in greater detail in [Section 4](#) and [Section 5](#) of this Guide.

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<sup>59</sup> [A.R.S. § 16-907\(A\)](#).

<sup>60</sup> [A.R.S. § 16-907\(E\)-\(F\)](#). See [Section 2.2.2.1](#) for more information about cryptocurrency contributions.

<sup>61</sup> [A.R.S. § 16-907\(F\)](#).

<sup>62</sup> [A.R.S. § 16-907\(F\)](#).

<sup>63</sup> [A.R.S. § 16-907\(F\)](#).

<sup>64</sup> Joint contributions require the name, address, occupation and employer for both joint contributors.

### **2.2.2.1 Cryptocurrency Contributions**

While a candidate committee may accept an in-kind contribution in the form of cryptocurrency<sup>65</sup> such as Bitcoin, Ethereum, or Litecoin,<sup>66</sup> and such contributions are generally subject to the same rules applicable to traditional contributions in U.S. currency,<sup>67</sup> the committee should consult legal counsel for advice regarding accepting, retaining, and valuing cryptocurrency for campaign finance reporting purposes.<sup>68</sup>

### **2.2.3 Method of Recording Contributions and Expenditures**

Determining the date of a contribution is not always straightforward.

For example, if a contributor writes a check on the 24<sup>th</sup> (based on the date of the check), the contributor mails the check on the 29<sup>th</sup> (based on the postmark), the check is delivered to the committee's mailbox on the 2<sup>nd</sup>, the committee retrieves the check on the 5<sup>th</sup>, and the committee opens the envelope with the check on the 8<sup>th</sup>, when was the contribution "made" for reporting purposes? The answer can be important, because when a contribution was made will dictate when the contribution must be reported.

Arizona law establishes a few rules of thumb. For contributions, the date of receipt is either:

- The date the committee knowingly takes possession of the contribution; or
- The date shown on the check, credit card payment, or other instrument.<sup>69</sup>

"Knowing possession" means that the committee is aware that it likely possesses a contribution (for example, the campaign's most recent mail delivery contains several return envelopes issued by the campaign to receive contributions).

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<sup>65</sup> Cryptocurrency is defined as a form of digital currency in which encryption techniques are used to regulate the generation of units of currency and verify the transfer of funds, operating independently of a central bank. *See also* [FEC AO 2014-02, at 2](#) ("Bitcoins are purely digital, 'exist[ing] only as a long string of numbers and letters in a user's computer file.' Bitcoins 'act as real world currency in that users pay for real goods and services . . . with bitcoins as opposed to U.S. dollars or other government issued currencies.' A user transfers bitcoins from the user's online bitcoin 'wallet' (essentially, an encrypted computer file) either to other users, to merchants who accept bitcoins as payment, or through '[t]hird-party exchanges [that] allow bitcoin users to exchange their bitcoins back to government-issued currencies.' The value of bitcoins is established by exchanging them for goods or services or for U.S. dollars or other currency. . . . Each bitcoin transaction is public in that it is added to a 'block chain,' which is a public ledger of all bitcoin transactions ever made. Although bitcoin transactions, identified by the addresses to and from which bitcoins are transferred, are public in the block chain, the transactors are not identified.").

<sup>66</sup> [A.R.S. § 16-901\(11\)](#); *see also* [FEC AO 2014-02, at 4](#) (concluding that "bitcoins are 'money or anything of value' within the meaning of the [Federal Election Campaign] Act"). The Secretary of State's Office deems cryptocurrency to be a method of "electronic transfer" authorized pursuant to [A.R.S. § 16-907\(F\)](#).

<sup>67</sup> *See* [Section 2.1](#); [Section 2.2](#); [Section 3.1.3](#); [Section 3.2](#); [Section 3.4](#); [Section 3.6](#); [Section 4.1](#); [Section 4.2](#); [Section 4.9](#).

<sup>68</sup> This Secretary of State's Office takes no position on the legality of a committee purchasing goods and services or making expenditures using cryptocurrency. *See e.g.* [FEC AO 2014-02, at 7](#).

<sup>69</sup> [A.R.S. § 16-926\(C\)\(1\)](#).

In-kind contributions are deemed made on either:

- The date services are performed; or
- The date the committee receives the services.<sup>70</sup>

Committee expenditures and disbursements have more nuanced rules of thumb:<sup>71</sup>

- For a transaction by check, the expenditure or disbursement is deemed to have been made on the date the committee signs the check.
- For a credit card transaction on paper (*i.e.* when a committee is presented with a paper slip that must be signed in order to charge a credit card), the expenditure or disbursement is made on the date that authorization slip is signed.
- For an online transaction, the expenditure or disbursement is deemed made on the date that the committee authorizes the transaction.
- For an agreement to purchase goods or services, the expenditure or disbursement is deemed made either:
  - On the date of the parties' agreement; or
  - The date that the committee was issued a purchase order or similar invoice.<sup>72</sup>

If a particular expenditure or disbursement does not fall into one of the above categories, the committee is permitted to treat the expenditure/disbursement as being made:

- On the date that the committee authorized the expenditure/disbursement; or
- The date that the money is withdrawn from the committee's account.<sup>73</sup>

In the end, no particular reporting method must be used. This is for the committee to determine in its discretion. However, the method utilized must be applied consistently throughout the election cycle.<sup>74</sup> For example, a candidate may not selectively use the date of the check for some contributions while using date of possession for other contributions received at the same time. A more consistent method would entail using the date of possession for all mailed checks and the date of the check for all in-person fundraisers. As long as the committee's approach is consistent, and not strategic or random, the filing officer will usually defer to the committee's judgment.

#### **2.2.4 Maintaining Separate Bank Accounts**

An important aspect of financial management is ensuring that certain monies are not commingled in the same bank

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<sup>70</sup> [A.R.S. § 16-926\(C\)\(1\).](#)

<sup>71</sup> [A.R.S. § 16-926\(C\)\(2\).](#)

<sup>72</sup> For Clean Elections participating candidates, however, an agreement to purchase goods or services is deemed made on the date of the parties' agreement. *See* [A.A.C. R2-20-110](#)

<sup>73</sup> [A.R.S. § 16-926\(C\)\(2\)](#); *but see* [A.A.C. R2-20-110](#) for reporting requirements applicable to Clean Elections participating candidates.

<sup>74</sup> [A.R.S. § 16-926\(C\)\(3\).](#)

account.<sup>75</sup> For candidate committees, this means making sure that committee monies are not commingled in the same bank account as the candidate's personal monies—or any other person's monies.<sup>76</sup> The committee's monies should be held in an account at the financial institution listed in the committee's statement of organization.<sup>77</sup>

#### **2.2.4.1 Recall Election Bank Accounts**

Additional safeguards apply if the candidate is the subject of a recall election. In the event a recall petition serial number has been issued, the targeted officeholder is permitted to begin fundraising to defeat the recall effort.<sup>78</sup> Since the officeholder operates under a brand-new election cycle for that purpose, any recall-related contributions, expenditures, or disbursements must be drawn from an account separate from the officeholder's principal campaign account.<sup>79</sup> The committee treasurer is not permitted to commingle or transfer money between these accounts.<sup>80</sup> Thus, an officeholder should contact his or her financial institution to set up a separate bank account in the event a recall effort has been initiated. Once the recall election cycle has concluded, the recall committee may dispose of its monies in accordance with Arizona law and terminate the recall committee accordingly.<sup>81</sup>

#### **2.2.5 Maintaining Financial Records**

The committee treasurer is generally responsible for maintaining records of *all* financial activity, even if the information will not be disclosed in a campaign finance report.<sup>82</sup> In general, this means keeping records of all the money flowing in and out of the committee, including:

- All contributions made or received by the committee;<sup>83</sup>
- The identity of any contributor that contributed at least \$50 during the election cycle, including the name and address of all contributors (along with the occupation and employer for individual contributors), the date of each contribution, and the date the contribution was deposited into the committee's account;<sup>84</sup>
- The cumulative amount contributed by each donor during the election cycle;<sup>85</sup> and
- The name and address of every person who receives any money from the committee, including the date, amount, and purpose of any expenditure or disbursement.<sup>86</sup>

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<sup>75</sup> See [Section 8.2.3](#) for the exception applicable to investments such as cryptocurrency.

<sup>76</sup> [A.R.S. § 16-907\(B\)\(1\)](#).

<sup>77</sup> [A.R.S. § 16-907\(B\)](#).

<sup>78</sup> See [A.R.S. § 16-901\(18\)](#) (creating a separate “election cycle” for a recall election, which commences with “the issuance of a recall petition serial number”).

<sup>79</sup> [A.R.S. § 16-907\(B\)\(1\)](#).

<sup>80</sup> [A.R.S. § 16-907\(B\)\(1\)](#).

<sup>81</sup> See [Section 9.2](#).

<sup>82</sup> [A.R.S. § 16-907\(A\)](#).

<sup>83</sup> [A.R.S. § 16-907\(D\)\(1\)](#).

<sup>84</sup> [A.R.S. § 16-907\(D\)\(2\)](#). A person whose residential address is protected from public disclosure pursuant to section 16-153 is not required to disclose the person's residential address and shall instead provide an alternate mailing address. [A.R.S. § 16-907\(C\)](#).

<sup>85</sup> [A.R.S. § 16-907\(D\)\(3\)](#).

<sup>86</sup> [A.R.S. § 16-907\(D\)\(4\)](#).

All the record keeping information must be maintained by the committee for a period of two years following the election cycle in which the activity occurred.<sup>87</sup> Preservation of these records is imperative, as the filing officer or the enforcement officer may request these records from the committee at any time, regardless of whether a campaign finance report is pending.<sup>88</sup>

## 2.2.6 Record Keeping Requirements versus Reporting Requirements

These record keeping categories largely overlap with the information that must be disclosed in campaign finance reports, although not completely. For example, the record keeping statute only requires a committee to preserve identifying records for donors who contribute *at least* \$50 in the aggregate during the election cycle, but the reporting statute requires a committee to report and identify any individual in-state donors that *exceed* \$100 in contributions, *all* out-of-state donors and *all* PAC donors regardless of how much money they contributed.<sup>89</sup>

| Record Keeping Requirement<br>(A.R.S. § 16-907)...                                                                                                      | Campaign Finance Reporting Requirement<br>(A.R.S. § 16-926)...                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All contributions made or received by the committee.                                                                                                    | Contributions from in-state individuals whose contributions exceed \$100 during the election cycle, including contributor identification (including occupation and employer). |
| The identity of any contributor that contributed at least \$50 during the election cycle regardless of amount and residency (in-state or out-of-state). | Contributions from out-of-state individuals regardless of contribution amount including contributor identification (including occupation and employer).                       |
|                                                                                                                                                         | Contributions from political action committees.                                                                                                                               |

The record keeping statute requires the committee to keep records showing when each contribution was deposited into the committee’s account, but the reporting statute does not require this information to be reported.<sup>90</sup> Finally, disbursements are also recorded and reported differently as the graph below demonstrates:<sup>91</sup>

[space intentionally left blank]

<sup>87</sup> [A.R.S. § 16-907\(G\)](#).

<sup>88</sup> [A.R.S. § 16-907\(H\)](#). The “filing officer” is the Secretary of State, county election director, or city/town clerk as applicable. The “enforcement officer” is the Attorney General, county attorney, or city/town attorney. [A.R.S. § 16-901\(21\), \(27\)](#). See [Section 2.2.3](#) for contribution reporting guidance.

<sup>89</sup> Compare [A.R.S. § 16-907\(D\)\(2\)](#) (record keeping statute) with [A.R.S. § 16-926\(B\)\(2\)\(a\)\(i\), \(iii\)](#) (reporting statute).

<sup>90</sup> Compare [A.R.S. § 16-907\(D\)\(2\)](#) (record keeping statute) with [A.R.S. § 16-926\(B\)](#) (reporting statute).

<sup>91</sup> Compare [A.R.S. § 16-907\(D\)\(4\)](#) (record keeping statute) with [A.R.S. § 16-926\(B\)\(3\)](#) (reporting statute).

| Record Keeping Requirement<br>(A.R.S. § 16-907)                                                                                                             | Campaign Finance Reporting Requirement<br>(A.R.S. § 16-926)                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The name and address of every person who receives any money from the committee, including the date, amount, and purpose of any expenditure or disbursement. | Itemized list of all disbursements in excess of \$250 during the reporting period including recipient name, address, description of the disbursement and date of disbursement. |

## 2.2.7 Preserving Records Prior to Committee Formation

“...all contributions received and expenditures incurred before committee registration are eventually reportable, so a candidate must keep track of all financial activity from dollar one.”<sup>92</sup>

As outlined in [Section 1.1](#) above, a candidate need not form a committee and file campaign finance reports until it receives contributions or makes expenditures (in any combination) totaling at least \$1,300 (for statewide, legislative or county committees) or \$500 (for city and town committees). But once the registration requirement has been triggered, the committee’s cumulative, pre-registration financial activity during that election cycle must be reported in the committee’s first campaign finance report.<sup>92</sup> This is why good recordkeeping is important from day one of a candidate’s campaign as outlined in [Section 1.1](#).

As a practical matter, the responsibility to maintain these early records falls upon the candidate, since technically there is no treasurer until a formal campaign committee has been organized and the statement of organization is accepted by the filing officer.

## 3 RECEIVING CONTRIBUTIONS

### 3.1 WHAT IS A “CONTRIBUTION”?

In general, a “contribution” is anything of value provided to a candidate committee for the purpose of influencing the candidate’s election.<sup>93</sup> Subject to the exceptions outlined below, the law assumes that *all* sources of money that flow into a candidate’s campaign account are “contributions.”

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<sup>92</sup> [A.R.S. § 16-907\(I\).](#)

<sup>93</sup> [A.R.S. § 16-901\(11\).](#)

Certain consequences flow from something being deemed a “contribution.” First, contributions are subject to source restrictions. Under Arizona law, a candidate committee may only accept contributions from individuals, PACs, political parties (as long as the candidate is the party’s “nominee” who prevailed in the primary), and partnerships.<sup>94</sup> A candidate committee may not accept contributions from unions, corporations, LLCs, or any other organization, group or business entity (other than partnerships).<sup>95</sup> This means that a candidate committee must pay careful attention to the identity of its donors.<sup>96</sup>

Contributions principally fall into three categories:

- ✓ [Monetary](#)
- ✓ [Loans](#)
- ✓ [In-Kind](#)

Second, contributions from permissible sources are subject to contribution limits. Contribution limits vary according to the type of contributor (individual vs. Mega PAC), type of candidate (privately funded vs. publicly funded), and office sought (legislative vs. local).<sup>97</sup> Both the candidate and the contributor should understand how contribution limits will impact them. Contribution limits for each contributor type are provided in [Section 3.4](#).

Finally, contributions are reportable: the committee must gather identifying information about the contributor and file regular campaign finance reports. See [Section 2.4](#) to review contributor information requirements. Contribution limits for publicly funded candidates can be found [here](#).

For all these reasons, it is important to recognize what a contribution is and understand how it affects a campaign committee.

### **3.1.1 Monetary Contributions**

Monetary contributions are traditional sources of payment directly received by your committee, whether in cash, by check, or through online payment. These sources of support are typically provided by third-party donors and are subject to contribution limits.

Monetary contributions also include personal monies supplied by the candidate or candidate’s family to fund the candidate’s campaign, but these monetary contributions are not subject to limits.<sup>98</sup>

### **3.1.2 Loans**

A loan is considered a contribution.<sup>99</sup> Loans are advances of money, or extensions of credit, provided to a candidate committee which the committee has agreed to pay back.

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<sup>94</sup> [A.R.S. § 16-913\(D\)](#). Any PAC or political party contributor must be registered with the appropriate filing officer in Arizona.

<sup>95</sup> [A.R.S. § 16-913\(D\)](#); [A.R.S. § 16-916\(A\)](#).

<sup>96</sup> Publicly funded candidates may not accept any contributions whatsoever, except very limited “early contributions.” [A.R.S. § 16-941\(A\)\(1\)](#).

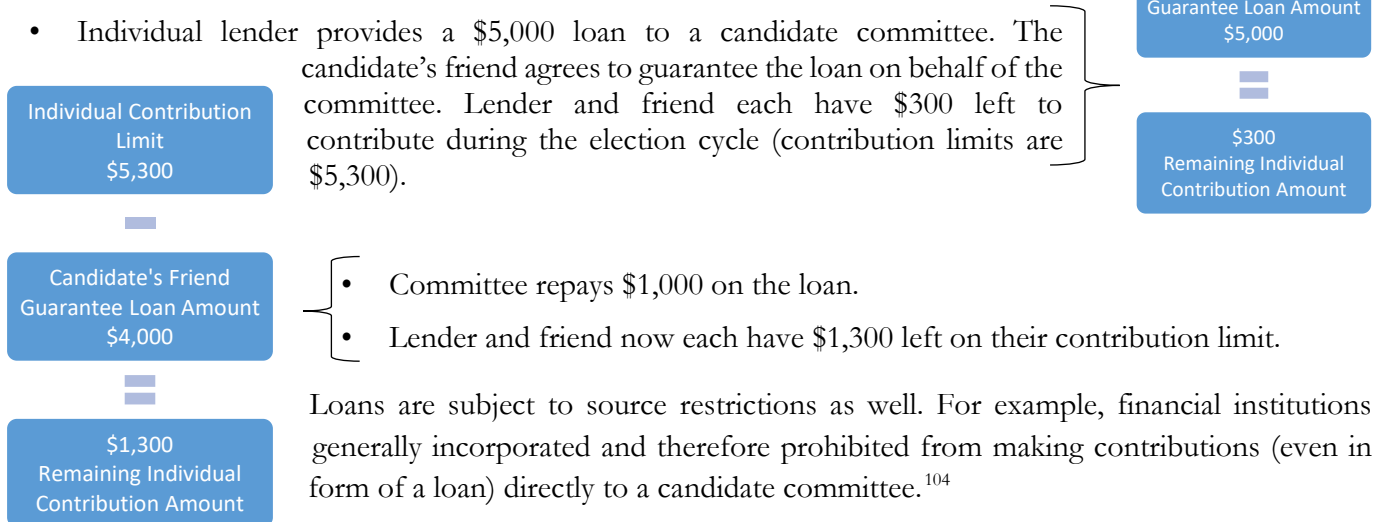
<sup>97</sup> [A.R.S. § 16-911](#) to [A.R.S. § 16-917](#).

<sup>98</sup> [A.R.S. § 16-901\(40\)](#); *see also* [A.R.S. § 16-913\(F\)](#).

<sup>99</sup> [A.R.S. § 16-901\(11\)\(d\)](#). The loan is also subject to sources restrictions; therefore corporations, LLCs and unions are not permitted to provide loans to candidate committees. [A.R.S. § 16-913\(D\)](#); [A.R.S. § 16-916\(A\)](#).

Any individual who endorses or guarantees a loan on a committee's behalf (*i.e.* agrees to be financially responsible for repaying the loan in the event the committee defaults) is deemed to have made a contribution as well.<sup>100</sup> However, the candidate's spouse may guarantee the committee's loan without limitation.<sup>101</sup>

As a candidate committee pays back a loan, the loan balance remains a contribution to the extent the loan remains outstanding.<sup>102</sup> In tandem, the lender's and guarantor's contribution limits correspondingly free up to the extent of repayment.<sup>103</sup> For example:



On the other hand, a financial institution may make a loan to the candidate *as an individual*, who in turn may loan or contribute that amount as “personal monies” to the candidate's own campaign committee.<sup>105</sup> The candidate's spouse may endorse or guarantee this personal loan as well.<sup>106</sup>

### 3.1.3 In-Kind Contributions

In-kind contributions are non-monetary benefits, including goods, services or anything else of value that are provided to a candidate committee without charge or at less than the usual and normal charge.<sup>107</sup> Donated or discounted goods and services generally constitute contributions, and therefore are subject to contribution limits and source restrictions.

<sup>100</sup> [A.R.S. § 16-911\(B\)\(14\)](#).

<sup>101</sup> [A.R.S. § 16-911\(B\)\(14\)](#).

<sup>102</sup> [A.R.S. § 16-901\(11\)\(d\)](#).

<sup>103</sup> [A.R.S. § 16-901\(11\)\(d\)](#).

<sup>104</sup> [A.R.S. § 16-913\(D\)](#); [A.R.S. § 16-916\(A\)](#). Arizona law permits a financial institution to make a loan “in the ordinary course of business and not for the purpose of influencing the results of an election,” [A.R.S. § 16-901\(11\)\(d\)](#), but a candidate committee is deemed to be *exclusively* organized for the purpose of influencing the results of an election and therefore may not invoke the financial institution exception.

<sup>105</sup> [A.R.S. § 16-901\(40\)\(g\)](#); [A.R.S. § 16-911\(B\)\(14\)](#); [A.R.S. § 16-913\(F\)](#). This amount is reported as “personal monies” in a campaign finance report.

<sup>106</sup> [A.R.S. § 16-901\(40\)\(g\)](#); [A.R.S. § 16-911\(B\)\(14\)](#).

<sup>107</sup> [A.R.S. § 16-901\(32\)](#). See [Section 2.2.2.1](#) with respect to contributions of cryptocurrency.

For example, goods and services may include (but are not limited to) the donation of wood/rebar for yard signs, printing services, donor lists from other candidates, or designing a campaign website. If a candidate receives a special discount on the purchase of these goods or services (*i.e.* the candidate receives a discount *because* he or she is a candidate), the amount of the discount is likewise an in-kind contribution and subject to contribution limits and source restrictions. For example, if a campaign received a discount from a printing company for mailers then the campaign will report the discounted rate of service as an expenditure and the regular market-based value minus the discounted rate of service will be reported as an in-kind contribution.

In-kind contributions can also result from benefits provided to elected officials. For example, while a statewide elected official or member of the Legislature may accept contributions into an officeholder expense account or constituent service account (a perk not available to local elected officials unless authorized under local law),<sup>108</sup> so and direct acceptance of any item of value (other than a financial contribution) for the purpose of defraying the expense of communications with constituents constitutes an in-kind contribution to the elected official’s campaign committee.<sup>109</sup>

In-kind contributions must be reported at fair market value—the price it would cost someone else (such as your opponent) to purchase the same good or service.<sup>110</sup>

## 3.2 PERMISSABLE CONTRIBUTORS TO CANDIDATE COMMITTEE

| A candidate committee may only accept contributions from: <sup>111</sup>                                                              | A candidate committee may <b>not</b> accept contributions from: |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Individuals<br>Political Action Committees<br>Political Party (limited cases)<br>Candidate Committees (limited cases)<br>Partnerships | Corporations<br>Limited Liability Companies<br>Unions           |

### 3.2.1 Individual Contributors

This section outlines how to address several types of individual contributions.

<sup>108</sup> [A.R.S. § 41-133](#).

<sup>109</sup> [A.R.S. § 16-901\(11\)\(b\)](#). For example, an elected official at the statewide or legislative level may not accept a donation of stationary to communicate with constituents, but the official may directly pay for stationary out of the official’s constituent services account.

<sup>110</sup> [A.R.S. § 16-926\(B\)\(2\)\(a\)\(xiii\)](#). However, an individual volunteer’s services, including any expenses incurred in the course of volunteering, are not considered in-kind contributions to a campaign so long as the individual volunteer’s services are provided without compensation or reimbursement. [A.R.S. § 16-911\(B\)\(1\)](#); [A.R.S. § 16-921\(B\)\(1\)](#). See [Section 4.4](#) to learn more about volunteer activity.

<sup>111</sup> [A.R.S. § 16-913\(D\)](#). The PAC or political party must be registered with the appropriate filing officer in Arizona.

### ***3.2.1.1 Contributions from Foreign Nationals***

An individual contributor must be an American citizen or lawful permanent resident of the United States.<sup>112</sup> Committees are not required to seek proof of citizenship or confirm immigration status, however checks drawn on a foreign bank account should trigger further inquiry by the committee to obtain reasonable assurance that the contributor is an American citizen or lawful permanent resident.

### ***3.2.1.2 Joint Contributions from Spouses***

Spouses each have their own contribution limit but are permitted to make a joint contribution.<sup>113</sup> Special rules apply to such contributions.

First, a joint contribution from both spouses on the same instrument is deemed to be made from both spouses' personal monies as long as both spouses are account holders, even if only one spouse has an income.

Second, a contribution may be jointly attributed to both spouses as long as both spouses sign the instrument or otherwise clearly indicate the contribution should be treated jointly.

For example, notwithstanding that contribution limits are \$5,300 during a particular election cycle, spouses may jointly contribute \$10,600 if the contribution is drawn from a joint account and both spouses sign the check. The committee must report both spouse's identifying information for purposes of completing a campaign finance report.<sup>114</sup>

### ***3.2.1.3 Contributions from Minors***

Minors under 18 years old are permitted to make contributions. However, the contribution is treated as a contribution by the minor's custodial parent(s).<sup>115</sup> Thus, the committee is required to obtain the parent(s)' identifying information for reporting and contribution limit purposes.

### ***3.2.1.4 Contributions from Lobbyists***

Lobbyists or "principals" registered with the Secretary of State may make and/or solicit campaign contributions to a member of the legislature only when the Arizona Legislature is not in regular session.<sup>116</sup> Similarly, lobbyists or principals may not make and/or solicit campaign contributions to the Governor when the Arizona Legislature is in regular session, or when the Legislature has adjourned *sine die* but there is still regular session legislation that is pending

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<sup>112</sup> [52 U.S.C. § 30121](#); [11 C.F.R. § 110.20](#).

<sup>113</sup> Notwithstanding [Ariz. Const. Art. XXX, § 1](#), same sex spouses are permitted to make a joint contribution to Arizona candidates. [Obergefell v. Hodges](#), 135 S. Ct. 2584 (U.S. 2015).

<sup>114</sup> [A.R.S. § 16-907\(D\)\(2\), \(F\)](#); [A.R.S. § 16-926\(B\)\(2\)\(a\)\(i\)](#).

<sup>115</sup> [A.R.S. § 16-912\(C\)](#).

<sup>116</sup> [A.R.S. § 41-1234.01\(A\)\(1\)](#). The lobbying prohibition applies to lobbyists, principals, public bodies, designated public lobbyists, and authorized public lobbyists. [A.R.S. § 41-1234.01\(A\)](#). A "principal" is "any person [including an individual] . . . that employs, retains, engages or uses, with or without compensation, a lobbyist." [A.R.S. § 41-1231\(16\)](#).

the Governor’s signature or veto.<sup>117</sup>

The Governor and legislative members who receive contributions during the regular legislative session are expected to verify whether the contributor is a registered lobbyist or principal prior to depositing the contribution.<sup>118</sup>

Local jurisdictions may have similar prohibitions, so committees should verify with their local filing officer.

### 3.2.2 PAC Contributors

A candidate committee may accept contributions only from PACs registered with the applicable filing officer.<sup>119</sup>

| PAC that contributes to a....      | Must be registered with the....               |
|------------------------------------|-----------------------------------------------|
| Statewide or Legislative Candidate | Secretary of State Office                     |
| County Candidates                  | County Recorder or County Election Department |
| City or Town Candidate             | City or Town Clerk                            |

A PAC must be registered with the appropriate filing officer prior to making a candidate contribution.<sup>120</sup> Federal and out-of-state PACs may not make contributions to candidates unless also registered as a PAC in Arizona.

A candidate committee is not required to verify whether a PAC is properly registered before depositing a PAC contribution, but it is recommended.

However, a Mega PAC that attempts to contribute more than the contribution limit for standard PACs must provide a copy of its Mega PAC certification to the recipient committee.<sup>121</sup> A candidate committee is not permitted to accept or deposit an over-limit contribution unless it receives this certification from a PAC.<sup>122</sup>

<sup>117</sup> [A.R.S. § 41-1234.01\(A\)\(2\)](#). A contribution may be accepted by the Governor or a member of the Legislature within the first three calendar days of the regular session as long as the contribution was mailed and postmarked prior to the first day of the regular session. [A.R.S. § 41-1234.01\(C\)](#).

<sup>118</sup> Lobbyists and principal information is available by searching the Secretary of State’s website at [http://apps.azsos.gov/scripts/Lobbyist\\_Search.dll](http://apps.azsos.gov/scripts/Lobbyist_Search.dll).

<sup>119</sup> A “political action committee” is defined as an entity “required to register” with the applicable filing officer in Arizona. [A.R.S. § 16-901\(41\)](#). [A.R.S. § 16-905\(C\)](#).

<sup>120</sup> [A.R.S. § 16-913\(D\)](#).

<sup>121</sup> [A.R.S. § 16-914\(B\)](#).

<sup>122</sup> [A.R.S. § 16-914\(B\)](#). If a candidate committee is unable to acquire the certification despite making best efforts, the candidate committee may verify Mega PAC status through the Secretary of State’s website (or other filing officer’s website) and make a written record documenting the committee’s verification efforts.

### 3.2.3 Political Party Contributors

A nominee is a candidate who prevailed in the primary election may accept a contribution from his or her political party.<sup>123</sup> (This effectively means that a candidate may only accept political party contributions during the period between the primary and general election). The nominee need not wait until the primary election has been officially canvassed by the jurisdiction in question, but in the event the candidate loses a recount, election contest, or otherwise does not become the official nominee, the candidate must promptly return any political party contributions.<sup>124</sup> A nominee may only accept a political party contribution from the nominee's own political party.<sup>125</sup>

A political party must be registered with the appropriate filing officer prior to making a candidate contribution.<sup>126</sup>

Only candidates who run in partisan races (where political party is printed on the ballot) are permitted to accept political party contributions.

Political parties include the state political party, county party, legislative district party, or a city/town political party.<sup>127</sup>

A political party may only contribute to its nominees using funds contributed by an individual, partnership, candidate committee, PAC, or political party.<sup>128</sup>

### 3.2.4 Partnership Contributors

A candidate committee may accept a contribution from a general partnership, limited partnership (LP), limited liability partnership (LLP), or limited liability limited partnership (LLLLP).<sup>129</sup> The partnership need not be registered with a government agency or domiciled in Arizona.

A partnership may contribute in its own name, but the contribution is dually attributed to any participating individual partners.<sup>130</sup> The partnership must include a written notice with the contribution identifying the participating partners, along with instructions on how the contribution should be allocated between the partners.<sup>131</sup> A partnership contribution need not be accompanied by the participating partners' signatures, but the committee must acquire identifying information for each partner.<sup>132</sup>

The contribution affects the partnership's contribution limit along with the participating partners' individual contribution limits to the candidate.<sup>133</sup>

<sup>123</sup> [A.R.S. § 16-915](#); [A.R.S. § 16-901\(38\)](#).

<sup>124</sup> See [A.R.S. § 16-645](#); [A.R.S. § 16-661](#); [A.R.S. § 16-671](#).

<sup>125</sup> For example, if a nominee prevailed in the Libertarian Party primary, the nominee may only accept a political party contribution from the state, county, or local Libertarian Party committee.

<sup>126</sup> [A.R.S. § 16-913\(D\)](#).

<sup>127</sup> See [A.R.S. § 16-801](#) to [A.R.S. § 16-804](#); [A.R.S. § 16-821](#) to [A.R.S. § 16-827](#).

<sup>128</sup> [A.R.S. § 16-915\(B\)](#).

<sup>129</sup> [A.R.S. § 16-917\(A\)](#).

<sup>130</sup> [A.R.S. § 16-917\(C\)\(1\)-\(2\)](#). The partnership may not attribute any portion of the contribution to a partner that is a corporation, limited liability company, or union. [A.R.S. § 16-917\(C\)\(3\)](#).

<sup>131</sup> [A.R.S. § 16-917\(C\)\(1\)](#).

<sup>132</sup> [A.R.S. § 16-917\(C\)\(4\)](#); see also [A.R.S. § 16-907\(C\) & \(D\)\(2\)](#); [A.R.S. § 16-926\(B\)\(2\)\(a\)\(i\) & \(vi\)](#).

<sup>133</sup> [A.R.S. § 16-917\(C\)\(1\)-\(2\)](#).

Example 1

**2021 – 2022 Individual & Partnership Contribution Limit for Statewide & Legislative Candidate Committees: \$5,300**

- A partnership contributes \$4,000 to a candidate committee.
- The partnership allocates the contribution for each partner as:
  - \$2,000 to Partner 1,
  - \$1,500 to Partner 2, and
  - \$500 to Partner 3.
- The candidate reports a \$4,000 contribution from the partnership and \$2,000, \$1,500 and \$500 contributions from the respective individual partners.

Example 1 Individual/ Partner Contribution Amounts

|                      |   |                      |   |                    |   |                                              |
|----------------------|---|----------------------|---|--------------------|---|----------------------------------------------|
| Partner 1<br>\$2,000 | + | Partner 2<br>\$1,500 | + | Partner 3<br>\$500 | = | Total Partnership<br>Contribution<br>\$4,000 |
|----------------------|---|----------------------|---|--------------------|---|----------------------------------------------|

Remaining Individual Contribution Balance:

|                                             |                                             |                                           |
|---------------------------------------------|---------------------------------------------|-------------------------------------------|
| Partner 1<br>\$3,300<br>(\$5,300 - \$2,000) | Partner 2<br>\$3,800<br>(\$5,300 - \$1,500) | Partner 3<br>\$4,800<br>(\$5,300 - \$500) |
|---------------------------------------------|---------------------------------------------|-------------------------------------------|

Remaining Partnership  
Contribution Balance:

|                                |
|--------------------------------|
| \$1,300<br>(\$5,300 - \$4,000) |
|--------------------------------|

Example 2

- Same scenario as above, except the candidate committee discovers that the first partner had already contributed \$4,000 to the candidate.
- The candidate committee contacts the partnership, who advises that the excess amount may be allocated from Partner 1 to Partner 2. Therefore, Partner 1 will contribute \$1,300 and Partner 2 will contribute \$2,200.
- The candidate reports a \$4,000 contribution from the partnership, \$1,300 contribution from Partner 1, \$2,200 from Partner 2, and \$500 from Partner 3.

**2021 – 2022 Individual & Partnership Contribution Limit for Statewide & Legislative Candidate Committees: \$5,300**

|             | Previous<br>Contribution<br>Amount | Example 1<br>Contribution<br>Amount | New Contribution Amount after<br>Reallocating Excess from Partner 1 to<br>Partner 2 |
|-------------|------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|
| Partner 1   | \$4,000                            | \$2,000                             | \$1,300<br>(\$5,300 – \$4,000)                                                      |
| Partner 2   | \$0                                | \$1,500                             | \$2,200<br>(\$1,500 + \$700)                                                        |
| Partner 3   | \$0                                | \$500                               | \$500                                                                               |
| Partnership | \$0                                | \$4,000                             | \$4,000                                                                             |

| Remaining Individual Contribution Balance: |                                |                              | Remaining Partnership Contribution Balance: |
|--------------------------------------------|--------------------------------|------------------------------|---------------------------------------------|
| Partner 1                                  | Partner 2                      | Partner 3                    |                                             |
| \$0<br>(\$5,300 - \$5,300)                 | \$3,100<br>(\$5,300 - \$2,200) | \$4,800<br>(\$5,300 - \$500) | \$1,300<br>(\$5,300 - \$4,000)              |

Example 3

- Same scenario as above, except the partnership did not disclose how the contribution should be allocated among the participating partners. The candidate committee makes best efforts to seek clarification but is unsuccessful.
- If each partner has not exceeded their individual contribution limits, the candidate may divide the contribution equally among the partners and inform the partnership.

A partnership may also establish a PAC and make contributions through that PAC.<sup>134</sup> A partnership's PAC contributions to a candidate committee do not require allocation among any individual partners. These contributions are treated like any other PAC contributions.

### 3.2.5 Candidate Committee Contributions

Contributions from one candidate committee to a candidate committee for another candidate are presumptively prohibited.<sup>135</sup> A candidate committee may only contribute to another candidate's committee under the following conditions:<sup>136</sup>

- The contribution must be made after the candidate filing deadline, which is 120 days before the primary election (or first election in a city or town);<sup>137</sup>
- The contributing candidate must be in the last year of his or her term and not seeking reelection (or have already left office);<sup>138</sup>
- If the recipient is a legislative candidate, the contributing candidate may not make the contribution while the Legislature is in regular session;<sup>139</sup> and
- The contribution must be made in accordance with the contribution limit applicable to individuals.<sup>140</sup>

Only when disposing of surplus monies, may a candidate committee contribute \$5,300 to a statewide or legislative

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<sup>134</sup> [A.R.S. § 16-917\(D\)](#).

<sup>135</sup> [A.R.S. § 16-913\(A\)](#); *see also* [A.R.S. § 16-933\(A\)\(3\)](#).

<sup>136</sup> [A.R.S. § 16-933\(A\)\(3\)\(a\)-\(d\)](#).

<sup>137</sup> *See* [A.R.S. § 16-311\(A\)](#). The contribution need not be made before the contributing candidate finishes his or her term of office.

<sup>138</sup> [A.R.S. § 16-933\(A\)\(3\)\(b\)](#). The contributing candidate must not have filed a nomination paper with any filing officer at the 120-day deadline to seek reelection. [A.R.S. § 16-311\(A\)](#) and [A.R.S. § 16-933\(A\)\(3\)\(b\)](#).

<sup>139</sup> [A.R.S. § 16-933\(A\)\(3\)\(c\)](#). This restriction only becomes significant if the Legislature fails to adjourn *sine die* before the candidate filing deadline.

<sup>140</sup> [A.R.S. § 16-933\(A\)\(3\)\(d\)](#); *see also* [A.R.S. § 16-912\(A\)](#).

candidate per election cycle, or \$6,550 to a local candidate.<sup>141</sup> Otherwise, candidate-to-candidate contributions are prohibited under Arizona law.<sup>142</sup>

### **3.2.6 Corporate, LLC, and Union Contributors**

A candidate committee may not accept contributions from corporations, limited liability companies, or unions.<sup>143</sup>

*[space intentionally left blank]*

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<sup>141</sup> [A.R.S. § 16-912](#).

<sup>142</sup> [A.R.S. § 16-913\(A\)](#).

<sup>143</sup> [A.R.S. § 16-913\(D\)](#); [A.R.S. § 16-916\(A\)](#). However, a PAC that incorporates only for limitation of liability purposes is not prohibited from making contributions to candidate committees solely because of the incorporation, and candidate committees may accept otherwise lawful contributions within applicable contribution limits from such PACs. See [11 C.F.R. § 114.12\(a\)](#); [A.R.S. § 16-916\(C\)\(5\)](#).

### 3.3 CONTRIBUTION LIMITS

Contribution limits for the 2021-2022 election cycle are as follows:

|             |                                                                                      | Recipient                                               |                                                     |                                                         |           |                    |
|-------------|--------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|-----------|--------------------|
|             |                                                                                      | Statewide Candidate<br>(privately financed)             | Legislative Candidate<br>(privately financed)       | Local Candidate<br>(privately financed)                 | PAC       | Political<br>Party |
| Contributor | Individual                                                                           | \$5,300                                                 | \$5,300                                             | \$6,550                                                 | Unlimited | Unlimited          |
|             | Partnership                                                                          | \$5,300                                                 | \$5,300                                             | \$6,550                                                 | Unlimited | Unlimited          |
|             | Candidate Committee <sup>144</sup>                                                   | Generally prohibited<br>(except surplus funds)          | Generally prohibited<br>(except surplus funds)      | Generally prohibited<br>(except surplus funds)          | Unlimited | Unlimited          |
|             | PAC <i>without</i> Mega PAC status<br>(using non-corp./non-union funds)              | \$5,300 <sup>145</sup>                                  | \$5,300 <sup>146</sup>                              | \$6,550 <sup>147</sup>                                  | Unlimited | Unlimited          |
|             | PAC <i>with</i> Mega PAC status (using<br>non-corp./non- union funds) <sup>148</sup> | \$10,600                                                | \$10,600                                            | \$13,100                                                | Unlimited | Unlimited          |
|             | Political Party (using non-corp./non-<br>union funds) <sup>149</sup>                 | \$80,300<br>(to a party nominee<br>only) <sup>150</sup> | \$8,300<br>(to a party nominee only) <sup>151</sup> | \$10,300<br>(to a party nominee<br>only) <sup>152</sup> | Unlimited | Unlimited          |
|             | Corporation <sup>153</sup>                                                           | Prohibited                                              | Prohibited                                          | Prohibited                                              | Unlimited | Unlimited          |
|             | Limited Liability Co. <sup>154</sup>                                                 | Prohibited                                              | Prohibited                                          | Prohibited                                              | Unlimited | Unlimited          |
|             | Trust, Joint Venture, Co-op, or Other<br>Unincorporated Org./Ass'n <sup>155</sup>    | Prohibited                                              | Prohibited                                          | Prohibited                                              | Unlimited | Unlimited          |
|             | Union <sup>156</sup>                                                                 | Prohibited                                              | Prohibited                                          | Prohibited                                              | Unlimited | Unlimited          |

<sup>144</sup> [A.R.S. § 16-913\(A\)](#); see also [A.R.S. § 16-933\(A\)\(3\)](#).

<sup>145</sup> [A.R.S. § 16-914\(A\)\(3\)](#). Base contribution limits reduced by 20% per [A.R.S. § 16-941\(B\)](#), but increased by \$100 every odd-numbered year under [A.R.S. § 16-931\(A\)\(2\)](#).

<sup>146</sup> [A.R.S. § 16-914\(A\)\(2\)](#). Base contribution limits reduced by 20% per [A.R.S. § 16-941\(B\)](#), but increased by \$100 every odd-number year under [A.R.S. § 16-931\(A\)\(2\)](#).

<sup>147</sup> [A.R.S. § 16-914\(A\)\(1\)](#). Base contribution limits are increased by \$100 every odd-number year pursuant to [A.R.S. § 16-931\(A\)\(2\)](#).

<sup>148</sup> [A.R.S. § 16-914\(B\)](#).

<sup>149</sup> The contribution limits set forth in [A.R.S. § 16-915\(A\)](#) are aggregate limits for all “committees” of a recognized political party (e.g., state, county, and legislative district).

<sup>150</sup> [A.R.S. § 16-915\(A\)\(3\)](#). Base contribution limits reduced by 20% per [A.R.S. § 16-941\(B\)](#), but increased by \$100 every odd-number year under [A.R.S. § 16-931\(A\)\(2\)](#).

<sup>151</sup> [A.R.S. § 16-915\(A\)\(2\)](#). Base contribution limits reduced by 20% per [A.R.S. § 16-941\(B\)](#), but increased by \$100 every odd-numbered year under [A.R.S. § 16-931\(A\)\(2\)](#).

<sup>152</sup> [A.R.S. § 16-915\(A\)\(1\)](#). Base contribution limits are increased by \$100 every odd-number year pursuant to [A.R.S. § 16-931\(A\)\(2\)](#).

<sup>153</sup> [A.R.S. § 16-916\(A\)](#).

<sup>154</sup> [A.R.S. § 16-916\(A\)](#).

<sup>155</sup> [A.R.S. § 16-913\(D\)](#).

<sup>156</sup> [A.R.S. § 16-916\(A\)](#).

### **3.4 HOW IS AN ELECTION CYCLE DEFINED FOR CONTRIBUTION PURPOSES?**

Contribution limits apply over the course of an election cycle.<sup>157</sup> For statewide, legislative and county races, the election cycle runs for the two-year period beginning on January 1 after a statewide general election and ending on December 31 in the year of the next statewide general election.<sup>158</sup> The 2022 election cycle for statewide and legislative candidates begins January 1, 2021 and ends December 31, 2022.

For city and town races, the election cycle constitutes the two-year period beginning on the first day of the calendar quarter after the calendar quarter in which the city's or town's second, runoff or general election is scheduled and ending on the last day of the calendar quarter in which the city's or town's immediately following second runoff or general election is scheduled (however designated or characterized by the city or town).<sup>159</sup>

In addition, a separate election cycle is created in the event of a recall election or a special election.<sup>160</sup>

#### Example 1

- Legislative candidate decides to run for office in May 2021. The candidate spends \$1,300 through late May and registers her campaign committee with the Secretary of State in June 2021.
- The candidate loses in the August 2022 primary election and terminates her committee in October 2022.
- The election cycle for statewide and legislative candidates runs from January 1, 2021 to December 31, 2022.

#### Example 2

- County candidate decides to run for an office up for election in 2022. In May 2019, the candidate spends \$1,200 and registers their campaign committee with the county officer in charge of elections in June 2019.
- The candidate loses in the August 2022 primary election and terminates his committee in October 2022.
- The candidate committee operated in two election cycles. The first election cycle ran from January 1, 2019 to December 31, 2020. The second election cycle ran from January 1, 2021 to December 31, 2022.

#### Example 3

- City requires city council candidate to receive a majority of votes cast to prevail in the city's first election held in August in an odd-numbered year. Otherwise, the top two vote-getters advance to the second/runoff election held in November.
- No candidate received a majority of votes during the August 2021 first election. Therefore, a second/runoff election was held in November 2021.
- The election cycle runs from January 1, 2020 to December 31, 2021.

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<sup>157</sup> [A.R.S. § 16-912\(A\)](#); [A.R.S. § 16-914\(A\)-\(B\)](#); [A.R.S. § 16-915\(A\)](#); [A.R.S. § 16-917\(A\)](#).

<sup>158</sup> [A.R.S. § 16-901\(18\)](#); *see also* [A.R.S. § 16-211](#).

<sup>159</sup> [A.R.S. § 16-901\(18\)](#).

<sup>160</sup> [A.R.S. § 16-901\(18\)\(a\)-\(b\)](#); *see also* [Section 7](#).

Example 4

- Same scenario as above, except a local candidate did receive a majority of votes cast during the August 2021 first election. A second/runoff election was not held in November 2021.
- The election cycle still runs from January 1, 2020 to December 31, 2021.<sup>161</sup>

A special election cycle means the period between the date of issuance of a proclamation or order calling the special election and the last day of the calendar quarter in which the special election is held.<sup>162</sup>

Example 5

- A city conducts elections in odd-numbered years. The normal election cycle ran from January 1, 2020 to December 31, 2021.
- The city's mayor resigns from office in May 2021. On June 15, 2021, the city council calls a special/first election for November 2021 to fill the vacant seat.
- No candidate received a majority of votes during the November 2021 special/first election. Therefore, a second/runoff election must be held in March 2022 (the next available election date).
- A special election cycle came into effect on June 15, 2021 and ran through March 31, 2022 for mayoral candidates. Candidates not running for mayor remain on regular election cycles that run from January 1, 2020 to December 31, 2021 and January 1, 2022 to December 31, 2023.

Example 6

- A city conducts elections in odd-numbered years. The normal election cycle ran from January 1, 2020 to December 31, 2021.
- As of late 2020, a candidate is running for city council in the regular/first election scheduled for August 2021.
- By early 2021, the incumbent mayor indicates she might resign later that summer.
- In anticipation of the mayor's resignation, the city council candidate forms a mayoral committee to explore a mayoral run in the anticipated special election.<sup>163</sup>
- In May 2021, however, the incumbent mayor decides to remain in office and the special election is never called.
- The candidate's city council and mayoral committees remain on the same election cycle that ran from January 1, 2020 to December 31, 2021. In disposing of surplus funds, the candidate may transfer any funds in the

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<sup>161</sup> A local election cycle is defined as “the two-year period beginning on the first day of the calendar quarter after the calendar quarter in which the city's or town's second, runoff or general election is scheduled and ending on the last day of the calendar quarter in which the city's or town's immediately following second, runoff or general election is scheduled, however that election is designated by the city or town.” [A.R.S. § 16-901\(18\)](#). In other words, the election cycle is based on the date which a second, runoff or general election normally would be scheduled to occur on the calendar, even if that second, runoff or general election is not actually held.

<sup>162</sup> A special election cycle is “the period between the date of issuance of a proclamation or order calling the special election and the last day of the calendar quarter in which the special election is held.” [A.R.S. § 16-901\(18\)](#).

<sup>163</sup> Since the candidate was now running for multiple offices, each candidate committee name was required to include the office sought. See [Section 1.6](#).

mayoral committee to the city council committee under the rules applicable to committee transfers.<sup>164</sup>

Example 7

- Same scenario as above, except the incumbent mayor resigns as anticipated. A new election cycle came into effect on June 15, 2021 when the city council called the special election for November 2021.
- The candidate opts not to run for mayor in the November 2021 special election.
- A mayor was elected at the November 2021 election. The special election cycle ended on December 31, 2021.
- The candidate's city council committee remains on the regular election cycle that runs between January 1, 2020 and December 31, 2021 and because the candidate's mayoral committee was in existence on June 15, 2021 when the special election cycle came into effect, the mayoral committee must file campaign finance reports under the special election campaign finance reporting schedule.<sup>165</sup>

Example 8

- Same scenario as above, except the candidate does not form a mayoral committee. The candidate accepts contributions in her city council committee for the purpose of exploring a mayoral run, but the candidate's mayoral-related activity does not trigger the registration threshold to form a separate committee.<sup>166</sup>
- The incumbent mayor resigns, and a new election cycle goes into effect on June 15, 2021 when the city council calls a special election for November 2021. A runoff election is later scheduled for March 2022.
- The candidate files a nomination paper in August 2021 to run for mayor and amends her statement of organization to reflect a mayoral committee.
- The mayoral committee must file campaign finance reports based on the special election reporting cycle. After the special election cycle ends on March 31, 2022, the mayoral committee reverts to the regular election cycle that runs through December 31, 2023.<sup>167</sup>

Example 9

- Same scenario as above, except the candidate did not form a separate mayoral committee.
- The candidate received contributions in her city council committee for the purpose of exploring a mayoral run, but the candidate's mayoral-related activity does not trigger the registration threshold to form a separate committee.<sup>168</sup>
- The candidate decides not to run in the special election for mayor.

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<sup>164</sup> See [Section 4.1](#) and [Section 9.2](#).

<sup>165</sup> If the candidate seeks to transfer funds from the mayoral committee to the city council committee that were contributed between June 15, 2021 and December 31, 2021, the candidate is not required to aggregate donors' contributions under a single contribution limit since the city council and mayoral committees were on different election cycles between June 15, 2021 and December 31, 2021. See [Section 4.1](#).

<sup>166</sup> See [Section 1.1](#).

<sup>167</sup> If the candidate files a nomination paper for mayor but does not form a mayoral committee (or amend her existing statement of organization to reflect a mayoral committee), the candidate still must file campaign finance reports based on the special election cycle.

<sup>168</sup> See [Section 1.1](#).

- The candidate's city council committee remains on the regular election cycle that runs between January 1, 2020 and December 31, 2021.

#### Example 10

- Same scenario as above, except a donor gives the candidate a \$2,000 contribution in April 2021 for the purpose of supporting the candidate's potential mayoral candidacy. By accepting the contribution, the candidate exceeded the \$500 registration threshold and is required to form a separate mayoral committee within 10 days.<sup>169</sup> Since the candidate was now running for multiple offices, each candidate committee name is required to include the office sought.<sup>170</sup>
- The candidate deposited the \$2,000 check in her city council committee account and promptly transferred the contribution to her newly formed mayoral committee account in April 2021.<sup>171</sup>
- A new election cycle came into effect on June 15, 2021 when the city council called the special election. The contribution limit in effect was \$6,550.
- Notwithstanding the previous \$2,000 contribution in April 2021, the donor may make a maximum contribution of \$6,550 to the mayoral committee after June 15, 2021 due to the new election cycle.<sup>172</sup>
- A mayor was elected at the November 2, 2021 special/first election, ending the special election cycle on the last day of the calendar quarter on December 31, 2021.<sup>173</sup>
- If the candidate keeps her mayor committee open, contribution limits reset when the new election cycle comes into effect on January 1, 2022.

#### Example 11

- Same scenario as above, except the city council member did not form a separate mayoral committee prior to the special election being called.
- A donor gives the candidate a \$400 contribution in April 2021 for the purpose of supporting the candidate's potential mayoral candidacy. The candidate deposited the \$400 contribution in her city council committee account. The donor had already contributed \$6,150 to the city council candidate before the possibility of a mayoral election was known.
- A new election cycle came into effect on June 15, 2021 when the city council called the special election.
- The candidate need not form a mayoral committee unless she meets the \$500 registration threshold under Arizona law.<sup>174</sup>
- Donor seeks to contribute an additional \$500 in July 2021 to support the candidate's mayoral candidacy. The candidate may not accept this contribution in her city council committee account because that committee remained on the regular election cycle and the donor had already maxed his contribution limits to that

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<sup>169</sup> See [Section 1.1](#).

<sup>170</sup> See [Section 1.6](#).

<sup>171</sup> The result outlined in this example does not change if the candidate deposited the \$2,000 contribution directly in the mayoral committee account.

<sup>172</sup> The candidate may accept a maximum contribution to her city council committee as well. See [Section 4.1](#) for the rules applicable to money transfers between committees organized by the same candidate.

<sup>173</sup> [A.R.S. § 16-901\(18\)\(b\)](#).

<sup>174</sup> See [Section 1.1](#).

committee.

- If the candidate wishes to accept the \$500 contribution for the purpose of supporting her mayoral candidacy, the candidate should establish a mayoral committee under the special election.

A donor's contribution limit resets every two years, even if a candidate's term of office exceeds the two-year period.<sup>175</sup> For example, an incumbent mayor serving a four-year term may accept the maximum contribution from a particular donor in each of the two-year periods of the mayor's term.

### **3.5 REMEDYING EXCESS AND UNLAWFUL CONTRIBUTIONS**

A candidate committee is prohibited from knowingly receiving a contribution in excess of contribution limits.<sup>176</sup>

A candidate committee is given 60 days to remedy an excess contribution by refunding the amount of the excess contribution to the original donor.<sup>177</sup>

In the case of contributions from individuals, the committee alternatively may reattribute the amount of the excess contribution to another individual who was identified as a joint account holder in the original instrument used to make the contribution.<sup>178</sup> For example:

- Spouse makes a \$6,000 contribution to a statewide candidate using a check that shows both spouses as joint account holders. Only one spouse signed the check. The contributing spouse had not made any previous contributions during the election cycle. The contribution limit is \$5,300.
- Candidate committee contacts the contributing spouse to inform the spouse that the contribution exceeded applicable limits and inquires how to proceed. The spouse verbally authorizes the committee to reattribute the excess contribution to the other spouse.
- The committee documents the conversation in its records, and files a campaign finance report that shows a \$5,300 contribution from the first spouse and \$700 contribution from the second spouse.

A candidate committee is not provided any grace period for prohibited contributions. A candidate committee is not permitted to accept (and is strictly prohibited from depositing) a contribution from a corporation, LLC, union, or any other business, group, organization or association (with the exception of a partnership) that is not registered as a PAC.<sup>179</sup>

If a prohibited contribution nonetheless has been accepted by a candidate committee, the committee must refund the

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<sup>175</sup> For statewide, legislative, and county candidates, contribution limits reset on January 1<sup>st</sup> after the last general election.

<sup>176</sup> [A.R.S. § 16-913\(C\)](#). An "excess contribution" is defined as a contribution that exceeds the applicable contribution limits for a particular election. [A.R.S. § 16-901\(23\)](#).

<sup>177</sup> [A.R.S. § 16-913\(C\)](#). The 60-day clock begins to run from the date of receipt of the contribution. The standard on when a contribution is "received" should be the same standard used for campaign finance reporting purposes, as discussed in [Section 2.2.3](#) above.

<sup>178</sup> [A.R.S. § 16-913\(C\)\(2\)](#).

<sup>179</sup> [A.R.S. § 16-913\(D\)](#). A PAC that incorporates only for limitation of liability purposes is not prohibited from making contributions to candidate committees solely because of the incorporation, and candidate committees may accept otherwise lawful contributions within applicable contribution limits from such PACs. See [11 C.F.R. § 114.12\(a\)](#); [A.R.S. § 16-916\(C\)\(5\)](#).

contribution immediately and, if possible, document the circumstances leading to the acceptance of the prohibited contribution and what actions were taken to remedy the mistake.

## **4 SPECIAL FUNDING AND SUPPORT MECHANISMS FOR CANDIDATES**

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### **4.1 TRANSFERS FROM PRIOR CAMPAIGNS**

#### **4.1.1 Running for the Same Office**

A candidate committee is permitted to use surplus funds raised during a prior election cycle for the same office. The candidate is not required to terminate and reorganize the committee, or amend the committee's statement of organization, in order to reuse the campaign committee in a subsequent race for the same office.<sup>180</sup> Arizona law prohibits a candidate from having multiple committees open for the same office, however.<sup>181</sup>

#### **4.1.2 Running for a Different Office**

A candidate may transfer funds to a new committee for a different office under certain circumstances and depending on the election jurisdiction.<sup>182</sup>

Transfers are generally permitted if both the transferring committee and receiving committee are registered with the same filing officer. For example, a candidate may laterally transfer funds from a legislative committee to a statewide committee since both committees file with the Secretary of State's Office.

Candidate transfers are also freely permitted to local jurisdictions. For example, a legislative committee may transfer funds to a county committee, while a county committee may freely transfer funds to a city or town committee.<sup>183</sup>

Transfers toward the statewide level are more difficult, as candidates are only permitted to transfer funds one jurisdiction at a time.<sup>184</sup> For example, a city or town committee may transfer funds to a county committee, while a county committee may transfer funds to a legislative or statewide committee.<sup>185</sup> But if a city or town committee seeks to transfer funds to a legislative or statewide committee for the same candidate, the candidate must transfer the funds to a county committee first and then wait at least 24 months before transferring funds to a legislative or statewide

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<sup>180</sup> The only exception is if the filing officer requires an amendment for the purpose of properly operating the filing officer's electronic campaign finance filing system.

<sup>181</sup> [A.R.S. § 16-906\(F\)](#).

<sup>182</sup> [A.R.S. § 16-913\(B\)](#). A resignation or vacancy in office does not necessarily have campaign finance implications. A candidate committee still must follow all laws applicable to contributions, expenditures, reporting, transfers, and termination.

<sup>183</sup> [A.R.S. § 16-913\(B\)](#).

<sup>184</sup> Upward transfers are more restricted due to the difference in contribution limits. Contribution limits are higher at the local level because the Clean Elections Act reduces the contribution limits for statewide and legislative candidates by 20%.

<sup>185</sup> [A.R.S. § 16-913\(B\)\(1\)-\(2\)](#).

committee.<sup>186</sup> Violation of this “cooling off” period may serve as a basis for a campaign finance complaint before either filing officer.

Transfers from a candidate’s state, legislative, or local committee to the candidate’s federal campaign committee are prohibited under federal law.<sup>187</sup>

#### **4.1.3 Aggregating Contributions from Different Sources**

A candidate who transfers funds between his or her own committees during an election cycle must aggregate contributions made by the same donor to both committees during that election cycle.<sup>188</sup> If a particular donor’s aggregated contributions would exceed the applicable contribution limit for the election cycle, the transferring committee must refrain from transferring the excess amount to the receiving committee.<sup>189</sup>

##### Example 1

- After the first regular legislative session concludes in 2021, a candidate decides to forego reelection to the Legislature and run for statewide office instead in 2022. The candidate opens a statewide committee and seeks to transfer funds from the legislative committee.
- A donor made a \$5,200 contribution to the candidate in September 2019 (the maximum contribution during the 2019-2020 cycle) and a \$5,300 contribution to the newly formed statewide committee in December 2021 (the maximum contribution during the 2021-2022 cycle).
- The candidate may freely transfer funds to the statewide committee because the donor’s aggregate contributions in any particular election cycle did not exceed contribution limits.

##### Example 2

- Same scenario as above, except the donor made a \$3,000 contribution to the legislative committee in March 2021. The donor later makes a \$4,000 contribution to the candidate’s statewide committee in December 2021.
- The donor’s aggregate contributions during the election cycle amount to \$7,000, which exceeds the \$5,300 contribution limit.
- The legislative committee may transfer no more than \$1,300 to the statewide committee, leaving \$1,700 of the March 2021 contribution in the legislative committee.

The committees’ transfers must be disclosed in the next campaign finance reports.

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<sup>186</sup> [A.R.S. § 16-913\(B\)\(2\).](#)

<sup>187</sup> [11 C.F.R. § 110.3\(d\).](#)

<sup>188</sup> [A.R.S. § 16-913\(B\)\(3\).](#) Just because a transfer is lawful between a candidate’s committees does not mean that an unlimited amount may be transferred. Otherwise, a candidate could circumvent contribution limits by allowing donors to max out to both committees.

<sup>189</sup> [A.R.S. § 16-913\(B\)\(3\).](#)

## 4.2 USE OF PERSONAL MONIES

A privately funded candidate may contribute unlimited “personal monies” to his or her own campaign.<sup>190</sup> Personal monies donated to one’s own campaign constitute “contributions,” but they are not subject to contribution limits.<sup>191</sup> However, publicly-funded statewide and legislative candidates are strictly limited in how much personal money may be spent by a candidate committee.<sup>192</sup>

Contributions of personal monies must be disclosed in campaign finance reports.<sup>193</sup>

Personal monies from privately funded candidates are defined to include the following categories.

### 4.2.1 Assets

Assets are money or property in which a candidate or candidate’s spouse hold legal title or an equitable interest.<sup>194</sup> Legal title means that the candidate or candidate’s spouse has full ownership, such as in cash or precious metals. An equitable interest means that the candidate or candidate’s spouse has the right to acquire formal legal title, such as a home that has been mortgaged.

### 4.2.2 Salary

Salary means the earned income from a candidate or candidate’s spouse’s employment.<sup>195</sup> This includes income received as a draw from a business wholly owned by the candidate or candidate’s spouse.

### 4.2.3 Investments

The proceeds from stock, dividends, or the sale of investments held by a candidate or candidate’s spouse constitute

#### What constitutes personal monies?

- ✓ Assets
- ✓ Earned  
Income/Salary
- ✓ Dividends and  
Proceeds from the  
Sale of Investments
- ✓ Bequests
- ✓ Income from  
Revocable Trusts
- ✓ Certain Gifts
- ✓ Loans Obtained by  
the Candidate or  
Candidate’s Spouse

<sup>190</sup> [A.R.S. § 16-901\(40\)](#); [A.R.S. § 16-913\(F\)](#).

<sup>191</sup> [A.R.S. § 16-913\(F\)](#).

<sup>192</sup> See [A.R.S. § 16-941\(A\)\(2\)](#) (“[A] participating candidate . . . [s]hall not make expenditures of more than a total of five hundred dollars of the candidate’s personal monies for a candidate for the legislature or more than one thousand dollars for a candidate for statewide office[.]”); see also [A.R.S. § 16-945\(B\)](#) (“[A] candidate’s personal monies . . . may be spent only during the exploratory period and the qualifying period. Any early contributions not spent by the end of the qualifying period shall be paid to the [Clean Elections] fund.”); [A.R.S. § 16-945\(C\)](#) (“If a participating candidate has a debt from an election campaign in this state during a previous election cycle in which the candidate was not a participating candidate, then, during the exploratory period only, the candidate may accept, in addition to early contributions . . . , [private] contributions . . . or may exceed the limit on personal monies . . . , provided that such contributions and monies are used solely to retire such debt.”); [A.R.S. § 16-961\(A\)](#) (clarifying that the term “personal monies” is defined in [A.R.S. § 16-901](#)).

<sup>193</sup> [A.R.S. § 16-926\(B\)\(2\)\(viii\)](#).

<sup>194</sup> [A.R.S. § 16-901\(40\)\(a\)](#).

<sup>195</sup> [A.R.S. § 16-901\(40\)\(b\)](#).

personal monies.<sup>196</sup>

#### **4.2.4 Bequests**

Bequests include money received by a candidate or candidate's spouse by will or through intestate succession (*i.e.* the candidate receives money through probate).<sup>197</sup>

#### **4.2.5 Trust Income**

Qualified trust income is income derived from a revocable trust for which the candidate or candidate's spouse is a beneficiary.<sup>198</sup> Income from an irrevocable trust does not qualify as personal monies.

#### **4.2.6 Personal Gifts**

Certain gifts of a personal nature, which would have been given to a candidate or candidate's spouse regardless of whether the candidate ran for or was elected to office, constitute as personal monies.<sup>199</sup> For example, a birthday gift of money by a longtime family friend likely qualifies as permissible personal gift for campaign finance purposes. However, an unexpected, large gift from a casual acquaintance should be considered carefully.

#### **4.2.7 Loans**

The proceeds of a loan obtained by the candidate or candidate's spouse, which is secured by collateral or security provided by the candidate or candidate's spouse, constitute as personal monies.<sup>200</sup> Thus, a candidate who seeks to fund his or her campaign through a loan must take out the loan in his or her name (or spouse's name), and then loan the campaign committee the desired amount of money. The candidate or candidate's spouse may require repayment or forgive the loan entirely.

If the candidate makes a loan to his or her campaign, this is still classified as a contribution of personal monies for campaign finance reporting purposes. The candidate should include a memo entry of "Personal Loan" (or similar notation) to properly identify this loan for reporting purposes.

#### **4.2.8 Family Contributions**

Family contributions are contributions to the candidate's committee from close family members, which include the candidate's or candidate's spouse's parents, grandparents, aunts, uncles, children or siblings.<sup>201</sup> Family relationships established by marriage or adoption equally qualify for purposes of the personal monies exemption.

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<sup>196</sup> [A.R.S. § 16-901\(40\)\(c\).](#)

<sup>197</sup> [A.R.S. § 16-901\(40\)\(d\).](#)

<sup>198</sup> [A.R.S. § 16-901\(40\)\(e\).](#)

<sup>199</sup> [A.R.S. § 16-901\(40\)\(f\).](#)

<sup>200</sup> [A.R.S. § 16-901\(40\)\(g\).](#)

<sup>201</sup> [A.R.S. § 16-901\(40\)\(h\);](#) *see also* [A.R.S. § 16-901\(26\).](#)

### 4.3 JOINT FUNDRAISING EVENTS

A group of candidates may find it strategically advantageous to jointly conduct fundraising.

Joint fundraising efforts are permissible among privately funded candidates as long as the candidates make a written agreement prior to the fundraising effort that outlines how the proceeds of the fundraising effort will be distributed or reimbursed.<sup>202</sup> For example, two House candidates and one Senate candidate from the same district could agree to split proceeds equally among them. The agreement need not be formal; an email will suffice.

Fundraising solicitations should disclose the joint nature of the fundraiser by identifying the collaborating candidates who will benefit from the joint fundraising effort. Once the fundraising effort has concluded, the collaborating candidates must make distributions or reimbursements in accordance with the written agreement.<sup>203</sup>

A separate candidate committee does not need to be organized. Thus, checks can be made out to any of the collaborating candidates (even in amounts that exceed contribution limits for an individual candidate) as long as the recipient candidate deposits and promptly distributes the fundraising proceeds in accordance with the written fundraising agreement. Distributions and reimbursements made according to the joint fundraising agreement must be reported by the collaborating candidates.<sup>204</sup>

#### Example 1

- Senate Candidate A and House Candidate B enter into a joint fundraising agreement to split the proceeds of a joint fundraiser equally. Candidate A agrees to be the recipient candidate to whom contributions will be made.
- Candidate A distributes fundraising solicitations that state “Paid for by Candidate A and B. Authorized by Candidate A and Candidate B. Proceeds to benefit Candidate A and Candidate B.”
- The fundraiser is held and contributors are asked to make a \$4,000 contribution to Candidate A. Candidate A accepts the contributions via check and online payment, and collects the required identifying information from each contributor. The fundraiser brings in \$20,000.
- Candidate A distributes \$10,000 to Candidate B pursuant to the parties’ agreement.
- The candidates file campaign finance reports as follows:
- Candidate A reports receiving five \$2,000 contributions from individual contributors, including identifying information about each individual contributor, and, if possible, should indicate in the “memo” field that the contributions were received through a joint fundraising event with Candidate B.

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<sup>202</sup> [A.R.S. § 16-911\(B\)\(6\)\(b\)](#); [A.R.S. § 16-921\(B\)\(4\)\(b\)](#). The agreement must be reached before the first fundraising solicitation has been issued, even if the event has not yet occurred. Moreover, after the fundraising effort has concluded, the participating candidates must make distributions or reimbursements that conform to the written agreement.

<sup>203</sup> [A.R.S. § 16-911\(B\)\(6\)\(b\)](#); [A.R.S. § 16-921\(B\)\(4\)\(b\)](#).

<sup>204</sup> [A.R.S. § 16-926\(B\)\(4\)](#). The recipient candidate must provide contributors’ identifying information to the other collaborating candidates in the joint fundraising agreement. Each collaborating candidate must identify each contributor along with the contributor’s net contribution amount to the reporting committee.

- Candidate A also reports receiving \$10,000 of joint fundraising proceeds on behalf of Candidate B<sup>205</sup> and reports a \$10,000 joint fundraising transfer to Candidate B;<sup>206</sup> and
- Candidate B reports receiving five \$2,000 contributions from individual contributors, including identifying information about each individual contributor, and, if possible, should indicate in the “memo” field that the contributions were received through a joint fundraising event with Candidate A.<sup>207</sup>

If the candidates have not reached a prior agreement, any distributions or reimbursements of the joint fundraising proceeds could constitute prohibited candidate-to-candidate transfers.<sup>208</sup>

#### **4.4 VOLUNTEER ACTIVITY**

An individual’s volunteer services, including any expenses the individual incurs in the course of volunteering, are not considered contributions to a campaign.<sup>209</sup> Since volunteer services are not considered contributions, this activity need not be reported or capped in any fashion.

- Travel expenses incurred by the volunteer, such as placing campaign signs, traveling to campaign events, or canvassing door-to-door, are not considered contributions.<sup>210</sup>
- Use of a volunteer’s real or personal property, such as using a volunteer’s vehicle in a parade or hosting a fundraiser at a volunteer’s home, is not a contribution.<sup>211</sup>
- The cost of invitations, food, or beverages purchased or provided by a volunteer for a campaign-related event is not considered a contribution.<sup>212</sup>
- A volunteer’s use of email, blogging, social media, or other internet activity on behalf of a campaign do not constitute contributions, as long as: (1) the volunteer’s use is not paid for by the volunteer or any other person (*i.e.*, neither the volunteer nor any other person paid to post or promote the message); (2) the volunteer is not paid or reimbursed for such activity; and (3) the emails, social media messages, or other internet activities do not contain or include transmittal of a paid advertisement or paid fundraising solicitation.<sup>213</sup> For example, an individual may freely share links to campaign videos found on YouTube, retweet a campaign advertisement, forward a fundraising invitation by email, post a campaign-related item on his or her Facebook/Meta timeline,

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<sup>205</sup> In Beacon, the Secretary of State’s electronic campaign finance reporting system, this \$10,000 joint fundraising proceed should be entered under “Income/Receipt of Proceeds from Joint Fundraiser” as an aggregate amount. Similarly, local filers using the fillable Committee Campaign Finance Report (rev. 12/29/21), should enter this \$10,000 joint fundraising proceed in Schedule A(8) as an aggregate amount.

<sup>206</sup> In Beacon, this \$10,000 transfer should be entered under “Expenses/Distribute Proceeds from Joint Fundraising” as an aggregate amount. Similarly, local filers using the fillable Committee Campaign Finance Report (rev. 12/29/21), should enter this \$10,000 transfer in Schedule B(10) as an aggregate amount.

<sup>207</sup> In this example, Candidate A must collect contributors’ identifying information and provide that information to Candidate B for reporting purposes.

<sup>208</sup> [A.R.S. § 16-911\(B\)\(6\)\(b\)](#); [A.R.S. § 16-921\(B\)\(4\)\(b\)](#); *see also* [A.R.S. § 16-913\(A\)](#).

<sup>209</sup> [A.R.S. § 16-911\(B\)\(1\)](#); [A.R.S. § 16-921\(B\)\(1\)](#).

<sup>210</sup> [A.R.S. § 16-911\(B\)\(1\)\(a\)](#); [A.R.S. § 16-921\(B\)\(1\)\(a\)](#).

<sup>211</sup> [A.R.S. § 16-911\(B\)\(1\)\(b\)](#); [A.R.S. § 16-921\(B\)\(1\)\(b\)](#).

<sup>212</sup> [A.R.S. § 16-911\(B\)\(1\)\(c\)](#); [A.R.S. § 16-921\(B\)\(1\)\(c\)](#).

<sup>213</sup> [A.R.S. § 16-911\(B\)\(1\)\(d\)](#); [A.R.S. § 16-921\(B\)\(1\)\(d\)](#). “Social media messages” are defined as “forms of communication, including internet sites for social networking or blogging, through which users create a personal profile and participate in online communities to share information, ideas and personal messages.” [A.R.S. § 16-901\(46\)](#).

or conduct any other similar internet activity and the profile owner or volunteer did not pay to advertise the social media post.

#### Example 1

- PAC A supports political campaigns by connecting uncompensated volunteers to volunteer opportunities in more competitive electoral districts.
- PAC A hosts a meet and greet with Candidate B to encourage volunteers to make calls to eligible voters. The event is organized by paid staff of PAC A and PAC A pays for the food, drinks, and facility rental for the event.
- After the event, some volunteers post flyers in support of Candidate “B” and make phone calls to voters in support of Candidate B. The volunteers are not reimbursed for their time or any expenses.
- The volunteers’ services in support of Candidate B and any unreimbursed expenses incurred in connection with those activities are exempted from the definition of “contribution” and need not be reported.
- However, the expenses that PAC A incurred for staff time spent organizing the meet and greet with Candidate B and for the food, drinks, and facility rental for the event constitute in-kind contributions from PAC A to Candidate B.

## **4.5 POLITICAL PARTY SUPPORT**

If a candidate becomes a political party nominee and is running in a partisan general election (*i.e.* the candidate’s political party affiliation appears next to his or her name on the ballot), the party is permitted to directly pay for certain expenses that will benefit the candidate committee.<sup>214</sup> The party may print, distribute and pay for items that promote its nominees, such as voter guides, sample ballots, pins, bumper stickers, pamphlets, brochures, posters, yard signs, and other similar items.<sup>215</sup> Similarly, the law exempts “coordinated political party expenditures” from the definition of “contribution.”<sup>216</sup> “Coordinated political party expenditure” is defined as “expenditures that are made by a political party to directly pay for goods or services on behalf of its nominee.”<sup>217</sup>

While these expenditures must be reported by the political party,<sup>218</sup> they do not constitute in-kind contributions and therefore need not be reported by the nominee.<sup>219</sup>

Although a political party may not use monies contributed by corporations, limited liability companies, or unions to directly make contributions to its nominees,<sup>220</sup> this restriction does not apply to direct payments for items to promote the nominee or coordinated political party expenditures as described above.

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<sup>214</sup> [A.R.S. § 16-911\(B\)\(4\)\(a\)](#). As a result, this type of political party support is only available during the period between the primary election and general election.

<sup>215</sup> [A.R.S. § 16-911\(B\)\(4\)\(a\)](#).

<sup>216</sup> [A.R.S. § 16-911\(B\)\(4\)\(b\)](#).

<sup>217</sup> [A.R.S. § 16-901\(14\)](#).

<sup>218</sup> [A.R.S. § 16-926\(B\)\(3\)\(o\)](#).

<sup>219</sup> [A.R.S. § 16-911\(B\)\(4\)\(a\)](#).

<sup>220</sup> [A.R.S. § 16-915\(B\)](#).

## 4.6 LEGAL AND ACCOUNTING SERVICES

A committee is permitted to pay for its legal and accounting services using campaign funds.<sup>221</sup>

## 4.7 CANDIDATE APPEARANCES AT A BUSINESS OR LABOR FACILITY

A candidate is permitted to make campaign-related appearances at outside organizations' facilities without the "value" of that appearance being deemed an in-kind contribution.<sup>222</sup> This exemption applies as long as:

- The venue is furnished by the venue's owner;
- Usage of the venue is not paid for by a third-party; and
- The venue is not a sports stadium, coliseum, convention center, hotel ballroom, concert hall or other similar arena that is generally open to the public.<sup>223</sup>

For example, a candidate is permitted to appear at the headquarters of ABC Corporation to address the company's employees and invited guests. However, ABC Corporation may not host a candidate fundraiser at the corporation's suite during a professional sports game.<sup>224</sup>

## 4.8 ELECTED OFFICIAL TOURS AND CONFERENCES

For elected officials acting in the course of their official duties, it is not necessary to use campaign funds to meet with constituents or attend an informational tour, conference, seminar or presentation.<sup>225</sup> A third party may provide this support without creating an in-kind contribution. For example, a timber company or conservationist organization may provide a helicopter ride to an elected official to tour wildfire devastation from the air. A private school may provide its facilities for the purpose of allowing an elected official to conduct a town hall on education policy.<sup>226</sup>

For this exemption to apply, neither the candidate nor the host may engage in any electioneering or campaign-related activity.<sup>227</sup> Additionally, if the benefit triggers a reporting responsibility under the financial disclosure or lobbying statutes, that benefit must be properly reported under those statutes; otherwise an in-kind contribution may result.<sup>228</sup> For example, if a legislator received the benefit of at least \$1,000 in travel expenses from a corporation, the elected

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<sup>221</sup> Candidates may not use campaign funds for personal use. Therefore, the payment of legal expenses unrelated to one's candidacy constitutes a prohibited use of campaign funds. In addition, [A.R.S. §§ 16-911\(B\)\(6\)\(c\), 16-921\(B\)\(4\)\(c\), and 16-921\(B\)\(7\)](#) exempt the payment of a committee's legal or accounting expenses by any person from the definition of contribution and expenditure.

<sup>222</sup> [A.R.S. § 16-911\(B\)\(11\)](#).

<sup>223</sup> [A.R.S. § 16-911\(B\)\(11\)](#).

<sup>224</sup> A fundraiser could be held at a stadium, coliseum, convention center, hotel ballroom, concert hall or other similar arena if the committee pays for the facility rental at fair market value.

<sup>225</sup> [A.R.S. § 16-911\(B\)\(3\)](#). The exemption likewise applies to public officials who were appointed to a position normally filled by an elected official.

<sup>226</sup> An event held at a public school may be subject to more stringent conditions. See [A.R.S. § 15-511](#) (prohibiting the use of public school resources to influence the outcome of an election).

<sup>227</sup> [A.R.S. § 16-911\(B\)\(3\)](#).

<sup>228</sup> [A.R.S. § 16-911\(B\)\(3\)](#).

official must report the travel expenses in his or her next financial disclosure statement in order to avoid the travel expenses from being potentially deemed an illegal in-kind contribution.<sup>229</sup>

## **4.9 STATEWIDE AND LEGISLATIVE OFFICEHOLDER EXPENSE ACCOUNTS**

Statewide and legislative elected officials may establish officeholder accounts (also known as constituent services accounts) for the purpose of defraying the expenses of performing official duties.<sup>230</sup> An officeholder account must register with the Secretary of State's Office and file campaign finance reports the same way as a campaign committee, but the monies must be kept separate from campaign funds.<sup>231</sup>

### **4.9.1 Use of Officeholder Monies**

A statewide/legislative officeholder account may be used to fund office equipment and supplies, official travel, communicating and meeting with constituents, or incurring expenses for informational and education purposes, including:<sup>232</sup>

- Newspaper, magazine, or other informational subscriptions;
- Participation in community, professional or fraternal organizations; and
- Participation in conferences and seminars.

No campaign or electioneering activity may take place in the course of using officeholder account monies.<sup>233</sup>

### **4.9.2 Officeholder Account Source Restrictions**

#### **4.9.2.1 Non-Individual Contributors**

Only individuals are permitted to contribute to a statewide/legislative officeholder account.<sup>234</sup> Contributions to an officeholder account do not affect an individual's contribution limit to the same officeholder's campaign account.<sup>235</sup> PAC, political party, partnership, corporate, and union contributions are not permitted.

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<sup>229</sup> [A.R.S. § 16-911\(B\)\(3\)](#). The exemption references Title 38, Chapter 3.1 ("Standards of Financial Disclosure"), which at the time of passage in 2016 included A.R.S. § 38-542. Section 38-542 was renumbered as [A.R.S. § 18-444](#) during the same legislative session. Nevertheless, the Secretary of State's Office interprets the contribution exemption in [A.R.S. § 16-911\(B\)\(3\)](#) to include a requirement to comply with the financial disclosure standards now codified in [A.R.S. § 18-444](#).

<sup>230</sup> [A.R.S. § 41-133\(A\) & \(K\)](#). Persons appointed to an elected office are likewise eligible to establish an officeholder account.

<sup>231</sup> [A.R.S. § 41-133\(C\)](#).

<sup>232</sup> [A.R.S. § 41-133\(D\)](#).

<sup>233</sup> [A.R.S. § 41-133\(D\)](#).

<sup>234</sup> [A.R.S. § 41-133\(A\)\(1\)](#).

<sup>235</sup> [A.R.S. § 41-133\(B\)](#). If an elected official fails to properly accept or report monies contributed to his or her officeholder account, the improperly received/reported monies are deemed contributions to the official's campaign committee. [A.R.S. § 41-133\(B\)](#).

#### 4.9.2.2 Lobbyist Prohibition

Individuals who are registered lobbyists or principals are prohibited from making contributions to a gubernatorial or legislative officeholder account while the Legislature is in regular session.<sup>236</sup>

#### 4.9.3 Officeholder Account Contribution Limits

The contribution limit to a statewide/legislative officeholder account is \$150 per election cycle and is not subject to biennial increases.<sup>237</sup>

##### 4.9.3.1 Limitation on Personal Money Contributions

A statewide/legislative official may contribute limited personal monies to his or her own officeholder account during an election cycle.<sup>238</sup> These personal money caps are increased on a biennial basis.<sup>239</sup>

Personal money contribution limits for the 2021-2022 election cycle are as follows:

| Aggregate<br>Contribution<br>Limit of Personal<br>Monies | Officeholder |                       |                     |           |                                            |                   |                             |            |
|----------------------------------------------------------|--------------|-----------------------|---------------------|-----------|--------------------------------------------|-------------------|-----------------------------|------------|
|                                                          | Governor     | Secretary<br>of State | Attorney<br>General | Treasurer | Superintendent<br>of Public<br>Instruction | Mine<br>Inspector | Corporation<br>Commissioner | Legislator |
|                                                          | \$31,695     | \$16,698              | \$16,698            | \$8,403   | \$8,403                                    | \$8,403           | \$8,403                     | \$3,258    |

##### 4.9.3.2 Aggregate Contribution Limits

Unlike campaign contributions, a statewide/legislative officeholder account is subject to an aggregate cap on all contributions received during an election cycle.<sup>240</sup>

Aggregate contribution limits are inclusive of officeholder's personal monies.<sup>241</sup> For example, 2022 aggregate contribution limits, a legislator who contributes the maximum \$3,258 in personal monies to his or her officeholder account may only accept \$7,602 in aggregate contributions from other individuals.

<sup>236</sup> [A.R.S. § 41-133\(G\)](#). As applied to the Governor, this prohibition extends past *sine die* and through the time period when all regular session legislation has been signed or vetoed. [A.R.S. § 41-1234.01\(A\)\(2\)](#).

<sup>237</sup> [A.R.S. § 41-133\(A\)\(1\)](#).

<sup>238</sup> [A.R.S. § 41-133\(A\)\(3\)](#). "Personal monies" are defined in [A.R.S. § 16-901\(40\)](#) and discussed in [Section 4.2](#).

<sup>239</sup> [A.R.S. § 16-931\(A\)\(2\)](#); [A.R.S. § 41-133\(A\)\(2\)](#).

<sup>240</sup> [A.R.S. § 41-133\(A\)\(2\)](#). Aggregate limits from the 2017-2018 election cycle have been increased by \$100 every odd-numbered year pursuant to [A.R.S. § 16-931\(A\)\(2\)](#) and [A.R.S. § 41-133\(A\)\(2\)](#) for the 2019-2020 and 2021-2022 cycles.

<sup>241</sup> [A.R.S. § 41-133\(A\)\(2\)](#).

If an elected statewide/legislative official is winding down his or her campaign committee, the official may transfer excess campaign funds into his or her officeholder account.<sup>242</sup> These funds may be transferred in any amount, as long as the officeholder account does not exceed its aggregate cap. Aggregate contribution limits are increased on a biennial basis.<sup>243</sup>

Aggregate contribution limits for the 2021-2022 election cycle are as follows:

| 2021-2022<br>Aggregate<br>Contribution<br>Limits | Officeholder |                       |                     |           |                                            |                   |                             |            |
|--------------------------------------------------|--------------|-----------------------|---------------------|-----------|--------------------------------------------|-------------------|-----------------------------|------------|
|                                                  | Governor     | Secretary<br>of State | Attorney<br>General | Treasurer | Superintendent<br>of Public<br>Instruction | Mine<br>Inspector | Corporation<br>Commissioner | Legislator |
|                                                  | \$105,650    | \$55,660              | \$55,660            | \$28,010  | \$28,010                                   | \$28,010          | \$28,010                    | \$10,860   |

#### 4.9.4 Officeholder Account Spending Limits

##### 4.9.4.1 Aggregate Spending Limit

A statewide/legislative official may not spend more than the aggregate contribution limit from his or her officeholder account during an election cycle.<sup>244</sup> Like aggregate contribution limits, aggregate spending limits are increased on a biennial basis.<sup>245</sup>

##### 4.9.4.2 Permissible Spending Timeframe

A statewide/legislative official only may spend officeholder account monies during what is deemed the non-election period for that candidate: from the day after the previous general election until April 30<sup>th</sup> of the year when the officeholder seeks reelection.<sup>246</sup> For example:

- Legislators elected in 2020 may spend officeholder account monies between November 3, 2020 and April 30, 2022;
- Statewide officials elected in 2018 may spend officeholder account monies between November 7, 2018 and April 30, 2022.

#### 4.9.5 Disposal of Officeholder Monies

After April 30<sup>th</sup> of an election year, a statewide/legislative official may dispose of officeholder account monies in the

<sup>242</sup> [A.R.S. § 16-933\(A\)\(5\).](#)

<sup>243</sup> [A.R.S. § 16-931\(A\)\(2\); A.R.S. § 41-133\(A\)\(2\).](#)

<sup>244</sup> [A.R.S. § 41-133\(A\)\(2\).](#)

<sup>245</sup> [A.R.S. § 16-931\(A\)\(2\); A.R.S. § 41-133\(A\)\(2\).](#)

<sup>246</sup> [A.R.S. § 41-133\(E\).](#)

following ways:<sup>247</sup>

- Roll the money over to the elected official’s officeholder account for the next election cycle (as long as the elected official will hold office during the next election cycle);
- Contribute the money to a PAC or political party (as long as the elected official will not hold office during the next election cycle);
- Donate the money to a social welfare organization recognized under § 501(c)(4) of the Internal Revenue Code (as long as the elected official will not hold office during the next election cycle);<sup>248</sup> or
- Donate the money to the general fund of the State of Arizona.

#### **4.9.6 Reporting Responsibilities**

A statewide/legislative official must file officeholder account reports in the same manner and under the same schedule as campaign finance reports for candidate committees.<sup>249</sup>

#### **4.9.7 Enforcement Penalties**

Violations with respect to officeholder accounts are enforced in the same manner as campaign finance violations.<sup>250</sup>

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<sup>247</sup> [A.R.S. § 41-133\(E\)](#). The elected official may not contribute officeholder account monies to another elected official or candidate. [A.R.S. § 41-133\(F\)](#).

<sup>248</sup> This exemption is only available for § 501(c)(4) social welfare organizations. Surplus officeholder monies may not be contributed to a § 501(c)(3) charity or § 501(c)(6) trade association.

<sup>249</sup> [A.R.S. § 41-133\(C\)](#). An elected official may use the same methods used for campaign contributions to determine when a contribution is “received” or expenditure is “made.” See [Section 8](#).

<sup>250</sup> [A.R.S. § 41-133\(I\)](#).

## 5 LIMITS ON CONTRIBUTIONS FROM CANDIDATE COMMITTEES

The following contribution limits apply during the 2021-2022 election cycle.<sup>251</sup>

|                                                                                   | Recipient                                               |                                                     |                                                         |           |                    |
|-----------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|-----------|--------------------|
|                                                                                   | Statewide Candidate<br>(privately financed)             | Legislative Candidate<br>(privately financed)       | Local Candidate<br>(privately financed)                 | PAC       | Political<br>Party |
| Individual                                                                        | \$5,300                                                 | \$5,300                                             | \$6,550                                                 | Unlimited | Unlimited          |
| Partnership                                                                       | \$5,300                                                 | \$5,300                                             | \$6,550                                                 | Unlimited | Unlimited          |
| Candidate Committee <sup>152</sup>                                                | Generally prohibited<br>(except surplus funds)          | Generally prohibited<br>(except surplus funds)      | Generally prohibited<br>(except surplus funds)          | Unlimited | Unlimited          |
| PAC without Mega PAC status<br>(using non-corp./non-union funds)                  | \$5,300 <sup>153</sup>                                  | \$5,300 <sup>154</sup>                              | \$6,550 <sup>155</sup>                                  | Unlimited | Unlimited          |
| PAC with Mega PAC status (using<br>non-corp./non-union funds) <sup>156</sup>      | \$10,600                                                | \$10,600                                            | \$13,100                                                | Unlimited | Unlimited          |
| Political Party (using non-corp./non-<br>union funds) <sup>157</sup>              | \$80,300<br>(to a party nominee<br>only) <sup>158</sup> | \$8,300<br>(to a party nominee only) <sup>159</sup> | \$10,300<br>(to a party nominee<br>only) <sup>160</sup> | Unlimited | Unlimited          |
| Corporation <sup>161</sup>                                                        | Prohibited                                              | Prohibited                                          | Prohibited                                              | Unlimited | Unlimited          |
| Limited Liability Co. <sup>162</sup>                                              | Prohibited                                              | Prohibited                                          | Prohibited                                              | Unlimited | Unlimited          |
| Trust, Joint Venture, Co-op, or Other<br>Unincorporated Org./Ass'n <sup>163</sup> | Prohibited                                              | Prohibited                                          | Prohibited                                              | Unlimited | Unlimited          |
| Union <sup>164</sup>                                                              | Prohibited                                              | Prohibited                                          | Prohibited                                              | Unlimited | Unlimited          |

As indicated in the contribution chart above and in [Section 3.4](#), contributions to other candidates are presumptively prohibited.<sup>252</sup> A candidate committee may contribute to another candidate committee only under the following conditions:

- The contribution must be made after the candidate filing deadline, which is 120 days before the primary election (or first election in a city or town);<sup>253</sup>
- The contributing candidate must be in the last year of his or her term and not seeking reelection (or have already left office);<sup>254</sup>
- If the recipient is a legislative candidate, the contributing candidate may not make the contribution while the

<sup>251</sup> Contribution limits for the 2021-2022 election cycle can be found at the Arizona Secretary of State [website](#).

<sup>252</sup> [A.R.S. § 16-913\(A\)](#); see also [A.R.S. § 16-933\(A\)\(3\)](#).

<sup>253</sup> [A.R.S. § 16-933\(A\)\(3\)\(a\)](#). See also [A.R.S. § 16-311\(A\)](#). The contribution need not be made before the contributing candidate finishes his or her term of office.

<sup>254</sup> [A.R.S. § 16-933\(A\)\(3\)\(b\)](#). The contributing candidate must not have filed a nomination paper with any filing officer at the 120-day deadline to seek reelection. See also [A.R.S. § 16-311\(A\)](#).

Legislature is in regular session;<sup>255</sup> and

- The contribution must be made in accordance with the contribution limit applicable to individuals.<sup>256</sup> The individual contribution limit to a statewide or legislative candidate this election cycle is \$5,300 and \$6,550 to a local candidate.

Contribution limits for the 2021-2022 election cycle are as follows:

Recipient

|  | Contributor                                                                       | Recipient                                               |                                                     |                                                         |           |                    |
|--|-----------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|-----------|--------------------|
|  |                                                                                   | Statewide Candidate<br>(privately financed)             | Legislative Candidate<br>(privately financed)       | Local Candidate<br>(privately financed)                 | PAC       | Political<br>Party |
|  | Individual                                                                        | \$5,300                                                 | \$5,300                                             | \$6,550                                                 | Unlimited | Unlimited          |
|  | Partnership                                                                       | \$5,300                                                 | \$5,300                                             | \$6,550                                                 | Unlimited | Unlimited          |
|  | Candidate Committee <sup>152</sup>                                                | Generally prohibited<br>(except surplus funds)          | Generally prohibited<br>(except surplus funds)      | Generally prohibited<br>(except surplus funds)          | Unlimited | Unlimited          |
|  | PAC without Mega PAC status<br>(using non-corp./non-union funds)                  | \$5,300 <sup>153</sup>                                  | \$5,300 <sup>154</sup>                              | \$6,550 <sup>155</sup>                                  | Unlimited | Unlimited          |
|  | PAC with Mega PAC status (using<br>non-corp./non-union funds) <sup>156</sup>      | \$10,600                                                | \$10,600                                            | \$13,100                                                | Unlimited | Unlimited          |
|  | Political Party (using non-corp./non-<br>union funds) <sup>157</sup>              | \$80,300<br>(to a party nominee<br>only) <sup>158</sup> | \$8,300<br>(to a party nominee only) <sup>159</sup> | \$10,300<br>(to a party nominee<br>only) <sup>160</sup> | Unlimited | Unlimited          |
|  | Corporation <sup>161</sup>                                                        | Prohibited                                              | Prohibited                                          | Prohibited                                              | Unlimited | Unlimited          |
|  | Limited Liability Co. <sup>162</sup>                                              | Prohibited                                              | Prohibited                                          | Prohibited                                              | Unlimited | Unlimited          |
|  | Trust, Joint Venture, Co-op, or Other<br>Unincorporated Org./Ass'n <sup>163</sup> | Prohibited                                              | Prohibited                                          | Prohibited                                              | Unlimited | Unlimited          |
|  | Union <sup>164</sup>                                                              | Prohibited                                              | Prohibited                                          | Prohibited                                              | Unlimited | Unlimited          |

If the conditions listed do not apply then candidate-to-candidate contributions are prohibited under Arizona law.<sup>257</sup>

## 6 CAMPAIGN ADVERTISING

Any campaign advertisement<sup>258</sup> or fundraising solicitation must include a disclosure that indicates it was paid for and authorized by the candidate's committee.<sup>259</sup> For example, a proper disclosure would read:

<sup>255</sup> [A.R.S. § 16-933\(A\)\(3\)\(c\)](#). This restriction only becomes significant if the Legislature fails to adjourn *sine die* before the candidate filing deadline. The candidate filing deadline for the 2022 election year is April 4, 2022.

<sup>256</sup> [A.R.S. § 16-933\(A\)\(3\)\(d\)](#); see also [A.R.S. § 16-912\(A\)](#).

<sup>257</sup> [A.R.S. § 16-913\(A\)](#).

<sup>258</sup> A campaign "advertisement" means information or materials, other than nonpaid social media messages, that are mailed, emailed, posted, distributed, published, displayed, delivered, broadcasted or placed in a communication medium and that are for the purpose of influencing an election. [A.R.S. § 16-901\(1\)](#).

<sup>259</sup> [A.R.S. § 16-925\(A\)](#).

Paid for by Smith for House  
Authorized by Smith for House

If a disclosure contains any acronym or nickname that is not commonly known, the disclosure must spell out the acronym or provide the full name.<sup>260</sup>

## **6.1 DISCLOSURE REQUIREMENTS**

The disclosure on a fundraising solicitation should be clearly readable.

With respect to campaign advertisements, how the disclosure must be presented depends upon the medium in which the advertisement appears. For example, if the advertisement is:

- Broadcast on radio, the disclosure must be clearly spoken at the beginning or end of the advertisement;<sup>261</sup>
- Delivered by hand, by mail, or electronically, the disclosure must be clearly readable, and if paid for by a political action committee, the disclosure must be displayed in a height that is at least ten percent of the vertical height of the advertisement;<sup>262</sup>
- Displayed on a sign or billboard, the disclosure must be displayed in a height that is at least four percent of the vertical height of the sign or billboard, except that if the advertisement is paid for by a political action committee, the disclaimer must be displayed in a height that is at least ten percent of the vertical height of the sign or billboard;<sup>263</sup>
- Broadcast on television or in a video, both of the following requirements must be met:
  - The disclosure must be both written and spoken at the beginning or end of the advertisement, except that if the written disclosure is displayed for the greater of at least one-sixth of the broadcast duration or four seconds, a spoken disclaimer is not required; and
  - The written disclosure statement must be printed in letters that are displayed in a height that is at least four percent of the vertical picture height, except that if the advertisement is paid for by a political action committee, the written disclosure must be displayed in a height that is at least ten percent of the vertical picture height.<sup>264</sup>

## **6.2 WHEN A DISCLOSURE IS NOT REQUIRED**

A committee is not required to include a disclosure in the following situations:

- Campaign advertisements or fundraising solicitations made via social media messages, text messages, or

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<sup>260</sup> [A.R.S. § 16-925\(C\).](#)

<sup>261</sup> [A.R.S. § 16-925\(D\)\(1\).](#)

<sup>262</sup> [A.R.S. § 16-925\(D\)\(2\).](#)

<sup>263</sup> [A.R.S. § 16-925\(D\)\(4\).](#) The Secretary of State's Office will not refer a campaign finance complaint to the Attorney General based on failure to strictly meet the 4% vertical height standard. A candidate will be deemed to substantially comply if (1) the disclaimer is clearly readable and (2) meeting the 4% standard would create a substantial burden due to the available space on the sign or the economic waste involved in reprinting existing signs.

<sup>264</sup> [A.R.S. § 16-925\(D\)\(5\).](#)

messages sent by a short message service;<sup>265</sup>

- Advertisements that are placed as a paid link on a website, as long as the message is not more than two hundred characters in length and the link directs the user to another website that contains the required disclosure statement;<sup>266</sup>
- Advertisements that are placed as a graphic or picture link where the disclosure cannot be conveniently printed due to the size of the graphic or picture and the link directs the user to another website that contains the required disclosure statement;<sup>267</sup>
- Bumper stickers, pins, buttons, pens and similar small items on which a disclosure statement cannot be conveniently printed;<sup>268</sup> or
- A published book or a documentary film or video.<sup>269</sup>

## **7 FINANCING A RECALL ELECTION**

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If a statewide or legislative officeholder is targeted for a recall election, the following special campaign finance rules apply:

- A new and separate “election cycle” is triggered at the time the filing officer issues a recall petition serial number.<sup>270</sup> The creation of the “recall election cycle” allows the targeted officeholder to solicit and receive campaign contributions to defeat the recall effort.<sup>271</sup>
- A recall election cycle will end when one of the following occur:<sup>272</sup>
  - The filing officer determines there are not sufficient valid recall petition signatures to call a recall election;<sup>273</sup>
  - The recall petition signatures submitted are valid and sufficient to call a recall election and the targeted officeholder resigns before the election is called;<sup>274</sup> or
  - The recall election takes place.<sup>275</sup>
- A targeted officeholder may organize a separate candidate committee for the recall effort and must create a

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<sup>265</sup> [A.R.S. § 16-925\(E\)\(1\)](#). However, pre-recorded audio messages distributed directly to the voicemail boxes of recipients do not qualify as “messages sent by a short message service” and, therefore, are not exempted from the disclaimer requirement.

<sup>266</sup> [A.R.S. § 16-925\(E\)\(2\)](#).

<sup>267</sup> [A.R.S. § 16-925\(E\)\(3\)](#).

<sup>268</sup> [A.R.S. § 16-925\(E\)\(4\)](#).

<sup>269</sup> [A.R.S. § 16-925\(E\)\(7\)](#).

<sup>270</sup> [A.R.S. § 16-901\(18\)\(a\)](#).

<sup>271</sup> Since a new election cycle has been created, any donor who had reached his or her contribution limit in the regular election cycle may also contribute to the officeholder’s recall committee in the recall election cycle.

<sup>272</sup> While the recall effort is pending, the regular election cycle continues uninterrupted and (other than in cities and towns) still runs from January 1 to December 31 of the following year. See [Section 3.5](#).

<sup>273</sup> [A.R.S. § 16-901\(18\)\(a\)\(iii\)](#).

<sup>274</sup> [A.R.S. § 16-901\(18\)\(a\)\(ii\)](#).

<sup>275</sup> [A.R.S. § 16-901\(18\)\(a\)\(i\)](#).

separate candidate committee for the recall election.<sup>276</sup> In this case:

- The name of the officeholder’s recall committee must be unambiguously distinguishable from the officeholder’s regular candidate committee;<sup>277</sup>
  - The officeholder’s recall committee must establish a different bank account than the account used for the officeholder’s regular candidate committee<sup>278</sup>;
  - The officeholder may not transfer money between the recall committee and the regular candidate committee;<sup>279</sup>
  - Otherwise, the officeholder’s recall committee must abide by the same restrictions applicable to his or her regular candidate committee, which includes a prohibition on accepting contributions from corporations, limited liability companies, and unions.<sup>280</sup>
- For campaign finance reporting purposes, the targeted officeholder and other candidates running in the recall election must continue to report all disbursements and expenditures as “operating expenses,” much the same way as the candidate’s regular candidate committee.<sup>281</sup> However, any *other* committees or entities that spend money on the recall effort must report their expenditures as “recall expenditures” in the campaign finance reporting system.<sup>282</sup>
  - Candidates running in a recall election may apply for Clean Elections funding.<sup>283</sup>

## 8 FILING CAMPAIGN FINANCE REPORTS

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### 8.1 CONTENT OF CAMPAIGN FINANCE REPORTS

Arizona law specifies categories of information that must be included in campaign finance reports.<sup>284</sup> The Secretary of State’s online campaign filing system, [Beacon](#), will guide candidates through this process.

For local jurisdictions, campaign finance reporting forms are available from the applicable filing officer. Sample forms are also enclosed in [Appendix C](#) of this Guide.

Campaign finance reports must contain the following categories and information:

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<sup>276</sup> “Recall effort” as the period between the filing officer issuing a recall petition serial number and the submission of recall petitions. The effort is successful when the targeted officeholder resigns or recall petitions are found to be valid and sufficient to call for a recall election. The “recall election” is defined by the office as the period between the date the recall election is called and the date of the recall election. The recall effort and recall election are not separate recall election cycles, but are the same pursuant to [A.R.S. § 16-901\(18\)\(a\)](#).

<sup>277</sup> See e.g. [A.R.S. § 16-906\(B\)\(1\)\(a\)](#).

<sup>278</sup> [A.R.S. § 16-907\(B\)\(5\)](#).

<sup>279</sup> [A.R.S. § 16-907\(B\)\(5\)](#).

<sup>280</sup> [Ariz. Atty. Gen. Op. I11-003 \(R11-005\) \(2011\)](#).

<sup>281</sup> [A.R.S. § 16-926\(B\)\(3\)\(a\)](#).

<sup>282</sup> [A.R.S. § 16-926\(B\)\(3\)\(n\)](#).

<sup>283</sup> See [A.R.S. § 16-961\(B\)\(6\)](#).

<sup>284</sup> [A.R.S. § 16-926\(B\)](#).

Campaign Finance Report  
Contents:

- Cash on Hand
- Total Receipts
- Total Disbursements
- Cumulative Totals
- Certification

**Cash on Hand.** The committee must report the amount of cash on hand at the beginning of the reporting period.<sup>285</sup>

**Total Receipts.** The committee must report its total receipts during the reporting period, which includes contributions and any other form of income received by the committee.<sup>286</sup>

Most receipts must be itemized, which means the treasurer must record the name of the contributor, the amount received, and the date of receipt, in the following categories:<sup>287</sup>

- Contributions from in-state individuals whose contributions exceed \$100 for the election cycle, including identification of the contributor’s occupation and employer;<sup>288</sup>
- Contributions from out-of-state individuals, including identification of the contributor’s occupation and employer.<sup>289</sup>
- Contributions from other candidate committees;<sup>290</sup>
- Contributions from political action committees (PACs);<sup>291</sup>
- Contributions from political parties;<sup>292</sup>
- Contributions from partnerships;<sup>293</sup>
- Contributions from the candidate’s own personal monies<sup>294</sup>
- All loans made to the committee, including identification of any endorser or guarantor other than a candidate’s spouse, and the contribution amount endorsed or guaranteed by each;<sup>295</sup>

<sup>285</sup> [A.R.S. § 16-926\(B\)\(1\).](#)

<sup>286</sup> [A.R.S. § 16-926\(B\)\(2\).](#)

<sup>287</sup> [A.R.S. § 16-926\(B\)\(2\)\(a\).](#) See [Section 2.2.3](#) for guidance on reporting the date of a receipt. The committee treasurer must keep record of contributions over \$50 and the *date of deposit* to the committee’s account. The *date of deposit* will not be publicly reported, and the date of receipt will be publicly reported. [A.R.S. § 16-907\(D\)\(2\).](#)

<sup>288</sup> [A.R.S. § 16-926\(B\)\(2\)\(a\)\(i\).](#) See [Section 2.1.1.1](#) and [Section 2.1.1.2](#) for guidance on accepting and reporting contributions from individuals.

<sup>289</sup> [A.R.S. § 16-926\(B\)\(2\)\(a\)\(ii\).](#) See [Section 2.1.1.2](#) for guidance on accepting and reporting contributions from out-of-state contributors.

<sup>290</sup> [A.R.S. § 16-926\(B\)\(2\)\(a\)\(iii\).](#) See [Section 2.1.1.3](#) and [Section 9.2](#) for guidance on whether a candidate committee may accept a contribution from another candidate committee. [A.R.S. § 16-933\(A\)\(3\).](#)

<sup>291</sup> [A.R.S. § 16-926\(B\)\(2\)\(a\)\(iv\).](#) See [Section 2.1.1.3](#) for guidance on accepting and reporting contributions from PACs.

<sup>292</sup> [A.R.S. § 16-926\(B\)\(2\)\(a\)\(v\).](#) See [Section 2.1.1.3](#) for guidance on accepting and reporting contributions from political parties.

<sup>293</sup> [A.R.S. § 16-926\(B\)\(2\)\(a\)\(vi\).](#) See [Section 2.1.1.4](#) for guidance on accepting and reporting contributions from partnerships.

<sup>294</sup> [A.R.S. § 16-926\(B\)\(2\)\(a\)\(ix\).](#) See [Section 4.2](#) for guidance on accepting and reporting contributions of the candidate’s personal monies.

<sup>295</sup> [A.R.S. § 16-926\(B\)\(2\)\(a\)\(x\).](#) See [Section 3.1.2](#) and [Section 4.2.7](#) for guidance on accepting and reporting loans. If a candidate loaned personal monies to his or her own campaign, the loan should be reported in this category. In Beacon, the candidate’s loan to their campaign should be entered under “Income/Incoming Loans” and the “Candidate or Family Member” checkbox

- Rebates and refunds;<sup>296</sup>
- Interest on committee monies;<sup>297</sup>
- The fair market value of in-kind contributions received;<sup>298</sup> and
- Extensions of credit that remain outstanding, including identification of the creditor and the purpose of the extension.<sup>299</sup>
- Contributions from all in-state individuals that do not exceed \$100 during the election cycle need not be itemized but may be aggregated instead.<sup>300</sup> For example:
  - A candidate committee holds a fundraiser and the ticket price is \$60.
  - 50 individuals purchase tickets and attend the fundraiser. The individuals make no other contributions during the election cycle.
  - The candidate committee reports \$3,000 in small contributions of \$100 or less, without disclosing the name or identifying information about the contributors.

The committee must also report totals in each category listed above.<sup>301</sup>

**Total Disbursements.** The committee must report its total disbursements during the reporting period, which includes expenditures for political purposes and any other types of payments by the committee.<sup>302</sup> The committee must also report totals in each category.<sup>303</sup>

Single disbursements over \$250 during the reporting period must be itemized, which means the treasurer must record the name of the recipient, the recipient's address, a description of the disbursement, and the date and amount of disbursement, in the following categories:<sup>304</sup>

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should be checked on the transaction page. Similarly, local filers using the fillable Committee Campaign Finance Report (rev. 12/29/21), should enter the candidate's loan to their campaign in Schedule A(2)(a).

<sup>295</sup> [A.R.S. § 16-926\(B\)\(3\)\(i\)](#). The committee must identify the original contribution that is being refunded.

<sup>296</sup> [A.R.S. § 16-926\(B\)\(2\)\(a\)\(xi\)](#). The committee must identify the original transaction the rebate or refund was received from.

<sup>297</sup> [A.R.S. § 16-926\(B\)\(2\)\(a\)\(xii\)](#).

<sup>298</sup> [A.R.S. § 16-926\(B\)\(2\)\(a\)\(xiii\)](#). The value of an in-kind contribution of services is equal to the usual and normal charges for the services on the date performed. [A.R.S. § 16-926\(D\)](#). See [Section 3.1.3](#) and [Section 8.2.1](#) for guidance on reporting in-kind contributions.

<sup>299</sup> [A.R.S. § 16-926\(B\)\(2\)\(a\)\(xiv\)](#).

<sup>300</sup> [A.R.S. § 16-926\(B\)\(2\)\(b\)](#). In Beacon, the aggregate amount of all in-state individual contributions received during the applicable reporting period should be entered under "Income/Receipt of In-State Contributions \$100 or Less." Similarly, local filers using the fillable Committee Campaign Finance Report (rev. 12/29/21), should enter the aggregate amount in Schedule A(1)(b).

<sup>301</sup> [A.R.S. § 16-926\(B\)\(3\)](#). If any committee receipt is earmarked for another entity, the committee is required to report the identity of the committee or entity the receipt was earmarked for. [A.R.S. § 16-926\(E\)](#).

<sup>302</sup> [A.R.S. § 16-926\(B\)\(3\)-\(4\)](#).

<sup>303</sup> [A.R.S. § 16-926\(B\)\(3\)](#). If any committee disbursement is earmarked for another entity, the committee is required to report the identity of the committee or entity the disbursement was earmarked for. [A.R.S. § 16-926\(E\)](#).

<sup>304</sup> [A.R.S. § 16-926\(B\)\(3\)](#).

- Disbursements for operating expenses (this is where a vast majority of committee spending is reported);<sup>305</sup>
- Contributions to other candidate committees;<sup>306</sup>
- Contributions to political action committees (PACs);<sup>307</sup>
- Contributions to political parties;<sup>308</sup>
- Repayment of committee loans;<sup>309</sup>
- Refunds of contributions;<sup>310</sup>
- Loans made;<sup>311</sup>
- The value of in-kind contributions provided;<sup>312</sup>
- Expenditures to advocate the passage or defeat of a ballot measure, including identification of the ballot measure, ballot measure serial number, election date, mode of advertising and distribution or publication date;<sup>313</sup>
- Expenditures to advocate for or against the issuance of a recall election order or for the election or defeat of a different candidate in a recall election, including identification of the officer to be recalled or candidate supported or opposed, mode of advertising and distribution or publication date;<sup>314</sup> and
- Any other disbursements or expenditures.<sup>315</sup>

Disbursements to a person or entity that do not exceed \$250 during the election cycle need not be itemized but may

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<sup>305</sup> [A.R.S. § 16-926\(B\)\(3\)\(a\)](#). Operating expenses include campaign advertising, staff salaries, rent, utilities, office supplies, and similar items necessary to keep the campaign in operation.

<sup>306</sup> [A.R.S. § 16-926\(B\)\(3\)\(b\)](#). See [Section 2.1.1.3](#) and [Section 9.2](#) for guidance on whether a candidate committee may give a contribution to another candidate committee. [A.R.S. § 16-933\(A\)\(3\)](#).

<sup>307</sup> [A.R.S. § 16-926\(B\)\(3\)\(c\)](#); see also [A.R.S. § 16-913\(E\)](#).

<sup>308</sup> [A.R.S. § 16-926\(B\)\(3\)\(d\)](#); see also [A.R.S. § 16-913\(E\)](#).

<sup>309</sup> [A.R.S. § 16-926\(B\)\(3\)\(h\)](#); see also [A.R.S. § 16-913\(E\)](#). If a candidate loaned personal monies to his or her own campaign, repayment of that loan should be reported in this category. In Beacon, repayment of loans should be entered by selecting “Add Related/Payment on [lender] loan” that aligns with the original loan transaction listed in the committee’s Beacon Dashboard. Similarly, local filers using the fillable Committee Campaign Finance Report (rev. 12/29/21), should enter repayment of loans in Schedule B(3)(d).

<sup>310</sup> [A.R.S. § 16-926\(B\)\(3\)\(i\)](#). The committee must identify the original contribution that is being refunded. In Beacon, refunds of contributions should be entered by selecting “Add Related/Refund Contribution from [Contributor Type]” that aligns with the original transaction listed in the committee’s Beacon Dashboard. Similarly, local filers using the fillable Committee Campaign Finance Report (rev. 12/29/21), should enter refunds of contributions in Schedule B(11).

<sup>311</sup> [A.R.S. § 16-926\(B\)\(3\)\(j\)](#).

<sup>312</sup> [A.R.S. § 16-926\(B\)\(3\)\(k\)](#). The amount of an in-kind contribution of services is equal to the usual and normal charges for the services on the date performed. [A.R.S. § 16-926\(D\)](#). See [Section 2.1.1.3](#) and [Section 9.2](#) for guidance on whether a candidate committee may give a contribution (including an in-kind contribution) to another candidate committee.

<sup>313</sup> [A.R.S. § 16-926\(B\)\(3\)\(m\)](#); see also [A.R.S. § 16-921\(A\)](#).

<sup>314</sup> [A.R.S. § 16-926\(B\)\(3\)\(n\)](#); see also [A.R.S. § 16-921\(A\)](#). If you are the target of a recall election, you must organize a separate campaign committee and report all disbursements and expenditures to defeat the recall effort as “operating expenses.” However, if you make expenditures to support or defeat the recall effort of a different officeholder, you must report those expenditures as “recall expenditures” in the campaign finance reporting system. See [Section 7](#).

<sup>315</sup> [A.R.S. § 16-926\(B\)\(3\)\(o\)](#).

be aggregated instead.<sup>316</sup>

**Cumulative totals.** A candidate committee must report cumulative totals in each category— not only during the particular reporting period, but for the entire election cycle to date as well.<sup>317</sup>

**Certification.** Each campaign finance report must include a certification by the committee treasurer, issued under penalty of perjury, that the contents of the report are true and correct.<sup>318</sup>

**Completing campaign finance reports.** The Secretary of State’s online campaign finance system, [Beacon](#), will guide statewide and legislative candidates how to file campaign finance reports. [Appendix C](#) to this Guide contains the fillable PDF campaign finance report used by some local jurisdictions in Arizona.

## 8.2 SPECIAL REPORTING RULES

### 8.2.1 In-Kind Contributions

An in-kind contribution must be valued at its “usual and normal” charge on the date received.<sup>319</sup> The committee must make the determination of what that usual and normal charge is, generally by asking the contributor or by consulting an authoritative third-party source.

For campaign finance reporting purposes, receipt of an in-kind contribution cannot affect the committee’s cash account. Accordingly, the committee should report the in-kind contribution as simultaneously being “expended” upon receipt in order to ensure the committee’s contributions and disbursements properly balance. For committees using the Secretary of State’s online campaign finance system, receipt of an in-kind contribution will be segregated from the committee’s cash account automatically and there is no need to make a corresponding entry to “expend” the contribution for accounting reasons.

### 8.2.2 Processing Fees

Sometimes a contributor makes a contribution through a payment processor that deducts a small fee from the contribution. For example, a contributor might make a \$100 contribution, but the committee might only receive \$97 after a \$3.00 service is deducted by the payment processor.

In this case, the committee must report receiving the full amount of the contribution and simultaneously report the value of the service fee as an operating expense.<sup>320</sup>

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<sup>316</sup> In Beacon, the aggregate amount of disbursements less than \$250 should be entered by selecting “Expenses/Aggregate Expenses.” Similarly, local filers using the fillable Committee Campaign Finance Report (rev. 12/29/21), should enter the aggregate amount of disbursements less than \$250 in Schedule B(15).

<sup>317</sup> [A.R.S. § 16-926\(F\).](#)

<sup>318</sup> [A.R.S. § 16-926\(B\)\(5\).](#)

<sup>319</sup> [A.R.S. § 16-926\(D\).](#)

<sup>320</sup> See e.g. [FEC AO 1995-09](#)

### 8.2.3 Gains or Losses in Investments

If the committee sells investment securities such as stocks or bonds to a purchaser whose identity is known (and that purchaser is a permitted contributor under Arizona law), the purchase is considered a contribution and must be reported as such.<sup>321</sup>

If the committee sells the investments through an established market mechanism where the purchaser is not known, the purchaser is not considered to have made a contribution to the committee. In that case, the purchasing entity should be listed as the contributor and a memo entry should be added to clarify that the purchaser is unknown.<sup>322</sup>

## 8.3 CAMPAIGN FINANCE REPORTING PERIOD

Campaign finance reports cover the applicable “reporting period,” which will vary as follows:<sup>323</sup>

- Reports generally must be filed on a quarterly basis.<sup>324</sup> For example, the first quarter report in an election year covers January 1 to March 31 and must be filed between April 1 and April 15.
- If an election takes place within the quarter, a pre-election report must be filed. The quarter will be split between a pre-election and post-election report.
  - The pre-election report covers activity from the beginning of the quarter through 17 days before the election and must be filed 10 days before the election.<sup>325</sup> For example, for the primary election on August 2, 2022, the pre-election report covers July 1 to July 16 and must be filed between July 17 and July 23.<sup>326</sup>
  - In order to maintain continuity of reporting, a post-election report must be filed in order to resume the quarterly reporting schedule.<sup>327</sup> For example, for the primary election on August 2, 2022, the post-election report (or 3<sup>rd</sup> quarter report) covers July 17 to September 30 and must be filed between October 1 and October 15.

| Report Name                         | Reporting Period       | Reporting Deadline     |
|-------------------------------------|------------------------|------------------------|
| Quarter 3 Report (with no election) | July 1 – September 30  | October 1 – October 15 |
| Pre-Election Report                 | July 1 – July 16       | July 17 – July 23      |
| Post-Election Report (Quarter 3)    | July 17 – September 30 | October 1 – October 15 |

A candidate committee’s reporting responsibilities are unique because the committee is only required to comply with these quarterly, pre-election and post-election reporting requirements during the 12-month period preceding the

<sup>321</sup> See [FEC AO 2000-30](#); [FEC AO 1989-06](#).

<sup>322</sup> See [FEC AO 1989-06](#).

<sup>323</sup> [A.R.S. § 16-927\(B\)](#).

<sup>324</sup> [A.R.S. § 16-927\(A\)\(1\), \(A\)\(2\)\(b\)](#). A “calendar quarter” is defined as “a period of three consecutive calendar months ending on March 31, June 30, September 30 or December 31.” [A.R.S. § 16-901\(6\)](#).

<sup>325</sup> [A.R.S. § 16-927\(A\)\(2\)\(a\)](#).

<sup>326</sup> Effective April 15, 2018, any reporting deadlines that fall on a weekend or holiday will be extended to the next business day. [A.R.S. § 1-243\(A\)](#); [A.R.S. § 1-301](#) and [A.R.S. § 1-303](#).

<sup>327</sup> [A.R.S. § 16-927\(A\)\(2\)\(b\)](#).

general election at which the candidate seeks election.<sup>328</sup> As a result, the timing and scope of a candidate's first campaign finance report depend on the following variables:

- The date of the general election, which determines the filing deadline for the candidate's first campaign finance report of the election cycle. For example:
  - If the general election will be held on November 8, 2022, the 12-month lookback period extends back to November 8, 2021.
  - Since November 8, 2021 falls within the 4th quarter of 2021, the candidate's first campaign finance report is due by January 15, 2022.
- The timing of when the candidate committee was established, which determines when the reporting period begins for the candidate's first campaign finance report of the election cycle. For example:
  - A new candidate committee must report any contributions or expenditures that pre-date the committee's existence, therefore the beginning date of the candidate's first reporting period will vary according to when (and whether) a candidate received contributions or made expenditures that pre-dated the committee's existence.
  - An existing candidate committee is not permitted to have any reporting gaps; therefore, the beginning date of the candidate's first reporting period begins after the previous reporting period ended in the prior election cycle.

The following examples illustrate the coverage for candidate campaign finance reports:

Example 1

- A legislative candidate forms a committee on August 20, 2021 and the general election will be held on November 8, 2022.
- The candidate did not receive any contributions, use any personal monies, or make any expenditures in connection with her candidacy in 2021.
- The candidate's initial reporting period covers August 20, 2021 to December 31, 2021 and must be filed between January 1 and January 15, 2022.
- Thereafter, the candidate must file quarterly, pre-election and post-election reports during the 2022 election year.
- The candidate's last report will cover October 23, 2022 to December 31, 2022 (a post-election report) and must be filed between January 1 and January 17, 2023.

Example 2

- Same example as above, except the legislative candidate formed a committee on August 20, 2021 because she reached at least \$1,300 in contributions or expenditures.<sup>329</sup> The candidate's first campaign finance transaction was a contribution dated March 20, 2021.

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<sup>328</sup> [A.R.S. § 16-927\(B\)](#). For city and town candidates, reports must be filed covering the 12-months prior to the city's or town's second, runoff or general election. [A.R.S. § 16-927\(B\)](#).

<sup>329</sup> See [Section 1.1](#).

- The candidate’s initial reporting period covers March 20, 2021 to December 31, 2021 and must be filed between January 1 and January 15, 2022.

Example 3

- A legislative candidate formed a committee on August 20, 2021 and the general election will be held on November 8, 2022.
- The candidate’s 2022 post-general (4th quarter) report will cover October 23, 2022 to December 31, 2022 and must be filed between January 1 and January 17, 2023.<sup>330</sup>
- The candidate intends to run for reelection. The candidate need not file campaign finance reports for the remainder of 2023.
- The candidate’s first campaign finance report of the 2024 election cycle will cover January 1, 2023 to December 31, 2023 and must be filed between January 1 and January 16, 2024.<sup>331</sup>

If a statewide candidate is seeking a 4-year term in office, the candidate is still only required to comply with quarterly, pre-election and post-election reporting requirements during the 12-month period preceding the general election at which the candidate seeks election.<sup>332</sup> For example:

- A statewide candidate formed a committee on August 20, 2021 and the general election will held on November 8, 2022.
- The candidate’s 2022 4th quarter report will cover activity through December 31, 2022 and must be filed between January 1 and January 17, 2023.
- The candidate will run for reelection in 2026.
- The candidate’s first campaign finance report of the 2026 election cycle will cover January 1, 2023 to December 31, 2025 and must be filed between January 1 and January 15, 2026.
- Thereafter, the candidate must file quarterly, pre-election and post-election reports during the 2026 election year.

A candidate committee must continue to file campaign finance reports until terminated.<sup>333</sup> The following specific rules apply:

- If a candidate is serving his or her last term in office and is not seeking election to any other office, but has

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<sup>330</sup> Monday, January 16, 2023 is Martin Luther King Jr. Day, therefore the report deadline is extended to the next business day. [A.R.S. § 1-243\(A\)](#); [A.R.S. §1-303](#); [A.R.S. § 1-301](#).

<sup>331</sup> Monday, January 15, 2024 is Martin Luther King Day, therefore, the report deadline is extended to the next business day. [A.R.S. § 1-243\(A\)](#); [A.R.S. §1-303](#); [A.R.S. § 1-301](#).

<sup>332</sup> [A.R.S. § 16-927\(B\)](#) specifies that “a candidate committee’s first campaign finance report of the election cycle shall include the entire election cycle to date,” but if applied literally would exempt 4-year candidates from including the first 2 years of financial activity in their campaign finance report. See *Respect Promise in Opposition to R-14-02-Neighbors for a Better Glendale v. Hanna*, 238 Ariz. 296, 304 (App. 2015) (election statutes must be interpreted “to give them a fair and sensible meaning and to avoid absurd results”) (citation omitted). Since campaign finance reports must cover all financial activity from committee formation to termination, see [A.R.S. § 16-927\(C\)](#), the “election cycle to date” referenced in [A.R.S. § 16-927\(B\)](#) comprises the candidate’s current term in office to date.

<sup>333</sup> [A.R.S. § 16-927\(C\)](#); [A.R.S. § 16-934\(D\)\(1\)](#).

not yet terminated his or her committee, the candidate must file campaign finance reports through the end of the term as if the candidate were seeking reelection.

- If a candidate keeps the committee open after his or her term of office has expired and is not seeking election to any other office, the candidate must continue to file campaign finance reports as if he or she were seeking reelection to the same office. For example, if a candidate keeps his or her committee open after serving 4 consecutive terms in the State Senate, the now-former legislator must continue to file campaign finance reports in the calendar year of each even-numbered year as if the candidate were seeking reelection to that office.

## 8.4 2022 CAMPAIGN FINANCE REPORTING DEADLINES

Statewide, legislative and local candidates seeking election in November 2022 will be required to file the following campaign finance reports:<sup>334</sup>

| Reporting Period                                                       | Report Due                      |
|------------------------------------------------------------------------|---------------------------------|
| 2021 Cumulative Report: Jan. 1, 2021 to Dec. 31, 2021                  | Jan. 1, 2022 to Jan. 15, 2022   |
| 2022 Quarter 1 Report: Jan. 1, 2022 to Mar. 31, 2022                   | April 1, 2022 to April 15, 2022 |
| 2022 Quarter 2 Report: Apr. 1, 2022 to June 30, 2022                   | July 1, 2022 to July 15, 2022   |
| 2022 Pre-Primary Election Report: July 1, 2022 to July 16, 2022        | July 17, 2022 to July 23, 2022  |
| 2022 Post-Primary (Q3) Report: July 17, 2022 to Sep. 30, 2022          | Oct. 1, 2022 to Oct. 15, 2022   |
| 2022 Pre-General Election Report: Oct. 1, 2022 to Oct. 22, 2022        | Oct. 23, 2022 to Oct. 29, 2022  |
| 2022 Post-General Election (Q4) Report: Oct. 23, 2022 to Dec. 31, 2022 | Jan. 1, 2023 to Jan. 17, 2023   |

The first report is considered a cumulative report because the candidate's first campaign finance report of an election cycle must be cumulative of all financial activity that occurred cycle-to-date.<sup>335</sup>

Additional campaign finance reports are required for Clean Elections participating candidates. Please visit [www.azcleelections.gov/run-for-office/campaign-finance-reporting-periods](http://www.azcleelections.gov/run-for-office/campaign-finance-reporting-periods) and/or contact CCEC for further information.

## 8.5 FILING OFFICER FOR CAMPAIGN FINANCE REPORTS

A candidate committee must file campaign finance reports with the filing officer with whom it filed a statement of organization.<sup>336</sup>

The Secretary of State is the filing officer for committees registered with the Secretary of State, including:<sup>337</sup>

<sup>334</sup> In this example, the relevant 12-month period is November 3, 2020 to November 3, 2021. This period corresponds to the 4<sup>th</sup> quarter in 2020 through the 4<sup>th</sup> quarter of 2021. Effective April 15, 2018, any reporting deadlines that fall on a weekend or holiday will be extended to the next business day.

<sup>335</sup> [A.R.S. § 16-927\(B\)](#). See [Section 8.3](#).

<sup>336</sup> [A.R.S. § 16-928\(A\)](#).

<sup>337</sup> [A.R.S. § 16-928\(A\)\(1\)](#).

- Statewide candidates;
- Legislative candidates;
- Supreme Court justices (seeking retention);<sup>338</sup> and
- Court of Appeals judges (seeking retention).<sup>339</sup>

The county officer in charge of elections (which could be the County Recorder, the County Election Director, or the Clerk of the Board of Supervisors) is the filing officer for candidates registered at the county level, including:<sup>340</sup>

- County candidates;<sup>341</sup>
- Candidates for precinct office, which include:<sup>342</sup>
  - Justice of the Peace candidates;
  - Constable candidates; and
  - Precinct committeemen candidates;<sup>343</sup>
- Community college district governing board candidates;<sup>344</sup>
- Special taxing district candidates;<sup>345</sup>
- Superior Court judges (seeking election or retention);<sup>346</sup>
- Clerk of the Superior Court candidates.<sup>347</sup>

The county school superintendent is the filing officer for the following candidates:

- School district governing board candidates;<sup>348</sup> and
- Joint technical education district governing board candidates.<sup>349</sup>

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<sup>338</sup> A justice is statutorily permitted to form a candidate committee to support his or her own retention. See [Ariz. Const. Art. 6, § 28](#). However, other judicial ethics rules may apply.

<sup>339</sup> An appellate judge is statutorily permitted to form a candidate committee to support his or her own retention. See [Ariz. Const. Art. 6, § 28](#). However, other judicial ethics rules may apply.

<sup>340</sup> [A.R.S. § 16-928\(A\)\(2\)](#).

<sup>341</sup> County candidates include County Sheriff, County Attorney, County Recorder, County Treasurer, County Assessor, County Superintendent of Schools, and County Supervisors. [Ariz. Const. Art. XII, § 3](#); [A.R.S. § 11-401](#).

<sup>342</sup> [A.R.S. § 16-311\(F\)](#); *Nicol v. Superior Court, Maricopa County*, 106 Ariz. 208, 209 (1970) (Justices of the Peace and Constables are “precinct officers” pursuant to [A.R.S. § 22-102](#)).

<sup>343</sup> The office of precinct committeeman is treated as a “precinct officer” for purposes of this Manual.

<sup>344</sup> [A.R.S. § 15-1442\(A\)](#); [A.R.S. § 16-928\(A\)\(2\)](#). Community college district governing board candidates must also file campaign finance reports with the clerk of the Board of Supervisors. [A.R.S. § 15-1442\(E\)](#).

<sup>345</sup> [A.R.S. § 16-928\(A\)\(2\)](#).

<sup>346</sup> [A.R.S. § 16-928\(A\)\(2\)](#).

<sup>347</sup> [Ariz. Op. Atty. Gen. No. I85-086 \(R85-071\) \(1985\)](#) (holding that candidates for Clerk of the Superior Court are treated as county candidates for the purpose of filing nomination petitions).

<sup>348</sup> [A.R.S. § 15-424\(H\)](#); but see [A.R.S. § 16-928\(A\)\(2\)](#).

<sup>349</sup> Joint technical education district (JTED) candidates are not referenced in [A.R.S. § 16-928\(A\)\(2\)](#), but JTED candidates are elected in the same manner as school district candidates. See [A.R.S. § 15-393\(C\)\(5\)](#); [A.R.S. § 15-422\(A\)](#).

The city or town clerk is the filing officer for city and town candidates.<sup>350</sup>

## **8.6 PENALTY FOR LATE OR INCOMPLETE CAMPAIGN FINANCE REPORTS**

A candidate committee must file a timely and complete campaign finance report.<sup>351</sup>

If a candidate committee fails to file a campaign finance report by the applicable deadline,<sup>352</sup> the Secretary of State's Office (or other appropriate filing officer) must send a written notice to the committee officers by email within 5 calendar days after the filing deadline.<sup>353</sup> The notice must:

- Identify the campaign finance report that is late;
- Explain how penalties accrue. Following the reporting deadline, \$10.00 per day is accrued for the first 15 days the report is not filed and \$25.00 per day for each day the report is not filed thereafter; and
- Identify permissible methods of payment.<sup>354</sup>

Financial penalties accrue until the late report is filed. A filing officer must accept a campaign finance report regardless of whether past-due financial penalties have been paid.

If the candidate committee does not file its campaign finance report within 30 days after the filing deadline, the filing officer may refer the committee to the proper enforcement officer:<sup>355</sup>

- The Attorney General is the enforcement officer for matters within the Secretary of State's jurisdiction;<sup>356</sup>
- The County Attorney is the enforcement officer for matters within the county officer in charge of elections and County School Superintendent's jurisdiction;<sup>357</sup> and
- The City or Town Attorney is the enforcement officer for matters within the city or town clerk's jurisdiction.<sup>358</sup>

The Citizens Clean Elections Commission may also impose penalties against participating and nonparticipating candidates for statewide and legislative office for failure to comply with campaign finance reporting requirements. For additional information on these penalties, please refer to [A.R.S. § 16-942](#) and the [rules adopted by CCEC](#).

## **9 WINDING DOWN AND TERMINATING A COMMITTEE**

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The process of winding down a committee entails ceasing all campaign activity, zeroing out the committee's bank

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<sup>350</sup> [A.R.S. § 16-928\(A\)\(3\)](#).

<sup>351</sup> [A.R.S. § 16-926\(A\)](#); [A.R.S. § 16-937\(A\)](#).

<sup>352</sup> See [Section 8.4](#).

<sup>353</sup> [A.R.S. § 16-937\(A\)](#). At the filing officer's discretion, the filing officer may also email other persons associated with the committee.

<sup>354</sup> [A.R.S. § 16-937\(A\)-\(B\)](#).

<sup>355</sup> [A.R.S. § 16-901\(21\)](#); [A.R.S. § 16-937\(C\)](#).

<sup>356</sup> [A.R.S. § 16-901\(21\)](#); [A.R.S. § 16-938\(C\)\(1\)](#).

<sup>357</sup> [A.R.S. § 16-901\(21\)](#); [A.R.S. § 16-938\(C\)\(2\)](#).

<sup>358</sup> [A.R.S. § 16-901\(21\)](#); [A.R.S. § 16-938\(C\)\(3\)](#).

account (in accordance with Arizona law), and filing a termination statement with the filing officer.

## 9.1 REPAYMENT OF DEBTS

A candidate committee must repay its debts to creditors before terminating. If the committee has sufficient cash on hand at the conclusion of a campaign to pay all outstanding creditors, this process is routine.<sup>359</sup>

### 9.1.1 Fundraising to Retire Debt

Sometimes a candidate committee lacks sufficient funds to pay creditors and must continue to fundraise after the election. However, source restrictions and the contribution limits from the prior election still apply.<sup>360</sup>

#### Example 1

- A legislative committee enters the 2021-2022 election cycle \$2,000 in debt from the 2019-2020 election cycle. The \$2,000 debt represents a June 2020 unpaid invoice from a vendor. The campaign sent out a fundraising plea in October 2020 to raise additional money but was not successful.
- An individual donor already contributed \$4,000 to the candidate during the 2019-2021 cycle. Contribution limits were \$5,100 during that election cycle.
- The candidate intends to run for reelection in 2022 and keeps his campaign committee open.
- In January 2019 (in the new election cycle where contribution limits have increased to \$5,200), the donor belatedly responds to the candidate's request for debt retirement assistance by writing a \$2,000 check expressly designated for debt retirement for the 2018 election cycle.
- The candidate intends to use the check for debt retirement. However, the candidate may allocate only \$1,100 for debt retirement purposes due to the donor's contribution limit (\$1,100 + \$4,000 previous contribution = \$5,100 contribution limit at the time the debt was incurred). The remaining \$900 may be used for the 2019-2020 election cycle (with the donor's consent) or refunded to the donor.

Candidate committee  
termination requirements:

- ✓ Have no outstanding debt.
- ✓ Properly dispose of surplus funds (has a \$0.00 cash balance).
- ✓ File all outstanding campaign finance reports.
- ✓ Have no outstanding late filing fines.

<sup>359</sup> If a credit card or other form of credit was utilized to pay for an expense, the expense transaction should be reported in Beacon by selecting the applicable expense type; "Aggregate Expense" or "Itemized Expense" then selecting "Purchase on Credit/Terms." In Beacon, a payment of credit is entered by selecting "Add Related/Pay a Bill – Operating Expenses" that aligns with the original operating expense transaction listed in the committee's Beacon Dashboard with the transaction title of "Operating Expense – Purchase on Terms/Credit." Similarly, local filers using the fillable Committee Campaign Finance Report (rev. 12/29/21), should enter repayment of an operating expense purchased with credit in Schedule B(12).

<sup>360</sup> [A.R.S. § 16-901\(11\)\(a\).](#)

### Example 2

- A city council candidate enters the 2018-2019 election cycle \$3,000 in debt after the 2017 election. The \$3,000 debt consists of the following,
  - \$2,000 unpaid invoice from April 2013 (when contribution limits were \$4,000) and
  - \$1,000 unpaid invoice from May 2016 (when contribution limits were \$5,000).
- The candidate intends to run for reelection in 2021 and keeps her campaign committee open.
- An individual donor contributed \$4,000 to the candidate in the 2016-2017 election cycle but made no contributions in the 2018-2019 or 2020-2021 election cycle.
- In January 2018 (in the new election cycle where contribution limits have increased to \$6,350), the donor makes a \$3,000 contribution to the candidate's campaign without designating the contribution for any particular election cycle.
- The candidate may not use the full amount of the contribution for debt retirement purposes, as the donor already maxed their contribution limit in the 2012-2013 election when the \$2,000 debt was incurred.
- If the donor consents, the candidate may use \$1,000 to retire the May 2016 debt since the donor's made no contributions during the 2016-2017 election cycle when the debt was incurred. Otherwise, the candidate may accept the \$3,000 contribution for the purpose of supporting her 2021 reelection campaign, while the previous debt will remain outstanding.

## **9.1.2 Debt Forgiveness**

Another way to retire debt is through debt forgiveness, although forgiveness generally has the same effect as making a contribution.<sup>361</sup>

A debt may be settled or forgiven in its entirety only if the candidate committee has been unable to repay the debt after 5 years, the creditor has agreed to discharge the debt, and the creditor consents to committee termination.<sup>362</sup>

## **9.2 DISPOSAL OF SURPLUS FUNDS**

If a terminating candidate committee has surplus monies remaining after payment of all debts,<sup>363</sup> the committee may dispose of those surplus monies only in specified ways:<sup>364</sup>

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<sup>361</sup> Since a candidate may contribute unlimited personal monies to his or her own campaign, the committee may forgive a loan of personal monies without restriction. [A.R.S. § 16-913\(F\)](#). Additionally, campaign staff may consent to converting their paid services to volunteer service in order to retire debt. [A.R.S. § 16-911\(B\)\(1\)](#); *see also* [11 C.F.R. § 116.6](#).

<sup>362</sup> [A.R.S. § 16-934\(B\)\(2\)\(b\)](#).

<sup>363</sup> "Surplus monies" is defined as monies that remain after a committee's expenditures have been made, all debts have been extinguished, and the committee ceases to accept contributions. [A.R.S. § 16-901\(50\)](#).

<sup>364</sup> [A.R.S. § 16-933](#) outlines various methods to dispose of surplus funds, but this provision does not restrict a candidate committee's existing ability to make contributions—it amplifies a committee's ability to do so. For example, [A.R.S. § 16-933](#) allows a terminating candidate committee to contribute to another candidate committee. *See* [A.R.S. § 16-933\(A\)\(3\)](#).

- Transfer the surplus to a candidate committee organized by the same candidate;<sup>365</sup>
- Return surplus monies to the original contributor;<sup>366</sup>
- Contribute surplus monies to a PAC or political party within the contribution limits;<sup>367</sup>
- Contribute surplus monies to another candidate under the following conditions:
  - The contribution must be made after the candidate filing deadline, which is 90 days before the primary election (or first election in a city or town);<sup>368</sup>
  - The contributing candidate must be in the last year of his or her term and not seeking reelection (or have already left office);<sup>369</sup>
  - If the recipient is a legislative candidate, the contributing candidate may not make the contribution while the Legislature is in regular session;<sup>370</sup> and
  - The contribution must be made in accordance with the contribution limit applicable to individuals;<sup>371</sup>
- Donate surplus monies to a nonprofit organization that has tax exempt status under § 501(c)(3) of the Internal Revenue Code;<sup>372</sup> or
- In the case of a statewide or legislative candidate committee, transfer surplus monies to the candidate's officeholder expense account.<sup>373</sup>

Surplus monies may not be used or converted for personal use.<sup>374</sup>

### 9.3 TERMINATING A COMMITTEE

Once a candidate committee has wound down its financial affairs, the committee may file a termination statement with the Secretary of State's Office (or other applicable filing officer) with whom the committee's statement of organization was filed.<sup>375</sup>

In the termination statement, the committee treasurer is required to certify under penalty of perjury that all of the

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<sup>365</sup> See [Section 4.1](#) for guidance whether candidate monies may be transferred to another candidate committee for the same candidate.

<sup>366</sup> [A.R.S. § 16-933\(A\)\(1\).](#)

<sup>367</sup> [A.R.S. § 16-933\(A\)\(2\).](#)

<sup>368</sup> See [A.R.S. §§ 16-311\(A\)](#) and [16-933\(A\)\(3\)\(a\)](#). The contribution need not be made before the contributing candidate finishes his or her term of office.

<sup>369</sup> [A.R.S. § 16-933\(A\)\(3\)\(b\)](#). The contributing candidate must not have filed a nomination paper with any filing officer at the 90-day deadline to seek reelection. [A.R.S. § 16-311\(A\)](#) and [A.R.S. § 16-933\(A\)\(3\)\(a\)](#).

<sup>370</sup> [A.R.S. § 16-933\(A\)\(3\)\(c\)](#). This restriction only becomes significant if the legislature fails to adjourn *sine die* before the candidate filing deadline.

<sup>371</sup> [A.R.S. § 16-933\(A\)\(3\)\(d\)](#); see also [A.R.S. § 16-912\(A\)](#).

<sup>372</sup> [A.R.S. § 16-933\(A\)\(4\).](#)

<sup>373</sup> [A.R.S. § 16-933\(A\)\(5\)](#). These funds may be transferred in any amount, as long as the officeholder account does not exceed its aggregate contribution cap. See [Section 4.9](#) to review officeholder aggregate contribution limits.

<sup>374</sup> [A.R.S. § 16-933\(B\).](#)

<sup>375</sup> [A.R.S. § 16-934\(A\)](#). A committee will terminate in Beacon by selecting "Settings/Account Management" and select "Terminate Committee" at the bottom of the page.

following apply:

- The committee will no longer receive any contributions or make any disbursements;
- The committee either:
  - Has no outstanding debts or obligations; or
  - Has outstanding debts or obligations, or both, that are more than 5 years old, the committee's creditors have agreed to discharge the debts/obligations, and the creditors have agreed to termination of the committee;
- Any surplus monies have been disposed of and that the committee has no cash on hand; and
- All contributions and expenditures have been reported in a final campaign finance report, including any disposal of surplus monies.<sup>376</sup>

A filing officer may reject the termination statement if it appears to the filing officer that the above requirements have not been satisfied.<sup>377</sup>

After a termination statement is filed and accepted, a candidate committee is not required to file any further campaign finance reports.<sup>378</sup>

## 10 CAMPAIGN FINANCE ENFORCEMENT

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Campaign finance enforcement is generally carried out through a bifurcated enforcement structure, relying on an initial determination by the Secretary of State (or other applicable local filing officer) followed by the final decision of the Attorney General (or other local enforcement officer).<sup>379</sup> The overall process is summarized as follows:

- The filing officer will make a preliminary determination whether a campaign finance violation has occurred, known as a “reasonable cause” finding.<sup>380</sup>
- If the filing officer makes a reasonable cause finding, the filing officer generally will refer the matter to the appropriate enforcement officer.<sup>381</sup>
- The enforcement officer makes the final determination whether a legal violation occurred, which may require an additional investigation beyond the information provided by the filing officer.<sup>382</sup>

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<sup>376</sup> [A.R.S. § 16-934\(B\)](#).

<sup>377</sup> [A.R.S. § 16-934\(C\)](#).

<sup>378</sup> [A.R.S. § 16-934\(D\)\(1\)](#).

<sup>379</sup> In addition, any person may file a complaint with CCEC if they believe a violation of the Clean Elections Act or CCEC rules has occurred. CCEC staff may also initiate an internally generated complaint against a person for violation of the Clean Elections Act. See [A.R.S. § 16-957](#). More details about CCEC enforcement procedures are available at <https://www.azcanelections.gov/campaign-finance-enforcement>.

<sup>380</sup> [A.R.S. § 16-928\(A\)](#); [A.R.S. § 16-938\(A\)](#). The filing officer is the applicable election official with whom campaign finance reports are required to be filed. [A.R.S. § 16-901\(27\)](#); see [Section 8.5](#).

<sup>381</sup> [A.R.S. § 16-938\(C\)](#). The enforcement officer is the prosecutor or other legal official with campaign finance enforcement authority in that jurisdiction. [A.R.S. § 16-901\(21\)](#).

<sup>382</sup> [A.R.S. § 16-938\(C\), \(E\)](#).

- If the enforcement officer concludes that a campaign finance violation occurred, the enforcement officer may issue a notice of violation to the alleged violator. If the violation has not been timely remedied, the enforcement officer may initiate legal action to secure compliance with campaign finance law.<sup>383</sup>

## 10.1 GROUNDS FOR CAMPAIGN FINANCE COMPLAINTS

These are the most common grounds for campaign finance complaints against a candidate committee:

### 10.1.1 Prohibited Contributions

A candidate committee is prohibited from:

- Accepting a contribution from a prohibited source, such a corporation or a foreign national;<sup>384</sup>
- Accepting a contribution that has been earmarked for another candidate;<sup>385</sup>
- Knowingly accepting a contribution in excess of applicable contribution limits;<sup>386</sup> and
- With respect to the Governor or a legislative member, accepting a contribution from a lobbyist or principal during the regular session of the Legislature.<sup>387</sup>

Violations are enforced through civil penalties, based on amount of money improperly spent or accepted.<sup>388</sup>

On the criminal side, a candidate committee may not knowingly accept a contribution in the name of another person.<sup>389</sup> For example, a donor may have reached his or her contribution limit to the candidate and seek to give additional money through someone else. If the candidate knows that a contribution is from a straw donor, the candidate could be charged with a class 6 felony.<sup>390</sup>

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<sup>383</sup> [A.R.S. § 16-938\(C\), \(E\)-\(G\)](#).

<sup>384</sup> See [Section 3.2.1.1](#) and [Section 3.2.6](#). This includes accepting or benefitting from an in-kind contribution provided by a prohibited source. For example, coordinating with a corporation, LLC or union about running an advertisement to advocate the candidate's election (or opponent's defeat) would result in an in-kind contribution. See [A.R.S. § 16-922\(B\)](#) (an expenditure is not an independent expenditure if (1) there is any actual coordination between the candidate (or candidate's agent) and the person making the expenditure or (2) both of the following apply: (a) the expenditure is based on nonpublic information about the candidate's plans that candidate (or candidate's agent) provided to the person and (b) the candidate (or candidate's agent) provided the nonpublic information with an intent towards having the expenditure made).

<sup>385</sup> [A.R.S. § 16-918](#). An "earmarked" contribution means "a designation, instruction or encumbrance between the transferor of a contribution and a transferee that requires the transferee to make a contribution to a clearly identified candidate." [A.R.S. § 16-901\(16\)](#). Thus, a candidate committee may not accept a contribution from an individual, PAC or partnership that is conditioned upon recipient candidate giving all or part of the money to another candidate committee.

<sup>386</sup> See [Section 3.6](#).

<sup>387</sup> See [Section 3.2.1.4](#).

<sup>388</sup> [A.R.S. § 16-938\(E\)\(2\)](#). The Clean Elections Commission may also impose penalties against privately financed candidates for statewide and legislative office for failure to comply with campaign finance reporting requirements. For additional information on these penalties, please refer to [A.R.S. § 16-942](#) and the [rules adopted by the Clean Elections Commission](#).

<sup>389</sup> [A.R.S. § 16-1022\(B\)](#).

<sup>390</sup> Arizona law also makes it a crime to give a contribution in the name of another or allow one's name to be used in this manner. [A.R.S. § 16-1022\(B\)](#).

### 10.1.2 Coordinated Expenditures

Coordination between candidates and outside groups presents a target-rich environment for campaign finance complaints. If a candidate coordinates with an outside group that makes an expenditure on the candidate's behalf, the value of the expenditure is deemed an in-kind contribution to the candidate's campaign.<sup>391</sup> If the candidate did not report the contribution (which is likely to be the case), the candidate may be subject to a campaign finance complaint for failure to report.<sup>392</sup> And worse, if the outside group was a corporation, LLC or union, the candidate committee is deemed to have accepted a contribution from a prohibited source.<sup>393</sup> Thus, a candidate must ensure that any such expenditures remain "independent."

#### 10.1.2.1 Definition of an Independent Expenditure

An "independent expenditure" is an expenditure that:

- Expressly advocates the election or defeat of a clearly identified candidate; and
- Is not made in cooperation or consultation with (or at the request or suggestion of) the candidate or the candidate's agent.<sup>394</sup>

Expenditures by an outside group advocating a candidate's election (or the candidate's opponent's defeat) are assumed to be independent. If a complaint challenges that assumption, however, Arizona law provides a roadmap how to resolve the issue.

First, an expenditure is not independent if:

- There is any actual coordination between the candidate (or candidate's agent) and the person making the expenditure; or
- Both of the following apply:
  - The expenditure is based on nonpublic information about the candidate's plans that candidate (or candidate's agent) provided to the person; and
  - The candidate (or candidate's agent) provided the nonpublic information with an intent towards having the expenditure made.<sup>395</sup>

If either condition exists, the expenditure is conclusively deemed to be coordinated and thus likely to result in an in-kind contribution.

Second, there are certain factors that create a presumption of coordination:

- An agent of the person making the expenditure is also an agent of the candidate whose election or whose opponent's defeat is being advocated by the expenditure.<sup>396</sup> For example, a political consultant should not

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<sup>391</sup> [A.R.S. § 16-922\(E\).](#)

<sup>392</sup> [A.R.S. § 16-937\(A\).](#)

<sup>393</sup> [A.R.S. § 16-913\(D\)](#) and [A.R.S. § 16-922\(E\).](#)

<sup>394</sup> [A.R.S. § 16-901\(31\).](#)

<sup>395</sup> [A.R.S. § 16-922\(B\).](#)

<sup>396</sup> [A.R.S. § 16-922\(C\)\(1\).](#)

advise a candidate and an outside group that conducts expenditures in the candidate's race.

- In the same election cycle, the person making the expenditure or that person's agent is or has been authorized to raise or spend monies on the candidate's behalf.<sup>397</sup> For example, the executive director of a trade association that conducts independent expenditures in a particular race should not serve as finance chairman for that candidate.
- In the same election cycle, the candidate is or has been authorized to raise money or solicit contributions on behalf of the person making the expenditure.<sup>398</sup> For example, a candidate should not emcee a fundraising event for a PAC that later conducts expenditures on behalf of the candidate during the election cycle.

These factors constitute *rebuttable* evidence of coordination. Thus, if a person files a campaign finance complaint and cites one or more of the above factors, the burden of persuasion shifts, and the responding candidate must put forth contrary evidence that proves the lack of coordination.

#### *10.1.2.2 Maintaining a Firewall*

Notwithstanding any rebuttable evidence, coordination can be avoided if the outside group making the expenditure maintains sufficient separation between itself and its agent. This is known as a firewall.<sup>399</sup> If properly established, a firewall permits the agent to work with the benefitted candidate without undermining the independence of the group's expenditures.

In order to be effective, a firewall must meet the following criteria:

- The agent may not participate in deciding to make the expenditure or in deciding the content, timing or targeting of the expenditure to benefit a particular candidate;
- The group making the expenditure must have a written policy establishing the firewall and its requirements; and
- Both the agent and group must follow the written firewall policy.<sup>400</sup>

Of course, a candidate committee will not be involved in any of these behind-the-scenes considerations. However, before working with anyone that could be deemed an agent of an independent expenditure group, the candidate may want to ensure that firewall is in place.

#### *10.1.2.3 Service on Host Committees*

Fundraising events typically have a host committee, but this does not by itself create a risk of coordination.<sup>401</sup> Host committee members typically play very minor roles. Members are principally expected to make contributions themselves. The existence of a host committee is usually intended to show popular and broad-based support for the

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<sup>397</sup> [A.R.S. § 16-922\(C\)\(2\).](#)

<sup>398</sup> [A.R.S. § 16-922\(C\)\(3\).](#)

<sup>399</sup> "Firewall" means a written policy that precludes one person from sharing information with another person. [A.R.S. § 16-901\(28\).](#)

<sup>400</sup> [A.R.S. § 16-922\(D\).](#)

<sup>401</sup> [A.R.S. § 16-922\(D\).](#)

candidate. No person should be deterred from serving on a host committee due to possible perception of coordination. So long as the host committee member does nothing more than attend the fundraiser or make a contribution, and is not substantially involved in campaign strategy or operations, serving on a host committee does not risk turning an independent expenditure into an in-kind contribution.

### **10.1.3 Missing or Late Campaign Finance Reports**

If a committee fails to timely file a complete campaign finance report, the Secretary of State's Office (or other local filing officer) will notify the committee by email within 5 calendar days after the reporting deadline.<sup>402</sup> The notice must identify the late report(s), describe how fines accrue, and identify permissible methods of payment for the late fee.<sup>403</sup>

Fines accrue at the rate of \$10.00 per day for the first 15 days after the filing deadline, and \$25.00 per day thereafter.<sup>404</sup> Fines continue to accrue until the late report is filed.<sup>405</sup>

If a committee fails to file a complete report within 30 days after the filing deadline, the filing officer has discretion to refer the matter to the enforcement officer.<sup>406</sup> The Attorney General is the enforcement officer for statewide and legislative candidates, whereas the county, city or town attorney (as applicable) is the enforcement officer for local candidates.<sup>407</sup>

Unpaid fines may have electoral consequences as well. A filing officer may not accept a candidate's nomination paper to run for office if the candidate is liable for \$1,000 or more in unpaid fines.<sup>408</sup>

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<sup>402</sup> [A.R.S. § 16-937\(A\)](#).

<sup>403</sup> [A.R.S. § 16-937\(A\)](#).

<sup>404</sup> [A.R.S. § 16-937\(B\)](#).

<sup>405</sup> [A.R.S. § 16-937\(B\)](#). The penalty of \$10.00 per day for the first 15 days and \$25.00 per day for each day thereafter is the exclusive financial penalty for late campaign finance reports. [A.R.S. § 16-937\(B\)](#). Accordingly, the enforcement officer need not "impose a presumptive civil penalty equal to the amount of money that has been received, spent or promised in violation of [campaign finance law]" in these circumstances. See [A.R.S. § 16-938\(E\)\(2\)](#).

<sup>406</sup> [A.R.S. § 16-937\(C\)](#). In order to initiate an enforcement action, the filing officer must timely provide a notice that identifies the late report(s), describes how fines accrue, and identifies permissible methods of payment. [A.R.S. § 16-937\(A\),\(C\)](#).

<sup>407</sup> [A.R.S. § 16-928\(A\)](#).

<sup>408</sup> [A.R.S. § 16-311\(J\)](#). The \$1,000 threshold is inclusive of all "fines, penalties, late fees or administrative or civil judgments, including any interest or costs, in any combination, that have not been fully satisfied at the time." [A.R.S. § 16-311\(J\)](#). These must have been assessed in the candidate's political or electoral capacity, not personal capacity. For example, a judgment over \$1,000 resulting from a candidate's student loan default does not constitute grounds to refuse a nomination paper. Additionally, they must be reflected in an *Order* issued by an enforcement or judicial officer—the filing officer is not required to calculate these amounts based on unsubstantiated documentation.

## **FREQUENTLY ASKED QUESTIONS**

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### **I am running for a statewide, state legislative or county office, when should my campaign register as a candidate committee?**

A statewide, legislative, or county candidate who has received contributions or made expenditures (in any combination) of at least \$1,300 in connection with their candidacy during the election cycle is required to form a committee within 10 days of reaching that threshold. For example, receiving a \$650 check from a family friend while spending \$650 on campaign supplies will trigger the registration requirement. Use of a candidate's own personal monies for electoral purposes counts towards the \$1,300 threshold.

### **I am running for a city or town office, when should my campaign register as a candidate committee?**

A city or town candidate who has received contributions or made expenditures (in any combination) of at least \$500 in connection with their candidacy during the election cycle is required to form a committee within 10 days of reaching that threshold.

### **I am running for statewide, state legislative or county office and my campaign has not reached the registration threshold in contributions, expenses, or both. Does my campaign still need to register as a candidate committee?**

If a candidate's campaign never reaches the \$1,300 threshold, committee registration and reporting are not required.

### **I am running for statewide or state legislative office, how do I submit a Statement of Organization?**

Candidate campaigns for statewide or state legislative office complete and submit their statement of organization when creating their candidate committee in [Beacon](#), the office's online campaign finance filing system. Chapter 1 and 2 of the [Beacon User Guide](#) provides instructions on how to create a user account and committee account.

### **I am running for statewide or state legislative office and created my committee account in Beacon; how do I obtain a copy the committee's statement of organization?**

To obtain a copy of the candidate committee's statement of organization in [Beacon](#), select the "Settings" option on the left menu panel then select "Account Management." At the bottom of the webpage, select "Print a Statement of Organization."

### **Is there a requirement for the committee chairperson and/or treasurer to reside in-state?**

As of the time of publication, there is no limitation for out-of-state individuals from serving as committee chairperson or treasurer. According to Sections [1.3.2.2](#) and [1.3.2.3](#), the statement of organization requires the following information for the committee chairperson and treasurer: their street address or residence address, email address (separate from the committee's general email address), telephone number, occupation and employer.

Providing this information will ensure the committee officers will receive all correspondences from the filing officer.

### **How can I, the candidate, submit a statement of organization if I have not opened a bank account for my campaign?**

It is permissible to list the committee's future financial institution on a statement of organization if the committee ultimately opens an account with that institution. In that case, the committee should wait no longer than 30 days after filing the statement of organization to open the account to avoid a campaign finance violation.

### **What does my campaign need to open a bank account for my campaign?**

Committees are solely responsible for adhering to banking policies, and filing officers are unable to assist in establishing a bank account. Some banks might require a committee to have certain formalities already established prior to opening an account, such as filing a statement of organization, incorporating with the [Arizona Corporation Commission](#), and/or obtaining a taxpayer ID number from the [Internal Revenue Service \(IRS\)](#). Filing officers can only provide the committee's statement of organization.

### **When can a candidate committee terminate?**

A candidate committee may terminate when all campaign activity is ceased, committee has no outstanding debt, the committee's bank account balance is zero, surplus funds were properly disposed, and all campaign finance reports are filed. Before submitting a termination statement with the appropriate filing officer, a committee must pay any outstanding penalties/fees, if applicable. Review [Section 9](#) for more information about committee termination requirements.

### **My candidate committee has a cash balance/surplus funds. How do I dispose surplus funds?**

If a terminating candidate committee has surplus monies remaining after payment of all debts, the committee may dispose of those surplus monies only in specified ways:

- Transfer the surplus to a candidate committee organized by the same candidate;
- Return surplus monies to the original contributor;
- Contribute surplus monies to a PAC or political party within the contribution limits;
- Contribute surplus monies to another candidate under certain conditions:
- Donate surplus monies to a nonprofit organization that has tax exempt status under § 501(c)(3) of the Internal Revenue Code; or
- In the case of a statewide or legislative candidate committee, transfer surplus monies to the candidate's officeholder expense account.

Surplus monies may not be used or converted for personal use. [Section 9.2](#) lists acceptable scenarios for a candidate committee to contribute to another candidate committee and contains further information regarding termination.

## How do I terminate my committee in Beacon?

After the committee has completed winding down all its operations and meets termination requirements, the committee will terminate in Beacon by selecting “Settings” in the left menu panel then select “Account Management.” At the bottom of the page, click on “Terminate Committee” and follow on-screen instructions. After termination, account users will no longer be able to access the committee account. Once termination is complete, committee information can only be viewed at the Arizona Secretary of State’s public campaign finance search portal, [SeeTheMoney](#). Review the [Beacon User Guide](#) for more guidance. **Committee officers will not have access to the committee’s Beacon account after terminating.**

*[space intentionally left blank]*

## APPENDIX A – COUNTY FILING OFFICERS

### **Apache County**

Apache County Election Dept.  
Angela C. Romero, Election Director  
Physical: 75 W. Cleveland Street,  
St. Johns, AZ 85936  
Mailing: Post Office Box 428  
St. Johns, AZ 85936  
Phone: 928-337-7516  
Fax: 928-337-7676  
TDD: 800-361-4402  
Email: [aromero@co.apache.az.us](mailto:aromero@co.apache.az.us)

### **Cochise County**

Cochise County Elections Dept.  
Lisa Marra, Election Director  
Physical: 1415 Melody Lane, Bldg. E,  
Bisbee, AZ 85603  
Mailing: same as physical address  
Phone: 520-432-8970  
Fax: 520-432-8995  
Email: [lmarra@cochise.az.gov](mailto:lmarra@cochise.az.gov)

### **Coconino County**

Coconino County Elections Dept.  
Eslier Nusta, Elections Director  
Physical: 110 East Cherry Ave.,  
Flagstaff, AZ 86001  
Mailing: same as physical address  
Phone: 928-679-7860  
Fax: 928-213-9241  
TDD: 928-679-7131  
Email: [ccelections@coconino.az.gov](mailto:ccelections@coconino.az.gov)

### **Gila County**

Gila County Elections Dept.  
Eric A. Mariscal, Elections Director  
Physical: 5515 S. Apache Ave., Suite 900,  
Globe, AZ 85501  
Mailing: same as physical address  
Phone: 928-402-8709  
Fax: 928-402-4319  
TDD: 7-1-1  
Email: [emariscal@gilacountyaz.gov](mailto:emariscal@gilacountyaz.gov)

### **Graham County**

Graham County Election Dept.  
Hannah Duderstadt, Election Director  
Physical: 921 W. Thatcher Blvd.,  
Safford, AZ 85546  
Mailing: same as physical address  
Phone: 928-792-5037  
Fax: 928-428-5951  
TDD: 928-428-3562  
Email: [hduderstadt@graham.az.gov](mailto:hduderstadt@graham.az.gov)

### **Greenlee County**

Greenlee County Board of Supervisors  
Bianca Figueroa, Elections Director  
Physical: 253 5th Street,  
Clifton, AZ 85533  
Mailing: Post Office Box 1625,  
Clifton, AZ 85533  
Phone: 928-865-2072  
Fax: 928-865-9332  
TDD: 928-865-2632  
Email: [bfigueroa@greenlee.az.us](mailto:bfigueroa@greenlee.az.us)

### **La Paz County**

La Paz County Elections Dept.  
Juliana Bowman, Interim Elections  
Director  
Physical: 1108 Joshua Ave.,  
Parker, AZ 85344  
Mailing: same as above  
Phone: 928-669-6149  
Fax: 928-669-5638  
TDD: 928-669-8400  
Email: [jb Bowman@lapazcountyaz.org](mailto:jb Bowman@lapazcountyaz.org)

### **Maricopa County**

Maricopa County Elections Dept.  
Rey Valenzuela, Director of Election  
Services & Early Voting  
Physical: 510 S. 3rd Ave.,  
Phoenix, AZ 85003  
Mailing: same as physical address  
Phone: 602-506-1511  
Fax: 602-506-5112  
TDD: 602-506-2348  
Email: [voterinfo@risc.maricopa.gov](mailto:voterinfo@risc.maricopa.gov)

### **Mohave County**

Mohave County Elections Dept.  
Allen Tempert, Elections Director  
Physical: 700 W. Beale Street  
Kingman, AZ 86401  
Mailing: Post Office Box 7000  
Kingman, AZ 86402  
Phone: 928-753-0733  
Fax: 928-718-4956  
Email: [elections@mohave.gov](mailto:elections@mohave.gov)

### **Navajo County**

Navajo County Election Services  
Rayleen D. Richards, Elections Director  
Physical: 100 E. Code Talkers Drive,  
South Hwy 77, Holbrook, AZ 86025  
Mailing: Post Office Box 668,  
Holbrook, AZ 86025  
Phone: 928-524-4062  
Fax: 928-524-4048  
Email: [rayleen.richards@navajocountyaz.gov](mailto:rayleen.richards@navajocountyaz.gov)

### **Pima County**

Pima County Elections Department  
Mary Martinson, Interim Elections  
Director  
Physical: 6550 S. Country Club Rd.,  
Tucson, AZ 85756  
Mailing: Post Office Box 3145,  
Tucson, AZ 85702  
Phone: 520-724-6830  
Fax: 520-724-6870  
TDD: 520-724-6871  
Email: [mary.martinson@pima.gov](mailto:mary.martinson@pima.gov)

### **Pinal County**

Pinal County Elections Department  
David Frisk, Elections Director  
Physical: 168 South Main Street,  
Coolidge, AZ 85128  
Mailing: Post Office Box 460,  
Coolidge, AZ 85128  
Phone: 520-866-7550  
Fax: 520-866-7551  
TDD: 520-866-6851  
Email: [kimberly.grable@pinal.gov](mailto:kimberly.grable@pinal.gov)

### **Santa Cruz County**

Santa Cruz County Elections Dept.  
Alma Schultz, Elections Director  
Physical: 2150 N. Congress Dr., Suite 119,  
Nogales, AZ 85621  
Mailing: same as physical address  
Phone: 520-375-7808  
Fax: 520-761-7843  
TDD: 520-375-7934  
Email: [aschultz@santacruzcountyaz.gov](mailto:aschultz@santacruzcountyaz.gov)

### **Yavapai County**

Yavapai County Elections Dept.  
Lynn Constable, Elections Director  
Physical: 1015 Fair Street, Room 228,  
Prescott, AZ 86305  
Mailing: same as physical address  
Phone: 928-771-3250  
Fax: 928-771-3446  
Email: [web.elections@yavapaiaz.gov](mailto:web.elections@yavapaiaz.gov)

### **Yuma County**

Yuma County Election Services  
Tiffany Anderson, Election Director  
Physical: 197 S. Main Street,  
Yuma, AZ 85364  
Mailing: same as physical address  
Phone: 928-373-1014  
Fax: 928-373-6024  
TDD: 928-373-6033  
Email: [tiffany.anderson@yumacountyaz.gov](mailto:tiffany.anderson@yumacountyaz.gov)

## APPENDIX B- SAMPLE LOCAL STATEMENT OF ORGANIZATION

☐ Initial Application  
☐ Amended Application  
Date: \_\_\_\_\_



### STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

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): ☐ County Office: \_\_\_\_\_ ☐ District (if applicable): \_\_\_\_\_  
☐ City/Town Office: \_\_\_\_\_ ☐ District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): \_\_\_\_\_

Party Affiliation: ☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other: \_\_\_\_\_  
(required for partisan offices)

☒ **Political Action Committee (PAC)**

Committee Name (required): \_\_\_\_\_  
(if sponsored, must include sponsor's name)

Political Function (optional): ☐ Contributions ☐ Candidate-Related Expenditures  
(select any that apply) ☐ Ballot Measure Expenditures ☐ Recall Expenditures

Sponsorship Information: Sponsor's name or nickname (required): \_\_\_\_\_  
(if applicable) Sponsor's mailing address (required): \_\_\_\_\_  
Sponsor's email address (required): \_\_\_\_\_  
Sponsor's phone number (if any): \_\_\_\_\_  
Sponsor's website (if any): \_\_\_\_\_

Special Status (if applicable) ☐ 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)

☒ **Political Party**

Committee Name (required): \_\_\_\_\_  
(must include party affiliation)

Jurisdiction: ☒ 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)  
☒ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)  
☒ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status (if applicable) ☒ Standing Committee (must also complete separate standing committee registration)

Arizona Secretary of State Revision 7/28/21

☐ Initial Application  
☐ Amended Application  
 Date: \_\_\_\_\_



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)

COMMITTEE INFORMATION:

|                                                                     |                                               |       |
|---------------------------------------------------------------------|-----------------------------------------------|-------|
| <b>Contact Information:</b>                                         | Committee's mailing address (required):       | _____ |
|                                                                     | Committee's email address (required):         | _____ |
|                                                                     | Committee's phone number (if any):            | _____ |
|                                                                     | Committee's website (if any):                 | _____ |
| <b>Chairperson's Information:</b>                                   | Chairperson's name (required):                | _____ |
|                                                                     | Chairperson's physical address (required):    | _____ |
|                                                                     | Chairperson's mailing address (if different): | _____ |
|                                                                     | Chairperson's email address (required):       | _____ |
|                                                                     | Chairperson's phone number (required):        | _____ |
|                                                                     | Chairperson's employer (required):            | _____ |
| <b>Treasurer's Information:</b>                                     | Chairperson's occupation (required):          | _____ |
|                                                                     | Treasurer's name (required):                  | _____ |
|                                                                     | Treasurer's physical address (required):      | _____ |
|                                                                     | Treasurer's mailing address (if different):   | _____ |
|                                                                     | Treasurer's email address (required):         | _____ |
|                                                                     | Treasurer's phone number (required):          | _____ |
| <b>Bank or Financial Institution:</b><br>(do not list acct numbers) | Treasurer's employer (required):              | _____ |
|                                                                     | Treasurer's occupation (required):            | _____ |
|                                                                     | Bank name (required):                         | _____ |
|                                                                     | Additional bank name (if applicable):         | _____ |
|                                                                     | Additional bank name (if applicable):         | _____ |

DECLARATION 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 16-938; 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: _____ |
| Candidate's signature (if applicable): _____ | Date: _____ |

## APPENDIX C- SAMPLE LOCAL CAMPAIGN FINANCE REPORT



### STATE OF ARIZONA COMMITTEE CAMPAIGN FINANCE REPORT

COMMITTEE ID NUMBER

COMMITTEE INFORMATION (required):

Committee Information: Committee Name:

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

Office Sought:

☐ County Office:

☐ Special District Office:

☐ City/Town Office:

☐ School Board District:

Cumulative Report:

☐ Check here if this is the candidate committees first, cumulative report for the election cycle. Also select appropriate Reporting Period below.

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

REPORTING PERIOD (check one):

| REPORTING PERIOD                                                                                             | REPORT DUE                             |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 2020 4 <sup>th</sup> Quarter Report: October 18, 2020 to December 31, 2020                                   | January 1, 2021 to January 15, 2021    |
| 2021 March Pre-Election Report (Local Only): January 1, 2021 to February 20, 2021                            | February 21, 2021 to February 27, 2021 |
| 2021 March Post-Election (Q1) Report (Local Only): February 21 to March 31, 2021                             | April 1, 2021 to April 15, 2021        |
| 2021 Quarter 1 Report: January 1, 2021 to March 31, 2021                                                     | April 1, 2021 to April 15, 2021        |
| 2021 May Pre-Election Report (Local Only): April 1, 2021 to May 1, 2021                                      | May 2, 2021 to May 8, 2021*            |
| 2021 May Post-Election (Q2) Report (Local Only): May 2, 2021 to June 30, 2021                                | July 1, 2021 to July 15, 2021          |
| 2021 Quarter 2 Report: April 1, 2021 to June 30, 2021                                                        | July 1, 2021 to July 15, 2021          |
| 2021 August Pre-Election Report (Local Only): July 1, 2021 to July 17, 2021                                  | July 18, 2021 to July 24, 2021         |
| 2021 August Post-Election (Q3) Report (Local Only): July 18, 2021 to September 30, 2021                      | October 1, 2021 to October 15, 2021    |
| 2021 Quarter 3 Report: July 1, 2021 to September 30, 2021                                                    | October 1, 2021 to October 15, 2021    |
| 2021 November Pre-Election Report (Local Only): October 1, 2021 to October 16, 2021                          | October 17, 2021 to October 23, 2021   |
| 2021 November Post-Election (Q4) Report (Local Only): October 17, 2021 to December 31, 2021                  | January 1, 2022 to January 15, 2022    |
| 2021 Quarter 4 Report: October 1, 2021 to December 31, 2021                                                  | January 1, 2022 to January 15, 2022    |
| 2022 March Pre-Election Report (Local Only): January 1, 2022 to February 19, 2022                            | February 20, 2022 to February 26, 2022 |
| 2022 March Post-Election (Q1) Report (Local Only): February 20, 2022 to March 31, 2022                       | April 1, 2022 to April 15, 2022        |
| 2022 Quarter 1 Report: January 1, 2022 to March 31, 2022                                                     | April 1, 2022 to April 15, 2022        |
| 2022 May Pre-Election Report (Local Only): April 1, 2022 to April 30, 2022                                   | May 1, 2022 to May 7, 2022             |
| 2022 May Post-Election (Q2) Report (Local Only): May 1, 2022 to June 30, 2022                                | July 1, 2022 to July 15, 2022          |
| 2022 Quarter 2 Report: April 1, 2022 to June 30, 2022                                                        | July 1, 2022 to July 15, 2022          |
| 2022 Pre-Primary Election Report: July 1, 2022 to July 16, 2022                                              | July 17, 2022 to July 23, 2022         |
| 2022 Post-Primary Election (Q3) Report: July 17, 2022 to September 30, 2022                                  | October 1, 2022 to October 15, 2022    |
| 2022 Pre-General Election Report: October 1, 2022 to October 22, 2022                                        | October 23, 2022 to October 29, 2022   |
| 2022 Post-General Election (Q4) Report: October 23, 2022 to December 31, 2022                                | January 1, 2023 to January 17, 2023*   |
| Final Campaign Finance Report Prior to Committee Termination:<br>End of Previous Period through Today's Date | Same Date of Termination               |

\*Reporting deadline extended to next business day if deadline date is a holiday or Sunday. A.R.S. §§ 1-243(A), 1-301 and 1-303.

FINANCIAL SUMMARY (required):

| Activity                                                                                                                                                                                                  | Cash Activity This Reporting Period | Election Cycle to Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|
| (a) Committee value at the beginning of this reporting period (i.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 period)                                                                                              |                                     |                        |
| (d) = Balance at close of reporting period                                                                                                                                                                |                                     |                        |
| <input type="checkbox"/> Check here if filing no financial activity during the reporting period. Lines (a)-(d) still must be completed, but only this cover page and the following page need to be filed. |                                     |                        |

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

Arizona Secretary of State Revision 12/29/21 (fillable format)



**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

|                     |
|---------------------|
| COMMITTEE ID NUMBER |
|                     |

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**

COMMITTEE ID NUMBER

**SUMMARY OF RECEIPTS (Schedule A):**

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

**SUMMARY OF DISBURSEMENTS (Schedule B):**

| Disbursements                                                                                    | Cash | Equity |
|--------------------------------------------------------------------------------------------------|------|--------|
| 1. Disbursements for Operating Expenses                                                          |      |        |
| 2. Contributions Made                                                                            |      |        |
| (a) Candidate Committees                                                                         |      |        |
| (b) Political Action Committees                                                                  |      |        |
| (c) Political Parties                                                                            |      |        |
| (d) Partnerships                                                                                 |      |        |
| (e) Corporations & Limited Liability Companies (PAC & Political Parties Only)                    |      |        |
| (f) Labor Organizations (PAC & Political Parties Only)                                           |      |        |
| (g) Monetary Contributions Subtotal (add 2(a) through 2(f))                                      |      |        |
| (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)                                           |      |        |
| (g) 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 (use cash and/or equity as applicable)                           |      |        |
| 15. Aggregate of Disbursements - \$250 or LESS (use cash and/or equity as applicable)            |      |        |
| 16. Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15) |      |        |

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(a)

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

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

Schedule A(1)(a), page      of     

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

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

SCHEDULE A(1)(b)

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

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

Schedule A(1)(b), page  of

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(1)(d)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(1)(e)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(1)(f)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

**MONETARY CONTRIBUTIONS FROM PARTNERSHIPS:**

**SCHEDULE A(1)(g)**

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(1)(h)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(1)(i)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS FROM CANDIDATE'S PERSONAL MONIES:

SCHEDULE A(1)(j)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

REFUNDS GIVEN BACK TO CONTRIBUTORS:

SCHEDULE A(1)(I)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

LOANS RECEIVED:

SCHEDULE A(2)(a)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

FORGIVENESS ON LOANS RECEIVED:

SCHEDULE A(2)(b)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

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 |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------|-------|--------------------------|---------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                          | Borrower Name            |       | Date Repayment Received  |               |                                               |                                             |
|                                                                                                                            | Street Address           |       |                          |               |                                               |                                             |
|                                                                                                                            | City                     | State | ZIP                      |               |                                               |                                             |
|                                                                                                                            | Original Amount Borrowed |       | Amount Still Outstanding |               |                                               |                                             |
|                                                                                                                            |                          |       |                          |               |                                               |                                             |
| 2                                                                                                                          | Borrower Name            |       | Date Repayment Received  |               |                                               |                                             |
|                                                                                                                            | Street Address           |       |                          |               |                                               |                                             |
|                                                                                                                            | City                     | State | ZIP                      |               |                                               |                                             |
|                                                                                                                            | Original Amount Borrowed |       | Amount Still Outstanding |               |                                               |                                             |
|                                                                                                                            |                          |       |                          |               |                                               |                                             |
| 3                                                                                                                          | Borrower Name            |       | Date Repayment Received  |               |                                               |                                             |
|                                                                                                                            | Street Address           |       |                          |               |                                               |                                             |
|                                                                                                                            | City                     | State | ZIP                      |               |                                               |                                             |
|                                                                                                                            | Original Amount Borrowed |       | Amount Still Outstanding |               |                                               |                                             |
|                                                                                                                            |                          |       |                          |               |                                               |                                             |
| 4                                                                                                                          | Borrower Name            |       | Date Repayment Received  |               |                                               |                                             |
|                                                                                                                            | Street Address           |       |                          |               |                                               |                                             |
|                                                                                                                            | City                     | State | ZIP                      |               |                                               |                                             |
|                                                                                                                            | Original Amount Borrowed |       | Amount Still Outstanding |               |                                               |                                             |
|                                                                                                                            |                          |       |                          |               |                                               |                                             |
| 5                                                                                                                          | Borrower Name            |       | Date Repayment Received  |               |                                               |                                             |
|                                                                                                                            | Street Address           |       |                          |               |                                               |                                             |
|                                                                                                                            | City                     | State | ZIP                      |               |                                               |                                             |
|                                                                                                                            | Original Amount Borrowed |       | Amount Still Outstanding |               |                                               |                                             |
|                                                                                                                            |                          |       |                          |               |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 2(c)) |                          |       |                          |               |                                               |                                             |

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

INTEREST ACCRUED ON LOANS MADE:

SCHEDULE A(2)(d)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

REBATES AND REFUNDS RECEIVED:

SCHEDULE A(3)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

INTEREST ACCRUED ON COMMITTEE MONIES:

SCHEDULE A(4)

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(a)

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

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(b)

|                                                                                                                            | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| Cumulative In-Kind Contributions from Individuals - \$100 or Less                                                          |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 5(b)) |                                         |                                       |

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



**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

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

SCHEDULE A(5)(c)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CANDIDATE COMMITTEES:

SCHEDULE A(5)(d)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL ACTION COMMITTEES:

SCHEDULE A(5)(e)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM POLITICAL PARTIES:

SCHEDULE A(5)(f)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM PARTNERSHIPS:

SCHEDULE A(5)(g)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM CORPORATIONS AND LLCs:

SCHEDULE A(5)(h)

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

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STATE OF ARIZONA  
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS FROM LABOR ORGANIZATIONS:

SCHEDULE A(5)(i)

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

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STATE OF ARIZONA  
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COMMITTEE ID NUMBER

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

SCHEDULE A(5)(j)

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

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**STATE OF ARIZONA  
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COMMITTEE ID NUMBER

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

SCHEDULE A(6)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

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 |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------|-----------------------------|------------------------------|-----------------------------------------------|---------------------------------------------|
| 1                                                                                                                          | Name                                 |       |                             |                              |                                               |                                             |
|                                                                                                                            | Street Address                       |       |                             |                              |                                               |                                             |
|                                                                                                                            | City                                 | State | ZIP                         |                              |                                               |                                             |
|                                                                                                                            | Services or Goods Provided on Credit |       | Date of Extension of Credit |                              |                                               |                                             |
|                                                                                                                            |                                      |       |                             |                              |                                               |                                             |
| 2                                                                                                                          | Name                                 |       |                             |                              |                                               |                                             |
|                                                                                                                            | Street Address                       |       |                             |                              |                                               |                                             |
|                                                                                                                            | City                                 | State | ZIP                         |                              |                                               |                                             |
|                                                                                                                            | Services or Goods Provided on Credit |       | Date of Extension of Credit |                              |                                               |                                             |
|                                                                                                                            |                                      |       |                             |                              |                                               |                                             |
| 3                                                                                                                          | Name                                 |       |                             |                              |                                               |                                             |
|                                                                                                                            | Street Address                       |       |                             |                              |                                               |                                             |
|                                                                                                                            | City                                 | State | ZIP                         |                              |                                               |                                             |
|                                                                                                                            | Services or Goods Provided on Credit |       | Date of Extension of Credit |                              |                                               |                                             |
|                                                                                                                            |                                      |       |                             |                              |                                               |                                             |
| 4                                                                                                                          | Name                                 |       |                             |                              |                                               |                                             |
|                                                                                                                            | Street Address                       |       |                             |                              |                                               |                                             |
|                                                                                                                            | City                                 | State | ZIP                         |                              |                                               |                                             |
|                                                                                                                            | Services or Goods Provided on Credit |       | Date of Extension of Credit |                              |                                               |                                             |
|                                                                                                                            |                                      |       |                             |                              |                                               |                                             |
| 5                                                                                                                          | Name                                 |       |                             |                              |                                               |                                             |
|                                                                                                                            | Street Address                       |       |                             |                              |                                               |                                             |
|                                                                                                                            | City                                 | State | ZIP                         |                              |                                               |                                             |
|                                                                                                                            | Services or Goods Provided on Credit |       | Date of Extension of Credit |                              |                                               |                                             |
|                                                                                                                            |                                      |       |                             |                              |                                               |                                             |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 7(a)) |                                      |       |                             |                              |                                               |                                             |

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

PAYMENTS ON EXTENSIONS OF CREDIT RECEIVED:

SCHEDULE A(7)(b)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS RECEIVED:

SCHEDULE A(8)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

PAYMENTS RECEIVED FOR GOODS/SERVICES:

SCHEDULE A(9)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS RECEIVABLE / DEBTS OWED TO COMMITTEE:

SCHEDULE A(10)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

TRANSFER IN SURPLUS MONIES / TRANSFER OUT DEBT:

SCHEDULE A(11)

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MISCELLANEOUS RECEIPTS:

SCHEDULE A(12)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

DISBURSEMENTS FOR OPERATING EXPENSES:

SCHEDULE B(1)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(2)(a)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(2)(b)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(2)(c)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(2)(d)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

**MONETARY CONTRIBUTIONS TO CORPORATIONS AND LLCs:**

**SCHEDULE B(2)(e)**

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
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COMMITTEE ID NUMBER

MONETARY CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(2)(f)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

CONTRIBUTION REFUNDS RECEIVED:

SCHEDULE B(2)(h)

| Contributor Information                                                                                                          |      |                               |     | Amount Refunded | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------|-----|-----------------|-----------------------------------------|---------------------------------------|
| Committee Name                                                                                                                   |      | Date Refund Received          |     |                 |                                         |                                       |
| Street Address                                                                                                                   |      |                               |     |                 |                                         |                                       |
| 1                                                                                                                                | City | State                         | ZIP |                 |                                         |                                       |
| Committee ID Number                                                                                                              |      | Date of Original Contribution |     |                 |                                         |                                       |
|                                                                                                                                  |      |                               |     |                 |                                         |                                       |
| Committee Name                                                                                                                   |      | Date Refund Received          |     |                 |                                         |                                       |
| Street Address                                                                                                                   |      |                               |     |                 |                                         |                                       |
| 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<br>(transfer the total disbursed this period to "Summary of Disbursements," line 2(h)) |      |                               |     |                 |                                         |                                       |

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

LOANS MADE:

SCHEDULE B(3)(a)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

LOAN GUARANTEES MADE:

SCHEDULE B(3)(b)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

FORGIVENESS ON LOANS MADE:

SCHEDULE B(3)(c)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

REPAYMENT ON LOANS RECEIVED:

SCHEDULE B(3)(d)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

ACCRUED INTEREST ON LOANS RECEIVED:

SCHEDULE B(3)(e)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

REBATES AND REFUNDS MADE (NON-CONTRIBUTIONS):

SCHEDULE B(4)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CANDIDATE COMMITTEES:

SCHEDULE B(5)(a)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES:

SCHEDULE B(5)(b)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO POLITICAL PARTIES:

SCHEDULE B(5)(c)

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

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STATE OF ARIZONA  
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO PARTNERSHIPS:

SCHEDULE B(5)(d)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO CORPORATIONS AND LLCs:

SCHEDULE B(5)(e)

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

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COMMITTEE ID NUMBER

IN-KIND CONTRIBUTIONS TO LABOR ORGANIZATIONS:

SCHEDULE B(5)(f)

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

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COMMITTEE ID NUMBER

INDEPENDENT EXPENDITURES MADE:

SCHEDULE B(6)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

BALLOT MEASURE EXPENDITURES MADE:

SCHEDULE B(7)

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

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STATE OF ARIZONA  
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COMMITTEE ID NUMBER

RECALL EXPENDITURES MADE:

SCHEDULE B(8)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

SUPPORT PROVIDED TO PARTY NOMINEES (POLITICAL PARTIES ONLY):

SCHEDULE B(9)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

JOINT FUNDRAISING / SHARED EXPENSE PAYMENTS MADE:

SCHEDULE B(10)

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

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**STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT**

COMMITTEE ID NUMBER

REIMBURSEMENTS MADE:

SCHEDULE B(11)

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

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
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COMMITTEE ID NUMBER

OUTSTANDING ACCOUNTS PAYABLE / DEBTS OWED BY COMMITTEE:

SCHEDULE B(12)

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

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STATE OF ARIZONA  
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COMMITTEE ID NUMBER

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

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



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

MISCELLANEOUS DISBURSEMENTS:

SCHEDULE B(14)

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

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**STATE OF ARIZONA  
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AGGREGATE OF DISBURSEMENTS – \$250 OR LESS:

SCHEDULE B(15)

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

\*If disbursement(s) of \$250 or less is listed on another disbursement schedule, do not include them on Schedule B(15).

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## APPENDIX D – SAMPLE LOCAL TERMINATION STATEMENT

Date: \_\_\_\_\_



### STATE OF ARIZONA COMMITTEE TERMINATION STATEMENT

COMMITTEE ID NUMBER \_\_\_\_\_

#### COMMITTEE INFORMATION:

Committee name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Website: \_\_\_\_\_  
Chairperson name: \_\_\_\_\_  
Treasurer: \_\_\_\_\_

#### DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that: (1) the committee will no longer receive any contributions or make any disbursements; (2) the committee either (a) has no outstanding debts or obligations, or (b) has outstanding debts or obligations that are all more than five years old, and the committee's creditors have agreed to discharge the debts and obligations and have agreed to the termination of the committee; (3) any surplus monies have been disposed of and that the committee has no cash on hand; and (4) all contributions and expenditures have been reported, including any disposal of surplus monies.

Chairperson's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

A213

## **APPENDIX E – LAWS GOVERNING CAMPAIGN FINANCE LAW**

### **Arizona Revised Statutes**

### **Title 16, Chapter 6, Article 1**

### **Article 1 General Provisions**

#### **A.R.S. § 16-901. Definitions**

In this chapter, unless the context otherwise requires:

1. “Advertisement” means information or materials, other than nonpaid social media messages, that are mailed, e-mailed, posted, distributed, published, displayed, delivered, broadcasted or placed in a communication medium and that are for the purpose of influencing an election.
2. “Affiliate” means any organization that controls, is controlled by or is under common control with a corporation, limited liability company or labor organization.
3. “Agent” means any person who has actual authority, either express or implied, to represent or make decisions on behalf of another person.
4. “Ballot measure expenditure” means an expenditure made by a person that expressly advocates the support or opposition of a clearly identified ballot measure.
5. “Best effort” means that a committee treasurer or treasurer’s agent makes at least one written effort, including an attempt by e-mail, text message, private message through social media or other similar communication, or at least one oral effort that is documented in writing to identify the contributor of an incomplete contribution.
6. “Calendar quarter” means a period of three consecutive calendar months ending on March 31, June 30, September 30 or December 31.
7. “Candidate” means an individual who receives contributions or makes expenditures or who gives consent to another person to receive contributions or make expenditures on behalf of that individual in connection with the candidate’s nomination, election or retention for any public office.
8. “Candidate committee” includes the candidate.
9. “Clearly identified candidate” means that the name or a description, image, photograph or drawing of the candidate appears or the identity of the candidate is otherwise apparent by unambiguous reference.
10. “Committee” means a candidate committee, a political action committee or a political party.
11. “Contribution” means any money, advance, deposit or other thing of value that is made to a person for the purpose of influencing an election. Contribution includes:
  - (a) A contribution that is made to retire campaign debt from a previous election cycle.
  - (b) Money or the fair market value of anything that is directly or indirectly provided to an elected official for the specific purpose of defraying the expense of communications with constituents.
  - (c) The full purchase price of any item from a committee.
  - (d) A loan that is made to a committee for the purpose of influencing an election, to the extent the loan remains outstanding.
12. “Control” means to possess, directly or indirectly, the power to direct or to cause the direction of the management or policies of another organization, whether through voting power, ownership, contract or otherwise.

13. “Coordinate”, “coordinated” or “coordination” means the coordination of an expenditure as prescribed by § 16-922.

14. “Coordinated party expenditures” means expenditures that are made by a political party to directly pay for goods or services on behalf of its nominee.

15. “District office” means an elected office established or organized pursuant to title 15 or 48.

16. “Earmarked” means a designation, instruction or encumbrance between the transferor of a contribution and a transferee that requires the transferee to make a contribution to a clearly identified candidate.

17. “Election” means any election for any ballot measure in this state or any candidate election during a primary, general, recall, special or runoff election for any office in this state other than a federal office and a political party office prescribed by chapter 5, article 2 of this title.

18. “Election cycle” means the two-year period beginning on January 1 in the year after a statewide general election and ending on December 31 in the year of a statewide general election or, for cities and towns, the two-year period beginning on the first day of the calendar quarter after the calendar quarter in which the city’s or town’s second, runoff or general election is scheduled and ending on the last day of the calendar quarter in which the city’s or town’s immediately following second, runoff or general election is scheduled, however that election is designated by the city or town. For the purposes of a:

(a) Recall election, “election cycle” means the period between issuance of a recall petition serial number and the latest of the following:

(i) The date of the recall election that is called pursuant to § 19-209.

(ii) The date that a resignation is accepted pursuant

to § 19-208.

(iii) The date that the receiving officer provides notice pursuant to § 19-208.01 that the number of signatures is insufficient.

(b) Special election, “election cycle” means the period between the date of issuance of a proclamation or order calling the special election and the last day of the calendar quarter in which the special election is held.

19. “Employee” means an individual who is entitled to compensation for labor or services performed for the individual’s employer.

20. “Employer” means any person that pays compensation to and directs the labor or services of any individual in the course of employment.

21. “Enforcement officer” means the attorney general or the county, city or town attorney with authority to collect fines or issue penalties with respect to a given election pursuant to § 16-938.

22. “Entity” means a corporation, limited liability company, labor organization, partnership, trust, association, organization, joint venture, cooperative, unincorporated organization or association or other organized group that consists of more than one individual.

23. “Excess contribution” means a contribution that exceeds the applicable contribution limits for a particular election.

24. “Exclusive insurance contract” means an insurance producer’s contract with an insurer that does either of the following:

(a) Prohibits the producer from soliciting insurance business for any other insurer.

(b) Requires a right of first refusal on all lines of insurance business written by the insurer and solicited by the producer.

25. “Expenditure” means any purchase, payment or

other thing of value that is made by a person for the purpose of influencing an election.

26. “Family contribution” means any contribution that is provided to a candidate’s committee by the parent, grandparent, aunt, uncle, child or sibling of the candidate or the candidate’s spouse, including the spouse of any of the listed family members, regardless of whether the relation is established by marriage or adoption.

27. “Filing officer” means the secretary of state or the county, city or town officer in charge of elections for that jurisdiction who accepts statements and reports for those elections pursuant to § 16-928.

28. “Firewall” means a written policy that precludes one person from sharing information with another person.

29. “Identification” or “identify” means:

(a) For an individual, the individual’s first and last name, residence location or street address and occupation and the name of the individual’s primary employer.

(b) For any other person, the person’s full name and physical location or street address.

30. “Incomplete contribution” means any contribution that is received by a committee for which the contributor’s complete identification has not been obtained.

31. “Independent expenditure” means an expenditure by a person, other than a candidate committee, that complies with both of the following:

(a) Expressly advocates the election or defeat of a clearly identified candidate.

(b) Is not made in cooperation or consultation with or at the request or suggestion of the candidate or the candidate’s agent.

32. “In-kind contribution” means a contribution of goods, services or anything of value that is provided without charge or at less than the usual and normal charge.

33. “Insurance producer” means a person that:

(a) Is required to be licensed to sell, solicit or negotiate insurance.

(b) Has an exclusive insurance contract with an insurer.

34. “Itemized” means that each contribution received or expenditure made is set forth separately.

35. “Labor organization” means any employee representation organization that exists for the purpose of dealing with employers concerning grievances, labor disputes, wages, rates of pay, hours of employment or other conditions of employment.

36. “Legislative office” means the office of representative in the state house of representatives or senator in the state senate.

37. “Mega PAC status” means official recognition that a political action committee has received contributions from five hundred or more individuals in amounts of ten dollars or more in the four-year period immediately before application to the secretary of state.

38. “Nominee” means a candidate who prevails in a primary election for partisan office and includes the nominee’s candidate committee.

39. “Person” means an individual or a candidate, nominee, committee, corporation, limited liability company, labor organization, partnership, trust, association, organization, joint venture, cooperative or unincorporated organization or association.

40. “Personal monies” means any of the following:

(a) Assets to which the individual or individual's spouse has either legal title or an equitable interest.

(b) Salary and other earned income from bona fide employment of the individual or individual's spouse.

(c) Dividends and proceeds from the sale of investments of the individual or individual's spouse.

(d) Bequests to the individual or individual's spouse.

(e) Income to the individual or individual's spouse from revocable trusts for which the individual or individual's spouse is a beneficiary.

(f) Gifts of a personal nature to the individual or individual's spouse that would have been given regardless of whether the individual became a candidate or accepted a contribution.

(g) The proceeds of loans obtained by the individual or individual's spouse that are secured by collateral or security provided by the individual or individual's spouse.

(h) Family contributions.

41. "Political action committee" means an entity that is required to register as a political action committee pursuant to § 16-905.

42. "Political party" means a committee that meets the requirements for recognition as a political party pursuant to chapter 5 of this title.

43. "Primary purpose" means an entity's predominant purpose. Notwithstanding any other law or rule, an entity is not organized for the primary purpose of influencing an election if all of the following apply at the time the contribution or expenditure is made:

(a) The entity has tax exempt status under section 501(a) of the internal revenue code.

(b) Except for a religious organization, assembly or institution, the entity has properly filed a form 1023 or form 1024 with the internal revenue service or the equivalent successor form designated by the internal revenue service.

(c) The entity's tax exempt status has not been denied or revoked by the internal revenue service.

(d) The entity has properly filed a form 990 with the internal revenue service or the equivalent successor form designated by the internal revenue service in compliance with the most recent filing deadline established by internal revenue service regulations or policies.

44. "Retention" means the election process by which a superior court judge, appellate court judge or supreme court justice is retained in office as prescribed by article VI, section 38 or 40, Constitution of Arizona.

45. "Separate segregated fund" means a fund established by a corporation, limited liability company, labor organization or partnership that is required to register as a political action committee.

46. "Social media messages" means forms of communication, including internet sites for social networking or blogging, through which users create a personal profile and participate in online communities to share information, ideas and personal messages.

47. "Sponsor" means any person that establishes, administers or contributes financial support to the administration of a political action committee or that has common or overlapping membership or officers with that political action committee.

48. "Standing committee" means a political action committee or political party that is active in more than one reporting jurisdiction in this state and that files a statement of organization in a format prescribed by the secretary of state.

49. "Statewide office" means the office of

governor, secretary of state, state treasurer, attorney general, superintendent of public instruction, corporation commissioner or mine inspector.

50. “Surplus monies” means those monies of a terminating committee that remain after all of the committee’s expenditures have been made, all debts have been extinguished and the committee ceases accepting contributions.

*See Arizona Advocacy Network, et al. v. State of Arizona, et al., Arizona Superior Court, Maricopa County, Case No. CV2017-096705, ordered the following permanently enjoined because enactment of portions of SB 1516 (52d Legislature, 2d reg. sess.) violated the Voter Protection Act (Ariz. Const. art. IV, pt. 1, §§ 1(6), (14)): A.R.S. § 16-901(43), A.R.S. § 16-905(D), A.R.S. § 16-911(B)(4)(b), (B)(6)(c), A.R.S. § 16-921(B)(4)(c), (B)(7), and the phrase “is the sole public officer who” in A.R.S. § 16-938(A). NOTE: Appeal pending as of publication date.*

#### **A.R.S. § 16-901.01. Limitations on certain unreported expenditures and contributions**

A. For the purposes of this chapter, “expressly advocates” means:

1. Conveying a communication containing a phrase such as “vote for,” “elect,” “reelect,” “support,” “endorse,” “cast your ballot for,” “(name of candidate) in (year),” “(name of candidate) for (office),” “vote against,” “defeat,” “reject” or a campaign slogan or words that in context can have no reasonable meaning other than to advocate the election or defeat of one or more clearly identified candidates.

2. Making a general public communication, such as in a broadcast medium, newspaper, magazine, billboard or direct mailer referring to one or more

clearly identified candidates and targeted to the electorate of that candidate(s) that in context can have no reasonable meaning other than to advocate the election or defeat of the candidate(s), as evidenced by factors such as the presentation of the candidate(s) in a favorable or unfavorable light, the targeting, placement or timing of the communication or the inclusion of statements of the candidate(s) or opponents.

B. A communication within the scope of subsection A, paragraph 2 shall not be considered as one that expressly advocates merely because it presents information about the voting record or position on a campaign issue of three or more candidates, so long as it is not made in coordination with a candidate, political party, agent of the candidate or party or a person who is coordinating with a candidate or candidate’s agent.

## **ARTICLE 1.1 ESTABLISHMENT OF COMMITTEE**

### **A.R.S. § 16-905. Committee qualification; requirements; exemption; adjustments**

A. 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 dollars in connection with that candidacy.

B. For city and town 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 five hundred dollars in connection with that candidacy.

C. An entity shall register as a political action committee if both of the following apply:

1. The entity is organized for the primary purpose of influencing the result of an election.

2. The entity knowingly receives contributions or makes expenditures, in any combination, of at least one thousand dollars in connection with any election during a calendar year.

D. A filing officer or enforcement officer shall make a rebuttable presumption that an entity is organized for the primary purpose of influencing the result of an election if the entity meets any of the following:

1. Except for a religious organization, assembly or institution, claims tax exempt status but had not filed form 1023 or form 1024 with the internal revenue service, or the equivalent successor form designated by the internal revenue service, before making a contribution or expenditure.

2. Made a contribution or expenditure and at that time had its tax exempt status revoked by the internal revenue service.

3. Made a contribution or expenditure and at that time failed to file form 990 with the internal revenue service, or the equivalent successor form designated by the internal revenue service, if required by law.

E. Except as prescribed in subsections B and C of this section and section 16–938, a filing officer, enforcement officer or other officer of a city, town, county or other political subdivision of this state may not require an entity that claims tax exempt status under section 501(a) of the internal revenue code and that remains in good standing with the internal revenue service to do any of the following:

1. Register or file as a political action committee.

2. Report or otherwise disclose personally identifying information relating to individuals who have made contributions to that entity.

3. Disclose its schedule B, form 990.

4. Submit to an audit or subpoena or produce evidence regarding a potential campaign finance violation.

F. A fund that is established by a corporation, limited liability company, labor organization or partnership for the purpose of influencing the result of an election shall register as a political action committee.

G. An entity may register as a political party committee only as prescribed in chapter 5 of this title.

H. A committee is not subject to state income tax and is not required to file a state income tax return.

I. The dollar amounts prescribed by subsections A and C of this section shall be increased every two years pursuant to § 16-931.

*See Arizona Advocacy Network, et al. v. State of Arizona, et al., Arizona Superior Court, Maricopa County, Case No. CV2017-096705, ordered the following permanently enjoined because enactment of portions of SB 1516 (52d Legislature, 2d reg. sess.) violated the Voter Protection Act (Ariz. Const. art. IV, pt. 1, §§ 1(6), (14)): A.R.S. § 16-901(43), A.R.S. § 16-905(D), A.R.S. § 16-911(B)(4)(b), (B)(6)(c), A.R.S. § 16-921(B)(4)(c), (B)(7), and the phrase “is the sole public officer who” in A.R.S. § 16-938(A). NOTE: Appeal pending as of publication date.*

#### **A.R.S. § 16-906. Committee statement of organization; amendment; committee limitation**

A. A committee shall file a statement of organization with the filing officer within ten days after qualifying as a committee.

B. A statement of organization shall include the following committee information:

1. The committee name, mailing address, e-mail address, website, if any, and telephone number, if any, and the type of committee. The committee name shall include:

(a) For a candidate committee, the candidate's first or last name and, if the candidate has a candidate committee open for more than one office, the office sought.

(b) For a political action committee that is sponsored, the sponsor's name or commonly known nickname.

2. The name, mailing address, e-mail address, website, if any, and telephone number of any sponsor.

3. The name, physical location or street address, e-mail address, telephone number, occupation and employer of the committee's chairperson and treasurer. For a candidate committee, the candidate may serve as both chairperson and treasurer.

4. For a candidate committee for a partisan office, the candidate's party affiliation.

5. A listing of all banks or other financial institutions used by the committee.

6. A statement that the committee chairperson and committee treasurer have read the filing officer's campaign finance and reporting guide, agree to comply with this article and articles 1, 1.2, 1.3, 1.4, 1.5, 1.6 and 1.7 of this chapter, and agree to accept all notifications and service of process via the e-mail address provided by the committee.

C. A committee shall file an amended statement of organization within ten days after any change in committee information.

D. On filing a statement of organization, the filing officer shall issue an identification number to the committee.

E. A standing committee shall file a statement of organization with the secretary of state and a copy

of the statement in each jurisdiction in which the committee is active. Only the secretary of state shall issue an identification number.

F. A candidate may have only one committee in existence for the same office during the same election cycle.

G. On filing a statement of organization, a political action committee or political party may perform any lawful activity, including making contributions, making expenditures or conducting issue advocacy, without establishing a separate committee for each activity or specifying each activity in its statement of organization.

### **A.R.S. § 16-907. Committee recordkeeping; treasurer; accounts**

A. A committee treasurer is the custodian of the committee's books and accounts. A committee may not make a contribution, expenditure or disbursement without the authorization of the treasurer or the treasurer's designated agent.

B. All committee monies shall be deposited in one or more bank accounts held by the financial institutions listed in the committee's statement of organization. Committee bank accounts shall be segregated as follows:

1. Committee monies shall be segregated in different bank accounts from personal monies.

2. Contributions from individuals, partnerships, candidate committees, political action committees or political parties shall be segregated in different bank accounts from contributions from other donors.

3. Contributions to a political party to defray operating expenses or support party-building activities shall be segregated in different bank accounts from contributions used to support candidates.

4. For a committee that is a political party, the committee may commingle monies from any source in a single bank account if the account is maintained as prescribed in 11 Code of Federal Regulations section 106.7.

5. For contributions intended to influence a recall election, the committee shall segregate those contributions into bank accounts that are different from those intended to influence any other election and those recall contributions may not be used to influence any other election.

C. A committee shall exercise its best effort to obtain the required information for any incomplete contribution received that is required to be itemized and reported. The committee shall clearly ask for identification and inform the contributor that the committee is required by law to seek identification. The committee shall report in an amended report any contributor identification obtained after the contribution has been disclosed on a campaign finance report.

D. A committee shall keep records of the following:

1. All contributions made or received by the committee.
2. The identification of any contributor that contributes in the aggregate at least fifty dollars to the committee during the election cycle, the date and amount of each contribution and the date of deposit into the committee's account.
3. Cumulative totals contributed by each contributor during the election cycle.
4. The name and address of every person that receives a contribution, expenditure or disbursement from the committee, including the date and amount, and, for any expenditure or disbursement, the purpose of the expenditure or disbursement.

E. A committee may accept a cash contribution.

F. A committee may accept a contribution by written or electronic instrument, including a check, credit card, payroll deduction, online payment or electronic transfer, if the contributor is an account holder of the instrument. Unless designated as a joint contribution, a contribution shall be attributed to the account holder that signs the instrument or authorizes the transaction.

G. A committee shall preserve all records required to be kept by this section for two years following the end of the election cycle.

H. On request of the filing officer or enforcement officer, a committee that has filed a statement of organization shall produce any of the records required to be kept pursuant to this section to the filing officer or enforcement officer.

I. A person that qualifies as a committee as prescribed by § 16-905 shall report all contributions, expenditures and disbursements that occurred before qualifying as a committee and shall maintain and produce records as prescribed by this section.

### **A.R.S. § 16-908. Mega PAC status qualification**

A. A political action committee may apply to the secretary of state for mega PAC status.

B. A political action committee qualifies for mega PAC status if it receives at least ten dollars in contributions from at least five hundred individuals in the four-year period immediately before application to the secretary of state.

C. If the applicant demonstrates it has met the requirements for mega PAC status, the secretary of state shall provide written certification to the political action committee of its mega PAC status, which status is valid for four years.

## **Article 1.2 Contributions**

### **A.R.S. § 16-911. Exemption from definition of contribution**

A. A person may make any contribution not otherwise prohibited by law.

B. The following are not contributions:

1. The value of an individual's volunteer services or expenses that are provided without compensation or reimbursement, including the individual's:

- (a) Travel expenses.
- (b) Use of real or personal property.
- (c) Cost of invitations, food or beverages.
- (d) Use of e-mail, internet activity or social media messages, only if the individual's use is not paid for by the individual or any other person and if the e-mails, social media messages or other internet activities do not contain or include transmittal of a paid advertisement or paid fund-raising solicitation.

2. The costs incurred for covering or carrying a news story, commentary or editorial by a broadcasting station or cable television operator, video service provider, an internet website, a newspaper or another periodical publication, including an internet-based or electronic publication, if the cost for the news story, commentary or editorial is not paid for by and the medium is not owned or under the control of a candidate or committee.

3. Any payment to defray the expense of an elected official meeting with constituents or attending an informational tour, conference, seminar or presentation, if the payor or the elected official does not attempt to influence the result of an election and the payment is reported if required

pursuant to title 38, chapter 3.1 or title 41, chapter 7, article 8.1, or both.

4. The payment by a political party to support its nominee, including:

(a) The printing or distribution of, or postage expenses for, voter guides, sample ballots, pins, bumper stickers, handbills, brochures, posters, yard signs and other similar materials distributed through the party.

(b) Coordinated party expenditures.

5. The payment by any person to defray a political party's operating expenses or party-building activities, including:

- (a) Party staff and personnel.
- (b) Studies and reports.
- (c) Voter registration, recruitment, polling and turnout efforts.
- (d) Party conventions and party meetings.
- (e) Construction, purchase or lease of party buildings or facilities.

6. The value of any of the following to a committee:

(a) Interest earned on the committee's deposits or investments.

(b) Transfers between committees to reimburse expenses and distribute monies raised through a joint fund-raising effort, if the transfers comply with an agreement to reimburse and distribute monies that was executed before the joint fund-raising effort occurred.

(c) Payment of a committee's legal or accounting expenses by any person.

(d) An extension of credit for goods and services on a committee's behalf by a creditor if the terms are substantially similar to extensions of credit to nonpolitical debtors that are of similar risk and size

of obligation. The creditor must make a commercially reasonable attempt to collect the debt, except that if an extension of credit remains unsatisfied by the committee after six months the committee is deemed to have received a contribution but the creditor is not deemed to have made a contribution.

7. The value of nonpartisan communications that are intended to encourage voter registration and turnout efforts.

8. Any payment to a filing officer for arguments in a publicity pamphlet.

9. The payment by any sponsor or its affiliate for the costs of establishing, administering and soliciting contributions from its employees, members, executives, stockholders and retirees and their families to the sponsor's separate segregated fund.

10. Any payment by any entity for the costs of communicating with its employees, members, executives, stockholders and retirees and their families about any subject, without regard to whether those communications are made in coordination with any candidate or candidate's agent.

11. The value of allowing a candidate or a committee's representative to appear at any private residence or at the facilities of any entity to speak about the candidate's campaign or about a ballot measure, if the venue is furnished by the venue's owner, is not paid for by a third party and is not a sports stadium, coliseum, convention center, hotel ballroom, concert hall or other similar arena that is generally open to the public.

12. The costs of hosting a debate or candidates' forum, if at least two opposing candidates, with respect to any given office sought, or representatives of at least two opposing ballot measure campaigns, with respect to any measure on the ballot, are invited with the same or similar advance notice and method of invitation.

13. The preparation and distribution of voter guides, subject to the following:

(a) A featured candidate or ballot measure shall not receive greater prominence or substantially more space in the voter guide than any other candidate or ballot measure.

(b) The voter guide shall not include any message that constitutes express advocacy.

14. Monies that are loaned by a financial institution in the ordinary course of business and not for the purpose of influencing the results of an election, except that the loan is deemed a pro rata contribution by any endorser or guarantor, other than the candidate's spouse.

15. The costs of publishing a book or producing a documentary, if the publication and production are for distribution to the general public through traditional distribution mechanisms or a fee is obtained for the purchase of the publication or viewing of the documentary.

C. This section does not imply that any transactions that are not specifically listed in subsection B of this section are contributions unless those transactions otherwise meet the definition of contribution as defined in section 16-901.

*See Arizona Advocacy Network, et al. v. State of Arizona, et al., Arizona Superior Court, Maricopa County, Case No. CV2017-096705, ordered the following permanently enjoined because enactment of portions of SB 1516 (52d Legislature, 2d reg. sess.) violated the Voter Protection Act (Ariz. Const. art. IV, pt. 1, §§ 1(6), (14)): A.R.S. § 16-901(43), A.R.S. § 16-905(D), A.R.S. § 16-911(B)(4)(b), (B)(6)(c), A.R.S. § 16-921(B)(4)(c), (B)(7), and the phrase “is the sole public officer who” in A.R.S. § 16-938(A). NOTE: Appeal pending as of publication date.*

**A.R.S. § 16-912. Individual contribution limits; requirements**

A. An individual may not contribute more than the following amounts per election cycle:

1. Six thousand two hundred fifty dollars to a candidate committee for city, town, county or district office.
2. Six thousand two hundred fifty dollars to a candidate committee for legislative office.
3. Six thousand two hundred fifty dollars to a candidate committee for statewide office.

B. An individual may make unlimited contributions to persons other than candidate committees.

C. An individual may only make contributions using personal monies, except that a contribution from an unemancipated minor child shall be treated as a contribution by the child's custodial parent or parents.

**A.R.S. § 16-913. Candidate committee contribution limits; requirements**

A. A candidate committee shall not make contributions to a candidate committee for another candidate.

B. A candidate committee may transfer unlimited contributions to any one or more other candidate committees for that same candidate under the following conditions:

1. A candidate committee for a city or town candidate shall not transfer contributions to that same candidate's committee for a statewide or legislative office.
2. If a candidate committee for a city or town office transfers contributions to a candidate committee for a county office for that same candidate, the

candidate committee for the county office shall not transfer contributions to a statewide or legislative candidate committee for that same candidate during the twenty-four months immediately following that transfer of contributions to the county candidate committee.

3. Contributions originally made to the transferring candidate committee are deemed to be contributions to the receiving candidate committee. On transfer, an individual's aggregate contributions to both candidate committees during the election cycle shall not exceed the individual's contribution limit for that candidate.

C. A candidate committee shall not knowingly accept contributions in excess of the contribution limits prescribed by law. A candidate committee that unknowingly accepts an excess contribution shall refund or reattribute any excess contribution within sixty days after receipt of the contribution. A candidate committee may reattribute an excess contribution only if both of the following apply:

1. The excess contribution was received from an individual contributor.
2. The individual contributor authorizes the candidate committee to reattribute the excess amount to another individual who was identified as a joint account holder in the original instrument used to make the excess contribution.

D. A candidate committee may accept contributions only from an individual, a partnership, a candidate committee, a political action committee or a political party.

E. A candidate committee may make unlimited contributions to a person other than a candidate's committee.

F. A candidate may contribute unlimited personal monies to the candidate's own candidate committee.

**A.R.S. § 16-914. Political action committee contribution limits; requirements**

A. A political action committee without mega PAC status may not contribute more than the following amounts per election cycle:

1. Six thousand two hundred fifty dollars to a candidate committee for city, town, county or district office.
2. Six thousand two hundred fifty dollars to a candidate committee for legislative office.
3. Six thousand two hundred fifty dollars to a candidate committee for statewide office.

B. A political action committee with mega PAC status may contribute twice the amounts prescribed in subsection A of this section per election cycle if the political action committee provides the recipient candidate committee a copy of the political action committee's certification of mega PAC status.

C. A political action committee may only contribute to a candidate committee using monies contributed by an individual, a partnership, a candidate committee, a political action committee or a political party.

D. A political action committee may make unlimited contributions to persons other than candidate committees.

**A.R.S. § 16-915. Political party contribution limits; requirements**

A. A political party may not contribute more than the following amounts per election cycle:

1. Ten thousand dollars to the party's nominee for a city, town, county or district office.
2. Ten thousand dollars to the party's nominee for

legislative office.

3. One hundred thousand dollars to the party's nominee for statewide office.

B. A political party may only contribute to nominees using monies contributed by an individual, a partnership, a candidate committee, a political action committee or a political party.

C. A political party shall not contribute to candidate committees other than nominees.

D. A political party may make unlimited contributions to persons other than candidate committees and nominees.

**A.R.S. § 16-916. Corporation, limited liability company and labor organization contributions; separate segregated fund; limits; requirements**

A. A corporation, limited liability company or labor organization shall not make contributions to a candidate committee.

B. A corporation, limited liability company or labor organization may make unlimited contributions to persons other than candidate committees.

C. A corporation, limited liability company or labor organization may sponsor a separate segregated fund. Employees, members, executives, stockholders and retirees and their families of a corporation, limited liability company or labor organization and any subsidiary or affiliate of a corporation, limited liability company or labor organization may make contributions to the separate segregated fund, subject to the following:

1. The separate segregated fund must register as a political action committee.
2. The sponsor or its affiliate may pay the administrative, personnel and fund-raising

expenses of its separate segregated fund, which shall not be deemed contributions to the fund.

3. The sponsor or its separate segregated fund may solicit contributions from the sponsor's, sponsor's affiliates' or sponsor's subsidiaries' employees, members, executives, stockholders and retirees and their families. The following additional restrictions apply:

(a) With respect to an insurer, an insurer or its separate segregated fund may also solicit contributions from an insurance producer's employees, members, executives, stockholders and retirees and their families.

(b) With respect to a trade association or membership organization, the association or organization may solicit contributions from its members' employees, executives, stockholders, subsidiaries and retirees and their families.

4. A sponsor or its affiliate or a trade association or membership organization may facilitate the making of contributions to its separate segregated fund by establishing a payroll deduction system or other similar payment transfer method.

5. A sponsor, trade association, membership organization or separate segregated fund may rely on the federal election commission's written guidance interpreting 52 United States Code § 30118(b) and rules adopted under that section when interpreting this subsection, if otherwise consistent with this article and articles 1, 1.1, 1.3, 1.4, 1.5, 1.6 and 1.7 of this chapter.

#### **A.R.S. § 16-917. Partnership contribution limits; requirements**

A. A partnership may not contribute more than the following amounts per election cycle:

1. Six thousand two hundred fifty dollars to a candidate committee for city, town, county or

district office.

2. Six thousand two hundred fifty dollars to a candidate committee for legislative office.

3. Six thousand two hundred fifty dollars to a candidate committee for statewide office.

B. A partnership may make unlimited contributions to persons other than candidate committees.

C. Partnership contributions are subject to the following:

1. Partnership contributions shall be attributed to each contributing partner as designated by the partnership. The partnership shall provide the recipient committee written notice identifying the contributing partners and the amount attributed to each.

2. Partnership contributions shall count against both the partnership's and the individual partners' contribution limits to a recipient. The portion attributed to each partner shall be aggregated with the individual partner's nonpartnership contributions to that recipient and shall not exceed the individual partner's contribution limit.

3. The partnership shall not attribute any contribution to a partner that is a corporation, limited liability company or labor organization.

4. Partnership contributions need not be accompanied by the signature of each contributing partner.

D. A partnership may establish a separate segregated fund as prescribed in § 16-916.

#### **A.R.S. § 16-918. Earmarking prohibited**

A contributor shall not give and a committee shall not accept a contribution that has been earmarked for a candidate.

## **ARTICLE 1.3 EXPENDITURES**

### **A.R.S. § 16-921. Exemptions from definition of expenditure**

A. A person may make any expenditure not otherwise prohibited by law.

B. The following are not expenditures:

1. The value of an individual's volunteer services or expenses that are provided without compensation or reimbursement, including the individual's:

- (a) Travel expenses.
- (b) Use of real or personal property.
- (c) Cost of invitations, food or beverages.
- (d) Use of e-mail, internet activity or social media messages, only if the individual's use is not paid for by the individual or any other person and if the e-mails, social media messages or other internet activities do not contain or include transmittal of a paid advertisement or paid fund-raising solicitation.

2. The value of any news story, commentary or editorial by any broadcasting station, cable television operator, video service provider, programmer or producer, newspaper, magazine, website or other periodical publication that is not owned or operated by a candidate, a candidate's spouse or any committee.

3. The payment by any person to defray a political party's operating expenses or party-building activities, including:

- (a) Party staff and personnel.
- (b) Studies and reports.
- (c) Voter registration, recruitment, polling and turnout efforts.

(d) Party conventions and party meetings.

(e) Construction, purchase or lease of party buildings or facilities.

4. The value of any of the following to a committee:

(a) Interest earned on the committee's deposits or investments.

(b) Transfers between committees to reimburse expenses and distribute monies raised through a joint fund-raising effort, except that contributions shall be allocated as described in the fund-raising solicitation and expenses shall be allocated in the same proportion as contributions.

(c) Payment of a committee's legal or accounting expenses.

(d) An extension of credit for goods and services on a committee's behalf by a creditor if the terms are substantially similar to extensions of credit to nonpolitical debtors that are of similar risk and size of obligation. The creditor must make a commercially reasonable attempt to collect the debt, except that if an extension of credit remains unsatisfied by the committee after six months the committee is deemed to have received a contribution but the creditor is not deemed to have made a contribution.

5. The value of nonpartisan communications that are intended to encourage voter registration and turnout efforts.

6. Any payment by a person that is not a committee to a filing officer for arguments in a publicity pamphlet.

7. Any payment for legal or accounting services that are provided to a committee.

8. The payment of costs of publishing a book or producing a documentary, if the publication and production are for distribution to the general public through traditional distribution mechanisms or a fee is obtained for the purchase of the publication

or viewing of the documentary.

C. This section does not imply that any transactions that are not specifically listed in subsection B of this section are expenditures unless those transactions otherwise meet the definition of expenditure as defined in section 16-901.

*See Arizona Advocacy Network, et al. v. State of Arizona, et al., Arizona Superior Court, Maricopa County, Case No. CV2017-096705, ordered the following permanently enjoined because enactment of portions of SB 1516 (52d Legislature, 2d reg. sess.) violated the Voter Protection Act (Ariz. Const. art. IV, pt. 1, §§ 1(6), (14)): A.R.S. § 16-901(43), A.R.S. § 16-905(D), A.R.S. § 16-911(B)(4)(b), (B)(6)(c), A.R.S. § 16-921(B)(4)(c), (B)(7), and the phrase “is the sole public officer who” in A.R.S. § 16-938(A). NOTE: Appeal pending as of publication date.*

### **A.R.S. § 16-922. Independent and coordinated expenditures**

A. Any person may make independent expenditures.

B. An expenditure is not an independent expenditure if either of the following applies:

1. There is actual coordination with respect to an expenditure between a candidate or candidate’s agent and the person making the expenditure or that person’s agent.

2. Both of the following apply:

(a) The expenditure is based on nonpublic information about a candidate’s or candidate committee’s plans or needs that the candidate or candidate’s agent provides to the person making the expenditure or that person’s agent.

(b) The candidate or candidate’s agent provides the

nonpublic information with an intent toward having the expenditure made.

C. In evaluating whether an expenditure is an independent expenditure, a filing officer or enforcement officer may consider the following to be rebuttable evidence of coordination:

1. Any agent of the person making the expenditure is also an agent of the candidate whose election or whose opponent’s defeat is being advocated by the expenditure.

2. In the same election cycle, the person making the expenditure or that person’s agent is or has been authorized to raise or spend monies on the candidate’s behalf.

3. In the same election cycle, the candidate is or has been authorized to raise money or solicit contributions on behalf of the person making the expenditure.

D. Notwithstanding subsection C of this section, coordination does not exist under either of the following:

1. If the person making the expenditure maintains a firewall between the person and that person’s agent in compliance with all of the following:

(a) The person’s agent did not participate in deciding to make the expenditure or in deciding the content, timing or targeting of the expenditure.

(b) The person making the expenditure has a written policy establishing the firewall and its requirements.

(c) The person making the expenditure and the person’s agent followed the written policy regarding the firewall.

2. Solely because an agent of a person making the expenditure serves or has served on a candidate’s host committee for a fund-raising event.

E. An expenditure that is coordinated with a

candidate, other than a coordinated party expenditure, is deemed an in-kind contribution to the candidate.

F. An entity that makes an independent expenditure, other than an individual or a committee, shall file independent expenditure reports pursuant to § 16-926, subsection H.

## **ARTICLE 1.4 REPORTING REQUIREMENTS AND DISCLOSURE STATEMENT**

### **A.R.S. § 16-925. Advertising and fund- raising disclosure statements**

A. A person that makes an expenditure for an advertisement or fundraising solicitation, other than an individual, shall include the following disclosures in the advertisement or solicitation:

1. The words “paid for by”, followed by the name of the person making the expenditure for the advertisement or fundraising solicitation.
2. Whether the expenditure was authorized by any candidate, followed by the identity of the authorizing candidate, if any.

B. In addition to the disclosure required by subsection A of this section, a political action committee that makes an expenditure for an advertisement shall include a disclosure stating:

1. the names of the three political action committees making the largest aggregate contributions to the political action committee making the expenditure, if those aggregate contributions exceed \$20,000 during the election cycle, as calculated at the time the advertisement was distributed for publication, display, delivery or broadcast.
2. the aggregate percentage of out-of-state

contributions as calculated at the time the advertisement was produced for publication, display, delivery, or broadcast. The disclosure shall state “PAID FOR BY \_\_\_\_” as prescribed by subsection A of this section, followed by “WITH \_\_\_\_% FROM OUT-OF-STATE CONTRIBUTORS” with the blank to be filled by the aggregate percentage prescribed by this paragraph.

C. If a disclosure contains any acronym or nickname that is not commonly known, the disclosure shall also spell out the acronym or provide the full name.

D. If the advertisement is:

1. Broadcast on radio, the disclosure shall be clearly spoken at the beginning or end of the advertisement.
2. Delivered by hand or by mail, the disclosure shall be clearly readable, and if the advertisement is paid for by a political action committee, the disclosure shall be displayed in a height that is at least ten percent of the vertical height of the advertisement.
3. Delivered electronically, the disclosure shall be clearly readable.
4. Displayed on a sign or billboard, the disclosure shall be displayed in a height that is at least four percent of the vertical height of the sign or billboard, except that if the advertisement is paid for by a political action committee, the disclosure shall be displayed in a height that is at least ten percent of the vertical height of the sign or billboard.
5. Broadcast on television or in a video or film, both of the following requirements apply:
  - (a) The disclosure shall be both written and spoken at the beginning or end of the advertisement, except that if the written disclosure statement is displayed for the greater of at least one-sixth of the broadcast duration or four seconds, a spoken

disclosure statement is not required.

(b) The written disclosure statement shall be printed in letters that are displayed in a height that is at least four percent of the vertical picture height, except that if the advertisement is paid for by a political action committee, the written disclosure statement shall be displayed in a height that is at least ten percent of the vertical picture height.

E. This section does not apply to:

1. Social media messages, text messages or messages sent by a short message service.
2. Advertisements that are placed as a paid link on a website, if the message is not more than two hundred characters in length and the link directs the user to another website that complies with this section.
3. Advertisements that are placed as a graphic or picture link, if the statements required in this section cannot be conveniently printed due to the size of the graphic or picture and the link directs the user to another website that complies with this section.
4. Bumper stickers, pins, buttons, pens and similar small items on which the statements required in this section cannot be conveniently printed.
5. A solicitation of contributions by a separate segregated fund.
6. A communication by a tax-exempt organization solely to its members.
7. A published book or a documentary film or video.

#### **A.R.S. § 16-926. Campaign finance reports; contents**

A. A committee shall file campaign finance reports with the filing officer. The secretary of state's

instructions and procedures manual adopted pursuant to § 16-452 shall prescribe the format for all reports and statements.

B. A campaign finance report shall set forth:

1. The amount of cash on hand at the beginning of the reporting period.

2. Total receipts during the reporting period, including:

(a) An itemized list of receipts in the following categories, including the source, amount and date of receipt, together with the total of all receipts in each category:

(i) Contributions from in-state individuals whose contributions exceed \$100 for that election cycle, including identification of the contributor's occupation and employer.

(ii) Contributions from out-of-state individuals, including identification of the contributor's occupation and employer.

(iii) Contributions from candidate committees.

(iv) Contributions from political action committees.

(v) Contributions from political parties.

(vi) Contributions from partnerships.

(vii) For a political action committee or political party, contributions from corporations and limited liability companies, including identification of the corporation's or limited liability company's file number issued by the corporation commission.

(viii) For a political action committee or political party, contributions from labor organizations, including identification of the labor organization's file number issued by the corporation commission.

(ix) For a candidate committee, a candidate's contribution of personal monies.

(x) All loans, including identification of any endorser or guarantor other than a candidate's spouse, and the contribution amount endorsed or guaranteed by each.

(xi) Rebates and refunds.

(xii) Interest on committee monies.

(xiii) The fair market value of in-kind contributions received.

(xiv) Extensions of credit that remain outstanding, including identification of the creditor and the purpose of the extension.

(b) The aggregate amount of contributions from all in-state individuals whose contributions do not exceed \$100 for the election cycle.

3. An itemized list of all disbursements in excess of \$250 during the reporting period in the following categories, including the recipient, the recipient's address, a description of the disbursement and the amount and date of the disbursement, together with the total of all disbursements in each category:

(a) Disbursements for operating expenses.

(b) Contributions to candidate committees.

(c) Contributions to political action committees.

(d) Contributions to political parties.

(e) Contributions to partnerships.

(f) For a political action committee or political party, contributions to corporations and limited liability companies, including identification of the corporation's or limited liability company's file number issued by the corporation commission.

(g) For a political action committee or political party, contributions to labor organizations, including identification of the labor organization's file number issued by the corporation commission.

(h) Repayment of loans.

(i) Refunds of contributions.

(j) Loans made.

(k) The value of in-kind contributions provided.

(l) Independent expenditures that are made to advocate the election or defeat of a candidate, including identification of the candidate, office sought by the candidate, election date, mode of advertising and distribution or publication date.

(m) Expenditures to advocate the passage or defeat of a ballot measure, including identification of the ballot measure, ballot measure serial number, election date, mode of advertising and distribution or publication date.

(n) Expenditures to advocate for or against the issuance of a recall election order or for the election or defeat of a candidate in a recall election, including identification of the officer to be recalled or candidate supported or opposed, mode of advertising and distribution or publication date.

(o) Any other disbursements or expenditures.

4. The total sum of all receipts and disbursements for the reporting period.

5. A certification by the committee treasurer, issued under penalty of perjury, that the contents of the report are true and correct.

C. For the purposes of reporting under subsection B of this section:

1. A contribution is deemed to be received either on the date the committee knowingly takes possession of the contribution or the date of the check or credit card payment. For an in-kind contribution of services, the contribution is deemed made either on the date the services are performed or the date the committee receives the services.

2. An expenditure or disbursement is deemed made either on the date the committee authorizes the

monies to be spent or the date the monies are withdrawn from the committee's account. For a transaction by check, the expenditure or disbursement is deemed made on the date the committee signs the check. For a credit card transaction on paper, the expenditure or disbursement is deemed made on the date the committee signs the authorization to charge the credit card. For an electronic transaction, an expenditure or disbursement is deemed made on the date the committee electronically authorizes the charge. For an agreement to purchase goods or services, the expenditure or disbursement is deemed made either on the date the parties enter into the agreement or the date the purchase order is issued.

3. A committee may record its transactions using any of the methods authorized by this subsection but for each type of contribution, expenditure or disbursement made or received, the committee shall use a consistent method of recording transactions throughout the election cycle.

D. The amount of an in-kind contribution of services shall be equal to the usual and normal charges for the services on the date performed.

E. If any receipt or disbursement is earmarked, the committee shall report the identity of the person to whom the receipt or disbursement is earmarked.

F. Candidate committee reports shall be cumulative for the election cycle to which they relate. Political action committee and political party reports shall be cumulative for a two-year election cycle ending in the year of a statewide general election. If there has been no change during the reporting period in an item listed in the immediately preceding report, only the amount need be carried forward.

G. For a political action committee that receives individual contributions through a payroll deduction plan, that committee is not required to separately itemize each contribution received from the contributor during the reporting period. In lieu

of itemization, the committee may report all of the following:

1. The aggregate amount of contributions received from the contributor through the payroll deduction plan during the reporting period.
2. The individual's identity.
3. The amount deducted per pay period.

H. An entity that makes independent expenditures or ballot measure expenditures in excess of \$1,000 during a reporting period shall file an expenditure report with the filing officer for the applicable reporting period. Expenditure reports shall identify the candidate or ballot measure supported or opposed, office sought by the candidate, if any, election date, mode of advertising and first date of publication, display, delivery or broadcast of the advertisement.

#### **A.R.S. § 16-927. Campaign finance reporting period**

A. A political action committee and political party shall file a campaign finance report covering each reporting period as follows:

1. For a calendar quarter without an election, the political action committee or political party shall file a quarterly report. The quarterly report shall be:

- (a) Filed not later than the fifteenth day after the calendar quarter.
- (b) Complete through the last day of the calendar quarter.

2. For a calendar quarter with an election, the political action committee or political party shall file a preelection and postelection report as follows:

- (a) A preelection report shall be:
  - (i) Filed not later than ten days before the election.

(ii) Complete from the first day of the applicable calendar quarter through the seventeenth day before the election.

(b) A postelection report shall be:

(i) Filed not later than the fifteenth day after the applicable calendar quarter.

(ii) Complete from the sixteenth day before the election through the last day of the applicable calendar quarter.

B. A candidate committee shall file a campaign finance report only during the four calendar quarters comprising the twelve-month period preceding the general election for the office for which the candidate is seeking election, or for cities and towns, the city's or town's second, runoff or general election, however designated by the city or town. The reporting period for a candidate committee's first campaign finance report of the election cycle shall include the entire election cycle to date.

C. A committee shall file campaign finance reports until terminated.

#### **A.R.S. § 16-928. Filing officer; statements and reports**

A. A person that is required to file any statements and reports required by this article and articles 1, 1.1, 1.2, 1.3, 1.5, 1.6 and 1.7 of this chapter shall file with the filing officer in charge of that election, as follows:

1. The secretary of state is the filing officer for statewide and legislative elections, including retention elections for supreme court justices and court of appeals judges. The secretary of state is also the filing officer for committees that support or oppose a recall election or the circulation of a petition for a recall election for a statewide or legislative officeholder, for committees that

support or oppose a statewide initiative or referendum or other statewide ballot measure, question or proposition or the circulation of a petition for a statewide initiative or referendum or other statewide ballot measure, question or proposition.

2. The county officer in charge of elections is the filing officer for county, school district, community college district and special taxing district elections, including retention elections for superior court judges. The county officer in charge of elections is also the filing officer for committees that support or oppose a recall election or the circulation of a petition for a recall election for an officeholder of a county office, a school district governing board office, a community college district governing board office or a special taxing district governing board office, for committees that support or oppose a county, school district, community college district or special taxing district initiative or referendum or other ballot measure, question or proposition, including bond, tax, budget and budget override measures or that oppose or support the circulation of a petition for a county, school district, community college district or special taxing district initiative or referendum or other county, school district, community college district or special taxing district ballot measure, question or proposition.

3. The city or town clerk is the filing officer for city and town elections. The city or town clerk is also the filing officer for committees that support or oppose a recall election or the circulation of a petition for a recall election for a city or town officeholder, for committees that support or oppose a city or town initiative or referendum or other city or town ballot measure, question or proposition or the circulation of a petition for a city or town initiative or referendum or other city ballot measure, question or proposition.

B. Notwithstanding subsection A of this section, a standing committee shall file reports only with the secretary of state.

C. A filing officer shall provide the option for electronic filing and shall make all statements and reports publicly available on the internet. A filing officer may comply with this section by opting into the secretary of state's electronic filing system.

## **ARTICLE 1.5 BIENNIAL FINANCIAL ADJUSTMENTS**

### **A.R.S. § 16-931. Biennial adjustments; committee registration; contribution limits**

A. In January of each odd-numbered year, the secretary of state shall increase:

1. The committee registration thresholds specified in § 16-905, subsections A and C by one hundred dollars.
2. The contribution limits specified in article 1.2 of this chapter by one hundred dollars.

B. The secretary of state shall publish the revised amounts and make the amounts available to election officials, candidates, committees and the public.

## **ARTICLE 1.6 COMMITTEE TERMINATION**

### **A.R.S. § 16-933. Transfer and disposal of committee monies; limitations**

A. A committee that intends to terminate shall dispose of surplus monies as follows:

1. Return surplus monies to the contributor.

2. Contribute surplus monies pursuant to and within the limits prescribed in article 1.2 of this chapter.

3. In the case of a candidate committee, contribute surplus monies to a candidate committee for another candidate under the following conditions:

(a) The candidate committee makes the contribution after the time period for filing a nomination paper pursuant to § 16-311, subsection A.

(b) The candidate associated with the candidate committee that makes the contribution did not file a nomination paper to run for election in the current election cycle.

(c) In the case of a candidate committee for legislative office, the candidate committee makes the contribution when the legislature is not in regular legislative session.

(d) The candidate committee makes the contribution within the limits prescribed for individuals in § 16-912.

4. Donate surplus monies to a nonprofit organization that has tax exempt status under section 501(c)(3) of the internal revenue code.

5. In the case of a statewide or legislative candidate committee and subject to § 41-133, transfer surplus monies to the candidate's officeholder expense account.

B. Surplus monies shall not be used for or converted to personal use.

C. This section does not preclude the repayment of a loan to a committee.

### **A.R.S. § 16-934. Termination statement; filing; contents**

A. A committee may terminate only when the committee treasurer files a termination statement with the filing officer with whom the committee's statement of organization was filed.

B. In the termination statement, the committee treasurer shall certify under penalty of perjury that all of the following apply:

1. The committee will no longer receive any contributions or make any disbursements.

2. The committee either:

(a) Has no outstanding debts or obligations.

(b) Has outstanding debts or obligations, or both, that are all more than five years old, and that the committee's creditors have agreed to discharge the debts and obligations and have agreed to the termination of the committee.

3. Any surplus monies have been disposed of and that the committee has no cash on hand.

4. All contributions and expenditures have been reported, including any disposal of surplus monies.

C. A filing officer may reject the termination statement if it appears to the filing officer that the requirements in subsection B of this section have not been satisfied.

D. After a termination statement is filed, a committee:

1. Is not required to file any subsequent campaign finance reports.

2. Shall have no further receipts or disbursements without filing a new statement of organization.

E. A standing committee may terminate its activities in a particular reporting jurisdiction, and remain active in other reporting jurisdictions, by filing a statement of that intent with the filing officer in each reporting jurisdiction.

## **ARTICLE 1.7 ENFORCEMENT**

### **A.R.S. § 16-937. Failure to file; penalties; notice; suspension**

A. If a committee fails to timely file a complete report as prescribed by articles 1, 1.1, 1.2, 1.3, 1.4, 1.5 and 1.6 of this chapter, the filing officer shall send a written notice by e-mail to the committee within five days after the filing deadline that identifies the late report, describes how fines accrue and identifies methods of payment.

B. A committee that fails to timely file a report shall pay the filing officer a penalty of ten dollars for each day that the filing is late during the first fifteen days after the filing deadline and twenty-five dollars for each subsequent day that the filing is late. Penalties accrue until the late report is filed.

C. If a committee fails to file a complete report within thirty days after the filing deadline and after providing notice pursuant to subsection A of this section, the filing officer may notify the appropriate enforcement officer prescribed in this article.

D. For any political action committee or political party that fails to file three consecutive complete reports, the filing officer shall send by e-mail to the committee a notice of temporary suspension and the following apply:

1. On receipt, the committee's authority to operate in the jurisdiction is temporarily suspended.

2. The notice shall state that failure to comply with all filing and payment requirements within thirty days after the date of the notice shall result in permanent suspension of the committee's authority to operate in that jurisdiction.

E. After compliance with subsection D of this section, the filing officer may permanently suspend the committee and shall notify the committee by e-

mail and is not required to provide any further notice. Permanent or temporary suspension does not eliminate a committee's continuing obligation to file reports and pay any outstanding and accruing penalties provided by law.

**A.R.S. § 16-938. Enforcement authority; investigation; reasonable cause; notice of violation; appeal**

A. Notwithstanding § 16-1021, on receipt of a complaint from a third party, a filing officer is the sole public officer who is authorized to initiate an investigation into alleged violations of this article and articles 1, 1.1, 1.2, 1.3, 1.4, 1.5 and 1.6 of this chapter, including the alleged failure to register as a committee. A filing officer shall limit an investigation to violations that are within the filing officer's jurisdiction. If the filing officer declares a conflict of interest, the filing officer may refer the investigation to any other filing officer in this state who agrees to accept the referral.

B. The secretary of state shall establish guidelines in the instructions and procedures manual adopted pursuant to § 16-452 that outline the procedures, timelines and other processes that apply to investigations by all filing officers in this state.

C. If after providing the subject of an investigation a reasonable opportunity to respond, the filing officer has reasonable cause to believe a person violated this article or article 1, 1.1, 1.2, 1.3, 1.4, 1.5 or 1.6 of this chapter, the filing officer shall refer the matter to the enforcement officer as follows:

1. For matters investigated by the secretary of state, the secretary of state shall notify the attorney general.
2. For matters investigated by a county filing officer, the county filing officer shall notify the county attorney.

3. For matters investigated by a city or town filing officer, the city or town filing officer shall notify the city or town attorney.

D. Before a reasonable cause determination is made as prescribed in subsection C of this section, a filing officer, an enforcement officer and any other public officer or employee may not order a person to register as a committee and do not have audit or subpoena powers to compel the production of evidence or the attendance of witnesses concerning a potential campaign finance violation. A filing officer may request the voluntary production of evidence or attendance of witnesses in making a reasonable cause determination.

E. Only after receiving a referral from the filing officer, the enforcement officer may:

1. Conduct an investigation using the enforcement officer's subpoena powers, except that the enforcement officer shall not compel a person to file campaign finance reports unless the enforcement officer has determined that the person is a committee.
2. Serve the alleged violator with a notice of violation. The notice shall state with reasonable particularity the nature of the violation, shall specify the penalty imposed and shall require compliance within twenty days after the date of issuance of the notice. The enforcement officer shall impose a presumptive civil penalty equal to the value or amount of money that has been received, spent or promised in violation of this article and articles 1, 1.1, 1.2, 1.3, 1.4, 1.5 and 1.6 of this chapter, except that after a finding of special circumstances, the enforcement officer may impose a penalty of up to three times the amount of the presumptive civil penalty, based on the severity, extent or wilful nature of the alleged violation. If the notice of violation requires a person to file campaign finance reports, the reports are not required to be filed until the enforcement officer's notice of violation has been upheld after any timely appeal.

3. Keep any nonpublic information gathered by the enforcement officer in the course of the committee status investigation confidential until the final disposition of any appeal of the enforcement order.

F. The enforcement officer has the sole and exclusive authority to initiate any applicable administrative or judicial proceedings to enforce an alleged violation of this article and articles 1, 1.1, 1.2, 1.3, 1.4, 1.5 and 1.6 of this chapter that have been referred by the filing officer.

G. If the alleged violator:

1. Takes corrective action within twenty days after the date of the issuance of the notice of violation by the enforcement officer, the alleged violator is not subject to any penalty.

2. Does not take corrective action within twenty days after the date of issuance of the notice of violation by the enforcement officer, the enforcement officer shall impose the penalty set forth in the notice and shall provide formal notice that the imposition of the penalty may be appealed to the superior court.

H. Within thirty days after receiving the notice of the penalty from the enforcement officer the alleged violator may file a notice of appeal in the superior court. The alleged violator shall provide a copy of the notice of appeal to the enforcement officer.

I. At the hearing on an appeal filed pursuant to subsection H of this section, the superior court shall conduct a trial de novo and the enforcement officer has the burden of proving any alleged violation by a preponderance of the evidence.

*See Arizona Advocacy Network, et al. v. State of Arizona, et al., Arizona Superior Court, Maricopa County, Case No. CV2017-096705, ordered the following permanently enjoined because enactment of portions of SB 1516 (52d Legislature, 2d reg. sess.) violated the Voter Protection Act (Ariz. Const. art. IV, pt. 1, §§*

1(6), (14)): A.R.S. § 16-901(43), A.R.S. § 16-905(D), A.R.S. § 16-911(B)(4)(b), (B)(6)(c), A.R.S. § 16-921(B)(4)(c), (B)(7), and the phrase “is the sole public officer who” in A.R.S. § 16-938(A). NOTE: Appeal pending as of publication date.

## **TITLE 16, CHAPTER 6, ARTICLE 2**

### **A.R.S. § 16-940. Findings and declarations**

A. The people of Arizona declare our intent to create a clean elections system that will improve the integrity of Arizona state government by diminishing the influence of special-interest money, will encourage citizen participation in the political process, and will promote freedom of speech under the U.S. and Arizona Constitutions. Campaigns will become more issue-oriented and less negative because there will be no need to challenge the sources of campaign money.

B. The people of Arizona find that our current election-financing system:

1. Allows Arizona elected officials to accept large campaign contributions from private interests over which they have governmental jurisdiction;

2. Gives incumbents an unhealthy advantage over challengers;

3. Hinders communication to voters by many qualified candidates;

4. Effectively suppresses the voices and influence of the vast majority of Arizona citizens in favor of a small number of wealthy special interests;

5. Undermines public confidence in the integrity of public officials;

6. Costs average taxpayers millions of dollars in the form of subsidies and special privileges for campaign contributors;

7. Drives up the cost of running for state office, discouraging otherwise qualified candidates who lack personal wealth or access to special-interest funding; and

8. Requires that elected officials spend too much of their time raising funds rather than representing the public.

### **A.R.S. § 16-941. Limits on spending and contributions for political campaigns**

A. Notwithstanding any law to the contrary, a participating candidate:

1. Shall not accept any contributions, other than a limited number of five-dollar qualifying contributions as specified in § 16-946 and early contributions as specified in § 16-945, except in the emergency situation specified in § 16-954, subsection F.

2. Shall not make expenditures of more than a total of five hundred dollars of the candidate's personal monies for a candidate for the legislature or more than one thousand dollars for a candidate for statewide office.

3. Shall not make expenditures in the primary election period in excess of the adjusted primary election spending limit.

4. Shall not make expenditures in the general election period in excess of the adjusted general election spending limit.

5. Shall comply with § 16-948 regarding campaign accounts and § 16-953 regarding returning unused monies to the citizens clean elections fund

described in this article.

B. Notwithstanding any law to the contrary, a nonparticipating candidate shall not accept contributions in excess of an amount that is twenty per cent less than the limits specified in § 16-905, subsections A through E, as adjusted by the secretary of state pursuant to § 16-905, subsection H. Any violation of this subsection shall be subject to the civil penalties and procedures set forth in § 16-905, subsections J through M and § 16-924.

C. Notwithstanding any law to the contrary, a candidate, whether participating or nonparticipating:

1. If specified in a written agreement signed by the candidate and one or more opposing candidates and filed with the citizens clean elections commission, shall not make any expenditure in the primary or general election period exceeding an agreed-upon amount lower than spending limits otherwise applicable by statute.

2. Shall continue to be bound by all other applicable election and campaign finance statutes and rules, with the exception of those provisions in express or clear conflict with this article.

D. Notwithstanding any law to the contrary, any person who makes independent expenditures related to a particular office cumulatively exceeding five hundred dollars in an election cycle, with the exception of any expenditure listed in § 16-920 and any independent expenditure by an organization arising from a communication directly to the organization's members, shareholders, employees, affiliated persons and subscribers, shall file reports with the secretary of state in accordance with § 16-958 so indicating, identifying the office and the candidate or group of candidates whose election or defeat is being advocated and stating whether the person is advocating election or advocating defeat.

### **A.R.S. § 16-942. Civil penalties and forfeiture of office**

A. The civil penalty for a violation of any contribution or expenditure limit in § 16-941 by or on behalf of a participating candidate shall be ten times the amount by which the expenditures or contributions exceed the applicable limit.

B. In addition to any other penalties imposed by law, the civil penalty for a violation by or on behalf of any candidate of any reporting requirement imposed by this chapter shall be one hundred dollars per day for candidates for the legislature and three hundred dollars per day for candidates for statewide office. The penalty imposed by this subsection shall be doubled if the amount not reported for a particular election cycle exceeds ten percent of the adjusted primary or general election spending limit. No penalty imposed pursuant to this subsection shall exceed twice the amount of expenditures or contributions not reported. The candidate and the candidate's campaign account shall be jointly and severally responsible for any penalty imposed pursuant to this subsection.

C. Any campaign finance report filed indicating a violation of § 16-941, subsections A or B or § 16-941, subsection C, paragraph 1 involving an amount in excess of ten percent of the sum of the adjusted primary election spending limit and the adjusted general election spending limit for a particular candidate shall result in disqualification of a candidate or forfeiture of office.

D. Any participating candidate adjudged to have committed a knowing violation of § 16-941, subsection A or subsection C, paragraph 1 shall repay from the candidate's personal monies to the fund all monies expended from the candidate's campaign account and shall turn over the candidate's campaign account to the fund.

E. All civil penalties collected pursuant to this article shall be deposited into the fund.

### **A.R.S. § 16-943. Criminal violations and penalties**

A. A candidate, or any other person acting on behalf of a candidate, who knowingly violates § 16-941 is guilty of a class 1 misdemeanor.

B. Any person who knowingly pays any thing of value or any compensation for a qualifying contribution as defined in § 16-946 is guilty of a class 1 misdemeanor.

C. Any person who knowingly provides false or incomplete information on a report filed under § 16-958 is guilty of a class 1 misdemeanor.

### **A.R.S. § 16-945. Limits on early contributions**

A. A participating candidate may accept early contributions only from individuals and only during the exploratory period and the qualifying period, subject to the following limitations:

1. Notwithstanding any law to the contrary, no contributor shall give, and no participating candidate shall accept, contributions from a contributor exceeding one hundred dollars during an election cycle.

2. Notwithstanding any law to the contrary, early contributions to a participating candidate from all sources for an election cycle shall not exceed, for a candidate for governor, forty thousand dollars or, for other candidates, ten per cent of the sum of the original primary election spending limit and the original general election spending limit.

3. Qualifying contributions specified in § 16-946 shall not be included in determining whether the limits in this subsection have been exceeded.

B. Early contributions specified in subsection A of this section and the candidate's personal monies specified in § 16-941, subsection A, paragraph 2 may be spent only during the exploratory period and the qualifying period. Any early contributions not spent by the end of the qualifying period shall be paid to the fund.

C. If a participating candidate has a debt from an election campaign in this state during a previous election cycle in which the candidate was not a participating candidate, then, during the exploratory period only, the candidate may accept, in addition to early contributions specified in subsection A of this section, contributions subject to the limitations in § 16-941, subsection B, or may exceed the limit on personal monies in § 16-941, subsection A, paragraph 2, provided that such contributions and monies are used solely to retire such debt.

#### **A.R.S. § 16-946. Qualifying contributions**

A. During the qualifying period, a participating candidate may collect qualifying contributions, which shall be paid to the fund

B. To qualify as a qualifying contribution, a contribution must be:

1. Made by a qualified elector as defined in § 16-121, who at the time of the contribution is registered in the electoral district of the office the candidate is seeking and who has not given another qualifying contribution to that candidate during that election cycle.

2. Made by a person who is not given anything of value in exchange for the qualifying contribution.

3. In the sum of five dollars, exactly.

4. Received unsolicited during the qualifying period or solicited during the qualifying period by a person

who is not employed or retained by the candidate and who is not compensated to collect contributions by the candidate or on behalf of the candidate.

5. If made by check or money order, made payable to the candidate's campaign committee, or if in cash, deposited in the candidate's campaign committee's account.

6. Accompanied by a three-part reporting slip that includes the printed name, registration address and signature of the contributor, the name of the candidate for whom the contribution is made, the date and the printed name and signature of the solicitor. An electronic signature as defined in § 41-351 is deemed to comply with this paragraph.

C. A copy of the reporting slip shall be given as a receipt to the contributor, and another copy shall be retained by the candidate's campaign committee. Delivery of an original reporting slip to the secretary of state shall excuse the candidate from disclosure of these contributions on campaign finance reports filed under article 1 of this chapter.<sup>1</sup>

#### **A.R.S. § 16-947. Certification as a participating candidate**

A. A candidate who wishes to be certified as a participating candidate shall file, before the end of the qualifying period, an application with the secretary of state, in a form specified by the citizens clean elections commission.

B. The application shall identify the candidate, the office that the candidate plans to seek and the candidate's party, if any, and shall contain the candidate's signature, under oath, certifying that:

1. The candidate has complied with the restrictions of § 16-941, subsection A during the election cycle to date.

2. The candidate's campaign committee and

exploratory committee have filed all campaign finance reports required under article 1 of this chapter<sup>1</sup> during the election cycle to date and that they are complete and accurate.

3. The candidate will comply with the requirements of § 16-941, subsection A during the remainder of the election cycle and, specifically, will not accept private contributions.

C. The commission shall act on the application within one week. Unless, within that time, the commission denies an application and provides written reasons that all or part of a certification in subsection B of this section is incomplete or untrue, the candidate shall be certified as a participating candidate. If the commission denies an application for failure to file all complete and accurate campaign finance reports or failure to make the certification in subsection B, paragraph 3 of this section, the candidate may reapply within two weeks of the commission's decision by filing complete and accurate campaign finance reports and another sworn certification.

D. A candidate shall be denied certification if that candidate was removed from office by the commission or if the candidate is delinquent in payment of a debt to the commission. If the debt is paid in full or if the candidate is current on a payment agreement with the commission, the candidate may apply for certification as a participating candidate and is eligible to be certified if otherwise qualified by law.

#### **A.R.S. § 16-948. Controls on participating candidates' campaign accounts**

A. A participating candidate shall conduct all financial activity through a single campaign account of the candidate's campaign committee. A participating candidate shall not make any deposits into the campaign account other than those permitted under section 16-945 or 16-946.

B. A candidate may designate other persons with authority to withdraw monies from the candidate's campaign account. The candidate and any person so designated shall sign a joint statement under oath promising to comply with the requirements of this title.

C. The candidate or a person authorized under subsection B of this section shall pay monies from a participating candidate's campaign account directly to the person providing goods or services to the campaign and shall identify, on a report filed pursuant to article 1.4 of this chapter, the full name and street address of the person and the nature of the goods and services and compensation for which payment has been made. The following payments made directly or indirectly from a participating candidate's campaign account are unlawful contributions:

1. A payment made to a private organization that is exempt under section 501(a) of the internal revenue code and that is eligible to engage in activities to influence the outcome of a candidate election.

2. A payment made directly or indirectly to a political party.

D. Notwithstanding subsection C of this section, a campaign committee may establish one or more petty cash accounts, which in aggregate shall not exceed one thousand dollars at any time. No single expenditure shall be made from a petty cash account exceeding one hundred dollars.

E. Monies in a participating candidate's campaign account shall not be used to pay fines or civil penalties, for costs or legal fees related to representation before the commission, or for defense of any enforcement action under this chapter. Nothing in this subsection shall prevent a participating candidate from having a legal defense fund.

F. A participating candidate shall not use clean elections monies to purchase goods or services that bear a distinctive trade name, trademark or trade

dress item, including a logo, that is owned by a business or other entity that is owned by that participating candidate or in which the candidate has a controlling interest. The use of goods or services that are prohibited by this subsection is deemed to be an unlawful in-kind contribution to the participating candidate.

#### **A.R.S. § 16-949. Controls on spending from citizens clean elections fund**

A. The commission shall not spend, on all costs incurred under this article during a particular calendar year, more than five dollars times the number of Arizona resident personal income tax returns filed during the previous calendar year. The commission may exceed this limit during a calendar year, provided that it is offset by an equal reduction of the limit during another calendar year during the same four-year period beginning January 1 immediately after a gubernatorial election.

B. The commission may use up to ten per cent of the amount specified in subsection A of this section for reasonable and necessary expenses of administration and enforcement, including the activities specified in § 16-956, subsection A, paragraphs 3 through 7 and subsections B and C. Any portion of the ten per cent not used for this purpose shall remain in the fund.

C. The commission may apply up to ten per cent of the amount specified in subsection A of this section for reasonable and necessary expenses associated with public education regarding participation as a candidate or a contributor, or regarding the functions, purpose and technical aspects of the act. Reasonable and necessary expenditures made pursuant to § 16-956 are not included in this subsection.

D. The commission may spend monies in the fund for the reasonable and necessary expenses to implement the act but shall not use monies in the

fund to promote the benefits of the clean elections act. Expenditures made pursuant to subsection C of this section or in § 16-956, subsection A are deemed not to constitute promoting the benefits of the clean elections act. Expenditures pursuant to this subsection shall not be included in the limits prescribed in subsection C of this section.

E. The state treasurer shall administer a citizens clean elections fund from which costs incurred under this article shall be paid. The auditor general shall review the monies in, payments into and expenditures from the fund no less often than every four years.

#### **A.R.S. § 16-950. Qualification for clean elections funding**

A. A candidate who has made an application for certification may also apply, in accordance with subsection B of this section, to receive funds from the citizens clean elections fund, instead of receiving private contributions.

B. To receive any clean elections funding, the candidate must present to the secretary of state no later than one week after the end of the qualifying period a list of names of persons who have made qualifying contributions pursuant to § 16-946 on behalf of the candidate. The list shall be divided by county. At the same time, the candidate must tender to the secretary of state the original reporting slips identified in § 16-946, subsection C for persons on the list and an amount equal to the sum of the qualifying contributions collected. The secretary of state shall deposit the amount into the fund.

C. The secretary of state shall select at random a sample of five per cent of the number of nonduplicative names on the list for a candidate for a statewide office and twenty per cent of the number of nonduplicative names on the list for a candidate for legislative office and shall forward

facsimiles of the selected reporting slips to the county recorders for the counties of the addresses specified in the selected slips. Within ten days, the county recorders shall provide a report to the secretary of state identifying as disqualified any slips that are unsigned or undated or that the recorder is unable to verify as matching a person who is registered to vote in the electoral district of the office the candidate is seeking on the date specified on the slip. The secretary of state shall multiply the number of slips not disqualified by twenty for statewide candidates, and shall multiply the number of slips not disqualified by five for legislative candidates, and if the result is greater than one hundred ten per cent of the quantity required, shall approve the candidate for funds, and if the result is less than one hundred ten per cent of the quantity required, the secretary of state shall forward facsimiles of all of the slips to the county recorders for verification, and the county recorders shall check all slips in accordance with the process above. A county recorder shall not check slips already verified. A county recorder shall report verified totals daily to the secretary of state until a determination is made that a sufficient number of verified slips has been submitted. If a sufficient number of verified slips has been submitted to one or more county recorders, the county recorders may stop the verification process.

D. To qualify for clean elections funding, a candidate must have been approved as a participating candidate pursuant to § 16-947 and have obtained the following number of qualifying contributions:

1. For a candidate for legislature, two hundred.
  2. For candidate for mine inspector, five hundred.
  3. For a candidate for treasurer, superintendent of public instruction or corporation commission, one thousand five hundred.
  4. For a candidate for secretary of state or attorney general, two thousand five hundred.
  5. For a candidate for governor, four thousand.
- E. To qualify for clean elections funding, a candidate must have met the requirements of this section and either be an independent candidate or meet the following standards:
1. To qualify for funding for a party primary election, a candidate must have properly filed nominating papers and nominating petitions with signatures pursuant to chapter 3, articles 2 and 3 of this title<sup>1</sup> in the primary of a political organization entitled to continued representation on the official ballot in accordance with § 16-804.
  2. To qualify for clean elections funding for a general election, a candidate must be a party nominee of such a political organization.

#### **A.R.S. § 16-951. Clean elections funding**

A. At the beginning of the primary election period, the commission shall pay from the fund to the campaign account of each candidate who qualifies for clean elections funding:

1. For a candidate who qualifies for clean elections funding for a party primary election, an amount equal to the original primary election spending limit.
2. For an independent candidate who qualifies for clean elections funding, an amount equal to seventy percent of the sum of the original primary election spending limit and the original general election spending limit.
3. For a qualified participating candidate who is unopposed for an office in that candidate's primary, in the primary of any other party and by any opposing independent candidate, an amount equal to five dollars times the number of qualifying contributions for that candidate certified by the commission.

B. At any time after the first day of January of an election year, any candidate who has met the requirements of § 16-950 may sign and cause to be filed a nomination paper in the form specified by § 16-311, subsection A, with a nominating petition and signatures, instead of filing such papers after the earliest time set for filing specified by that subsection. Upon such filing and verification of the signatures, the commission shall pay the amount specified in subsection A of this section immediately, rather than waiting for the beginning of the primary election period.

C. At the beginning of the general election period, the commission shall pay from the fund to the campaign account of each candidate who qualifies for clean elections funding for the general election, except those candidates identified in subsection A, paragraph 2 or subsection D of this section, an amount equal to the original general election spending limit.

D. At the beginning of the general election period, the commission shall pay from the fund to the campaign account of a qualified participating candidate who has not received funds pursuant to subsection A, paragraph 3 of this section and who is unopposed by any other party nominee or any opposing independent candidate an amount equal to five dollars times the number of qualifying contributions for that candidate certified by the commission.

E. The special original general election spending limit, for a candidate who has received funds pursuant to subsection A, paragraphs 2 or 3 or subsection D of this section, shall be equal to the amount that the commission is obligated to pay to that candidate.

#### **A.R.S. § 16-952. One-party-dominant legislative district**

Upon applying for clean elections funding pursuant

to § 16-950, a participating candidate for the legislature in a one-party-dominant legislative district who is qualified for clean elections funding for the party primary election of the dominant party may choose to reallocate a portion of funds from the general election period to the primary election period. At the beginning of the primary election period, the commission shall pay from the fund to the campaign account of a participating candidate who makes this choice an extra amount equal to fifty per cent of the original primary election spending limit, and the original primary election spending limit for the candidate who makes this choice shall be increased by the extra amount. If a participating candidate who makes this choice becomes qualified for clean elections funding for the general election, the amount the candidate receives at the beginning of the general election period shall be reduced by the extra amount received at the beginning of the primary election period, and the original general election spending limit for that candidate shall be reduced by the extra amount. For the purpose of this subsection, a one-party-dominant legislative district is a district in which the number of registered voters registered in the party with the highest number of registered voters exceeds the number of registered voters registered to each of the other parties by an amount at least as high as ten per cent of the total number of voters registered in the district. The status of a district as a one-party-dominant legislative district shall be determined as of the beginning of the qualifying period.

#### **A.R.S. § 16-953. Return of monies to the citizens clean elections fund**

A. At the end of the primary election period, a participating candidate who has received monies pursuant to § 16-951, subsection A, paragraph 1 shall return to the fund all monies in the candidate's campaign account above an amount sufficient to pay any unpaid bills for expenditures made during

the primary election period and for goods or services directed to the primary election.

B. At the end of the general election period, a participating candidate shall return to the fund all monies in the candidate's campaign account above an amount sufficient to pay any unpaid bills for expenditures made before the general election and for goods or services directed to the general election.

C. A participating candidate shall pay all uncontested and unpaid bills referenced in this section no later than thirty days after the primary or general election. A participating candidate shall make monthly reports to the commission concerning the status of the dispute over any contested bills. Any monies in a candidate's campaign account after payment of bills shall be returned promptly to the fund.

D. If a participating candidate is replaced pursuant to § 16-343, and the replacement candidate files an oath with the secretary of state certifying to § 16-947, subsection B, paragraph 3, the campaign account of the participating candidate shall be transferred to the replacement candidate and the commission shall certify the replacement candidate as a participating candidate without requiring compliance with § 16-950 or the remainder of § 16-947. If the replacement candidate does not file such an oath, the campaign account shall be liquidated and all remaining monies returned to the fund.

E. If a participating candidate who has received monies pursuant to § 16-951, subsection A, paragraph 1 does not qualify for the ballot for the primary election, the participating candidate shall:

1. Return to the fund all monies in the candidate's campaign account above the amount sufficient to pay any unpaid bills for expenditures made before the date the candidate failed to qualify for the primary ballot.

2. Return to the commission, within fourteen days, all remaining assets purchased with public funds in

that election cycle, including all political signs. The disqualified participating candidate is not required to return political signs purchased in a previous election cycle.

3. Repay any monies paid to a family member unless the participating candidate demonstrates that the payment made was for goods or services actually provided before disqualification of the candidate and the payment was for fair market value. For the purposes of this paragraph, "family member" means a parent, grandparent, spouse, child or sibling of the candidate or a parent or spouse of any of those persons.

### **A.R.S. § 16-954. Disposition of excess monies**

A. Beginning January 1, 1999, an additional surcharge of ten per cent shall be imposed on all civil and criminal fines and penalties collected pursuant to § 12-116.01 and shall be deposited into the fund.

B. At least once per year, the commission shall project the amount of monies that the fund will collect over the next four years and the time such monies shall become available. Whenever the commission determines that the fund contains more monies than the commission determines that it requires to meet current debts plus expected expenses, under the assumption that expected expenses will be at the expenditure limit in § 16-949, subsection A, and taking into account the projections of collections, the commission shall designate such monies as excess monies and so notify the state treasurer, who shall thereupon transfer the excess monies to the general fund.

C. At least once per year, the commission shall project the amount of clean elections funding for which all candidates will have qualified pursuant to this article for the following calendar year. By the end of each year, the commission shall announce

whether the amount that the commission plans to spend the following year pursuant to § 16-949, subsection A exceeds the projected amount of clean elections funding. If the commission determines that the fund contains insufficient monies or the spending cap would be exceeded were all candidates' accounts to be fully funded, the commission may include in the announcement specifications for decreases in the following parameters, based on the commission's projections of collections and expenses for the fund, including that the fund will provide monies under § 16-951 as a fraction of the amounts there specified.

D. If the commission cannot provide participating candidates with all monies specified under §§ 16-951 and 16-952, as decreased by any announcement pursuant to subsection C of this section, the commission shall allocate any reductions in payments proportionately among candidates entitled to monies and shall declare an emergency. Upon declaration of an emergency, a participating candidate may accept private contributions to bring the total monies received by the candidate from the fund and from such private contributions up to the adjusted spending limits, as decreased by any announcement made pursuant to subsection C of this section.

#### **A.R.S. § 16-955. Citizens clean election commission; structure**

A. The citizens clean elections commission is established consisting of five members. No more than two members of the commission shall be members of the same political party. No more than two members of the commission shall be residents of the same county. No one shall be appointed as a member who does not have a registration pursuant to chapter 1 of this title<sup>1</sup> that has been continuously recorded for at least five years immediately preceding appointment with the same political party or as an independent.

B. The candidates for vacant commissioner positions shall be persons who are committed to enforcing this article in an honest, independent and impartial fashion and to seeking to uphold public confidence in the integrity of the electoral system. Each candidate shall be a qualified elector who has not, in the previous five years in this state, been appointed to, been elected to or run for any public office, including precinct committeeman, or served as an officer of a political party.

C. Initially, the commission on appellate court appointments shall nominate five slates, each having three candidates, before January 1, 1999. No later than February 1, 1999, the governor shall select one candidate from one of the slates to serve on the commission for a term ending January 31, 2004. Next, the highest-ranking official holding a statewide office who is not a member of the same political party as the governor shall select one candidate from another one of the slates to serve on the commission for a term ending January 31, 2003. Next, the second-highest-ranking official holding a statewide office who is a member of the same political party as the governor shall select one candidate from one of the three remaining slates to serve on the commission for a term ending January 31, 2002. Next, the second-highest-ranking official holding a statewide office who is not a member of the same political party as the governor shall select one candidate from one of the two remaining slates to serve on the commission for a term ending January 31, 2001. Finally, the third-highest-ranking official holding a statewide office who is a member of the same political party as the governor shall elect one candidate from the last slate to serve on the commission for a term ending January 31, 2000. For the purposes of this section, the ranking of officials holding statewide office shall be governor, secretary of state, attorney general, treasurer, superintendent of public instruction, corporation commissioners in order of seniority, mine inspector, senate majority and minority leaders and house majority and minority leaders.

D. One commissioner shall be appointed for a five-year term beginning February 1 of every year beginning with the year 2000. Before February 1 of each year beginning in the year 2000, the governor and the highest-ranking official holding a statewide office who is not a member of the same political party as the governor shall alternate filling such vacancies. The vacancy in the year 2000 shall be filled by the governor.

E. Members of the commission may be removed by the governor, with concurrence of the senate, for substantial neglect of duty, gross misconduct in office, inability to discharge the powers and duties of office or violation of this section, after written notice and opportunity for a response.

F. If a commissioner does not complete the commissioner's term of office for any reason, a replacement shall be selected within thirty days after the vacancy occurs. The highest-ranking official holding a statewide office who is a member of the political party of the official who nominated the commissioner who vacated office shall nominate the replacement, who shall serve as commissioner for the unexpired portion of the term. A vacancy or vacancies shall not impair the right of the remaining members to exercise all of the powers of the board.

G. Commissioners are eligible to receive compensation in an amount of two hundred dollars for each day on which the commission meets and reimbursement of expenses pursuant to title 38, chapter 4, article 2.<sup>2</sup>

H. The commissioners shall elect a chair to serve for each calendar-year period from among their members whose terms expire after the conclusion of that year. Three commissioners shall constitute a quorum.

I. A member of the commission shall serve no more than one term and is not eligible for reappointment. No commissioner, during the commissioner's tenure or for three years thereafter,

shall seek or hold any other public office, serve as an officer of any political committee or employ or be employed as a lobbyist.

J. The commission shall appoint an executive director who shall not be a member of the commission and who shall serve at the pleasure of the commission. The executive director is eligible to receive compensation set by the board within the range determined under § 38-611. The executive director, subject to title 41, chapter 4, articles 5 and 6,<sup>3</sup> shall employ, determine the conditions of employment and specify the duties of administrative, secretarial and clerical employees as the director deems necessary.

#### **A.R.S. § 16-956. Voter education and enforcement duties**

A. The commission shall:

1. Develop a procedure for publishing a document or section of a document having a space of predefined size for a message chosen by each candidate. For the document that is delivered before the primary election, the document shall contain the names of every candidate for every statewide and legislative district office in that primary election without regard to whether the candidate is a participating candidate or a nonparticipating candidate. For the document that is delivered before the general election, the document shall contain the names of every candidate for every statewide and legislative district office in that general election without regard to whether the candidate is a participating candidate or a nonparticipating candidate. The commission shall deliver one copy of each document to every household that contains a registered voter. For the document that is delivered before the primary election, the delivery may be made over a period of days but shall be sent in time to be delivered to households before the earliest date for receipt by

registered voters of any requested early ballots for the primary election. The commission may deliver the second document over a period of days but shall send the second document in order to be delivered to households before the earliest date for receipt by registered voters of any requested early ballots for the general election. The primary election and general election documents published by the commission shall comply with all of the following:

(a) For any candidate who does not submit a message pursuant to this paragraph, the document shall include with the candidate's listing the words "no statement submitted".

(b) The document shall have printed on its cover the words "citizens clean elections commission voter education guide" and the words "primary election" or "general election" and the applicable year. The document shall also contain at or near the bottom of the document cover in type that is no larger than one-half the size of the type used for "citizens clean elections commission voter education guide" the words "paid for by the citizens clean elections fund".

(c) In order to prevent voter confusion, the document shall be easily distinguishable from the publicity pamphlet that is required to be produced by the secretary of state pursuant to section 19-123.

2. Sponsor debates among candidates, in such manner as determined by the commission. The commission shall require participating candidates to attend and participate in debates and may specify by rule penalties for nonparticipation. The commission shall invite and permit nonparticipating candidates to participate in debates.

3. Prescribe forms for reports, statements, notices and other documents required by this article. The commission shall not require a candidate to use a reporting system other than the reporting system jointly approved by the commission and the office

of the secretary of state.

4. Prepare and publish instructions setting forth methods of bookkeeping and preservation of records to facilitate compliance with this article and explaining the duties of persons and committees under this article.

5. Produce a yearly report describing the commission's activities and any recommendations for changes of law, administration or funding amounts and accounting for monies in the fund.

6. Adopt rules to implement the reporting requirements of section 16-958, subsections D and E.

7. Enforce this article, ensure that money from the fund is placed in candidate campaign accounts or otherwise spent as specified in this article and not otherwise, monitor reports filed pursuant to this chapter and financial records of candidates as needed and ensure that money required by this article to be paid to the fund is deposited in the fund. The commission shall not take action on any external complaint that is filed more than ninety days after the postelection report is filed or ninety days after the completion of the canvass of the election to which the complaint relates, whichever is later.

B. The commission may subpoena witnesses, compel their attendance and testimony, administer oaths and affirmations, take evidence and require by subpoena the production of any books, papers, records or other items material to the performance of the commission's duties or the exercise of its powers.

C. The commission may adopt rules to carry out the purposes of this article and to govern procedures of the commission. The commission shall propose and adopt rules in public meetings, with at least sixty days allowed for interested parties to comment after the rules are proposed. The commission shall also file the proposed rule in the format prescribed in section 41-1022 with the

secretary of state's office for publication in the Arizona administrative register. After consideration of the comments received in the sixty day comment period, the commission may adopt the rule in an open meeting. Any rules given final approval in an open meeting shall be filed in the format prescribed in section 41-1022 with the secretary of state's office for publication in the Arizona administrative register. Any rules adopted by the commission shall only be applied prospectively from the date the rule was adopted.

D. Rules adopted by the commission are not effective until January 1 in the year following the adoption of the rule, except that rules adopted by unanimous vote of the commission may be made immediately effective and enforceable.

E. If, in the view of the commission, the action of a particular candidate or committee requires immediate change to a commission rule, a unanimous vote of the commission is required. Any rule change made pursuant to this subsection that is enacted with less than a unanimous vote takes effect for the next election cycle.

F. Based on the results of the elections in any quadrennial election after 2002, and within six months after such election, the commission may adopt rules changing the number of qualifying contributions required for any office from those listed in section 16-950, subsection D by no more than twenty percent of the number applicable for the preceding election.

#### **A.R.S. § 16-957. Enforcement procedure**

A. If the commission finds that there is reason to believe that a person has violated any provision of this article, the commission shall serve on that person an order stating with reasonable particularity the nature of the violation and requiring compliance within fourteen days. During that period, the alleged violator may provide any

explanation to the commission, comply with the order, or enter into a public administrative settlement with the commission.

B. Upon expiration of the fourteen days, if the commission finds that the alleged violator remains out of compliance, the commission shall make a public finding to that effect and issue an order assessing a civil penalty in accordance with § 16-942, unless the commission publishes findings of fact and conclusions of law expressing good cause for reducing or excusing the penalty. The violator has fourteen days from the date of issuance of the order assessing the penalty to appeal to the superior court as provided in title 12, chapter 7, article 6.<sup>1</sup>

C. Any candidate in a particular election contest who believes that any opposing candidate has violated this article for that election may file a complaint with the commission requesting that action be taken pursuant to this section. If the commission fails to make a finding under subsection A of this section within thirty days after the filing of such a complaint, the candidate may bring a civil action in the superior court to impose the civil penalties prescribed in this section.

#### **A.R.S. § 16-958. Manner of filing reports**

A. Any person who has previously reached the dollar amount specified in § 16-941, subsection D for filing an original report shall file a supplemental report each time previously unreported independent expenditures specified by that subsection exceeds one thousand dollars. Such reports shall be filed at the times specified in subsection B of this section and shall identify the dollar amount being reported, the candidate and the date, and no other detail is required in reports made pursuant to this section.

B. Any person who must file an original report pursuant to § 16-941, subsection D or who must file a supplemental report for previously

unreported amounts pursuant to subsection A of this section shall file as follows:

1. Before the beginning of the primary election period, the person shall file a report on the first of each month, unless the person has not reached the dollar amount for filing an original or supplemental report on that date.

2. Thereafter, except as stated in paragraph 3 of this subsection, the person shall file a report on any Tuesday by which the person has reached the dollar amount for filing an original or supplemental report.

3. During the last two weeks before the primary election and the last two weeks before the general election, the person shall file a report within one business day of reaching the dollar amount for filing an original or supplemental report.

C. Any filing under this article on behalf of a candidate may be made by the candidate's campaign committee. All candidates shall deposit any check received by and intended for the campaign and made payable to the candidate or the candidate's campaign committee, and all cash received by and intended for the campaign, in the candidate's campaign account before the due date of the next report specified in subsection B of this section. No candidate or person acting on behalf of a candidate shall conspire with a donor to postpone delivery of a donation to the campaign for the purpose of postponing the reporting of the donation in any subsequent report.

D. The secretary of state shall immediately notify the commission of the filing of each report under this section and deliver a copy of the report to the commission, and the commission shall promptly mail or otherwise deliver a copy of each report filed pursuant to this section to all participating candidates opposing the candidate identified in § 16-941, subsection D.

E. Any report filed pursuant to this section or § 16-916, subsection A, paragraph 1 or subsection B

shall be filed in electronic format. The secretary of state shall distribute computer software to political committees to accommodate such electronic filing.

F. During the primary election period and the general election period, all candidates shall make available for public inspection all bank accounts, campaign finance reports and financial records relating to the candidate's campaign, either by immediate disclosure through electronic means or at the candidate's campaign headquarters, in accordance with rules adopted by the commission.

### **A.R.S. § 16-959. Inflationary and other adjustments of dollar values**

A. Every two years, the secretary of state shall modify the dollar values specified in the following parts of this article, in the manner specified by § 16-905, subsection H, to account for inflation: § 16-941, subsection A, paragraph 2 or subsection D; § 16-942, subsection B; § 16-945, subsection A, paragraphs 1 and 2; § 16-948, subsection C; § 16-955, subsection G; and § 16-961, subsections G and H. In addition, the secretary of state shall make a similar inflation adjustment by modifying the dollar values in § 16-949, subsection A to reflect cumulative inflation since the enactment of this article. In addition, every two years, the secretary of state shall change the dollar values in § 16-961, subsections G and H in proportion to the change in the number of Arizona resident personal income tax returns filed during the previous calendar year.

B. Based on the results of the elections in any quadrennial election after 2002, and within six months after such election, the commission may adopt rules in a public meeting reallocating funds available to all candidates between the primary and general elections by selecting a fraction for primary election spending limits that is between one-third and one-half of the spending limits for the election as a whole. For each office, the primary election

spending limit shall be modified to be the sum of the primary and general spending limits times the selected fraction, and the general election spending limit shall be modified to be the same sum times one less the selected fraction.

### **A.R.S. § 16-960. Severability**

If a provision of this act or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the act that can be given effect without the invalid provision or application, and to this end the provisions of this act are severable. In any court challenge to the validity of this article, the commission and Arizonans for clean elections shall have standing to intervene.

### **A.R.S. § 16-961. Definitions**

A. The terms “candidate’s campaign committee,” “contribution,” “expenditures,” “exploratory committee,” “independent expenditure,” “personal monies,” “political committee” and “statewide office” are defined in § 16-901.

B. 1. “Election cycle” means the period between successive general elections for a particular office.

2. “Exploratory period” means the period beginning on the day after a general election and ending the day before the start of the qualifying period.

3. “Qualifying period” means the period beginning on the first day of August in a year preceding an election and ending one week before the primary election.

4. “Primary election period” means the nine-week period ending on the day of the primary election.

5. “General election period” means the period beginning on the day after the primary election and ending on the day of the general election.

6. For any recall election, the qualifying period shall begin when the election is called and last for thirty days, there shall be no primary election period and the general election period shall extend from the day after the end of the qualifying period to the day of the recall election. For recall elections, any reference to “general election” in this article shall be treated as if referring to the recall election.

C. 1. “Participating candidate” means a candidate who becomes certified as a participating candidate pursuant to § 16-947.

2. “Nonparticipating candidate” means a candidate who does not become certified as a participating candidate pursuant to § 16-947.

3. Any limitation of this article that is applicable to a participating candidate or a nonparticipating candidate shall also apply to that candidate’s campaign committee or exploratory committee.

D. “Commission” means the citizens clean elections commission established pursuant to § 16-955.

E. “Fund” means the citizens clean elections fund defined by this article.

F. 1. “Party nominee” means a person who has been nominated by a political party pursuant to § 16-301 or 16-343.

2. “Independent candidate” means a candidate who has properly filed nominating papers and nominating petitions with signatures pursuant to § 16-341.

3. “Unopposed” means with reference to an election for:

(a) A member of the house of representatives, opposed by no more than one other candidate who has qualified for the ballot and who is running in

the same district.

(b) A member of the corporation commission, opposed by a number of candidates who have qualified for the ballot that is fewer than the number of corporation commission seats open at that election and for which the term of office ends on the same date.

(c) All other offices, opposed by no other candidate who has qualified for the ballot and who is running in that district or running for that same office and term.

G. “Primary election spending limits” means:

1. For a candidate for the legislature, twelve thousand nine hundred twenty-one dollars.
2. For a candidate for mine inspector, forty-one thousand three hundred forty-nine dollars.
3. For a candidate for treasurer, superintendent of public instruction or the corporation commission, eighty-two thousand six hundred eighty dollars.
4. For a candidate for secretary of state or attorney general, one hundred sixty-five thousand three hundred seventy-eight dollars.
5. For a candidate for governor, six hundred thirty-eight thousand two hundred twenty-two dollars.

H. “General election spending limits” means amounts fifty per cent greater than the amounts specified in subsection G of this section.

I. 1. “Original” spending limit means a limit specified in subsections G and H of this section, as adjusted pursuant to § 16-959, or a special amount expressly set for a particular candidate by a provision of this title.

2. “Adjusted” spending limit means an original spending limit as further adjusted pursuant to § 16-952.