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Name: Arizom U	St P.A.C.			······································		
Address: PD Box 1623	,2	City Tucs	on	State AZ	<sup>Zp</sup> 85732	1
Telephone Number: (S20) 327 - DS2	D	Fax Number:	327-60	120		1
Name of Authorized Agent: Session Brai	vtt	Telephone Numb	29-876	E-mail Add	is ca Carizonali	st.on
Authorized Agent Address (if different from 33% E. River	above):	Tuoso		State	<sup>Zip</sup> 85718	
Date of Expenditure (i.e. 5/30/2016)	Amount of Expe	nditure (i.e. \$5,000.00)	Candidate Sup	ported /Opposed	)	]
11/2/16	\$6000	. 00	Suppor	4 805	anna Gabaldon and	1
				Andrea	_ Dalessandro	1
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All persons, including corporations, limited liability companies, and labor organizations, are required to file independent expenditure reports under A.R.S. §§ 16-941(D); -958 & Ariz. Admin. Code R2-20-109(F). Please fill out, scan and return to the Arizona Citizens Clean Elections Commission, ccec@azcleanelections.gov.

Forms received within 24 hours of the date of expenditure will be considered timely.

Failure to file the form and submit the information required subjects an entity that makes independent expenditures to penalties under the Clean Elections Act unless the entity receives an exemption from the Commission. Exemption forms are available at <a href="https://www.azcleanelections.gov">www.azcleanelections.gov</a>.

Please contact <a href="mailto:ccec@azcleanelections.gov">ccec@azcleanelections.gov</a> or 602-364-3477 with questions.

I, the undersigned, certify that the above statements are true and accurate to the best of my knowledge and belief:

OFFICIAL USE ONLY
□ Received

Name: Arizonu Lis	+ P.A.C.						
Address: PD Box 16232	ζ	City	n	State AZ	<sup>Zip</sup> <b>9</b> 5732		
Telephone Number: (Sao) 327-0520	>	Fax Number:	327-64	120			
Name of Authorized Agent  Jessia Brandt  Authorized Agent Address (if different from above):  3396 E. River LA		Telephone Number (SAO) SA9 - 87 City			csia@arizomlistog  Zip  857/8		
				State A-2			
Date of Expenditure (i.e. 5/30/2016)	Amount of Expenditure (i	Expenditure (i.e. \$5,000.00)		Candidate Supported /Opposed			
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I, the undersigned, certify that the above statements are true and accurate to the best of my knowledge and belief:

Signature of Authorized Agent

Signature of Authorized Agent



OFFICIAL USE ONLY

				t.
Name: Arizona List P.A.C.				
Address: PO Box 16232	Tucson	State	Zip 25318	85732
(520) 327 - 0520	Fex Number: 327 -	6920		
Name of Authorized Agent:  Sessica Brawf	Telephone Number: (S20) 529-87	GC E-mail Addi	ess: bica@arit	onalist.on
Authorized Agent Address (if different from above):  3386 E. River Rd.	City	State A Z	Zip 85718	•
Date of Expenditure (i.e. 5/30/2016) Amount of Expenditure (i.e.	\$5,000.00) Candidate	Supported /Opposed		
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Signature of Authorized Agent