| OFFICIAL USE ONLY |
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| NO JAIL FOR WO | OMEN'S HEALTH CAF | RE | | | |
|---|---|-------------------|------------------------------|---|----------------------|
| Address: 1113 W. Mission Ln. | | Phoenix | | State AZ | ^{Zip} 85021 |
| Telephone Number: 602-770-4754 | | Fax Number: | | | |
| Name of Authorized Agent Donna Gratehouse | | Telephone Number: | | E-mail Address: donnagratehouse@yaha | |
| Authorized Agent Address (if different from above): | | City 5 | | State | 2 to |
| Date of Expenditure (i.e. 5/30/2018) | Amount of Expenditure (i.e. \$5,000.00) | | Candidate Supported /Opposed | | |
| 10/11/2018 | \$3000 | | Support of Democrats | | |
| | | | | | |
| | | | | | |

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, coec@azcleanelections.cov.

Forms received within 24 hours of the clue date 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 www.azcleanelections.cov.

Please contact ccec@azdeanelections.gov 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:

Signature of Authorized Agent