FOR OFFICE USE ONLY POLITICAL COMMITTEE CITY/TOWN OF CAMPAIGN FINANCE REPORT 2014 August/November Regular Election 1. NOV 2 4 2014 Full Name of Committee Address 86406 Le Hususu City ZIP Code 2. 3A. ID# 4-NP-109 Sponsoring Organization or Candidate and office Primary Name of Candidate and Office Sought (if applicable) General E-Mail Address 4. REPORTING PERIOD (Please check appropriate box) **DUE BETWEEN** January 31 Report - For Period of _* thru December 31, 2013 January 1, 2014 and January 31, 2014 Post-Primary Election Report - For Period of August 15, 2014 thru September 15, 2014 September 16, 2014 and September 25, 2014 Pre-General Election Report - For Period of September 16, 2014 thru October 23, 2014 October 24, 2014 and October 31, 2014 **January 31, Report - For Period of November 25, 2014 thru December 31, 2015 January 1, 2016 and January 31, 2016 5. SUMMARY Column A Column B **Total This Reporting** Election Period Period Total To Date Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee) 5b Cash on Hand at the Beginning of this Reporting Period 5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8) 1350.99 Subtotal [add Lines b and c for Column A and add lines a and c for Column B] Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines 270,28 Total Disbursements (from corresponding columns on 6b

*Insert date which is 21 days after date of last election (A.R.S. §16-913).

Cash on Hand at Close of Reporting Period [Subtract

Detailed Summary Page, Line 18)

Line 6b from Line 5d]

^{**}Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

NOV 2 4 2014

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CITY CLERK

1. Committee Name:

DETAILED SUMMARY PAGE

dF RI

DETAILED SUMMARY PAGE	Page 2
	2. ID# 14-NP-109
Michele Lin for City Cource	Primary
xtdy Thru Nov 24 2019	√ General

3. Report covering period from Oct JY Thru Nov 24 2014	_ 🔀 🤄	General
RECEIPTS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4: Contributions other than loans and in-kind:		
(a) Individuals - more than \$50 (Total from Schedule A)	56.00	300,00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)		298.00
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		S45.
(e) Refund of contributions (Total from Schedule F-2).		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		637,74
(b) All other loans (Total from Schedule C-1)		
(c) Total Loans [add 5(a) and 5(b)]		. 0
6. In-kind contributions (Total from Schedule E)		273.75
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		0
8. Total Receipts [add 4(f), 5(c), 6, and 7]		1350.99
DISBURSEMENTS		
Expenditures for operating expenses (Total from Schedule D)	270.28	1837.76
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)		273.75
12. Loans made by reporting committee (Total from Schedule D-2)		
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		
(b) Repayment of all other loans (Total from Schedule D-5)		
(c) Total Loan Repayments [add 13(a) and 13(b)]		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)		
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	270.38	1595.93
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]	270,28	1595,23
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)		
20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to complete.	the best of my knowledge ar	nd belief it is true and
	11-23-20	14
Type or Print Name of Treasurer	11 0 2 3	
Signature of Treasurer or Candidate or Designating Individual Date	e	

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE Á

2.1	D#	14-109
		Primary
	4	General

Committee Name	Michele Lin For council	
Report covering period from	at 24- NOO 249014	

4		CONTRIBUTIO	NS		DATE	AMOUNT	CUMULATIVE
	NAME, ADDRESS, OCCUPATION	AND EMPLOYER	OR CONTRIBUTOR		RECEIVED	RECEIVED THIS PERIOD	TOTAL THIS CAMPAIGN TO DATE
4a.	CITY Lake Mauges	Bruce State A2	ZIP SG 4	106	10-14	50,00	\$100,°°
	occupation Vetice L		EMPLOYER				
b.	LAST	FIRST		MI .			
	STREET ADDRESS	70.44		¥******			
	CITY	STATE	ZIP				
	OCCUPATION		EMPLOYER				
c.	LAST	FIRST		Mi			
	STREET ADDRESS						
	CITY	STATE	ZIP				
	OCCUPATION		EMPLOYER				
d.	LAST	FIRST		МІ			
	STREET ADDRESS			74.44			
	CITY	STATE	ZIP	,			
	OCCUPATION		EMPLOYER				
e.	LAST	FIRST		MI			
	STREET ADDRESS			/			
	CITY	STATE	ZIP				
	OCCUPATION		EMPLOYER				
5.	ENTER TOTAL ONLY IF LAST PAGE OF Summary Page Line 4(z), Column A	SCHEDULE A [If last	page of Schedule A, tra	nsfer total to Detaile	d	So.°°	

CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL*

SCHEDULE A-1

		2.10# \ U-NP-109
		Primary
1. Committee Name Middle Lin	For City Count	General
3. Report covering period from Oci	thru_	
3. Report covering period from	tnru_	NOO 2 (20) 1
4. Aggregate Total of Contributions of \$50 or	less	
DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
·		
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]		6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]

^{*}If contributions of \$50 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

٠.				2. IU#	19-10P-109
				\$	Primary
Committee Name	michele Lin	for city	Council	X	General
Report covering period from	Oct 24		thru Nou 2	4 20	14

			1	1	
4		CONTRIBUTIONS	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS	
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED		THIS PERIOD	CAMPAIGN TO DATE	
4a	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
b.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
c.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
d.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
e.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
f.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
g.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
h.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
i.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
5.		LAST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to			
	Detailed Summary Page,	Line 4(c), Column A]			

	CANDIDATE LOANS		S	CHEDULE C
1.	Committee Name Michele Lin for City Council		2. ID# 14	NP-109
	1			rimary
				General
3.	Report covering period from <u>OCシ みり</u> thru	woo ay a	SIM	
	ring period non	7. 5		
4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE	AMOUNT	CUMULATIVE
	NAME AND ADDRESS FROM WHOM RECEIVED	RECEIVED	RECEIVED	TOTAL THIS CAMPAIGN
				TO DATE
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
	NAME ADDRESS OF A STATE AND THE			
b.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
!				
c.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
d.	NAME, ADDRESS, CITY, STATE, AND ZIP			-
-				
	DESCRIPTION			
	DECOM HON			
e.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
f.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PA [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a),	GE OF SCHEDULE C Column A]		

OTHER LOANS

SCHEDULE C1

			2. 1D#	14-10-109
				Primary
1.	Committee Name Michele Inforcyte	Ouncil	H	General
3.	,	200 24 9 coc	14	
4	ALL OTHER LOANS			CUMULATIVE
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	AMOUI OF LOA	

		1	•	[
4	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	OF LOAN.		,	TODATE
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			

	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			`
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Page, Line 5(a), Column A]	o Detailed Summary		

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

	2. ID#	14-NP-109
	8	Primary
1. Committee Name Michele Lix for City Council:	X	General
3. Report covering period from OC+ 24 2019 thru NOV 2	ع کی	14

	3. Report covering period from OCT & C & S thru 1000 &	9 2011	
4	EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP RISE ~ CITY NEWS PAPE~ 2225 Acoma Bluz W Lake Majara A2 864.3 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Advertising	16+31 2014	料18.00
4b.	NAME, ADDRESS, CITY, STATE AND ZIP (' DESCRIPTION OF ITEMS OR SERVICES PURCHASED ALVERTES 1 - 1	13 13	152,28
4c.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]	.	270,28

 $^{^{\}star}$ Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

		2. ID# 14 - 10 Pr 109 Primary	
	1. Committee Name Michele Lin for City (ourcil	Genera	al
	1. Committee Name Michele Lin for City (ourcil 3. Report covering period from OC+ 24 2014 thru Nov 2	4-2014	
4	LOANS MADE BY THE REPORTING COMMITTEE	DATE LOAN MADE	AMOUNT OF THE LOAN
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE	LOAN WADE	OF THE EOAN
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4i.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A]		

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

		2. ID# 14-s	JP-109
		Primar	у
	1. Committee Name Michelelin for City Cource! 3. Report covering period from Oct Ju thru Nou Ju	Genera	al
	3. Report covering period from Ock Ju thru No U Ju	Dola	
	REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	DATE REFUND	AMOUNT OF THE
ſ	NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	RECEIVED	REFUND
а.	NAME, ADDRESS, CITY, STATE, AND ZIP		
-	DESCRIPTION OF REFUND		
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
\mid	DESCRIPTION OF REFUND		
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
70.	10 ME, (65 N.25), 61 N, 61 N. E, (46 E.		
	DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
ł	DESCRIPTION OF REFUND		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP	<u> </u>	
	DESCRIPTION OF REFUND		
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
5 .	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [If last page of Schedule D-3, [transfer total to Detailed Summary Page Line	17 Column A]	
*	Includes return of contributions made by reporting committee		

Schedule D-3 Page____of ___

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

		2. ID# 1 9 ~/\	18-109
		Primary	
	1. Committee Name Michel & Lin for City Council 2 3. Report covering period from OC+ 24 thru Nev	General	
	3 Report covering period from OC+ 24 thru	300 gs	17
	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		·
ŧa.	NAME, ADDRESS, CITY, STATE, AND ZIP		
١			
4Ь.	NAME, ADDRESS, CITY, STATE, AND ZIP	· · · · · · · · · · · · · · · · · · ·	
4c.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	·		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]		

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

14-NP-189

	1 compilton Name Michaele frin for City Connal	General	
	1. Committee Name Michiel Lin For City Council & 3. Report covering period from WCT dry 2014 thru NOUSA	bolu	
Т		· · · · · · · · · · · · · · · · · · ·	ALIGURITOE
4	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	WIADL	REFAINLIN
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
			:
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	·		
			:
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
70.	, , , , , , , , , , , , , , , , , , ,		
Ì			
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	·		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]	<u> </u>	
J.	ENTER TOTAL ONE II ENDIT NOC OF CONLEGGED OF FORMER WAS TO DOMINION OF GROUP OF CONTROL OF THE COURT OF THE C		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

14-109-109

	1. Committee Name Wichall Lin for Cit Corneil KI 3. Report covering period from OCf 24 thrus Nov 24-2014		
	3. Report covering period from OCF 24 thrul NOV 24-20		
	o. report covering period norm		
4	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE)		
<u> </u>	TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
			٠
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
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L		<u> </u>	
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]		

ANY OTHER DISBURSEMENT

SCHEDULE D-7

		2. ID# Q	Pe 139
	,	Prima	ary
	1. Committee Name Middle Lin for City Carcil	Gene	eral
	1. Committee Name Middle Lin for City Carcil 3. Report covering period from OCF 24 2011 thru Nov	242014	
4.	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	MADE	
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		<u> </u>
	DESCRIPTION		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
			·
	DESCRIPTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]		
			····

Page___of ___

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

NAME, ADDRESS, OF INDIVIDUAL OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN 140. NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION EPERITURE DESCRIPTION OCCUPATION EMPLOYER 45. NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION EPERITURE DESCRIPTION OCCUPATION EMPLOYER 46. NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION EPERITURE DESCRIPTION OCCUPATION EMPLOYER 46. NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION EPERITURE DESCRIPTION OCCUPATION EMPLOYER 47. NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION EPERITURE DESCRIPTION OCCUPATION EMPLOYER 5. ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page 6. ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page	ř			2. ID# JU.	NP-109
A				1 1 1	•
A		1. Committee Name Michele	Lin for City Council	Gene	eral
MARKET VALU NAME AND ADDRESS OF INDIVIDUAL OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) PROMITHOM RECEIVED OR TO WHOM GIVEN 49. NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION EXPENDITURE DESCRIPTION CCUPATION EMPLOYER 40. NAME, ADDRESS, CITY, STATE ZIP AND ID# CONTRIBUTION EXPENDITURE DESCRIPTION CCUPATION EMPLOYER 44. NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION EXPENDITURE DESCRIPTION CCUPATION EMPLOYER 45. NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION EXPENDITURE DESCRIPTION CCUPATION EMPLOYER 46. NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION EXPENDITURE DESCRIPTION CCUPATION EMPLOYER 5. ENTER TOTAL INKIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, vansifer total to Detailed Summary Page 6. ENTER TOTAL INKIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, vansifer total to Detailed Summary Page		3. Report covering period fromOC+	27 2011 1 thru No	0 24 201	4
POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN AME, ADDRESS, CITY, STATE, ZIP AND IDM CONTRIBUTION DESCRIPTION COLUPATION EMPLOYER AME, ADDRESS, CITY, STATE, ZIP AND IDM COLUPATION COLUPATION EMPLOYER CONTRIBUTION EMPLOYER CONTRIBUTION COLUPATION COLUPATION COLUPATION COLUPATION COLUPATION CONTRIBUTION EMPLOYER CONTRIBUTION EMPLOYER CONTRIBUTION EXPENDITURE DESCRIPTION COLUPATION COLUPATION EMPLOYER CONTRIBUTION COLUPATION EMPLOYER CONTRIBUTION EMPLOYER CONTRIBUTION EMPLOYER CONTRIBUTION EMPLOYER CONTRIBUTION EMPLOYER EMPLOYER CONTRIBUTION EMPLOYER CONTRIBUTION EMPLOYER CONTRIBUTION EMPLOYER CONTRIBUTION EMPLOYER EMPLOYER CONTRIBUTION EMPLOYER EMPLOYER EMPLOYER CONTRIBUTION EMPLOYER EMPLOYER	4	IN-KIND CONTRIBUTION	S and EXPENDITURES	DATE	FAIR MARKET VALUE
DESCRIPTION OCCUPATION AME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION DESCRIPTION OCCUPATION EMPLOYER DESCRIPTION OCCUPATION EMPLOYER AME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION DESCRIPTION OCCUPATION EMPLOYER DESCRIPTION OCCUPATION EMPLOYER AME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION DESCRIPTION OCCUPATION EMPLOYER DESCRIPTION OCCUPATION EMPLOYER DESCRIPTION OCCUPATION EMPLOYER DESCRIPTION OCCUPATION EMPLOYER EMPLOYER S. ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [M last page of Schedule E, transfer total to Detailed Summary Page ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [M last page of Schedule E, transfer total to Detailed Summary Page ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [M last page of Schedule E, transfer total to Detailed Summary Page					
OCCUPATION EMPLOYER 4D. NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION EXPENDITURE DESCRIPTION OCCUPATION EMPLOYER 4d. NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION EXPENDITURE DESCRIPTION OCCUPATION EMPLOYER 4d. NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION EXPENDITURE DESCRIPTION OCCUPATION EMPLOYER 5. ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page Inter Science of Schedule E, transfer total to Detailed Summary Page 6. ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page	4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
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DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

Primary

	1. Committee Name Michaele Lin Far (yy Counc.	K	General	
	1. Committee Name Wichele Lan For City Counc. 3. Report covering period from Oct 20 200 thru Nov a	27 d	014	
4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DAT AMOI	TML	AMOUNT OF THE
ļ	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	RECE	VED	RECEIPT
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Ī	DESCRIPTION OF RECEIPT			
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5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page Line	7 Column A		

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

2.194/NP- 109

	1. Committee Name Mcale Lintor City Courcil	Genera	11
	O(1) $O(2)$	24-2014	ł
	3. Report covering period from thru thru thru	7-(1-201	1
4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND	AMOUNT OF THE
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1	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE		
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4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
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40	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
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	DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
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	DESCRIPTION OF REFUND .		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
10.			
	DESCRIPTION OF REFUND	i	
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
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Includes return of contributions received by reporting committee