# POLITICAL COMMITTEE
## CITY/TOWN OF _____
### CAMPAIGN FINANCE REPORT
2014 August/November Regular Election

1. ___ Michele Lyn Lin ___
Full Name of Committee

Address

Lake Havasu AZ 86403 Mohave

| City | ZIP Code | County | Phone |

2. _____
Sponsoring Organization or Candidate and office

Name of Candidate and Office Sought (if applicable)

E-Mail Address

3A. ID# 14-NP-109

☑ Primary

☐ General

## 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

☐ **June 30 Report** - For Period of January 1, 2014 thru May 31, 2014 ........................................ June 1, 2014 and June 30, 2014

☑ **Pre-Primary Election Report** - For Period of June 1, 2014 thru August 14, 2014 ................................ August 15, 2014 and August 22, 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

☐ **Post-General Election Report** - For Period of October 24, 2014 thru November 24, 2014 ................... November 25, 2014 and December 4, 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 Total This Reporting Period | Column B Election Period Total To Date |
|---|---|---|
| 5a 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 | 0 | |
| 5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8) | 743.25 | 1356.99 |
| 5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B] | 743.25 | 1356.99 |
| 6a 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] | | |
| 6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18) | 653.17 | 1090.41 |
| 7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d] | 0 | 0 |

*Insert date which is 21 days after date of last election (A.R.S. §16-913).
**Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

Revised 3/14

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

2. ID# 14-NP-109

1. Committee Name: Michele Lin for City Council

☑ Primary

☐ General

3. Report covering period from June 1, 2014 Thru August 14, 2014

| RECEIPTS | 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) | 250.00 | 250.00 |
| (b) Individuals - aggregate $50 or less (Total from Schedule A-1) | 298.00 | 298. |
| (c) Political Committees (Total from Schedule B) | | |
| (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)] | 545.00 | 545.00 |
| (e) Refund of contributions (Total from Schedule F-2). | | |
| (f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)] | 545.00 | |
| 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)] | | |
| 6. In-kind contributions (Total from Schedule E) | 198.25 | 273.75 |
| 7. Dividends, interest, and other forms of receipts (Total from Schedule F-1) | | |
| 8. Total Receipts [add 4(f), 5(c), 6, and 7] | 943.25 | 1350.99 |
| **DISBURSEMENTS** | | |
| | | |
| 9. Expenditures for operating expenses (Total from Schedule D) | 454.92 | 1062.66 |
| 10. Independent Expenditures (Total from Schedule D-1) | | |
| 11. Value of In-kind expenditures (Total from Schedule E) | 198.25 | 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)] | 0 | 0 |
| 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] | 653.17 | 1090.41 |
| 17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3) | | |
| 18. Total disbursements [subtract line 17 from line 16] | 653.17 | 1090.41 |
| 19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3) | 0 | |

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

8-21-14

Type or Print Name of Treasurer

Michele Lin

Signature of Treasurer or Candidate or Designating Individual                    Date

CONTRIBUTIONS more than **$50** - from INDIVIDUALS*     SCHEDULE A

☒ Primary
☐ General

1. Committee Name _Michele Lin for council_

3. Report covering period from _June 1 2014_ thru _August 14, 2014_

| 4 | CONTRIBUTIONS<br><br>NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR | DATE RECEIVED | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|---|---|---|---|---|
| 4a. | LAST Hinman  FIRST Bruce  MI<br>STREET ADDRESS ███████<br>CITY Lake Havasu  STATE AZ  ZIP 86406<br>OCCUPATION  EMPLOYER | 7-13-14 | 50.00 | 50.00 |
| b. | LAST Chen  FIRST Wilferd  MI<br>STREET ADDRESS ███████<br>CITY Lake Havasu  STATE AZ  ZIP 86404<br>OCCUPATION  EMPLOYER | 7-13-14 | 200.00 | 200.00 |
| c. | LAST  FIRST  MI<br>STREET ADDRESS<br>CITY  STATE  ZIP<br>OCCUPATION  EMPLOYER | | | |
| d. | LAST  FIRST  MI<br>STREET ADDRESS<br>CITY  STATE  ZIP<br>OCCUPATION  EMPLOYER | | | |
| e. | LAST  FIRST  MI<br>STREET ADDRESS<br>CITY  STATE  ZIP<br>OCCUPATION  EMPLOYER | | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A] | | 250.00 | |

*If contributions of $50 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

Page        of

CONTRIBUTIONS of $50 or less - AGGREGATE TOTAL*          SCHEDULE A-1

| | |
|---|---|
| 2. ID# | 14-MA-107 |
| ☒ | Primary |
| | General |

1. Committee Name __Michele Lin For Council__

3. Report covering period from __June 1, 2014__ thru __August 14, 2014__

## 4. Aggregate Total of Contributions of $50 or less

| DESCRIPTION | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE | |
|---|---|---|---|
| Fundraiser | 273.00 | 273.00 | |
| Donation Donna Cox | $25.00 | 25.00 | |
| 5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A] | $298.00 | 6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B] | $298.00 |

*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

2. ID# 14-DP-109

[X] Primary

[ ] General

1. Committee Name _____ Michele Lin for Council _____

3. Report covering period from _June 1, 2014_ thru _August 14, 2014_

| 4 | CONTRIBUTIONS | | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|---|---|---|---|---|
| | IDENTITY OF CONTRIBUTOR AND DATE RECEIVED | | | |
| 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. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B   [If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A] | | | |

# CANDIDATE LOANS

## SCHEDULE C

| 1. | Committee Name | 2. ID # 14-MP-109 |
|---|---|---|
| | Michele Lin for Council | [X] Primary |
| | | [ ] General |

3. Report covering period from June 1, 2014 thru August 14, 2014

| 4. LOANS MADE OR GUARANTEED BY CANDIDATE | DATE RECEIVED | AMOUNT RECEIVED | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|---|---|---|---|
| **NAME AND ADDRESS FROM WHOM RECEIVED** | | | |
| 4a. NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| Michele Lin | | | |
| ███████████████ LHC A 86806 | 5-15-14 | | 637.74 |
| DESCRIPTION | | | |
| b. NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | | | |
| DESCRIPTION | | | |
| c. NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | | | |
| DESCRIPTION | | | |
| d. NAME, ADDRESS, CITY, STATE, AND ZIP | | | |
| | | | |
| DESCRIPTION | | | |
| 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 PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A] | | | |

OTHER LOANS

SCHEDULE C1

| | |
|---|---|
| 2. ID# | 14-NP-109 |
| ⊠ | Primary |
| ☐ | General |

1. Committee Name __Michele Lin for Council__

3. Report covering period from __June 1, 2014__ thru __August 14, 2014__

| 4 | ALL OTHER LOANS | DATE LOAN RECEIVED | AMOUNT OF LOAN | CUMULATIVE TOTAL THIS CAMPAIGN TO DATE |
|---|---|---|---|---|
| | NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN. | | | |
| 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 Detailed Summary Page, Line 5(a), Column A] | | | |

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# EXPENDITURES FOR OPERATING EXPENSES*

## SCHEDULE D

| 2. ID# | 14-WP-109 |
|---|---|
| X | Primary |
| | General |

1. Committee Name  Michele Lin for City Council

3. Report covering period from  June 1, 2014  thru  August 14, 2014

| 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  Speedy Signs.com  DESCRIPTION OF ITEMS OR SERVICES PURCHASED  Signs | 6-13-14 | 320.60 |
| 4b. | NAME, ADDRESS, CITY, STATE AND ZIP  Caltons office Equpt  1987 mcculloch Blvd LHC AZ 86403  DESCRIPTION OF ITEMS OR SERVICES PURCHASED  Copies | 6-6-14 | 24.27 |
| 4c. | NAME, ADDRESS, CITY, STATE AND ZIP  At mail! Business Center  1642 mcculloch LHC AZ 86403  DESCRIPTION OF ITEMS OR SERVICES PURCHASED  Copies | 6-5-14 | 20.15 |
| 4d. | NAME, ADDRESS, CITY, STATE AND ZIP  At mail Business Center  1642 mcculloch LHC AZ 86403  DESCRIPTION OF ITEMS OR SERVICES PURCHASED  Copies | 7-1-14 | 4.90 |
| 4e. | NAME, ADDRESS, CITY, STATE AND ZIP  Safeway  DESCRIPTION OF ITEMS OR SERVICES PURCHASED  Donuts / Coffee | 7-18-14 | 10.00 |
| 4f. | NAME, ADDRESS, CITY, STATE AND ZIP  Carltons office Equpt  1987 mculloch Blvd LHC AZ  DESCRIPTION OF ITEMS OR SERVICES PURCHASED  Copies | 8-5-14 | 25.00 |
| 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] | | 454.92 |

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

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# LOANS MADE BY REPORTING COMMITTEE

## SCHEDULE D-2

2. ID# 14-10P-109

[X] Primary

[ ] General

1. Committee Name **Michele Lin for City council**

3. Report covering period from **June 1, 2014** thru _____

| 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 | | |
| 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] | | |

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# OFFSETS TO OPERATING EXPENSES *

## SCHEDULE D-3

| 2. ID# | 14-NR-D9 |
|---|---|
| ☒ | Primary |
| ☐ | General |

1. Committee Name  Michele Lin for City Council

3. Report covering period from  June 1, 2014  thru  August 14, 2014

| REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES | DATE REFUND RECEIVED | AMOUNT OF THE REFUND |
|---|---|---|
| NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED | | |
| 4a. NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| DESCRIPTION OF REFUND | | |
| 4b. NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| DESCRIPTION OF REFUND | | |
| 4c. NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| DESCRIPTION OF REFUND | | |
| 4d. NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| DESCRIPTION OF REFUND | | |
| 4e. NAME, ADDRESS, CITY, STATE, AND ZIP | | |
| 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]

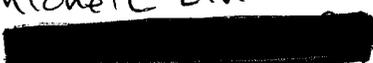*     Includes return of contributions made by reporting committee

Schedule D-3  Page____of ____

# REPAYMENT OF CANDIDATE LOANS

## SCHEDULE D-4

2. ID# 14-NP-109

[X] Primary

[ ] General

1. Committee Name  Michele Lin for City Council

3. Report covering period from  June 1, 2014  thru August 14, 2014

| REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE | DATE REPAYMENT MADE | AMOUNT OF THE REPAYMENT |
|---|---|---|
| NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE | | |
| 4a. NAME, ADDRESS, CITY, STATE, AND ZIP  Michele Lin  ████████  Lake Havasu City AZ 86406 | 7-13-14 | 39.74  548.00 |
| 4b. 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**

2. ID# 9Y-70P-709

[ ] Primary

[ ] General

1. Committee Name ___Michele Linbu City Coun___

3. Report covering period from ___June 1, 2014___ thru ___August 14, 2014___

| 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 | | |
| 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# | | |
| 5. | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A] | | |

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TRANSFERS TO OTHER POLITICAL COMMITTEES          SCHEDULE D-6

| 2. ID# | 14-NP-109 |
|---|---|
| ✓ | Primary |
| | General |

1. Committee Name  Michele Lin for city council

3. Report covering period from  June 1, 2014  thru August 14, 2014

| 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) 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# | | |
| 4f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |

5.  ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]

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# ANY OTHER DISBURSEMENT

## SCHEDULE D-7

2. ID# 14-NP-709

| | |
|---|---|
| ✓ | Primary |
| | General |

1. Committee Name  **Michele Lin for City Council**

3. Report covering period from  **June 1, 2014**  thru  **August 14, 2014**

| 4. | ANY OTHER DISBURSEMENTS | DATE DISBURSEMENT MADE | AMOUNT OF THE DISBURSEMENT |
|---|---|---|---|
| | NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION | | |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | 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]

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# IN-KIND CONTRIBUTIONS and EXPENDITURES

## SCHEDULE E

| 2. ID# | 14 - NP-109 |
|---|---|
| ☒ | Primary |
| ☐ | General |

1. Committee Name __Michele Lin for City Council__

3. Report covering period from __June 1, 2014__ thru __August 14, 2014__

| 4 | IN-KIND CONTRIBUTIONS and EXPENDITURES | DATE | FAIR MARKET VALUE |
|---|---|---|---|
| | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#  Bruce Hinman ⬛⬛⬛⬛ LHC AZ 86406  ☑ CONTRIBUTION  ☐ EXPENDITURE | 7-30-14 | 198.25 |
| | DESCRIPTION  Print ad, Sign, Tee Shirt | | |
| | OCCUPATION  retired | EMPLOYER | | |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID#  ☐ CONTRIBUTION  ☐ EXPENDITURE | | |
| | DESCRIPTION | | |
| | OCCUPATION | EMPLOYER | | |
| 4c. | 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 Line 6, Column A] | | 198.25 |
| 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 Line 11, Column A] | | 198.25 |

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# DIVIDENDS, INTEREST, AND OTHER RECEIPTS

## SCHEDULE F-1

| | |
|---|---|
| 2. ID# 14-NP-109 | |
| ☑ | Primary |
| ☐ | General |

1. Committee Name  Michele Lin For City Council

3. Report covering period from  June 1 2014  thru  August 14, 2014

| 4 | DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS | DATE AMOUNT RECEIVED | AMOUNT OF THE RECEIPT |
|---|---|---|---|
| | NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 4c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 4d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 4e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |
| 4f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF RECEIPT | | |

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

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OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

| 2. ID# | 14-NP-109 |
|---|---|
| ☒ | Primary |
| | General |

1. Committee Name  Michele Lin for City Council

3. Report covering period from  June 1, 2014  thru  August 14, 2014

| 4 | REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED | DATE REFUND MADE | AMOUNT OF THE REFUND |
|---|---|---|---|
| | NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE | | |
| 4a. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| 4b. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| 4c. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| 4d. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| 4e. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |
| 4f. | NAME, ADDRESS, CITY, STATE, ZIP AND ID# | | |
| | DESCRIPTION OF REFUND | | |

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [If last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(E), Column A]

\* Includes return of contributions received by reporting committee

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