



COMMITTEE ID NUMBER
(office use only)

22-NP-208

CITY CLERK

COMMITTEE TYPE (choose one):

■ Candidate	
Committee Name (required): (first or last name & office)	Committee to re-elect michele Lin
Candidate Information:	Candidate's Name (required): Michele Cin
	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); ■
	District (if applicable):
	□ School Board Office: Lake Hause City □ District (if applicable): □ District (if applicable):
	□ Special District Board: □ □ □ District (if applicable):
Election Cycle for Office Soug	the description will take place) (required):
Party Affiliation:	□ Democrat □ Green □ Libertarian □ Republican □ Other:
(required for partisan offices)	
	nittee (PAC)
☐ Political Action Comn	• •
Committee Name (required): (if sponsored, must include	• •
Committee Name (required): (if sponsored, must include sponsor's name)	<del></del>
Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional):	□ Contributions □ Candidate-Related Independent Expenditures
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Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)  Special Status (if applicable)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's email address (required): □ Sponsor's phone number (if any): □ Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration)
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Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)  Special Status (if applicable)  Political Party  Committee Name (required): (must include party affiliation)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's email address (required): □ Sponsor's phone number (if any): □ Sponsor's website (if any): □ 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)
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COMMITTEE ID NUMBER (office use only)

## COMMITTEE INFORMATION:

	Committee's mailing address (required):
Contact Information:	Committee's maining address (required).
	Committee's email address (required):
	Committee's phone number (if any):
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required): Michele Lin
	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):
	Chairperson's occupation (required): Leskerant Owner
Treasurer's Information:	Treasurer's name (required): Michele Lin
	Treasurer's physical address (required):
	Treasurer's mailing address (if different):
	Treasurer's email address (required):
	Treasurer's phone number (required):
	Treasurer's employer (required):
	Treasurer's occupation (required): Les tawart owner
Deals or Financial Institutions	
Bank or Financial Institution: (do not list acct numbers)	Bank name (required): Frest Savings Bonk loke Havay (11-) 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: 7 - 19 - 33Treasurer's signature:

Date: 7 - 19 - 33Candidate's signature (if applicable):

Date: 7 - 19 - 33

