



POLITICAL COMMITTEE
CITY OF BUCKEYE
CAMPAIGN FINANCE REPORT
2016 August/November Regular Election

FOR OFFICE USE ONLY

1. **Michelle R. Hess For Council**

Full Name of Committee

25565 W Pioneer St

Address

Buckeye, Arizona Maricopa 623-826-4813

City

ZIP Code

County

Phone

2.

Sponsoring Organization or Candidate and office

Michelle R. Hess Buckeye Council District 3

Name of Candidate and Office Sought (if applicable)

michellerhess@yahoo.com

E-Mail Address

Fax #

Received in Clerk's Office
09.27.2016 at 6:13 a.m.

3A. ID#

D3-C-2016-001

4. **REPORTING PERIOD** (Please check appropriate box)

DUE BETWEEN

- January 31 Report - For Period of _____ * thru December 31, 2015 January 1, 2016 and February 1, 2016
- June 30 Report - For Period of January 1, 2016 thru May 31, 2016 June 1, 2016 and June 30, 2016
- Pre-Primary Election Report - For Period of June 1, 2016 thru August 18, 2016 August 19, 2016 and August 26, 2016
- Post-Primary Election Report - For Period of August 19, 2016 thru September 19, 2016 September 20, 2016 and September 29, 2016
- Pre-General Election Report - For Period of September 20, 2016 thru October 27, 2016 October 28, 2016 and November 4, 2016
- Post-General Election Report - For Period of October 28, 2016 thru November 28, 2016 November 29, 2016 and December 8, 2016
- **January 31, Report - For Period of November 29, 2016 thru December 31, 2017 January 1, 2018 and January 31, 2018

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	\$2,630.25	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	0	\$7,770
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	\$2,630.25	\$7,770
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)	\$633.50	5,773.25
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	\$1,996.75	

*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.

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2. ID#
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from 08-19-16 thru 09-19-16

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE												
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR															
4a.	<table border="1" style="width:100%"> <tr> <td style="width:33%">LAST</td> <td style="width:33%">FIRST</td> <td style="width:33%">MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER				
LAST	FIRST	MI														
STREET ADDRESS																
CITY	STATE	ZIP														
OCCUPATION	EMPLOYER															
b.	<table border="1" style="width:100%"> <tr> <td style="width:33%">LAST</td> <td style="width:33%">FIRST</td> <td style="width:33%">MI</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> </table>	LAST	FIRST	MI	STREET ADDRESS			CITY	STATE	ZIP	OCCUPATION	EMPLOYER				
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CITY	STATE	ZIP														
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CITY	STATE	ZIP														
OCCUPATION	EMPLOYER															
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LAST	FIRST	MI														
STREET ADDRESS																
CITY	STATE	ZIP														
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]															

*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.

CONTRIBUTIONS of **\$50** or less - AGGREGATE TOTAL*

SCHEDULE A-1

2. ID# D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from 08-19-16 thru 09-19-16

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

2. ID#
D3-C-2016-001

Michelle R. Hess For Council

1. Committee Name _____

08-19-16

09-19-16

3. Report covering period from _____ thru _____

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 Michelle R. Hess For Council	2. ID # D3-C-2016-001		
3.	Report covering period from <u>08-19-16</u> thru <u>09-19-16</u>			
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			
	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#
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from 08-19-16 thru 09-19-16

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]			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from 08-19-16 thru 09-19-16

4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE AND ZIP US Bank DESCRIPTION OF ITEMS OR SERVICES PURCHASED Banking Fees	08-19-10 - 09-19-16	\$8.00
4b.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
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]		

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

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from 08-19-16 thru 09-19-16

4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE AND ZIP HighGround Inc 830 N 4th Ave Phoenix, AZ 85003 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Campaign Consulting and Marketing Materials	08-19-10 - 09-19-16	\$75
4b.	NAME, ADDRESS, CITY, STATE AND ZIP See Level 1835 Ranch Rd Tempe, AZ 85284 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Graphic Design	08-19-10 - 09-19-16	\$225
4c.	NAME, ADDRESS, CITY, STATE AND ZIP Americopy 856 E Main St Mesa, AZ 85203 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing of Materials	08-19-10 - 09-19-16	\$274.23
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Wix DESCRIPTION OF ITEMS OR SERVICES PURCHASED Website	08-19-10 - 09-19-16	\$13.90
4e.	NAME, ADDRESS, CITY, STATE AND ZIP GoDaddy DESCRIPTION OF ITEMS OR SERVICES PURCHASED Website Hosting and Email	08-19-10 - 09-19-16	\$5.45
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Cafe 25:35 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Volunteer Meal	08-19-10 - 09-19-16	\$31.92
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]		

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

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID#
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from 08-19-16 thru 09-19-16

4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE					
IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED								
4a.	NAME, ADDRESS, CITY, STATE AND ZIP <table border="1" data-bbox="204 636 1157 684"> <tr> <td>PURPOSE AND DESCRIPTION OF PURCHASE</td> <td><input type="checkbox"/></td> <td>Benefitted</td> <td><input type="checkbox"/></td> <td>Opposed</td> </tr> </table> CANDIDATE OFFICE SOUGHT YEAR OF ELECTION	PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed		
PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed				
4b.	NAME, ADDRESS, CITY, STATE AND ZIP <table border="1" data-bbox="204 873 1157 921"> <tr> <td>PURPOSE AND DESCRIPTION OF PURCHASE</td> <td><input type="checkbox"/></td> <td>Benefitted</td> <td><input type="checkbox"/></td> <td>Opposed</td> </tr> </table> CANDIDATE OFFICE SOUGHT YEAR OF ELECTION	PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed		
PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed				
4c.	NAME, ADDRESS, CITY, STATE AND ZIP <table border="1" data-bbox="204 1110 1157 1159"> <tr> <td>PURPOSE AND DESCRIPTION OF PURCHASE</td> <td><input type="checkbox"/></td> <td>Benefitted</td> <td><input type="checkbox"/></td> <td>Opposed</td> </tr> </table> CANDIDATE OFFICE SOUGHT YEAR OF ELECTION	PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed		
PURPOSE AND DESCRIPTION OF PURCHASE	<input type="checkbox"/>	Benefitted	<input type="checkbox"/>	Opposed				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A]							

*SEE A.R.S. § 16-901(14).

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

Signature of Treasurer _____

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

2. ID#
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from 08-19-16 thru 09-19-16

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]		

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

2. ID#
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from 08-19-16 thru 09-19-16

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		

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID#
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from 08-19-16 thru 09-19-16

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		
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#
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from 08-19-16 thru 09-19-16

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]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID#
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from 08-19-16 thru 09-19-16

4	TRANSFERS MADE BY THE REPORTING COMMITTEE NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
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]			

ANY OTHER DISBURSEMENT

SCHEDULE D-7

2. ID#
D3-C-2016-001

Michelle R. Hess For Council

1. Committee Name _____

08-19-16

09-19-16

3. Report covering period from _____ thru _____

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]		

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

2. ID#
D3-C-2016-001

Michelle R. Hess For Council

1. Committee Name _____

3. Report covering period from 08-19-16 thru 09-19-16

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#	CONTRIBUTION EXPENDITURE			
DESCRIPTION					
OCCUPATION	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]				
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]				

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID#
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from 08-19-16 thru 09-19-16

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]		

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

2. ID#
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from 08-19-16 thru 09-19-16

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

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

2. ID#
D3-C-2016-001

1. Committee Name Michelle R. Hess For Council

3. Report covering period from 08-19-16 thru 09-19-16

4	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
5.	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 [Transfer total to Detail Summary Page Line 19, Column A]				