## COMMITTEE SCHEDULE B—ALL OTHER FUNDS

		Amended:
Full Legal Name of Candidate (if applicable)	Full Name of Committee	
Lugen. A (iil	Cue 4/12	
Type of Report	Reporting Period:	Number (if assigned)
Partial Quarter		

Date	Type of Other Funds	Description of Other Funds	Amount	Reporting Period Total	Aggregate Total
					NA
					1011
					0
		CITY ULEHK			
		CITY CLERK	0		
		02:2 Md 2- Jul 0			
		AMOHATYO TO STA	TZ		

FILED