



FILED
WASHTENAW COUNTY MI
Nov 4 2 45 PM '99

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 8 / 1 / 99 To: 10 / 15 / 99
Mo Day Year Mo Day Year

1. Committee I.D. Number

C-99-028

4. Candidate Last Name First Name M.I.

HIGGINS MARCIA C

2. Committee Name

Committee to Elect Marcia Higgins

4a. Office Sought Including District # or Community Served (If applicable)

CITY COUNCIL - WARD FOUR

4b. County of Residence Driver License # (Optional)

WASHTENAW

5. Committee's Mailing Address

1512 MARLIAN
ANN ARBOR, MI. ~~48103~~ 48103
Area Code and Phone 734-662-0487

6. Treasurer's Name & Residential Address

PATRICK PUTMAN
1512 MARLIAN
ANN ARBOR, MI. 48103
Area Code & Phone 734-662-0487
Driver License # (Optional) _____

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address

3157 PACKARD STE. C
ANN ARBOR, MI 48108
Area Code and Phone 734 677 6428

8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)

Area Code and Phone () - _____
Driver License # (Optional) _____

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

- Primary General
- Convention School
- Special Caucus

Date of Election, Convention or Caucus

11 / 2 / 99
Month Day Year

9c. Annual Statement (19__ Coverage Year)

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Recordkeeper PATRICK PUTMAN,
Type or Print Name

[Signature]
Signature

Date 10 / 15 / 99
Mo Day Year

Candidate MARCIA HIGGINS
Type or Print Name

[Signature]
Signature

Date 10 / 15 / 99
Mo Day Year



1. Committee I.D. Number _____

2. Committee Name
COMMITTEE TO ELECT MARCIA HIGGINS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>625.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ _____	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>625.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>326.88</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>326.88</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>625.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>625.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>326.88</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>298.12</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number _____
2. Committee Name Comm. To Elect Marcia Higgins

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, Enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (Both are commonly called PACs.) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-3-99</u> Name: <u>JAMES WANZOK</u> Address: <u>390 WYMANCOT DR.</u> <u>ANN ARBOR, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	25.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-4-99</u> Name: <u>JAMES ROGERS</u> Address: <u>1865 GILBENVIEW</u> <u>ANN ARBOR 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	100.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-4-99</u> Name: <u>RICHARD HAULER</u> Address: <u>2121 GILBENVIEW</u> <u>ANN ARBOR 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	100.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-6-99</u> Name: <u>DAVID KWAN</u> Address: <u>1030 John Dr.</u> <u>Ann Arbor MI.</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	50.00	

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

275.00
625.00



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name COMMITTEE TO ELECT MARCIA HIGGINS

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, Enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (Both are commonly called PACs.) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-8-99</u> Name: <u>INGRID SHADLOON</u> Address: <u>1416 FOLKSTONE</u> <u>ANN ARBOR, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	100.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-99</u> Name: <u>JANE LUMM</u> Address: <u>3075 OVERMARE</u> <u>ANN ARBOR MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Unemployed</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	150.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-10-99</u> Name: <u>DUANE & KATIE RENKON</u> Address: <u>2154 S. SEVENTH</u> <u>ANN ARBOR, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	100.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	350.00	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number _____
2. Committee Name COMMITTEE TO ELECT MARCIA HIGGS

3. Name and address of person or vendor to whom paid if the amount paid is \$50.01 or more.	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>KINKOS</u> Street Address <u>1514 WASHTENAW AVE.</u> <u>#</u> City <u>Ypsilanti</u> State <u>MI</u> Zip Code <u>48197</u>	Purpose: <u>PRINTING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI	<u>10/6/99</u>	<u>178.88</u>
Expenditure #2 Name <u>FAST SIGNS</u> Street Address <u>2874 WASHTENAW</u> City <u>Ypsilanti</u> State <u>MI</u> Zip Code <u>48197</u>	Purpose: <u>YARD SIGNS</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI	<u>10/11/99</u>	<u>148.00</u> <u>(Deposit)</u>
Expenditure #3 Name _____ Street Address _____ City _____ State _____ Zip Code _____	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI		
Expenditure #4 Name _____ Street Address _____ City _____ State _____ Zip Code _____	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI		
Expenditure #5 Name _____ Street Address _____ City _____ State _____ Zip Code _____	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI		

Subtotal this page _____
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

326.88
326.88

Enter this total on line 8a of Summary Page