



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FILED

DEC 5 3 04 PM '01

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: 12 01 2001 To: 10 21 2001  
Mo Day Year Mo Day Year

1. Committee I.D. Number C-99-028  
2. Committee Name  
Committee to Elect Marcia Higgins

4. Candidate Last Name Higgins First Name MARCIA M.I. C  
4a. Office Sought Including District # or Community Served (If applicable)  
CITY COUNCIL WARD FOUR  
4b. County of Residence WASHTENAW Driver License # (Optional)

5. Committee's Mailing Address  
P.O. BOX 1865  
ANN ARBOR, MI 48106  
Area Code and Phone 734-662-0487  
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.

6. Treasurer's Name & Residential Address  
PATRICK PUTMAN  
1512 MARIAN ANN ARBOR 48103  
Area Code & Phone 734-662-0487  
Driver License # (Optional)

7. Treasurer's Business Address  
Area Code and Phone ( ) -

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  
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 6 2001  
Month Day Year

9c.  Annual Statement ( Coverage Year)  
9d.  Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)  
9e.  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 cannot 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 Record Keeper PATRICK PUTMAN Signature [Signature] Date 11 19 01  
Type or Print Name Signature Mo Day Year  
Candidate MARCIA C. HIGGINS Signature Marcia C. Higgins Date 11 19 01  
Type or Print Name Signature Mo Day Year

5

C-1999-0280008001



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number  
2. Committee Name

C-99-028

Comm. TO ELBERT MARCIA HIGGINS

SUMMARY PAGE  
CANDIDATE COMMITTEE

RECEIPTS

3. Contributions

Column I  
This Period

Column II  
Cumulative this election cycle

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 875.00

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$

c. Subtotal of "Contributions"

(3c.) \$ 875.00

(18.) \$ 875.00

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$

(19.) \$

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS  
(Add Line 3c + Line 4)

(5.) \$ 875.00

(20.) \$ 875.00

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.) \$ 1118.32

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 1118.32

(23.) \$ 1118.32

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.) \$ 273.12

14. Amount received during reporting period  
(Line 5, Total Contributions & Other Receipts)

(14.) + 875.00

15. SUBTOTAL Add lines 13 and 14

(15.) = 1148.12

16. Amount expended during reporting period  
(Add lines 9 and 11)

(16.) - 1118.32

17. ENDING BALANCE

(17.) \$ 29.80

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.  
Authority granted under P.A. 388 of 1976



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-99-028  
2. Committee Name Comm. to Elect Marcia Higgins

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) 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?  YES 4. Date of Receipt 10-3-01

Name: BOB LYONS  
Address: 4566 CANTERBURY CT. 48103

250.<sup>00</sup>

250.<sup>00</sup>

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 10-3-01

Name: JOSEPH FITZSIMMONS  
Address: 101 N. MAIN, 48104

150.<sup>00</sup>

150.<sup>00</sup>

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 10-3-01

Name: DUANIS & KATIE RENKEN  
Address: 2154 S. SEVENTH, 48103

25.<sup>00</sup>

25.<sup>00</sup>

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 10-6-01

Name: JAME STEPHENSON  
Address: 4867 DONAL, 48108

50.<sup>00</sup>

50.<sup>00</sup>

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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

475.<sup>00</sup>

Enter this total on line 3a of Summary Page



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number C-99-028  
2. Committee Name COMMITTEE TO ELECT MARCIA HIGGINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) 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>10-1-01</u> Name: <u>MARCIA Higgins</u> Address: <u>1512 MARION</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>EXEC. ASST.</u> Employer <u>HELP SOURCE</u> Business Address <u>1952 INDUSTRIAL 48104</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	300.00	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-20-01</u> Name: <u>ED SHAFRAN</u> Address: <u>209 S. FOURTH, 48104</u> 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	100.00	
3. Contribution # 3 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		
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		

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

400.00  
~~875.00~~

Enter this total on  
line 3a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number C-99-028  
2. Committee Name Comm. To Elect Marcia Higgins

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>KINKOS COPY</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTED MATERIALS</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/2/01</u>	<u>157.54</u>
Expenditure #2 Name <u>AMERICAN SIGN SHOP</u> Address <u>4825 WASHINGTON 48108</u> <input type="checkbox"/> Fund Raiser	Purpose: <u><del>PA</del> SIGNS</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/01</u> <del>25</del>	<u>258.33</u>
Expenditure #3 Name <u>ANN ARBOR NEWS</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/01</u>	<del>196.31</del> <u>196.31</u>
Expenditure #4 Name <u>MARCIA HIGGINS</u> Address <u>192 MARIAN, 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REPAYMENT OF LOAN</u> Expenditure Code <u>LO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<del>300.00</del> <u>10/15/01</u>	<u>300.00</u>
Expenditure #5 Name <u>KINKOS COPY</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>INSERTS</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/01</u>	<u>181.14</u>

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

1118.32  
1118.32

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES