



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

WADSWORTH TOWNSHIP, MI

**CANDIDATE COMMITTEE
COVER PAGE**

2005 JUL 22 P 3: 35 FOR OFFICIAL USE ONLY

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

<p>1. Committee I.D. Number</p> <p>2. Committee Name <i>MARCIA HIGGINS FOR CITY COUNCIL</i></p>		<p>3. This Statement covers From: _____ to _____ Mo Day Year Mo Day Year</p> <p>4. Candidate Last Name _____ First Name _____ M.I. _____</p> <p>4a. Office Sought Including District # or Community Served (If applicable)</p> <p>4b. County of Residence</p>	
<p>5. Committee's Mailing Address <i>1512 MARIAN AVE. ANN ARBOR MI 48103 Area Code and Phone 734-662-0487</i></p> <p>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.</p>		<p>6. Treasurer's Name & Residential Address</p> <p>Area Code & Phone () _____</p>	
<p>7. Treasurer's Business Address <i>1512 MARIAN AVE. ANN ARBOR MI 48103 Area Code and Phone 734 662-0487</i></p>		<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone () _____</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <i>8-2</i> <i>11 8 2005</i> Month Day Year</p>		<p>9c. <input checked="" type="checkbox"/> Annual Statement (_____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____ Month Day Year</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>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.</p>			
<p>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.</p> <p>Current Treasurer or Designated Record keeper <i>PATRICK PUTMAN</i> Signature <i>[Signature]</i> Date <i>6 29 2005</i> Type or Print Name Signature Mo Day Year</p> <p>Candidate <i>MARCIA HIGGINS</i> Signature <i>Marcia Higgins</i> Date <i>6 29 2005</i> Type or Print Name Signature Mo Day Year</p>			

Authority granted under P.A. 388 of 1976



C-1999-0280012



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

C-99-028

2. Committee Name

C.T.E. 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 <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-2-05</u></p> <p>Name: <u>SERRAS, MARIA E</u></p> <p>Address: <u>3900 N. DIXBORO - ANN ARBOR 48105</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>BUS. OWNER</u> Employer <u>MAIN ST. VENTURES</u> Business Address <u>ANN ARBOR, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>500.00</p>	<p>500.00</p>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-2-05</u></p> <p>Name: <u>BUNN, LEAH M.</u></p> <p>Address: <u>1308 STADIUM - ANN ARBOR 48104</u></p> <p>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</p>	<p>100.00</p>	<p>100.00</p>
<p>3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>6-18-05</u></p> <p>Name: <u>A.A. CITY PROF. FIRE FIGHTERS</u></p> <p>Address: <u>210 E. HURON, ANN ARBOR 48104</u></p> <p>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</p>	<p>1500.00</p>	<p>1500.00</p>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-28-05</u></p> <p>Name: LEIGH BREWSTER <u>LEIGH BREWSTER</u></p> <p>Address: <u>ANN ARBOR, MI</u></p> <p>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</p>	<p>100.00</p>	<p>100.00</p>

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

2200.00
2400.00

Enter this total on line 3 of Summary Page.

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

C-99-028

2. Committee Name

C.T.E. 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 <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-25-05</u></p> <p>Name: <u>JOHN HIEFTSE</u> XXXXXXXXXX</p> <p>Address: <u>ANN ARBOR, MI 481</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p><i>100.00</i></p>	<p><i>100.00</i></p>
<p>3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-4-05</u></p> <p>Name: <u>CHRIS EASTHOPE</u> XXXXXXXXXX</p> <p>Address: <u>1328 MINNVA - ANN ARBOR</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p><i>100.00</i></p>	<p><i>100.00</i></p>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<p>2005</p>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<p>2005 JUL 22 P 3:36</p>

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

200.00

Enter this total on
line 3 of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-99-028
2. Committee Name C.T.E. 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</u> Address <u>2800 S. STATE ST.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/14/05</u>	<u>34.91</u>
Expenditure #2 Name <u>U.S. POST OFFICE</u> Address <u>ANN ARBOR 48106</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/9/05</u>	<u>185.⁰⁰</u>
Expenditure #3 Name <u>PARTNERS PRESS</u> Address <u>1958 S. INDUSTRIAL</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/05/05</u>	<u>1026.08</u>
Expenditure #4 Name <u>UNIT PACKAGING CORP.</u> Address <u>119 ENTERPRISE DR.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING & MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		<u>834.36</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

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

2075.35
2075.35

Enter this total on line 8a of Summary Page

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STY, MI



1. Committee I.D. Number C-99-028
2. Committee Name C.T.E. 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>2400.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2400.00</u>	(18.) \$ <u>2400.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>—</u>	(19.) \$ <u>—</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2400.00</u>	(20.) \$ <u>2400.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>—</u>	(21.) \$ <u>—</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>—</u>	(22.) \$ <u>—</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2075.35</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>—</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2075.35</u>	(23.) \$ <u>2075.35</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>—</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>—</u>	(24.) \$ <u>—</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>—</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>—</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2400.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2400.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2075.35</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>324.65*</u>	

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 COUNTY CLERK