

FILED
WASHINGTON COUNTY, MI

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.

2005 SEP 14 P 3:43

1. Committee I.D. Number C99028

2. Committee Name
C.T.E. MARCIA HIGGINS

5. Committee's Mailing Address
1512 MARIAN AVE.
ANN ARBOR 48103
Area Code and Phone 734-662-0487

7. Treasurer's Business Address
1512 MARIAN AVE.
ANN ARBOR 48103
Area Code and Phone 734 662-0487

3. This Statement covers From: 7 Mo Day Year to Mo Day Year

4. Candidate Last Name HIGGINS First Name MARCIA M.I. C

4a. Office Sought Including District # or Community Served (If applicable)
CITY COUNCIL - 4TH WARD
4b. County of Residence WASHINGTON

6. Treasurer's Name & Residential Address
PATRICK PUTMAN
1512 MARIAN AVE. 48103
Area Code & Phone 734 662 0487

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Area Code and Phone ()

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
8 2 2005
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. 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.

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: 8/22/05
Type or Print Name Signature Mo Day Year

Candidate: MARCIA C. HIGGINS Signature: [Signature] Date: 8/22/05
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976





**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C99028
2. Committee Name CTE 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>7-24-05</u> Name: <u>GILBERT OMENN</u> Address: <u>3340 E. DOBSON PL.</u> <u>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	100. ⁰⁰	100. ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-27-05</u> Name: <u>SANDRA RAYMOND</u> Address: <u>2375 MERTON</u> <u>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	100. ⁰⁰	100. ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-28-05</u> Name: <u>EDWARD DAVIDSON</u> Address: <u>730 HEATHERWAY</u> <u>48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retiree</u> Employer <u>ANN ARBOR BIVOUAC</u> Business Address <u>336 S. STATE ST. - 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	150. ⁰⁰	150. ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-20-05</u> Name: <u>JOHN GREEN</u> Address: <u>2015 WOODSIDE RD.</u> <u>48104</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	25. ⁰⁰	25. ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	375. ⁰⁰	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C99028
2. Committee Name CTE 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)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-18-05</u> Name: <u>JANIS BARNEY</u> Address: <u>423 W. LIBERTY</u> <u>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	25. ⁰⁰	25. ⁰⁰
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-25-05</u> Name: <u>JEROLD LAX</u> Address: <u>1015 BERKSHIRE</u> <u>48104</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	25. ⁰⁰	25. ⁰⁰
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-20-05</u> Name: <u>JUNE RUSTEN</u> Address: <u>1733 DUNMORE</u> <u>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	25. ⁰⁰	25. ⁰⁰
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-20-05</u> Name: <u>THOMAS HEYWOOD</u> Address: <u>POB 177</u> <u>DUNDÉE 48131</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>EXEC. DIR.</u> Employer <u>STATE ST. ASSOC.</u> Business Address <u>527 E. LIBERTY</u> <u>48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	300. ⁰⁰	300. ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	375. ⁰⁰	

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line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C99028
2. Committee Name CTE MARIAN 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 Name: <u>PETER ALLEN</u> Address: <u>2224 APPLEWOOD</u> <u>48104</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		75.00	75.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>NICHOLAS ROUMEL</u> Address: <u>2718 HAMPSHIRE</u> <u>48104</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		40.00	40.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name: <u>LLOYD POWELL</u> Address: <u>POB 722</u> <u>48107</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		100.00	100.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES Name: <u>JOAN LOWENSTEIN</u> Address: <u>502 BURSUN PL.</u> <u>48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>JAFU, RAITT, HUBB, WEISS</u> Business Address <u>201 S. MAIN</u> <u>48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		250.00	250.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		465	

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line 3 of Summary
Page.