



**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: 11/1/09 to 10/18/09

1. Committee I.D. Number
C-1999-028

2. Committee Name
MARCIA HIGGINS FOR CITY
COUNCIL

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

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

4b. County of Residence

5. Committee's Mailing Address
1308 EAST STADIUM
ANN ARBOR, MI 48104

Area Code and Phone: 734-663-7307

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
LEAH GUNN
1308 EAST STADIUM
ANN ARBOR, MI 48104

Area Code & Phone 734-663-7307

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 _____

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

- Primary
- Convention
- Special
- General
- School
- Caucus

Date of Election, Convention or Caucus _____

- 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 _____

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 LEAH GUNN Signature Leah Gunn Date Oct. 21, 2009

Candidate MARCIA HIGGINS Signature Marcia Higgins Date Oct. 21, 2009



**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>3329.80</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3329.80</u>	(18.) \$ <u>3329.80</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3329.80</u>	(20.) \$ <u>3329.80</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1865.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>12.87</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1877.87</u>	(23.) \$ <u>1877.87</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>3329.80</u>	
	(15.) = <u>3329.80</u>	
15. SUBTOTAL Add Lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>1877.87</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1451.93</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 ~~4234567~~ C-1999-028

2. Committee Name Marcia Higgins for City Council

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. (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 # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/28/2009</u> Name: <u>Ray Detter</u> Address: <u>120 N. Division, Apt. 1</u> <u>Ann Arbor MI 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	100.00	100.00
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/31/2009</u> Name: <u>Jean Carlberg</u> Address: <u>1902 Independence</u> <u>Ann Arbor MI 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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/31/2009</u> Name: <u>Leigh Greden</u> Address: <u>2860 Gladstone</u> <u>Ann Arbor MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Miller-Canfield</u> Business Address <u>101 N. Main</u> <u>Ann Arbor MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250.00	250.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/31/2009</u> Name: <u>Renee Greden</u> Address: <u>2015 Woodside</u> <u>Ann Arbor MI 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 checked="" type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	500.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number ~~1234567~~ C-1999-028

2. Committee Name Marcia Higgins for City Council

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. (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 # <u>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/31/2009</u> Name: <u>Leah Gunn</u> Address: <u>1308 East Stadium</u> <u>Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>County Commissioner</u> Employer <u>Washtenaw County</u> Business <u>220 N. Main St.</u> Address <u>Ann Arbor MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250.00	250.00
3. Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/31/2009</u> Name: <u>Marcia Higgins for City Council</u> Address: <u>1512 Marian</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 checked="" type="checkbox"/> Fund Raiser	29.80	29.80
3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/31/2009</u> Name: <u>Michael C. Martin</u> Address: <u>517 W. Washington</u> <u>Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>consultant</u> Employer <u>self-employed</u> Business <u>517 W. Washington</u> Address <u>Ann Arbor MI 48103</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
3. Contribution # <u>8</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/31/2009</u> Name: <u>Margaret W. Teall</u> Address: <u>1208 Brooklyn Ave.</u> <u>Ann Arbor MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>City Council Member</u> Employer <u>City of Ann Arbor</u> Business <u>100 N. Fifth Ave.</u> Address <u>Ann Arbor MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	150.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	679.80	

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number ~~1234567~~ C-1999-028
2. Committee Name Marcia Higgins for City Council

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. (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 # <u>9</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/04/2009</u> Name: <u>Friends of Leah Gunn</u> Address: <u>1308 East Stadium</u> <u>Ann Arbor MI 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 checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>10</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/14/2009</u> Name: <u>Anthony Derezinski</u> Address: <u>1345 Glendaloch Rd.</u> <u>Ann Arbor MI 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 checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>11</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/14/2009</u> Name: <u>Greden for City Council</u> Address: <u>3840 Michael Rd.</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 checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>12</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/14/2009</u> Name: <u>Maria Serras</u> Address: <u>3900 Dixboro Rd.</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 checked="" type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	400.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number ~~1234567~~ C-1999-028
2. Committee Name Marcia Higgins for City Council

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. (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 # <u>13</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/14/2009</u> Name: <u>Stephen Rapundalo for City C.</u> Address: <u>8106 Bluett</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 checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>14</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/21/2009</u> Name: <u>Joan Lowenstein</u> Address: <u>502 Burson Place</u> <u>Ann Arbor MI 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 checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>15</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/25/2009</u> Name: <u>Richard Bellas</u> Address: <u>8221 Webster Dr.</u> <u>Dexter MI 48130</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	50.00	50.00
3. Contribution # <u>16</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/25/2009</u> Name: <u>Edward Davidson</u> Address: <u>730 Heatherway</u> <u>Ann Arbor MI 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	100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	350.00	

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number ~~1234567~~ C-1999-028
2. Committee Name Marcia Higgins for City Council

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. (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 # 17 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/25/2009</u> Name: Roger Hewitt Address: 1411 Harbrooke Ann Arbor MI 48103 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 # 18 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/25/2009</u> Name: Thomas Heywood Address: P.O. Box 177 Dundee MI 48131 5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>State Street Assn.</u> Business Address <u>527 East Liberty</u> <u>Ann Arbor MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # 19 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/25/2009</u> Name: James Kern Address: 318 S. Thayer St. Ann Arbor MI 48104 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 # 20 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/25/2009</u> Name: Amy Lynn Schmidt Address: 3772 Highcrest Dr. Brighton MI 48116 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
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	500.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number ~~423456-Z~~ C-1999-028
2. Committee Name Marcia Higgins for City Council

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. (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 # <u>21</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/25/2009</u> Name: <u>John Splitt</u> Address: <u>1723 Ivywood</u> <u>Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Gold Bond Cleaners</u> Business <u>332 Maynard</u> Address <u>Ann Arbor MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>22</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/28/2009</u> Name: <u>Christopher Taylor</u> Address: <u>1505 Brooklyn</u> <u>Ann Arbor MI 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	100.00	100.00
3. Contribution # <u>23</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/02/2009</u> Name: <u>Frances Todoro-Hargreaves</u> Address: <u>6636 Wing</u> <u>Ypsilanti MI 48197</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	50.00	50.00
3. Contribution # <u>24</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/06/2009</u> Name: <u>Russell Collins</u> Address: <u>2585 Hollywood 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	100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	450.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number ~~1234567~~ C-1999-028
2. Committee Name Marcia Higgins for City Council

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. (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 # 25 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/2009</u> Name: Jim Dries Address: 3840 Michael Rd. Ann Arbor MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>Register of Deeds</u> Employer <u>Washtenaw County</u> Business 220 N. Main St. Address <u>Ann Arbor MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # 26 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/17/2009</u> Name: Inspire Michigan Address: 1602 Westminster Ann Arbor MI 48104 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	200.00	200.00
3. Contribution # 27 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/21/2009</u> Name: Diane Giannola Address: 3252 Alpine Dr. Ann Arbor MI 48108 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	50.00	50.00

Page Subtotal	450.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	3329.80

Enter this total on
line 3a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number ~~1234567~~ C-1999-028
2. Committee Name Marcia Higgins for City Council

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: Partners Press Address: 1958 S. Industrial Ann Arbor MI 48104 <input type="checkbox"/> Fund Raiser	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	10/06/2009	1507.32
Expenditure # 2 Name: Inland Press Address: 2001 W. Lafayette Detroit MI 48126 <input type="checkbox"/> Fund Raiser	Purpose: <u>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	10/17/2009	357.68

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

1865.00
1865.00

Enter this total on line 8a of Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number ~~1234567~~ C-1999-028
2. Committee Name Marcia Higgins for City Council

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/05/2009</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) 25	5. Type of Fund Raising Activity reception	6. Address and Name (If any) of the place where the activity was held Leah Gunn Ann Arbor MI 48104 <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions of \$20.00 or less	<u>0.00</u>
8. Total Contributions of \$20.01 or more	<u>1629.80</u>
9. SUBTOTAL (Add lines 7 and 8)	<u>1629.80</u>
10. Other Receipts	<u>0.00</u>
11. Gross Receipts (Add lines 9 and 10)	<u>1629.80</u>
12. Total Cost of Event*	<u>0.00</u>

*Includes In-Kind Contributions and All Expenditures Made For the Event

13. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.