



**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: 10/19/09 to 11/23/09

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

2. Committee Name
Marcia Higgins For City Council 1

4. Candidate Last Name **HIGGINS** First Name **MARCIA** M.I.
4a. Office Sought Including District # or Community Served (If applicable)
ANN ARBOR City Council WARD 4

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

Area Code & Phone _____

*FILED
WASHTENAW COUNTY
2009 NOV 30 P 3:11
LAWRENCE KESTER
COUNTY CLERK/REGISTRAR*

7. Treasurer's Business Address
**220 N. MAIN
ANN ARBOR, MI 48104**

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 General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
11/03/09

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 11/23/09

Candidate MARCIA HIGGINS Signature Marcia Higgins Date 11/23/09



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

2. Committee Name MARCIA HIGGINS For City Council

**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>285.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>285.00</u>	(18.) \$ <u>3614.80</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>285.00</u>	(20.) \$ <u>3614.80</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>35.64</u>	(21.) \$ <u>35.64</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1404.57</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>2.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1406.57</u>	(23.) \$ <u>3284.44</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1451.93</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>285.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1736.93</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1406.57</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>330.36</u> *	



**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>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/30/2009</u> Name: <u>Diane Giannola</u> Address: <u>3252 Alpine Dr.</u> <u>Ann Arbor MI 48108</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	20.00	70.00
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/30/2009</u> Name: <u>Michael Vincent</u> Address: <u>1923 Collegewood</u> <u>Ypsilanti MI 48197</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Vincent & Fifelski</u> Business Address <u>302 N. Huron St.</u> <u>Ypsilanti MI 48107</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 # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/31/2009</u> Name: <u>Phillis Engelbert</u> Address: <u>803 John A. Woods</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	40.00	40.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/31/2009</u> Name: <u>Judith W. Judge</u> Address: <u>1500 Barnard 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 type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	260.00	

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 if 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)
<p>3. Contribution # <u>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/2009</u></p> <p>Name: <u>Rachel Nosowsky</u> Address: <u>1511 E. Park Place</u> <u>Ann Arbor MI 48104</u></p> <p>5. If over \$100.00 cumulative, please provide: 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>	25.00	25.00

Page Subtotal	25.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	285.00

Enter this total on
line 3a of
Summary Page



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE**

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

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.</small>	4. Type of In-kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> Yes Name: <u>Sandi Smith</u> Address: <u>214 W. Kingsley</u> <u>Ann Arbor MI 48103</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>food</u> 5. Date OF RECEIPT: <u>11/01/2009</u> 6. VENDOR NAME & ADDRESS: _____ _____	35.64	35.64

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

35.64
35.64

Enter this total on line 6 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: West Liberty Info LLC Address: 3840 Michael Rd. N Ann Arbor MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>lists</u> Expenditure Code <u>CO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2009	203.88
Expenditure # 2 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	10/30/2009	107.06
Expenditure # 3 Name: Unit Packaging Address: 113 Enterprise Dr. Ann Arbor MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>mailing</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/05/2009	960.58
Expenditure # 4 Name: West Liberty Info LLC Address: 3840 Michael Rd. N Ann Arbor MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>date set</u> Expenditure Code <u>CO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/05/2009	133.05

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

1404.57
1404.57

Enter this total on line 8a of Summary Page