



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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: _____ to _____
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number <u>C-2007-019</u></p> <p>2. Committee Name <u>Mike Anglin for Council</u></p>	<p>4. Candidate Last Name <u>Anglin</u> First Name <u>Michael</u> M.I. <u>D.</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>Ann Arbor City Council Ward 5</u></p> <p>4b. County of Residence <u>Washtenaw</u></p>
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<p>5. Committee's Mailing Address <u>549 S First St Ann Arbor MI 48103</u></p> <p>Area Code and Phone <u>734 883 6983</u></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 <u>Karen Sidney 100 Longman Ln, Ann Arbor MI 48103</u></p> <p>Area Code & Phone <u>(734) 995 2761</u></p>
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<p>7. Treasurer's Business Address <u>100 Longman Ln Ann Arbor MI 48103</u></p> <p>Area Code and Phone <u>(734) 995 2761</u></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>
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<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 type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>8 7 07</u> Month Day Year</p>	<p>9c. <input 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.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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.

<p>Current Treasurer or Designated Record keeper <u>KAREN SIDNEY</u> Type or Print Name</p>	<p><u>Karen Sidney</u> Signature</p>	<p>Date <u>7 23 2007</u> Mo Day Year</p>
<p>Candidate <u>MICHAEL ANGLIN</u> Type or Print Name</p>	<p><u>Michael Anglin</u> Signature</p>	<p>Date <u>7 23 2007</u> Mo Day Year</p>

Authority granted under P.A. 388 of 1976



C-2007-0190002



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2007-019

2. Committee Name Mike Anglin for 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>6740.00</u>	(18.) \$ <u>6740.00</u>
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$ <u>6740.00</u>	(20.) \$ <u>6740.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>6740.00</u>	(20.) \$ <u>6740.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>39.67</u>	(21.) \$ <u>39.67</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>4433.66</u>	
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.) \$ <u>4433.66</u>	(23.) \$ <u>4433.66</u>
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.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1500.00</u>	
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.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>6740.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6740.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4433.66</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2306.34</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2007-019
2. Committee Name Mike Anglin for Council

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>5/4/07</u> Name: <u>Karen Sidney</u> Address: <u>100 Longman, 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
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/14/07</u> Name: <u>Margaret Wong</u> Address: <u>418 S First St 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
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/07</u> Name: <u>Rita Mitchell</u> Address: <u>621 S Fifth St Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>health care admin</u> Employer <u>Univ of Mich</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	\$ 200.00	200.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/4/07</u> Name: <u>Helen Graves</u> Address: <u>1 Butler Ave Providence RI 02906</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 3 of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2007-019
2. Committee Name Mike Anglin for Council

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 Name: <u>James Gruber</u> Address: <u>2126 Meridian Dr Ann Arbor MI 48103</u> 4. Date of Receipt <u>5/6/07</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 #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>Pat Schrock</u> Address: <u>1007 Myron CT Ann Arbor MI 48103</u> 4. Date of Receipt <u>5/16/07</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	20.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Liz Soil</u> Address: <u>3294 Columbus Ln Ann Arbor MI 48103</u> 4. Date of Receipt <u>5/6/07</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	\$10.00	10.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Anthony + Nancy Elhajj</u> Address: <u>949th ST Sew Isle City, NJ 08243</u> 4. Date of Receipt <u>5/9/07</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)	180.00	

Enter this total on line 3 of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2007-019

2. Committee Name Mike Anglin for Council

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>5/9/07</u> Name: <u>Winitred Anglin</u> Address: <u>9 49th ST</u> <u>Sewi Isle City NJ 08243</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>6-17-07</u> Name: <u>Kathleen Clark</u> Address: <u>549 S First ST</u> <u>Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self employed</u> Employer <u>Garden ST Inn</u> Business Address <u>549 S First ST, 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		\$400.00	400.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/17-07</u> Name: <u>Michael Anglin</u> Address: <u>549 S First ST</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 checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$3000.00	300.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/8/07</u> Name: <u>Karen Tuttle</u> Address: <u>1620 Baldwin</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)		3600.00	

Enter this total on
line 3 of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2007-019

2. Committee Name Mike Anglin for Council

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>7/8/07</u> Name: <u>Ruth Ann Burtner</u> Address: <u>11765 E Bellas Vista Dr</u> <u>Scottsdale Az 85259-5917</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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/8/07</u> Name: <u>Mary Newell</u> Address: <u>13950 Flongold Dr</u> <u>Windermere FL 34786</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>7/8/07</u> Name: <u>Glerda Haskell</u> Address: <u>1619 Pontiac Trail</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	50.00	50.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/8/07</u> Name: <u>Margaret Ann Walter</u> Address: <u>347 Lanley St</u> <u>San Diego Ca 92102</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)	300.00	

Enter this total on
line 3 of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2007-019
2. Committee Name Mike Anglin for Council

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 Name: <u>Richard Anglin</u> 4. Date of Receipt <u>7/8/07</u> Address: <u>21 Chestnut Ave</u> <u>Middletown NY 10940</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 #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>Gerald T Gaudin</u> 4. Date of Receipt <u>7/8/07</u> Address: <u>213 S. Revere</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	25.00	25.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Fred Anglin</u> 4. Date of Receipt <u>7/8/07</u> Address: <u>1832 Rocketeller Ln</u> <u>Redons Beach CA 90778</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 #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Margaret Pucel</u> 4. Date of Receipt <u>7/8/07</u> Address: <u>2279 Marston</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	20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	145.00	

Enter this total on line 3 of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2007-019
2. Committee Name Mike Anglin for Council

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 Name: <u>Karen Gallup</u> Address: <u>1201 Bydding</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/8/07</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 Name: <u>Glenn Bouldand</u> Address: <u>1006 Pinetree Dr</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/8/07</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 # 3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Alan Connor</u> Address: <u>1919 Pinetree Dr</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/8/07</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 # 4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Peter Schick</u> Address: <u>1441 Argyle Crescent</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/8/07</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	10.00	10.00

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

210.00

Enter this total on line 3 of Summary Page.



**ITEMIZED CONTRIBUTIONS
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2. Committee Name Mike Anglin for Council

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 Name: <u>S Melinda McKay</u> Address: <u>30609 Inkster Rd</u> <u>Franklin MI 48025</u> 4. Date of Receipt <u>7/8/07</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 #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>Christine Stier</u> Address: <u>270 N Seventh</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/8/07</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 # 3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Nancy Avitabile</u> Address: <u>8515 Whittier Blvd</u> <u>Bethesda Md 20807</u> 4. Date of Receipt <u>7/8/07</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 # 4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Constance Crump</u> Address: <u>526 S Ashley</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/8/07</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	20.00	

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

170.00

Enter this total on
line 3 of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number C-2007-019
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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 Name: <u>Douglas Cowherd</u> Address: <u>1117 Brooks</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/8/07</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>management consultant</u> Employer <u>Self</u> Business Address <u>1117 Brooks Ann Arbor MI</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 #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>Ben Burkhardt</u> Address: <u>409 1/2 N Fourth Ave</u> <u>Ann Arbor MI</u> 4. Date of Receipt <u>7/4/07</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>manager</u> Employer <u>Burkhardt Enterprises</u> Business Address <u>409 1/2 N Fourth Ave</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 #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Vivienne Armentrout</u> Address: <u>920 Vaspel</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/4/07</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	79.67
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Ethel Polls</u> Address: <u>1614 Elder</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/4/07</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)		450.00	

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 C-2007-019
2. Committee Name Mike Anglin for Council

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>7/4/07</u> Name: <u>Stephen Thord</u> Address: <u>124 Chapin</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	15.00	15.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/4/07</u> Name: <u>Jill Johnson</u> Address: <u>548 S First ST</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
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/4/07</u> Name: <u>Sonia Schmeel</u> Address: <u>539 S First ST</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
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/4/07</u> Name: <u>Nancy Goldstein</u> Address: <u>408 Second ST</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	25.00	25.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	190.00	

Enter this total on line 3 of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2007-019
2. Committee Name Mike Anglin for Council

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>7/9/07</u> Name: <u>Allan Felat</u> Address: <u>213 Arborview</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	25.00	25.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/9/07</u> Name: <u>Barbara Murphy</u> Address: <u>509 Second</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
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/9/07</u> Name: <u>Carol Fleischer</u> Address: <u>1515 Glen Leven</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
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/9/07</u> Name: <u>Sabra Brick + David Cahill</u> Address: <u>1418 Broadway</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	25.00	25.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	150.00	

Enter this total on line 3 of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2007-019
2. Committee Name Mike Anglin for Council

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 Name: <u>Myung Raymond</u> Address: <u>611 Sunset</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/4/07</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 Name: <u>Charles Keller</u> Address: <u>224 W Summit</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/22/07</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 #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Marc Rueter</u> Address: <u>515 Fifth St</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/22/07</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	35.00	35.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Dennis Bueit</u> Address: <u>13211-62nd RD</u> <u>Oskaloosa KS 66066</u> 4. Date of Receipt <u>7/22/06</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)	210.00	

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 C-2007-019

2. Committee Name Mike Anglin for Council

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 Name: <u>Sheri Neufeld</u> Address: <u>2718 Emmith Dr Toledo Oh 43606</u> 4. Date of Receipt <u>7/22/07</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	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>Rita Caruso</u> Address: <u>556 Glendale Cir Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/12/07</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 #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Jennie Needleman</u> Address: <u>1604 Argyle Cresser Ann Arbor MI 48103</u> 4. Date of Receipt <u>6/27/07</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	20.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Nonna Noto</u> Address: <u>1852 Columbia Rd NW Apt 302 Washington DC 20009</u> 4. Date of Receipt <u>7/22/07</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
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	165.00	

Enter this total on
line 3 of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2007-019
2. Committee Name Mike Anglin for Council

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 Name: <u>John P Colletta</u> 4. Date of Receipt <u>7/22/07</u> Address: <u>1012 Constitution Ave NE</u> <u>Washington DC 20002</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	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>Andreas VanHouwelingen</u> 4. Date of Receipt <u>7/22/07</u> Address: <u>920 Lincoln Ave</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	25.00	25.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Jill Peck</u> 4. Date of Receipt <u>7/22/07</u> Address: <u>872 Crest</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
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Cathy Frank</u> 4. Date of Receipt <u>7/22/07</u> Address: <u>9422 Westwind</u> <u>Livonia MI 48150</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)	245	

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 C-2007-019
2. Committee Name Mike Anglin for Council

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 Name: <u>Redmond Hogan Jr</u> Address: <u>1215 Russell Rd</u> <u>Alexandria Va 22301</u> 4. Date of Receipt <u>7/22/07</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 #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>Agusta Gunnarsdottir</u> Address: <u>2711 Darrow Dr</u> <u>Ann Arbor MI 48104</u> 4. Date of Receipt <u>7/22/07</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 Name: <u>Diane Fay</u> Address: <u>920 Mixwood</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/22/07</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 Name: <u>George Lydford</u> Address: <u>3906 E. Doves ST</u> <u>Mesa AZ 85205</u> 4. Date of Receipt <u>7/22/07</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)

150

Enter this total on
line 3 of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2007-019
2. Committee Name Mike Anglin for Council

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>7/22/07</u> Name: <u>Mary Hathaway</u> Address: <u>1407 Wakefield</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	2500	25.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/22/07</u> Name: <u>Lynn Rivers</u> Address: <u>518 2nd St</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
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)

125
6740

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2007-019
2. Committee Name Mike Anglin for 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 <u>Comerica Bank</u> Address <u>PO Box 75000 Detroit MI 48275</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>checks</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/14/07</u>	<u>48.63</u>
Expenditure #2 Name <u>Kathleen Clark</u> Address <u>549 S First Ann Arbor MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse Printing Kolossas, 2055 W Stadium</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/28/07</u>	<u>337.56</u>
Expenditure #3 Name <u>Kathleen Clark</u> Address <u>549 S First Ann Arbor MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimburse postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/9/07</u>	<u>164.00</u>
Expenditure #4 Name <u>Susan Thompson</u> Address <u>531 S First ST Ann Arbor MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimburse printing Kolossas 301 E Liberty</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/9/07</u>	<u>157.30</u>
Expenditure #5 Name <u>Kathleen Clark</u> Address <u>549 S First ST Ann Arbor MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimburse card Sawicki 689 postage 2.46 Kolossas 1995 Staples 2.54 Wash Co Note 1.00</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/9/07</u>	<u>1160.97</u>

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

1862.46

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2007-019
2. Committee Name Mike Anglin for 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 <u>Mike Anglin</u> Address <u>319 S First St</u> <u>Ann Arbor MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>loan repayment</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/13/07</u>	<u>1500.00</u>
Expenditure #2 Name <u>Kathleen Clark</u> Address <u>519 S First St</u> <u>Ann Arbor MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>printing reimbursement</u> <u>Modern Postcard</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/27/07</u>	<u>944.00</u>
Expenditure #3 Name <u>Express Sign Design</u> Address <u>2239 Whiteoak</u> <u>Ann Arbor MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>banner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/22/07</u>	<u>127.20</u>
Expenditure #4 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		
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)

<u>2571.20</u>
<u>4433.66</u>

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number C-2007-019
2. Committee Name Mike Anglin for Council

3. Name and Address from whom received 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.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>Armentrout, Vivienne</u> Address: <u>920 Vesper</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 type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>labels.</u> 5. Date Of Receipt: <u>6/26/07</u> 6. Vendor Name & Address: <u>Staples</u> <u>2601 Jackson Rd Ann Arbor MI</u>	29.67	29.67
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>Karen Sidney</u> Address: <u>100 Longman</u> <u>Ann Arbor MI 48103</u> If over \$100.00 cumulative, please provide: Occupation: <u>CPA</u> Employer: <u>Contan & Sidney PC</u> Business Address: <u>103 E Liberty</u> <u>Ann Arbor MI 48104</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>estimated value office supplies</u> 5. Date Of Receipt: <u>7/22/07</u> 6. Vendor Name & Address:	10.00	110.00
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: 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 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 5. Date Of Receipt: 6. Vendor Name & Address:		

Page Subtotal 39.67
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 39.67

Enter this total on line 6 of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2007-019
2. Committee Name Mike Anglin for Council

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Mike Anglin</u> <u>549 S First St</u> <u>Ann Arbor MI 48103</u>	4. Type: <u>CANDIDATE LOAN TO COMMITTEE</u> 5. Date Debt Was Incurred: <u>6/17/07</u> 6. Original Amount of Debt: <u>\$ 3000.00</u>	<u>7/13/07 \$ 1500.00</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u>	<u>\$ 1500.00</u>	<u>\$ 1500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$ _____	<u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u>	\$ _____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$ _____	<u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u>	_____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

1500.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page