



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: 7/23/07 to 8 27 07  
Mo Day Year to 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</u> <u>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 &amp; Residential Address <u>Karen Sidney</u> <u>100 Longman Ln, Ann Arbor MI 48103</u></p> <p>Area Code &amp; Phone <u>(734) 995 2761</u></p>
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<p>7. Treasurer's Business Address <u>100 Longman Ln</u> <u>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 type="checkbox"/> Pre-Election OR 9b. <input checked="" 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></p>	<p><u>Karen Sidney</u> Signature</p>	<p>Date <u>9 3 2007</u> Mo Day Year</p>
<p>Candidate <u>Michael Daniel Anglin</u></p>	<p><u>Michael Daniel Anglin</u> Signature</p>	<p>Date <u>9 3 2007</u> Mo Day Year</p>

Authority granted under P.A. 388 of 1976



C-2007-0190003



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
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>780.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>780.00</u>	(18.) \$ <u>7520.00</u>
<b>4. Other Receipts</b> (Schedule 1A -1, Column 6)	(4.) \$ <u>31</u>	(19.) \$ <u>.31</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>780.31</u>	(20.) \$ <u>7520.31</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions</b> (Schedule 1-IK, Column 7)	(6.) \$ <u>60.00</u>	(21.) \$ <u>99.67</u>
<b>7. In-Kind Expenditures</b> (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3012.95</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3012.95</u>	(23.) \$ <u>7446.61</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>300.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2306.34</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>780.31</u>	
	(15.) = \$ <u>3086.65</u>	
<b>15. SUBTOTAL</b> Add lines 13 and 14		
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>3012.95</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>73.70</u>	



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>Richard Kinsey</u> Address: <u>1942 Peppark Way</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/26/07</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 #2      PAC Receipt? <input type="checkbox"/> YES Name: <u>Rose Marie Barhydt</u> Address: <u>662 Peninsula Ct</u> <u>Ann Arbor MI 48105</u> 4. Date of Receipt <u>7/26/07</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>Susan Wernberg</u> Address: <u>717 E Ann</u> <u>Ann Arbor MI 48104</u> 4. Date of Receipt <u>7/26/07</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>David Drake</u> Address: <u>4897 Dorai</u> <u>Ann Arbor MI 48108</u> 4. Date of Receipt <u>7/26/07</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

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

100.00

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 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>Gordon Berman</u> Address: <u>2295 Chaucer CT</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/26/07</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>Max Ziegler</u> Address: <u>2117 Carol Dr</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>7/26/07</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 # 3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Jerome Hartweg</u> Address: <u>2506 Geddes</u> <u>Ann Arbor MI 48104</u> 4. Date of Receipt <u>7/26/07</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>Donald McEwen</u> Address: <u>2913 Ward CT</u> <u>Ann Arbor MI 48102</u> 4. Date of Receipt <u>7/26/07</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)

160.00

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MICHIGAN DEPARTMENT OF STATE  
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**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>8/8/07</u> Name: <u>Earl Shatter</u> Address: <u>2911 Wood Ct</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	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/8/07</u> Name: <u>Gary Elling</u> Address: <u>402 Mayhew Ave</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	25.00	25.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/8/07</u> Name: <u>John Bassett</u> Address: <u>1100 Clague Ave</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	25.00	25.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>Amy Stanford</u> Address: <u>675 Barber Ave</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	100.00	100.00

Page Subtotal  
Grand Total of All Schedules 1A  
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170.00

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**ITEMIZED CONTRIBUTIONS  
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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>8/8/07</u> Name: <u>Donald Kossick</u> Address: <u>1405 E Park St</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	25
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/8/07</u> Name: <u>Stephen Perzda</u> Address: <u>3663 Cherrywood Ln</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	25
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/10/07</u> Name: <u>Kent Burkhardt</u> Address: <u>409 1/2 N Fourth 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	50	200
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/10/07</u> Name: <u>Ben Brubaker</u> Address: <u>409 1/2 N Fourth Ave</u> <u>Ann Arbor MI</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	250

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150.00

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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>8/23/07</u> Name: <u>Dona Wegrin</u> Address: <u>1705 Creel Crescent</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	50
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/27/07</u> Name: <u>Don Clowell</u> Address: <u>1841 Alhambra</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	25
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/29/07</u> Name: <u>Fred Sanchez</u> Address: <u>PO Box 7670</u> <u>Ann Arbor MI 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	25	25
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/23/07</u> Name: <u>Barbara Murphy</u> Address: <u>307 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	50	100.00

Page Subtotal  
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150

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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>8/23/07</u> Name: <u>J Thomas Lovell</u> Address: <u>10719 Sutton Pl</u> <u>Chelsea MI 48118</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	50
3. Contribution #2 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 #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)	50	
	780	

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**ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1  
CANDIDATE COMMITTEE**

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

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Pay pal</u> Address: <u>electronic transfer</u>	Date of Receipt <u>7/25/07</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>to test Pay pal system</u>	<u>0.31</u>
Receipt #2 Name: Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #3 Name: Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 Name: Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 Name: Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Name: Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 Name: Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Page Subtotal Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			<u>.31</u>

Enter this total on  
line 4 of Summary  
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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>Kathleen Clark</u> <u>549 S First</u> Address <u>Ann Arbor MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimburse office exp</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>14.88</u>
Expenditure #2 Name <u>Kathleen Clark</u> <u>549 S First</u> Address <u>Ann Arbor MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimburse postage + printing</u> <u>USPO - 1122</u> <u>Printing 552.12</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/29/07</u>	<u>1674.12</u>
Expenditure #3 Name <u>Ed Steinman</u> Address <u>621 S Fifth St</u> <u>Ann Arbor MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimburse labels</u> <u>toner + paper</u> <u>staples</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/21/07</u>	<u>90.01</u>
Expenditure #4 Name <u>Kathleen Clark</u> <u>549 S First</u> Address <u>Ann Arbor MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimburse paper + labels - Office Max</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/21/07</u>	<u>33.88</u>
Expenditure #5 Name <u>Mike Anglin</u> <u>549 S First</u> Address <u>Ann Arbor MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Repay loan</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/27/07</u>	<u>1200.00</u>

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

3012.95  
3012.95

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) 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 # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>Ed Steinman</u> <u>681 S Hill St</u> Address: <u>Ann Arbor MI 48103</u>  <b>If over \$100.00 cumulative, please provide:</b> 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>7/8/07</u>  6. Vendor Name & Address: <u>Stamps</u> <u>2601 Jackson Ave</u> <u>Ann Arbor MI</u>	60.00	60.00
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name Address:  <b>If over \$100.00 cumulative, please provide:</b> 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: _____ _____		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address:  <b>If over \$100.00 cumulative, please provide:</b> 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  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

60.00
60.00

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. <u>Date Debt Was Incurred:</u> <u>6/17/07</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3000.00</u>	<u>7/13/07 \$ 1500.00</u> <u>7/12/08 \$ 1800.00</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$ 2700.00</u>	<u>\$ 300.00</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. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</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. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	_____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

300.00

Grand Total of all Schedules 1E

300.00

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

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

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.