



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: <u>8/27/07</u> to <u>10/21/07</u> <small>Mo Day Year Mo Day Year</small>	
1. Committee I.D. Number <u>C-2007-019</u>	4. Candidate Last Name <u>Anglin</u> First Name <u>Michael</u> M.I. <u>D.</u>
2. Committee Name <u>Mike Anglin for Council</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>Ann Arbor City Council Ward 5</u>
	4b. County of Residence <u>Washtenaw</u>
5. Committee's Mailing Address <u>549 S First St Ann Arbor MI 48103</u> Area Code and Phone <u>734 883 6993</u>	6. Treasurer's Name & Residential Address <u>Karen Sidney 100 Longman Ln, Ann Arbor MI 48103</u> Area Code & Phone <u>(734) 995 2761</u>
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.	
7. Treasurer's Business Address <u>100 Longman Ln Ann Arbor MI 48103</u> Area Code and Phone <u>(734) 995 2761</u>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>2001 OCT 26</u> Area Code and Phone ()

9. TYPE OF STATEMENT	
9a. <input checked="" type="checkbox"/> Pre-Election	OR 9b. <input type="checkbox"/> Post-Election
Pre-Election or Post-Election Statement relates to:	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Convention	<input type="checkbox"/> School
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus
Date of Election, Convention or Caucus <u>11 6 07</u> <small>Month Day Year</small>	
9c. <input type="checkbox"/> Annual Statement (Coverage Year)	
9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
9e. <input type="checkbox"/> Dissolution of Candidate Committee	
Effective Date of Dissolution Month Day Year	
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper <u>Karen Sidney</u> <small>Type or Print Name</small>	<u>Karen Sidney</u> <small>Signature</small>	Date <u>10 26 07</u> <small>Mo Day Year</small>
Candidate <u>Mike Anglin</u> <small>Type or Print Name</small>	<u>Michael David Anglin</u> <small>Signature</small>	Date <u>10 26 07</u> <small>Mo Day Year</small>

Authority granted under P.A. 388 of 1976



C-2007-019004



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>135</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>135</u>	(18.) \$ <u>7655</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ <u>.31</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>135</u>	(20.) \$ <u>7655.31</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>99.67</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>24.60</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>24.60</u>	(23.) \$ <u>7471.21</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.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>300.00</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>73.70</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>135.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>208.70</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>24.60</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>184.10</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>9/6/07</u> Name: <u>Dorothy Nordness</u> Address: <u>114 8th Street</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	35	35
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/20/07</u> Name: <u>Richard Leahy</u> Address: <u>210 S Main Apt B</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	100
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)

135
135

Enter this total on
line 3 of Summary
Page.



**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> Address <u>549 S First ST Ann Arbor MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/07</u>	<u>24.60</u>
Expenditure #2 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 #3 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 #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>24.60</u>
<u>24.60</u>

Enter this total
on line 8a 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 endorsers 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> If bank loan, name of endorser or guarantor:	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>	7. <u>7/13/07</u> \$ <u>1500.00</u> <u>7/27/07</u> \$ <u>1200.00</u> <u> / /</u> \$ _____ <u> / /</u> \$ _____ <u> / /</u> \$ _____	\$ <u>2700.00</u>	\$ <u>300.00</u> <input type="checkbox"/> FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____ If bank loan, name of endorser or guarantor:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	<u> / /</u> \$ _____ <u> / /</u> \$ _____ <u> / /</u> \$ _____ <u> / /</u> \$ _____ <u> / /</u> \$ _____	\$ _____	<input type="checkbox"/> FORGIVEN
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____ If bank loan, name of endorser or guarantor:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	<u> / /</u> \$ _____ <u> / /</u> \$ _____ <u> / /</u> \$ _____ <u> / /</u> \$ _____ <u> / /</u> \$ _____	\$ _____	<input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

300.00
300.00
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.