

CANDIDATE COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and signed by		FOR OFFICIAL USE UNLY
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement	covers From: 10 21 07 to 11 26 07 Mo Day Year
Committee I.D. Number C - 2007-019 Committee Name	4. Candidate La Angl	The state of the s
Mike Anglin for Council		Arbor City Council Ward 5
5. Committee's Mailing Address 549 S First St Ann Arbor MI 48103 Area Code and Phone 734 883 6983	Karen 100 ho	ong man Ih, Ann Arbow MI 48705
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.	Area Code & Phor	ne (734) 925 276 E
7. Treasurer's Business Address 100 Langman Ln Ann Arbor M1 48103	8. Designated Record	ord keeper's Name and Mailing Address (If the committee has a d keeper)
Area Code and Phone (734) 995 2161	Area Code and Ph	one () A CGUNTY
9. TYPE OF STATEMENT		9c. ☐ Annual Statement (☐☐☐☐ Coverage Year)
9a. 🗌 Pre-Election OR 9b. 💢 Post	-Election	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Pre-Election or Post-Election Statement relates to:		,
☐ Primary Gene	eral	9e. Dissolution of Candidate Committee
☐ Convention ☐ Scho	ool	Effective Date of Dissolution
☐ Special ☐ Cauc	cus	
Date of Election, Convention or Caucus // 6 07 Month Day Year		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 al Schedules. Direct contributions, in-kind contributions, loans, ex If any of the information listed in items 2, 4, 5, 6, 7, or 8 has che amendment to the Statement of Organization should accompan before the filing deadline of a required campaign statement	ll required Campaign openditures, and outs anged since the infor by this Campaign Sta t, that campaign sta	Statements. The Campaign Statements must include all applicable standing debts count against the \$1,000 Reporting Waiver threshold. mation was shown on the committee's Statement of Organization, an tement. If a request for a Reporting Waiver is not received on or stement cannot be waived.
	sed in the preparation	n of this statement and attached schedules (if any) and to the best of
Current Treasurer or Designated Record keeper Karen Sidney Type or Print Name	Signatur	Date Day Year
Candidate Mike Anglin /	Signature	Date 12 1 C7
Authority granted under P A 388 of 1976		T - T





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

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$6/2.8/	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>6/2.8/</u>	(18.) \$ 8267.81
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$ 8268-12
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$ 99.67
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 762.81	
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.) \$762.81	(23.) \$ 8234.02
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(40)	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$/84./0	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ G/2. 8°/	
(Line 5, Total Contributions & Other Receipts)	70/01	_
15. SUBTOTAL Add lines 13 and 14	· / · · · · · · · · · · · · · · · · · ·	-
 Amount expended during reporting period (Add lines 9 and 11) 	(16.) - \$ 762.81	
-17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 34.10	•



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Nu	mber <u>C</u> -	2007-0	9	
2 Committee Name			<i>(</i> *)	

CANDIDATE COMMITTEE		
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? YES 4. Date of Receipt 11/15/09 Name: Christine Hildebrand		
Address: 2115 Devonshire Ann Arbor MI 48104	100	/00
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/18/07 Name: Mike Anglin	512.81	3512.81
Address: 549 S First St Ann Abor MI 48103		
5. If over \$100.00 cumulative, please provide:		
Occupation retired Employer		
Business Address Type of Contribution: Direct		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	612.81	
(Outspiele of last page of outleddie)	612.81	

Enter this total on line 3 of Summary Page.

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ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Nu	ımber <u> </u>	007-019			
2. Committee Name	MIKE	Anglin	for	Council	

Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1			
Name Back Alkey Govrmet	Purpose: Apoel Felt	11/18/07	352.81
Address 611 S Main Ann Arbur MI	supporter party		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Michelle Fryske	Purpose: Pooch Service	11/10/07	120.00
Address Ann Ander Mi	for supporter party		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Cathy Clark/Mike Anglin	Purpose: Supplies + bevery	11/18/07	40.00
Address 349 S First	Aw Supported party		
Ann Abr - M1 48103	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name Mille Inglin 549 S First St Address Ann Arbor. 4148103	Purpose: repay loan	4/24/07	250.00
Address Ann Arbor 11148103	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
•			
Name	Purpose:		
Address			
	Charle have if their averanditure is a super-		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
·	Subtotal thi	s page	762.81

Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule) 762.81

Enter this total on line 8a of Summary Page

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DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Nun	nber <u> </u>	2007-01	9		
2. Committee Name	Mike	Analia	Felor	Council	

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CANDIDATE COMMITTEE				
This Schedule itemizes:				
a. XDebts and obligations owed <u>by</u> or forgiven the co	ommittee OR b. Γ De	bts and obligations owed to	or forgiven by the c	ommittee.
	ck either a or b. Use only for the pu	urpose checked.)		
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? Yes Owed to or by:	4. Type: to committee	7 13/07 1500.00		
Mike Anglin		7 127107 \$ 1200.00		
549 S First St	5. Date Debt Was Incurred:	110007 00000		
- 511 5 FIRST 5;	6. Original Amount of Debt:	11,26,07 \$ 250.00	\$ <u>2950</u>	\$ 50
Ann Arbor M 48103			W	
	\$- 3000·∞			FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by: Mike Anglia	4. Type: 10an 10 Committee 5. Date Debt Was Incurred:	11,18,01 \$ 512.81		
_549 S First ST		/ / \$		512.81
Ann Arbor M148103	6. Original Amount of Debt:	, , ,	\$	3/8:01
71111 71100 - 117110	\$	- / - /		
•		, , \$		FORGIVEN
If bank loan, name of endorser or quarantor:	1	Arr	l nount Endorsed: \$	ľ
Debt #3 Corp? Yes				
Owed to or by:	4. Type:			
		/ / \$		
	5. Date Debt Was Incurred:			
	6. Original Amount of Debt:			
		/ / \$		
	\$			FORGIVEN
		_ / / \$		LIFORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal (Outst	anding debt)	562.81
/O	ete on last page of Schedule show	Grand Total of all S		562.81
(Comple	ete on last page of Schedule snow	mig amounts owed by or to t	no committee)	Enter this total

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.

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