



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>612.81</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>612.81</u> | (18.) \$ <u>8267.81</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.) \$ _____ | (20.) \$ <u>8268.12</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ _____ | (21.) \$ <u>99.67</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ _____ | (22.) \$ _____ |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>762.81</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>762.81</u> | (23.) \$ <u>8234.02</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>562.81</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>184.10</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>612.81</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>796.91</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>762.81</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>34.10</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 Name: <u>Christine Hildebrand</u> 4. Date of Receipt <u>11/15/09</u> Address: <u>8115 Devonshire</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 #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>Mike Anglin</u> 4. Date of Receipt <u>11/18/07</u> Address: <u>549 S First St</u> <u>Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | 512.81 | 3572.81 |
| 3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: _____ 4. Date of Receipt _____ 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 Name: _____ 4. Date of Receipt _____ 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) | <u>612.81</u> <u>612.81</u> | |

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>Back Alley Gourmet</u> Address <u>611 S Main</u> <u>Ann Arbor MI</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Food for supporter party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/18/07</u> | <u>352.81</u> |
| Expenditure #2 Name <u>Michelle Frysko</u> Address <u>Ann Arbor MI</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Food service for supporter party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/18/07</u> | <u>120.00</u> |
| Expenditure #3 Name <u>Cathy Clark / Mike Anglin</u> Address <u>319 S First</u> <u>Ann Arbor MI 48103</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Supplies + beverages for supporter party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/18/07</u> | <u>40.00</u> |
| Expenditure #4 Name <u>Mike Anglin</u> Address <u>549 S First St</u> <u>Ann Arbor MI 48103</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>repay loan</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/24/07</u> | <u>250.00</u> |
| 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>762.81</u> |
| <u>762.81</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>4/17/07</u> 6. <u>Original Amount of Debt:</u> \$ <u>3000.00</u> | <u>7/13/07 \$ 1500.00</u> <u>7/17/07 \$ 1200.00</u> <u>11/26/07 \$ 200.00</u> _____ \$ _____ _____ \$ _____ | \$ <u>2950</u> | \$ <u>50</u> <input type="checkbox"/> FORGIVEN |
| Debt #2 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> _____ 6. <u>Original Amount of Debt:</u> \$ _____ | <u>11/18/07 \$ 512.81</u> _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ | \$ _____ | <u>512.81</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> \$ _____ | _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ | _____ | <input type="checkbox"/> FORGIVEN |

Page Subtotal (Outstanding debt)

562.81
562.81

Grand Total of all Schedules 1E
(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.