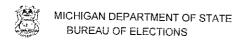


CANDIDATE COMMITTEE COVER PAGE

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: 10/19/09 to 11/23/09			
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.			
C-2007-019	Anglin Michael D			
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)			
Mike Anglin for Council	Ann Arbor City Council Ward 5			
5. Committee's Mailing Address	4b. County of Residence Washtenaw			
549 S First St	6. Treasurer's Name & Residential Address			
Ann Arbor MI 48103	100 Longman Lane Ann Arbor MI 48103			
Area Code and Phone (734) 883-6983 If the address in this box is different from the committee nailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (734) 995-2761			
'. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
00 Longman Lane	The tale wall			
Ann Arbor MI 48103				
	D UNITY, P U: C REGIST			
	STEE			
Area Code and Phone (734) 995-2761				
7. TYPE OF STATEMENT	Area Code and Phone			
9a. Pre-Election OR 9b. Post-	-Election 9c. Annual Statement (Coverage Year)			
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)			
Primary Gene	eral 9e. Dissolution of Candidate Committee			
Convention	Effective Date of Dissolution			
Special Cauci	aus			
Date of Election, Convention or Caucus 11/03/09	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.			
committee that does not have a Reporting Waiver must file all req hedules. Direct contributions, in-kind contributions, loans, expend ny of the information listed in items 2, 4, 5, 6, 7, or 8 has changed endment to the Statement of Organization should accompant this fore the filing deadline of a required campaign statement.	ditured Campaign Statements. The Campaign Statements must include all applicable difures, and outstanding debts count against the \$1,000 Reporting Waiver threshold, d since the information was shown on the committee's Statement of Organization, an Scampaign Statement. If a request for a Reporting Waiver is not received on or at campaign statement cannot be waived.			
Verification: I\We certify that all reasonable diligence was used in our knowledge and belief the contents are true, accurate and com	the preparation of this statement and attached schedules (if any) and to the best of inplete.			
rent Treasurer or ignated Record keeper Karen Sidney	Dane Some			
Type or Print Name	Signature Date 11/30/09			
Michael Americ				
ndidate Michael Anglin	Miles from again pate 1/12 0/09			

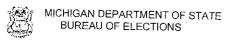


1. Committee I.D. Number <u>C-2007-019</u>

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Mike Anglin for Council

RECEIPTS	Column I	
3. Contributions	This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	_ (18.) \$ \$9,308.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$9,308.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$165.00	(21.) \$ \$363.63
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES	-	
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	
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.) \$ _\$0.00	(23.) \$ \$9,335.97
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$562.81	
b. Owed to the Committee (Schedule 1E)	((0))	
	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$6.13	
(Enter zero if no previous reports have been filed.) 4. Amount received during reporting period (Line 5. Total Contributions 8. Other P.	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$6.13	
SUBTOTAL Add lines 13 and 14 Amount expended during reporting period (Add lines 9 and 44)	(16.) - \$ \$0.00	_
(Add lines 9 and 11) 7. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$6.13	_ _*



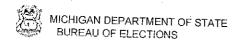
ITEMIZED IN-KIND CONTRIBUTIONS

C-2007-019

SCHEDULE 1-	1. Committee I. D. Number C-2007-01	9
CANDIDATE COM	IMITTEE 2. Committee Name Mike Anglin for	Council
 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 we purchased	7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item)
Contribution # 1 PAC Receipt? Yes Name & Address: Mike Anglin 549 S First St Ann ArborMI If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	Goods Donated or Loaned Services Donated ✓ Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAI Description printing 5. Date Of Receipt: 6. Vendor Name & Address:	\$ 25 \$ 25
Contribution # 2 Name & Address Mike Anglin 549 S First St Ann Arbor M! If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated Services Donated	140 \$ 140
Fund Raiser Contribution	Quarter Bistro Ann Arbor MI	Click Here for Memo Itemization
Contribution #3 PAC Receipt? Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4.	\$íck Here for Memo Itemization
Fund Raiser Contribution		
	Page Subtota	\$165.00
	Grand Total of all Schedules 1-II (Complete on last page of Schedule	\$165.00

Enter this total on line 6 of Summary Page

Page 1 of 1



DEBTS AND OBLIGATIONS 1. Committee I.D. Number C-2007-019

Page _____ of _____

SCHEDULE 1E	Committee I.D. Number			
CANDIDATE COMMITTEE 2.0	Committee Name Mike Ang	lin for Council		
This Schedule itemizes:				
a ✓ Debts and obligations owed by or forgiven the com (Che	omittee OR b. Det eck either a or b. Use only for the p	ots and obligations owed <u>to</u> o	r forgiven <u>by</u> the c	ommittee.
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	4. Type of Obligation (Description) 5. Indicate date debt was incurred	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	Indicate original amount of debt			(Item 6 minus Item 8)
Owed to or by:	4. Type: candidate loan to committee	07/13/07 \$ 1,500.00		
Mike Anglin 549 S First St	5. Date Debt Was Incurred:	07/27/07 \$ 1,200.00		
Ann Arbor MI 48103	06/17/07 6. Original Amount of Debt:	11/26/07 \$ 120.00	_{\$} 2950.	\$ 50.
	\$ 3000	<u> </u>	Ψ	FORGIVEN
If bank loan, name of endorser or guarantor:		\$\$	uni Endanado A	I OKOIVEN
Debt #2 Corp? Yes Owed to or by:	4. Type: candidate loan to committee		unt Endorsed: \$ _	
Mike Anglin		\$		
549 S First St	5. <u>Date Debt Was Incurred:</u> 11/18/07	\$		
Ann Arbor MI 48103	6. Original Amount of Debt:	\$		E10.04
	\$ 512.81	\$	\$	\$ <u>512.81</u>
		\$		FORGIVEN
	If bank loan, name of endorser or guarantor: Amount Endorsed: \$			
Out I lies	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt:	\$	th I	4
	\$	\$	D 1	FORGIVEN
If bank loan, name of endorser or guarantor:		\$		
		Amor	unt Endorsed: \$	
		Page Subtotal (O	utstanding debt)	\$562.81
(Com	plete on last page of Schedule sho	Grand Total of a owing amounts owed by or to	the committee)	\$562.81 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.				