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: 11/25/13 **to** 12/31/13

1. Committee I.D. Number	4. Candidate Last Name	First Name	M.I.
C-2007-019	Anglin	Michael	D

4a. Office Sought Including District # or Community Served (If applicable)

2. Committee Name

Mike Anglin for Council

Ann Arbor City Council Ward 5

4b. County of Residence Washtenaw

5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
549 S First St Ann Arbor, MI 48103	Peter Zetlin 803 Duncan St. Ann Arbor, MI 48103

Area Code and Phone (734) 883-6983

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 & Phone (734) 769-5986

7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
803 Duncan St Ann Arbor, MI 48103	

Area Code and Phone (734) 769-5986

Area Code and Phone

(stamp, sideways:) LAWRENCE COUNTY / KESTENBAUM CLERK/REGISTER 2014 JAN 16 A 10:45 FILED WASHTENAW COUNTY, MI

9. TYPE OF STATEMENT

9a. [ ] Pre-Election **OR** 9b. [ ] Post-Election

9c. [✓] Annual Statement (2013 Coverage Year)

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:

9e. [ ] Dissolution of Candidate Committee

[ ] Primary   [ ] General

[ ] Convention   [ ] School

[ ] Special   [ ] Caucus

Date of Election, Convention or Caucus

Effective Date of Dissolution

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	Peter Zetlin	*(signature)*	Date Jan 15, 2014
	Type or Print Name	Signature	
Candidate	Michael Anglin	*(signature)*	Date Jan 15, 2014
	Type or Print Name	Signature	

Authority granted under P.A. 388 of 1976

1. Committee I.D. Number __C-2007-019__

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name __Mike Anglin for Council__

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
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.) $ $4,324.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	$0.00	(19.) $ $287.78
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	$0.00	(20.) $ $4,611.78
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	$0.00	(21.) $ $1,717.36
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	$0.00	(22.) $ $0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	$200.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	$0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	$200.00	(23.) $ $4,297.04
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	$0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	$0.00	(24.) $ $0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $	$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) $	$0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	$1,753.78
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	$0.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	$1,753.78
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	$200.00
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	$1,553.78 *

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

C-2007-019

1. Committee I. D. Number _____

2. Committee Name **Mike Anglin for Council**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name **John Eaton for Council** Address 1606 Dicken Dr Ann Arbor, MI 48103 ☐ Fund Raiser	Purpose: purchase fund raiser tickets Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/01/13 Date	$ 100.00
Expenditure #2 Name **Jeff Hayner for City Council** Address 1807 Pontiac Trail Ann Arbor, MI 48105 ☐ Fund Raiser	Purpose: purchase fund raiser tickets Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/08/13 Date	$ 100.00
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	$
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	$
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	$

Subtotal this page	**$200.00**
Grand Total of all Schedules 1B (Complete on last page of Schedule)	**$200.00**

Enter this total
on line 8a of
Summary Page