



**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 01/01/14 to 07/20/14

<p>1. Committee I.D. Number <b>C-2007-019</b></p> <p>2. Committee Name <b>Mike Anglin for Council</b></p>	<p>4. Candidate Last Name <b>Anglin</b> First Name <b>Michael</b> M.I. <b>D</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>Ann Arbor City Council Ward 5</b></p> <p>4b. County of Residence <b>WASHTENAW</b></p>
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<p>5. Committee's Mailing Address <b>549 S First St Ann Arbor, MI 48103</b></p> <p>Area Code and Phone <u>(734) 883-6983</u></p> <p>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.</p>	<p>6. Treasurer's Name &amp; Residential Address <b>Peter Zetlin 803 Duncan St Ann Arbor, MI 48103</b></p> <p>Area Code &amp; Phone <u>(734) 769-5986</u></p>
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<p>7. Treasurer's Business Address <b>803 Duncan St Ann Arbor, MI 48103</b></p> <p>Area Code and Phone <u>(734) 769-5986</u></p>	<p>8. Designated Record Keeper's Name and Mailing Address (The committee Designated Record Keeper) <b>Peter Zetlin</b></p> <p>Area Code and Phone _____</p>
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FILED  
 WASHTENAW COUNTY, MI  
 2014 JUL 24 A 9:34  
 LAWRENCE KESSELEBAUM  
 COUNTY CLERK / REGISTER

<p><b>9. TYPE OF STATEMENT</b></p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Convention  <input type="checkbox"/> Special  <input type="checkbox"/> School  <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____</p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input checked="" type="checkbox"/> July Quarterly  <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	<p><b>9e. Dissolution of Candidate Committee</b></p> <p><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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>Peter Zetlin</u>	Type or Print Name	<u><i>Peter Zetlin</i></u>	Signature	<u>7/23/14</u>	Date
Candidate	<u>Michael Anglin</u>	Type or Print Name	<u><i>Michael Anglin</i></u>	Signature	<u>7/24/14</u>	Date



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.) \$ <u>100.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$100.00</u>	(18.) \$ <u>\$100.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$100.00</u>	(19.) \$ <u>\$100.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$200.00</u>	(20.) \$ <u>\$200.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$622.60</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>\$622.60</u>	(23.) \$ <u>\$622.60</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
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.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$1,553.78</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$1,753.78</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$622.60</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$1,131.18</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 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>06/01/14</u> Name & Address: <b>Constance Hunter Belda</b> 123 Laurin Dr Ann Arbor, MI 48105	\$ <u>100</u>	\$ <u>100</u>
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	<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      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	<a href="#">Click Here for Memo Itemization</a>	
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	<a href="#">Click Here for Memo Itemization</a>	
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	<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$100.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) **\$100.00**

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2007-019

2. Committee Name Mike Anglin for Council

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Jane Lumm for City Council 3350 Geddes Rd. Ann Arbor, MI 48105	Date of Receipt <u>05/23/13</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) <u>uncashed check</u>	\$ <u>100</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal **\$100.00**

Grand Total of All Schedules 1A-1  
(Complete on last page of Schedule) **\$100.00**

Enter this total on  
line 4 of Summary  
Page



**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 <b>HostCentric</b>  Address Internet <u>http://www.web2010.com/</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>web hosting</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/31/14</u> Date	<u>\$ 22.60</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>Leon Bryson for City Council</b>  Address 636 Center Drive Ann Arbor, MI 48103  <input type="checkbox"/> Fund Raiser	Purpose: <u>fund raiser ticket</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/02/14</u> Date	<u>\$ 100</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>Veronique Liem for Judge</b>  Address PO Box 7512 Ann Arbor, MI 48107  <input type="checkbox"/> Fund Raiser	Purpose: <u>fund raiser ticket</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/14</u> Date	<u>\$ 100</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>Committee to Elect Sumi Kailasapathy</b>  Address 2530 Mallard Court Ann Arbor, MI 48105  <input type="checkbox"/> Fund Raiser	Purpose: <u>fund raiser ticket</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/14</u> Date	<u>\$ 100</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <b>Nancy Kaplan for Council</b>  Address 3065 Hunting Valley Dr. Ann Arbor, MI 48104  <input type="checkbox"/> Fund Raiser	Purpose: <u>fund raiser ticket</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/14</u> Date	<u>\$ 100</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **\$422.60**

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

**C-2007-019**

1. Committee I. D. Number

Mike Anglin for Council

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Stephen Kunselman for Mayor</b> Address 2885 Butternut St. Ann Arbor, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>fund raiser ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/14</u> Date	\$ <u>100</u> <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>Debbie Dingell for Congress</b> Address PO Box 746 Dearborn, MI 48121 <input type="checkbox"/> Fund Raiser	Purpose: <u>fund raiser ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/14</u> Date	\$ <u>100</u> <a href="#">Click Here for Memo Itemization Type</a>
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	_____ Date	\$ _____ <a href="#">Click Here for Memo Itemization Type</a>
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	_____ Date	\$ _____ <a href="#">Click Here for Memo Itemization Type</a>
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	_____ Date	\$ _____ <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page	<b>\$200.00</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)	<b>\$622.60</b>

Enter this total on line 8a of Summary Page