



**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: 8/25/15 to 1/14/16

1. Committee I.D. Number
C-2 007-019

2. Committee Name
Mike Anglin for Council

4. Candidate Last Name Anglin First Name Michael M.I. D

4a. Office Sought Including District # or Community Served (If applicable)
Ann Arbor City Council Ward 5

4b. County of Residence

5. Committee's Mailing Address

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.

6. Treasurer's Name & Residential Address
Same

Area Code & Phone

FILED
WASHTENAW COUNTY MI
2016 JAN 14 A 10:19
LAWRENCE R. STENSON
COUNTY CLERK/REGISTRAR

7. Treasurer's Business Address

Area Code and Phone

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

9c. Annual Statement (_____) Coverage Year

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

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 lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution
1/14/16

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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 Michael Daniel Anglin Signature Michael Daniel Anglin Date 1/14/16

Candidate Michael Daniel Anglin Signature Michael Daniel Anglin Date 1/14/16



1. Committee I.D. Number _____

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name _____

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3,147.36</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>3,147.36</u>	(23.) \$ _____
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>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>3,147.36</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>- 0 -</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,147.36</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,147.36</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>- 0 -</u>	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2007-019
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 <u>Kathleen Clark</u> Address <u>549 S 1st St</u> <u>A2 MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Repay debt</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/9/15</u> Date	<u>\$ 2,900.00</u>
Expenditure #2 Name <u>Washtenaw County Clerk</u> Address <u>200 N Main St</u> <u>A2, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fine</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/10/15</u> Date	<u>\$ 25.00</u>
Expenditure #3 Name <u>Lymphoma Foundation of America</u> Address <u>1100 N Main St</u> <u>A2, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/14/16</u> Date	<u>\$ 122.36</u>
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	\$ _____
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	\$ _____

Subtotal this page 3,147.36

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 3,147.36

Enter this total
on line 8a of
Summary Page



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2007-010
2. Committee Name _____

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 endorser or guarantors, if any.	4. Type of Obligation (Description) 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: <i>Mitch Anglin + Kathleen Clarke</i>	4. Type: <i>Candidate loan</i> 5. <u>Date Debt Was Incurred:</u> <i>7/21/15</i> 6. <u>Original Amount of Debt:</u> <i>\$ 3,000.00</i>	2,900 \$ <i>9/9/15</i> \$ <i>3,900</i> \$ \$ \$	\$ <i>2,900</i>	\$ <i>100</i> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <i>Mike Anglin + Kathleen</i>	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) 0

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee) 0

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.