



FILED
WASHTENAW COUNTY, MI

**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.

2002 JUL 1 P 4 12

3. This Statement covers From: <u>5 25 02</u> To: <u>7 01 02</u> <small>Mo Day Year Mo Day Year</small>	
1. Committee I.D. Number <u>C-2002-034</u>	4. Candidate Last Name: <u>PEGGY M. HAINES</u> First Name: <u>M.I.</u> <u>Nelson</u> <u>Glenn</u> <u>L.</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>Ann Arbor Board of Education, Trustee</u> 4b. County of Residence: <u>Washtenaw</u> Driver License # (Optional): _____
2. Committee Name <u>Glenn Nelson for School Board</u>	6. Treasurer's Name & Residential Address <u>Fran Bryant</u> <u>1240 Ferdon</u> <u>Ann Arbor, MI 48104</u> Area Code & Phone: <u>(734) 663-9606</u> Driver License # (Optional): _____
5. Committee's Mailing Address <u>1240 Ferdon</u> <u>Ann Arbor, MI 48104</u> Area Code and Phone: <u>734-663-9606</u> <small>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.</small>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) _____ Area Code and Phone (_____) _____ Driver License # (Optional) _____
7. Treasurer's Business Address _____ Area Code and Phone (_____) _____	

9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input checked="" type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus <u>06.10.02</u> Date of Election, Convention or Caucus <small>Month Day Year</small>	9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ <small>Month Day Year</small> By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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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: <u>Frances E. Bryant</u> <small>Type or Print Name</small>	<u>Frances E. Bryant</u> <small>Signature</small>	Date: <u>7 1 02</u> <small>Mo Day Year</small>
Candidate: <u>Glenn L. Nelson</u> <small>Type or Print Name</small>	<u>Glenn L. Nelson</u> <small>Signature</small>	Date: <u>7 1 02</u> <small>Mo Day Year</small>



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number C-2002-034

2. Committee Name Glenn Nelson for School Board

**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>275.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>-</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>275.00</u>	(18.) \$ <u>1080.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>-</u>	(19.) \$ <u>-</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>275.00</u>	(20.) \$ <u>1080.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>69.64</u>	(21.) \$ <u>352.07</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>-</u>	(22.) \$ <u>-</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>610.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>-</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>610.00</u>	(23.) \$ <u>750.70</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>-</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>-</u>	(24.) \$ <u>-</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>-</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>-</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>664.30</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>275.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>939.30</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>610.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>329.30</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2002-034
2. Committee Name Glenn Nelson for School Board

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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>6-17-02</u> Name: <u>Ann Arbor Educators Political Action Council</u> Address: <u>4141 Jackson Rd, Ann Arbor, MI 48103</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	\$ 250.00	\$ 250.00
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-28-02</u> Name: <u>Joan E. Scott</u> Address: <u>676 Ironwood Dr., Ann Arbor, MI 48103</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	\$ 25.00	\$ 25.00
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		
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		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 275.00 \$ 275.00	

Enter this total on
line 3a of
Summary Page



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2002-034
2. Committee Name Glenn Nelson for School Board

3. 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 were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>Glenn Nelson</u> Address: <u>1323 S. Forest Ave.</u> <u>Ann Arbor, MI 48104</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>friend-to-friend postcards</u> 5. Date Of Receipt: <u>5.28.02</u> 6. Vendor Name & Address: <u>Kinko's</u> <u>2800 South State St, AA 48104</u>	\$46.64	\$233.94
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>Fran Bryant</u> Address: <u>1240 Ferdon Rd.</u> <u>Ann Arbor, MI 48104</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>100 214 postage stamps</u> 5. Date Of Receipt: <u>5.28.02</u> 6. Vendor Name & Address: <u>US Postal Service</u> <u>Ann Arbor, MI 48106-9998</u>	\$21.00	\$116.13
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>Fran Bryant</u> Address: <u>1240 Ferdon Rd.</u> <u>Ann Arbor, MI 48104</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>diskette of absentee voters</u> 5. Date Of Receipt: <u>5.31.02</u> 6. Vendor Name & Address: <u>AA Board of Ed.</u> <u>Ann Arbor, MI 4810</u>	\$2.00	\$118.13

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

69.64
69.64

Enter this total
on line 6 of
Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2002-034
2. Committee Name Glenn Nelson for School Board

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>US Postmaster</u> Address <u>Ann Arbor, MI 48106-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>bulk mailing</u> <u>Permit # 645</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5.28.02	\$ 600.00
Expenditure #2 Name <u>Bank One</u> Address <u>P.O. Box 206A</u> <u>Detroit, MI 48232</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>service chg</u> Expenditure Code <u>BK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5.31.02	\$ 10.00
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <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)

610.00

610.00

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES