



**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.

<p>1. Committee I.D. Number C-2007-019</p> <p>2. Committee Name Mike Anglin for Council</p>	<p>3. This Statement covers From: <u>07/19/09</u> to <u>08/24/09</u></p> <p>4. Candidate Last Name Anglin First Name Michael M.I. D</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Ann Arbor City Council Ward 5</p> <p>4b. County of Residence</p>
<p>5. Committee's Mailing Address 549 S First Street Ann Arbor MI 48103</p> <p>Area Code and Phone <u>(734) 883-6983</u></p> <p><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></p>	<p>6. Treasurer's Name & Residential Address Karen Sidney 100 Longman Lane Ann Arbor MI 48103</p> <p>Area Code & Phone <u>(734) 995-2761</u></p>
<p>7. Treasurer's Business Address 100 Longman Ann Arbor MI 48103</p> <p>Area Code and Phone <u>(734) 995-2761</u></p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone _____</p>

2009 SEP - 1 PM 4: 25
 RECEIVED
 MICHIGAN DEPARTMENT OF STATE

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Convention	<input type="checkbox"/> School
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus

Date of Election, Convention or Caucus
08/04/09

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

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	<u>Karen Sidney</u>	<u>Karen Sidney</u>	Date	<u>8/31/09</u>
	Type or Print Name	Signature		
Candidate	<u>Michael Anglin</u>	<u>Michael David Anglin</u>	Date	<u>8/31/09</u>
	Type or Print Name	Signature		



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>819.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>819.00</u>	(18.) \$ <u>9,308.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>819.00</u>	(20.) \$ <u>9,308.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>20.13</u>	(21.) \$ <u>198.63</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3,713.29</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>3,713.29</u>	(23.) \$ <u>9,335.97</u>
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>562.81</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2,900.42</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>819.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,719.42</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,713.29</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>6.13</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 all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/21/09
Name & Address:

Kent Burkhart
409 1/2 N Fourth Ave
Ann Arbor MI 48104

\$ 99

\$ 99

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/09
Name & Address

Louis Breskman
315 W Jefferson Ct
Ann Arbor MI 48103

\$ 250

\$ 250

5. If over \$100.00 cumulative, please provide:

Occupation exec VP Employer Z Technologies

[Click Here for Memo Itemization](#)

Business Address 26500 Capital Ave, Redford MI 48239

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/31/09
Name & Address:

Cythia Lunan
312 Mark Hannah
Ann Arbor MI 48103

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/31/09
Name & Address

Susan Greenbert
1315 Culver
Ann Arbor MI 48103

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal **\$499.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**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 all contributions regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/31/09 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

Name & Address: Barbara Schneider
206 Montgomery
Ann Arbor MI 48103-4113 \$ 20 \$ 20

5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ [Click Here for Memo Itemization](#)

Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/31/09

Name & Address: Jill Peek
272 Crest
Ann Arbor MI 48103 \$ 100 \$ 100

5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ [Click Here for Memo Itemization](#)

Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/31/09

Name & Address: Karen Larson
1737 Tudor
Ann Arbor MI 48103 \$ 30 \$ 30

5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ [Click Here for Memo Itemization](#)

Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/31/09

Name & Address: Sandra Foulke
1606 Waltham
Ann Arbor MI 48103 \$ 50 \$ 50

5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ [Click Here for Memo Itemization](#)

Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$200.00
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

2. Committee Name _____

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 all contributions regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/31/09

Name & Address:
Christine Hildebrand
2115 Devonshire
Ann Arbor MI 48104

6. Amount \$ 100 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 250

5. If over \$100.00 cumulative, please provide:
Occupation retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/31/09

Name & Address:
Jennifer Haines
2776 Daleview Dr
Ann Arbor MI 48105

\$ 20 \$ 20

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt _____

Name & Address:
\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt _____

Name & Address:
\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$120.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) \$819.00

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2007-019
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 Rita Mitchell Address 621 Fifth St Ann Arbor MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse postage 467.10; supl 264.90</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/09</u> Date	<u>\$ 732.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Rita Mitchell Address 621 Fifth St Ann Arbor MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/28/09</u> Date	<u>\$ 946.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Kathleen Clark Address 549 S First St Ann Arbor MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse printing 540.60;supl 38.68</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/28/09</u> Date	<u>\$ 579.28</u> Click Here for Memo Itemization Type
Expenditure #4 Name Kolossos Address 2055 W Stadium Ann Arbor MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/04/09</u> Date	<u>\$ 11.97</u> Click Here for Memo Itemization Type
Expenditure #5 Name Kathleen Clark Address 549 S First St Ann Arbor MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/09</u> Date	<u>\$ 61.90</u> Click Here for Memo Itemization Type

Subtotal this page **\$2,331.15**

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**

1. Committee I. D. Number C-2007-019
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 <u>Holbrook Design</u> Address <u>2882 Perrine Rd</u> <u>Rives Junction MI 49277</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>graphic design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/23/09</u> Date	<u>\$ 805.00</u>
Expenditure #2 Name <u>Kathleen Clark</u> Address <u>549 S First St</u> <u>Ann Arbor MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>food for volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/23/09</u> Date	<u>\$ 577.14</u>
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	\$ _____
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 **\$1,382.14**
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) **\$3,713.29**

Enter this total on line 8a of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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

CANDIDATE COMMITTEE

2. Committee Name Mike Anglin for Council

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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
	5. Date of Receipt		
6. Name & Address of Vendor from whom goods or services were purchased			

Contribution # 1 PAC Receipt? Yes

Name & Address:
Glenn Thompson
100 Longman Lane
Ann Arbor MI 48103

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

Fund Raiser Contribution

4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
<input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ 20.13	\$ 20.13
<input type="checkbox"/> Goods or Services Purchased by Candidate or Others		
<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
Description <u>labels</u>		
5. Date Of Receipt: _____		
6. Vendor Name & Address: Staples Westgate Shopping Center Ann Arbor MI		

[Click Here for Memo Itemization](#)

Contribution # 2 PAC Receipt? Yes

Name & Address:

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

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 type="checkbox"/> Goods or Services Purchased by Candidate or Others		
<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
Description _____		
5. Date Of Receipt: _____		
6. Vendor Name & Address:		

[Click Here for Memo Itemization](#)

Contribution #3 PAC Receipt? Yes

Name & Address:

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

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 type="checkbox"/> Goods or Services Purchased by Candidate or Others		
<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
Description _____		
5. Date Of Receipt: _____		
6. Vendor Name & Address:		

[Click Here for Memo Itemization](#)

Page Subtotal **\$20.13**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **20.13**

Enter this total
on line 6 of Summary
Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2007-019
2. Committee Name Mike Anglin for Council

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 Owed to or by: Corp? <input type="checkbox"/> Yes Mike Anglin 549 S First St Ann Arbor MI 48103	4. Type: <u>candidate loan to committee</u> 5. <u>Date Debt Was Incurred:</u> <u>06/17/07</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3000</u>	<u>07/13/07</u> \$ <u>1,500.00</u> <u>07/27/07</u> \$ <u>1,200.00</u> <u>11/26/07</u> \$ <u>120.00</u> \$ _____ \$ _____	\$ <u>2950</u>	\$ <u>50</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes Mike Anglin 549 S First St Ann Arbor MI 48103	4. Type: <u>candidate loan to committee</u> 5. <u>Date Debt Was Incurred:</u> <u>11/18/07</u> 6. <u>Original Amount of Debt:</u> <u>\$ 512.81</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>512.81</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes	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) **\$562.81**
Grand Total of all Schedules 1E **\$562.81**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.