



**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: <u>07/18/11</u> to <u>08/22/11</u>	
1. Committee I.D. Number C-2007-019	4. Candidate Last Name <u>Anglin</u> First Name <u>Michael</u> M.I. <u>D</u>
2. Committee Name Mike Anglin for Council	4a. Office Sought Including District # or Community Served (If applicable) Ann Arbor City Council Ward 5
5. Committee's Mailing Address 549 S First Street Ann Arbor MI 48103	4b. County of Residence <u>Washtenaw</u>
Area Code and Phone <u>(734) 883-6983</u> 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 Karen Sidney 100 Longman Ann Arbor MI 48103
7. Treasurer's Business Address 100 Longman Ann Arbor MI 48103	6. Treasurer's Name & Residential Address (continued) Area Code & Phone <u>(734) 995-2761</u>
Area Code and Phone <u>(734) 995-2761</u>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

COUNTY OF WASHTENAW
 COUNTY CLERK/REGISTRAR
 FILED
 2011 AUG 29 P 3:55
 WASHTENAW COUNTY, MI

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
08/02/11

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 Karen Sidney Signature Karen Sidney Date 8/29/11

Candidate Michael Anglin Signature Michael Anglin Date 8/29/11



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>370.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$370.00</u>	(18.) \$ <u>\$7,220.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$370.00</u>	(20.) \$ <u>\$7,220.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ <u>\$213.85</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$1,582.95</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>\$1,582.95</u>	(23.) \$ <u>\$4,306.38</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>\$4,132.70</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$370.00</u>	
	(15.) = \$ <u>\$4,502.70</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,582.95</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$2,919.75</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 Name & Address: Kay Hoisinger 2300 Kent St Ann Arbor MI 48103		\$ 100	\$ 100
4. Date of Receipt <u>07/22/11</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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name & Address: Ruth M. Lamphiear 1417 Pomona Rd Ann Arbor MI 48103		\$ 50	\$ 50
4. Date of Receipt <u>07/23/11</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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name & Address: Tom Whittaker 444 S Fifth Ave Ann Arbor MI 48104		\$ 100	\$ 100
4. Date of Receipt <u>07/28/11</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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES Name & Address: Virginia Simon 830 W Washington Ann Arbor MI 48103		\$ 25	\$ 25
4. Date of Receipt <u>07/30/11</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		Click Here for Memo Itemization	

Page Subtotal **\$275.00**
 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 <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>07/30/11</u> Name & Address: Theodore Ramsay PO Box 7835 Ann Arbor MI 48107	\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation _____ Employer _____ Click Here for Memo Itemization </div> Business Address _____		
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/11</u> Name & Address: Marcia Polenberg 524 S First St Ann Arbor MI 48103	\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation _____ Employer _____ Click Here for Memo Itemization </div> Business Address _____		
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/11</u> Name & Address: Alan Connor 1019 Pinetree Dr Ann Arbor MI 48103	\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation _____ Employer _____ Click Here for Memo Itemization </div> Business Address _____		
Type of Contribution: <input checked="" 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 <u>08/08/11</u> Name & Address: Peggy Rabhi 1991 Upland Dr Ann Arbor MI 48105	\$ <u>20</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation _____ Employer _____ Click Here for Memo Itemization </div> Business Address _____		
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal \$95.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) 370.00

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 Mike Anglin Address 549 S First 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>08/15/11</u> Date	<u>\$ 1392</u>
Expenditure #2 Name Mike Anglin Address 549 S First Street Ann Arbor MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse pizza for election party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/15/10</u> Date	<u>\$ 50</u>
Expenditure #3 Name Glenn Thompson Address 100 Longman Lane Ann Arbor MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/18/11</u> Date	<u>\$ 140.95</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 **\$1,582.95**
Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$1,582.95**

Enter this total on line 8a 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)
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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 \$ 1,500.00</u> <u>07/27/07 \$ 1,200.00</u> <u>11/26/07 \$ 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 (Complete on last page of Schedule showing amounts owed by or to the committee)	\$562.81

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.