## 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: 07/18/11 to 08/22/11
1. Committee I.D. Number	4. Candidate Las	
C-2007-019	Anglin	Michael D
	4a. Office Sought I	ncluding District # or Community Served (If applicable)
2. Committee Name	Ann Arbo	or City Council Ward 5
Mike Anglin for Council	1	dence Washtenaw
5. Committee's Mailing Address	6. Treasurer's Nan	ne & Residential Address
549 S First Street	Karen Sidne	v
Ann Arbor MI 48103	100 Longma	•
	Ann Arbor M	II 48103
(704) 000 0000		
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.	Area Code & Phon	e (734) 995-2761
7. Treasurer's Business Address		
	Designated Recor	cord keeper's Name and Mailing Address (If the committee has a d keeper)
100 Longman Ann Arbor MI 48103		ZOII AUG
Alli Alboi Wi 40 103		AUG AUG
		6 2 BA
		29
Area Code and Phone (734) 995-2761		T SE
Area Code and Phone	Area Code and Ph	IOI IC
9. TYPE OF STATEMENT		
9a. Pre-Election OR 9b. Post	-Election	9c. Annual Statement ( Coverage Year)
		Amendment to Compain Statement (Compaint them Co. Ch. Co.
Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
		9e. Dissolution of Candidate Committee
✓ Primary Ger	neral	Discolation of Salidades Softmanes
Convention Sch	iool	Effective Date of Dissolution
J Solitonian		
Special	cus	
		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
Date of Election, Convention or Caucus		the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
08/02/11		Note: The disposition of residual funds must be reported on Schedule
	<del> </del>	1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, expe	duired Campaign St nditures, and outstar	atements. The Campaign Statements must include all applicable additional addi
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany to before the filing deadline of a required campaign statement, the	ed since the informa his Campaign Stater	tion was shown on the committee's Statement of Organization, an nent. If a request for a Reporting Waiver is not received on or
10. Verification: I\We certify that all reasonable diligence was used my\our knowledge and belief the contents are true, accurate and co	omplete.	this statement and attached schedules (if any) and to the best of
Current Treasurer or Karen Sidney	$\mathcal{L}_{-}$	1 Aug close
Designated Record keeper Type or Print Name	1 "/ ) Creec	Date 8/28/11
type of Fillia Name	Signature	
Candidate Michael Anglin	I Tithe	Duy Uy/m 8/29/1/
Type or Print Name	Signature	Date

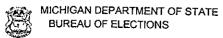
1. Committee I.D. Number C-2007-013

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### SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Mike Anglin for Council

RECEIPTS		
3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 370.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	•
c. Subtotal of "Contributions"	(3c.) \$ \$370.00	(18.) \$ \$7,220.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$370.00	(20.) \$ \$7,220.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$ \$213.85
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$1,582.95	_
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.) \$ _\$1,582.95	(23.) \$ \$4,306.38
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements     a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_
b. Unitemized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	-
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$\$562.81	
b. Owed to the Committee (Schedule 1E)		
	(12b.) \$	
13. Ending Balance of last report filed	(13.) \$ \$4,132.70	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ \$370.00	<del></del>
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$4,502.70	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$1,582.95	
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$ \$2,919.75	<u> </u>
(Subtract line 16 from line 15)	V	



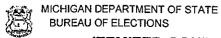
#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

#### CANDIDATE COMMITTEE

Page.

2. Committee Name Mike Anglin for Council

Enter contributor's name and address. If contribution is from an individual, enter last namiddle initial. Check box to indicate if contribution is from a Political Committee or an Incommittee (PAC) Report all contributions regardless of amount.	me, first name, dependent  6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/22/1	1 date of receipt)
Kay Holsinger 2300 Kent St	<sub>s</sub> 100 <sub>s</sub> 100
Ann Arbor MI 48103	<sub>\$</sub> 100 <sub>\$</sub> 100
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: 🗸 Direct Loan from a person Fund Raise	er
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/23/11 Name & Address	
Ruth M. Lamphiear 1417 Pomona Rd Ann Arbor MI 48103	<u>\$ 50</u> <u>\$ 50</u>
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raise	er
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/28/11	
Tom Whittaker 444 S Fifth Ave Ann Arbor MI 48104	\$ 100 \$ 100
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address  Type of Contribution   Cl Direct	
Type of Contribution: ✓ Direct Loan from a person Fund Raise	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/30/11 Name & Address	
Virginia Simon 830 W Washington Ann Arbor MI 48103 5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 25 <sub>\$</sub> 25
	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution:	
	Page Subtotal \$275.00
Grand Total of All (Complete on last pag	Schedules 1A
Page of	Page.



## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

#### CANDIDATE COMMITTEE

line 3a of Summary

Page.

2. Committee Name Mike Anglin for Council

Enter contributor's name and address. If contribution is from an individual, enter last name, firs middle initial. Check box to indicate if contribution is from a Political Committee or an Independ Committee (PAC) Report all contributions regardless of amount.	t name, 6. Amount ent	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/30/11		
Theodore Ramsay		
PO Box 7835	05	05
Ann Arbor MI 48107	<sub>\$</sub> 25	<sub>\$</sub> 25
5. If over \$100.00 cumulative, please provide:	Oliale I Iame	- f h f 11
Occupation Employer	———— Click Here	e for Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		İ
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/11  Name & Address		
Marcia Polenberg 524 S First St Ann Arbor MI 48103	<sub>\$</sub> 25	<sub>\$_</sub> 25
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		io mono nomenton
Business Address	<del></del>	
Type of Contribution: Direct Loan from a person Fund Raiser		:
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/30/11		
Alan Connor 1019 Pinetree Dr Ann Arbor Mi 48103	<sub>\$</sub> 25	<sub>\$</sub> 25
5. If over \$100.00 cumulative, please provide:	Click Here t	for Memo Itemization
Occupation Employer		:
Business Address	<del></del>	
Type of Contribution:	<del></del>	
B. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/08/11  Name & Address		
Peggy Rabhi 1991 Upland Dr Ann Arbor MI 48105	<sub>\$</sub> 20	\$_20
5. If over \$100.00 cumulative, please provide:	0	
Occupation Employer	Click Here t	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	<del></del>	
Page	Subtotal \$95.00	
Grand Total of All Scheo		
(Complete on last page of S		



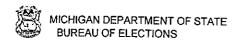
# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

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		08/15/11	\$ 1392
Address	Purpose: reimburse postage	Date	1392
549 S First St			
Ann Arbor MI 48103	i —	Here for Mem	o Itemization Type
Fund Raiser Expenditure #2	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name Mike Anglin		08/15/10	o FO
Address	Purpose: reimburse pizza for election party	Date	\$ <u>50</u>
549 S First Street	Click	dere for Mom	o Itemization Type
Ann Arbor MI 48103		TOTAL TOT IMENTIC	o itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Glenn Thompson		08/18/11	\$ 140.95
Address	Purpose: reimburse supplies	Date	¥ 140.55
100 Longman Lane			
Ann Arbor MI 48103		ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name			
Address	Purpose:	Date	\$
	Click H	ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5		-	
Name			
Address	Purpose:	Date	\$
	Click He	ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		,,,,
	Subtota	al this page	\$1,582.95
	Grand Total of all Se (Complete on last page of		\$1,582.95

Enter this total on line 8a of Summary Page



#### DEBTS AND OBLIGATIONS

Page \_\_\_\_ of \_\_\_\_

SCHEDULE 1E		Adding American Company
CANDIDATE COMMITTEE	2. Committee Name	Mike Anglin for Council
OVERTICAL CONTROLL		

THE SOME THE STATE OF THE STATE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debi	is and obligations owed <u>to</u> ourpose checked.)	r forgiven by the co	mmittee.
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 endorsers 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? Yes Owed to or by:	4. Type: candidate loan to committee	07/13/07 \$ 1,500.00		
Mike Anglin 549 S First St	5. <u>Date Debt Was Incurred</u> : 06/17/07	07/27/07 \$ 1,200.00		
Ann Arbor MI 48103	6. Original Amount of Debt:	11/26/07 <sub>\$</sub> 120.00	\$ 2950	\$_50
If bank loan, name of endorser or guarantor:	\$ <u>3000</u>	\$		FORGIVEN
		Amo	unt Endorsed: \$	
Owed to or by:	4. Type: candidate loan to committee	\$		
Mike Anglin 549 S First St	5. <u>Date Debt Was Incurred</u> : 11/18/07	\$		
Ann Arbor MI 48103	6. Original Amount of Debt: \$ 512.81	\$ \$	\$	\$ 512.81
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed; \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt:	\$\$	\$	\$
	\$	\$		FORGIVEN
if bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
		Page Subtotal (	Outstanding debt)	\$562.81
Grand Total of all Schedules 1E \$562.81				
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.			enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page	