CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

C.C. 2007-019	Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.		3. This Statement covers:	m07/20/14 to 10/20/14		
4a. Office Sought Industing District if or Community Served (if applicable) Ann Arbor City Council Ward 3 4b. Committee's Multing Address 549 S First St Ann Arbor, MI 48103 A	1. Committee I.D. Number				M.I.	
A. Office Sought Industrial for Community Served (if applicable) An Arbor City Council Ward 3 Mike Anglin for Council 5. Committee's Melling Address 549 S First St Ann Arbor, MI 48103 Area Code and Phone (734) 883-6983 Fith eaddress in this box is different from the committee making address on this Satement of Organization, mail may be sent to this address by the lifting official. Area Code and Phone (734) 769-5986	1		Anglin	Michael	D	
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5. Committee's Mailing Address 549 S First St Ann Arbor, MI 48103 Area Code and Phone (734) 833-6983 If the address in this box is different from the committee to the address by the filing official. Area Code and Phone (734) 769-5986 Area Code	2. Committee Name		Ann Arbor City Council Ward 5			
Peter Zetlin Ann Arbor, MI 48103 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. 7. Treasurer's Business Address 803 Duncan St Ann Arbor, MI 48103 804 Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the captivities) a Designated Record Keeper's Name and Mailing Address (if the Captivities) a Designated Record Keeper's Name and Mailing Address (if the Captivities) and Designated Record Keeper's Name and Mailing Address (if the Captivities) and Designated Record Keeper's Name and Mailing Address (if the Captivities) and Designated Record Keeper's Name and Mailing Address (if the Captivities) and Designated Record Keeper's Name and Mailing	Mike Anglin for Council		4b. County of Residence WASHTENAW			
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Second Pre-Election OR 9b. Post-Election Is not on the ballot for the current year: Is not on the ballot for the considered and forgiven and no longer collectible from the committee. Is not on the ballot from the committee. Is not on the ballot for the considered and forgiven and no longer collectible from the committee. Is not on the ballot for the considered and forgiven and no longer collectible from the committee. Is not on the ballot for the committee. Is not on the ballo		Required OI	NLY if candidate		ince	
Pre-Election or Post-Election Statement relates to: Primary	9a. Pre-Election OR 9b Post-Election is not on the		ballotfor the	by the committee to the candidate or his or her spouse is here		
Primary	Pre-Election or Post-Election Statement relates to:			Thy discharged and forgiven and no long	ser collectible from	
General Convention Special School Caucus Annual Statement () Coverage Year 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Date of Election, Convention or Caucus 10. Verification: INVe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record Keeper Current Treasurer or Designated Record Keeper Michael Anglin Michael Anglin Amand Amand Muy M Date Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Output Type or Print Name Signature Date	Primary	July Quar	terly			
Convention Special 9c. Annual Statement () Coverage Year 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. 10. Verification: 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 Peter Zetlin Type or Print Name Signature Date Michael Anglin Michael Anglin Michael Anglin Date Michael Anglin Michael Anglin Michael Anglin May May May May Date Michael Anglin Date Michael Anglin Michael Anglin May May May May May Date Michael Anglin Michael Anglin Michael Anglin May		X October 0	Quarterly	Further, if the dissolution cannot be gra	nted, that this be	
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Date of Election, Convention or Caucus Date of Election, Convention or Caucus			` <u> </u>	Effective date of dissolution		
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Date of Election, Convention or Caucus 10. Verification: INWe 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 Type or Print Name Candidate Michael Anglin Date Schedule 1B and the Summary Page.	(00111		•			
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Type or Print Name Signature Candidate Michael Anglin Muhwl Dand Unglin Date 10/23/14	I etel Zetilii		1/ Yelekill	10,	120/14	
Candidate Date			Signature	Date	-/-/	
	Candidate Michael Anglin		Auhol Dard V	high 10/a	13/14	
			Signature	Date -		

1. Committee I.D. Number <u>C-2007-019</u>

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Mike Anglin for Council

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Samalanto tillo siootion syolo
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$100.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _\$0.00	\$100.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	\$200.00
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.) \$ \$0.00	
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.) \$ \$0.00	(23.) \$ \$522.60
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. 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.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	BALANCE STATEMENT (13.) \$ \$1,231.18 (14.) + \$ \$0.00 (15.) = \$ \$1,231.18 (16.) - \$ \$0.00 (17.) \$ \$1,231.18	-