



**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: 1/1/15 to 7/19/15

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

2. Committee Name  
**Mike Anglin for Council**

4. Candidate Last Name **Anglin** First Name **Michael** M.I. **D**

4a. Office Sought Including District # or Community Served (If applicable)  
**Ann Arbor City Council Ward 5**

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address  
**549 S. First St.  
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.

6. Treasurer's Name & Residential Address  
**Mike Anglin  
549 S. First St.  
Ann Arbor, MI 48103**

Area Code & Phone \_\_\_\_\_

7. Treasurer's Business Address  
**Same**

Area Code and Phone \_\_\_\_\_

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone \_\_\_\_\_

FILED  
 WASHTENAW COUNTY, MI  
 2015 JUL 22 A 9:50  
 LAWRENCE KESTENBAUM  
 COUNTY CLERK/REGISTRAR

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary  
 General  
 Convention  
 Special  
 School  
 Caucus

Date of Election, Convention or Caucus  
08/14/15

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly  
 October Quarterly

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

By checking this item I/we certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

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.

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 Michael Daniel Anglin Signature Michael Daniel Anglin Date 7/21/15

Candidate Michael Daniel Anglin Signature Michael Daniel Anglin Date 7/21/15



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

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Mike Anglin for Council

	Column I This Period	Column II Cumulative this election cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>9,494.33</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>9,494.33</u>	(18.) \$ <u>9,494.33</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>9,494.33</u>	(20.) \$ <u>9,494.33</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>200.00</u>	(21.) \$ <u>200.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>7,532.61</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>7,532.61</u>	(23.) \$ <u>7,532.61</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
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.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>704.33</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1,231.18</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>9,494.33</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>10,725.51</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>7,532.61</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3,192.90</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	4. Date of Receipt <u>4/12/15</u>	
Name & Address: <u>Su mangala Kailasapathy</u> <u>2530 Mallard Court</u> <u>Ann Arbor MI 48106</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/21/15</u>	
Name & Address: <u>Mark Sundling</u> <u>532 Third Street Apt 1</u> <u>Ann Arbor MI 48103</u>		\$ <u>75</u>	\$ <u>75</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Nancy Kaplan</u> <u>3065 Hunting Valley Drive</u> <u>Ann Arbor MI 48104</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Retired</u> Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Theodore Annis</u> <u>414 S. Main Street #808</u> <u>Ann Arbor MI 48104</u>		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Retired</u> Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

675

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.		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>4/26/15</u>	
Name & Address: <u>S. Melinda McKay</u> <u>2101 Pauline Court</u> <u>Ann Arbor MI 48103</u>		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Jerry McKay</u> <u>2101 Pauline Court</u> <u>Ann Arbor MI 48103</u>		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Mark Bisher</u> <u>500 Crest Street</u> <u>Ann Arbor MI 48103</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>Big George's</u>		<a href="#">Click Here for Memo Itemization</a>	
Business Address <u>2023 W. Stadium Blvd Ann Arbor MI 48103</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Mary Hathaway</u> <u>1404 Wakefield Ave</u> <u>Ann Arbor MI 48103</u>		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 725

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

Enter this total on  
line 3a of Summary  
Page.



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1. Committee I.D. Number C-2007-019  
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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 4/26/15

Name & Address:  
Leon Bryson  
636 Center  
Ann Arbor MI 48103

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

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 4/26/15

Name & Address:  
Nancy L. Shiffler  
2877 Sorrento Ave  
Ann Arbor MI 48104

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

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 4/26/15

Name & Address:  
Susan Wineberg  
712 E. Ann Street  
Ann Arbor MI 48104

6. Amount \$ 50 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50

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 Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 4/26/15

Name & Address:  
Cynthia M York  
710 Northside Avenue  
Ann Arbor MI 48106

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

Page Subtotal 350

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

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Martha A. Keefer</u> <u>1710 Abbott</u> <u>Ann Arbor MI 48103</u>		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Vincent Caruso</u> <u>556 Blendale Circle</u> <u>Ann Arbor MI 48103</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>John Lumm</u> <u>3075 Overridge Drive</u> <u>Ann Arbor 48104</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Rita Mitchell</u> <u>621 5th Street</u> <u>Ann Arbor MI 48103</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 650

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

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Douglas White</u> <u>220 S. Seventh St</u> <u>Ann Arbor MI 48103</u>		\$ <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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Cecile Lamb</u> <u>1600 Dicken Drive</u> <u>Ann Arbor MI 48103</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Retired</u> Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>J. B. Hagner</u> <u>1807 Pontiac Trail</u> <u>Ann Arbor MI 48105</u>		\$ <u>20</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Self employed</u> Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Irene M. Rodriguez</u> <u>519 5th Street</u> <u>Ann Arbor MI 48103</u>		\$ <u>10</u>	\$ <u>10</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 250  
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.		6. Amount	7. Cumulative for Each Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Sarnes D' ARMOUR</u> <u>2971 Maplewood Avenue</u> <u>Ann Arbor MI 48104</u>		\$ <u>5</u>	\$ <u>5</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Bill &amp; Cathy Hetzner</u> <u>1603 Sheldford Rd</u> <u>Ann Arbor MI 48104</u>		\$ <u>20</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Dennis Dahlmann</u> <u>300 S. Traver</u> <u>Ann Arbor MI 48104</u>		\$ <u>1,000</u>	\$ <u>1,000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>Dahlmann Properties LLC</u>		<a href="#">Click Here for Memo Itemization</a>	
Business Address <u>200 E. Huron Ann Arbor MI 48104</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: <u>Rachel Potts</u> <u>1014 Elder Blvd</u> <u>Ann Arbor MI 48103</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 1,075

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

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line 3a of Summary  
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/26/15</u> Name & Address: <u>Dawn Bizzell</u> <u>1614 Longshore Dr</u> <u>Ann Arbor MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>150</u>	\$ <u>150</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/26/15</u> Name & Address: <u>Gwen Nystuen</u> <u>1016 Quivia</u> <u>Ann Arbor MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Indep Researcher</u> Employer <u>Self employed</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>200</u>	\$ <u>200</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/26/15</u> Name & Address: <u>Katherine Gaiswald</u> <u>3565 Fox Hunt Drive</u> <u>Ann Arbor MI 48105</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 checked="" type="checkbox"/> Fund Raiser		\$ <u>50</u>	\$ <u>50</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/26/15</u> Name & Address: <u>Glenda Haskell</u> <u>1619 Pontiac Trail</u> <u>Ann Arbor MI 48105</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 checked="" type="checkbox"/> Fund Raiser		\$ <u>30</u>	\$ <u>30</u>
		Click Here for Memo Itemization	

Page Subtotal 430

Grand Total of All Schedules 1A  
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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 Name & Address: <u>Lars Bjorn</u> <u>712 E. Ann Street</u> <u>Ann Arbor MI 48104</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>50</u>	\$ <u>50</u>
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 Name & Address: <u>Deanna Petyka</u> <u>451 S. 4th Avenue</u> <u>Ann Arbor MI 48104</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____		\$ <u>150</u>	\$ <u>150</u>
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3 Name & Address: <u>Christine Crockett</u> <u>506 E. Kingsley</u> <u>Ann Arbor MI 48104</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>50</u>	\$ <u>50</u>
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4 Name & Address: <u>Helga Haller</u> <u>615 Turned Park Court</u> <u>Ann Arbor MI 48103</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>50</u>	\$ <u>50</u>
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal 300

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

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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.		6. Amount	7. Cumulative for Each Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Kathryn Bovis</u> <u>PO Box 8117</u> <u>Ann Arbor MI 48107</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/28/15</u>	
Name & Address: <u>Stephen Kunselmann</u> <u>2885 Butternut St</u> <u>Ann Arbor MI 48108</u>		\$ <u>20</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/28/15</u>	
Name & Address: <u>Anna Ercoli Schnitzer</u> <u>315 2nd Street #412</u> <u>Ann Arbor MI 48103</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/29/15</u>	
Name & Address: <u>Marian Williams</u> <u>1836 Saxon</u> <u>Ann Arbor MI 48113</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 170

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

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**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? <input type="checkbox"/> YES	4. Date of Receipt <u>4/25/15</u>	
Name & Address: <u>Eric B Lipson</u> <u>1318 Rosewood St</u> <u>Ann Arbor MI 48104</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/15</u>	
Name & Address: <u>Peggy Rawhi</u> <u>1947 Upland Dr</u> <u>Ann Arbor MI 48105</u>		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/1/15</u>	
Name & Address: <u>Peter Eckstein</u> <u>2551 Londonderry Dr</u> <u>Ann Arbor MI 48104</u>		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/3/15</u>	
Name & Address: <u>Ralph E. Maten</u> <u>1630 Argyle Crescent</u> <u>Ann Arbor MI 48103</u>		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

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

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**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>5/6/15</u>	
Name & Address: <u>Virginia Simon</u> <u>830 W. Washington St</u> <u>Ann Arbor MI 48103</u>		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/7/15</u>	
Name & Address: <u>Vivienne Armentrout</u> <u>930 Vesper Rd</u> <u>Ann Arbor MI 48103</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/12/15</u>	
Name & Address: <u>Patricia Ryan</u> <u>303 Wildwood Ave</u> <u>Ann Arbor MI 48103</u>		\$ <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: <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>5/17/15</u>	
Name & Address: <u>Robert Johnson</u> <u>1522 Arborview Blvd</u> <u>Ann Arbor MI 48103</u>		\$ <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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 225

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

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**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? <input type="checkbox"/> YES	4. Date of Receipt <u>5/28/15</u>	
Name & Address: <u>Lynn Borsari</u> <u>372 Virginia Ave</u> <u>Ann Arbor MI 48103</u>		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide:		<a href="#">Click Here for Memo Itemization</a>	
Occupation _____ Employer _____			
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>5/29/15</u>	
Name & Address: <u>Cary Kochev</u> <u>712 Miner St</u> <u>Ann Arbor MI 48103</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide:		<a href="#">Click Here for Memo Itemization</a>	
Occupation _____ Employer _____			
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>5/31/15</u>	
Name & Address: <u>Constance Hunter Belda</u> <u>123 Laurin Dr</u> <u>Ann Arbor MI 48105</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide:		<a href="#">Click Here for Memo Itemization</a>	
Occupation _____ Employer _____			
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>5/31/15</u>	
Name & Address: <u>Diane Robins</u> <u>1900 Old Orchard Ct</u> <u>Ann Arbor MI 48103</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide:		<a href="#">Click Here for Memo Itemization</a>	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 275

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

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line 3a of Summary  
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**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>6/1/15</u> Name & Address: <u>Myra Larson</u> <u>3575 E. Huron River Dr</u> <u>Ann Arbor MI 48104</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	\$ <u>100</u>	\$ <u>100</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>6/4/15</u> Name & Address: <u>N. E. Karsch</u> <u>1000 Pomona Rd</u> <u>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	\$ <u>50</u>	\$ <u>50</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>6/4/15</u> Name & Address: <u>Sonia Schmarl</u> <u>539 S. First St</u> <u>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	\$ <u>100</u>	\$ <u>100</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>6/6/15</u> Name & Address: <u>Christine Hildebrand</u> <u>2115 Devonshire Rd</u> <u>Ann Arbor MI 48104</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	\$ <u>100</u>	\$ <u>100</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal 350

Grand Total of All Schedules 1A  
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**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 6/8/15  
 Name & Address:  
Peter N. Heydon  
3562 W. Haven Road Dr  
Ann Arbor MI 48103  
 5. If over \$100.00 cumulative, please provide:  
 Occupation self employed Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

\$ 500 \$ 500  
 Click Here for Memo Itemization

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 6/11/15  
 Name & Address:  
Susan Perry  
1708 Fair St  
Ann Arbor MI 48103  
 5. If over \$100.00 cumulative, please provide:  
 Occupation Real Estate Employer SLP Associates  
 Business Address 1708 Fair St Ann Arbor MI 48103  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

\$ 300 \$ 300  
 Click Here for Memo Itemization

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 6/22/15  
 Name & Address:  
Michael Homel  
3443 Wooddale Ct  
Ann Arbor MI 48104  
 5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

\$ 50 \$ 50  
 Click Here for Memo Itemization

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 7/2/15  
 Name & Address:  
Theodore Ramsay  
PO Box 7835  
Ann Arbor MI 48107  
 5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

\$ 25 \$ 25  
 Click Here for Memo Itemization

Page Subtotal 875

Grand Total of All Schedules 1A  
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**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? <input type="checkbox"/> YES	4. Date of Receipt <u>6/24/15</u>	
Name & Address: <u>Kay Holsinger</u> <u>2300 Kent St</u> <u>Ann Arbor MI 48103</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
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>6/29/15</u>	
Name & Address: <u>Agnes Reading</u> <u>161 Laurin Ct</u> <u>Ann Arbor MI 48105</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
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>7/2/15</u>	
Name & Address: <u>Steven Zarnowitz</u> <u>300 S. Thayer St</u> <u>Ann Arbor MI 48104</u>		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Corp Counsel</u> Employer <u>Dahlmann Apts Ltd</u>			
Business Address <u>520 E Huron</u> <u>Ann Arbor MI 48104</u>			
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>7/4/15</u>	
Name & Address: <u>Marcia Polenberq</u> <u>524 S. First St</u> <u>Ann Arbor MI 48103</u>		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

375

Grand Total of All Schedules 1A  
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**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? <input type="checkbox"/> YES	4. Date of Receipt <u>7/4/15</u>	
Name & Address: <u>Marcia Polenberg</u> <u>524 S. First Street</u> <u>Ann Arbor MI 48103</u>		\$ <u>55<sup>00</sup></u>	\$ <u>80<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
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>7/4/15</u>	
Name & Address: <u>Martha A. Keefe</u> <u>1710 Abbott</u> <u>Ann Arbor MI 48103</u>		\$ <u>50<sup>00</sup></u>	\$ <u>200<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Retired</u> Employer _____			
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>7/4/15</u>	
Name & Address: <del>Richard Williams</del> <u>Marion Williams</u> <u>1836 Saxon</u> <u>Ann Arbor MI 48103</u>		\$ <u>100<sup>00</sup></u>	\$ <u>150<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>7/4/15</u>	
Name & Address: <u>Katherine Griswold</u> <u>3565 Fox Hunt Drive</u> <u>Ann Arbor MI 48105</u>		\$ <u>50<sup>00</sup></u>	\$ <u>50<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

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255<sup>00</sup>

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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? <input type="checkbox"/> YES	4. Date of Receipt <u>7/6/15</u>	
Name & Address: <u>Bernard &amp; Ann Marie <del>Dahlmann</del> Dahlmann</u> <u>1552 Newport Creek Dr</u> <u>Ann Arbor MI 48103</u>		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Real Estate Mgt</u> Employer <u>Dahlmann Properties</u>			
Business Address <u>300 S. Trayer St Ann Arbor MI 48104</u>			
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>7/6/15</u>	
Name & Address: <u>Mary Hathaway</u> <u>1407 Wakefield Ave</u> <u>Ann Arbor MI 48103</u>		\$ <u>100</u>	\$ <u>105</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Retired</u> Employer _____			
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>7/7/15</u>	
Name & Address: <u>Will Hathaway</u> <u>3424 Stowest</u> <u>Ann Arbor MI 48103</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
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>7/9/15</u>	
Name & Address: <u>Peggy Ra bhi</u> <u>1997 Upland Dr</u> <u>Ann Arbor MI 48105</u>		\$ <u>30</u>	\$ <u>70</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
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

~~530~~

530

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.

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

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 7/12/15

Name & Address:  
Alan Goldsmith  
2280 Amesbury Drive  
Ann Arbor MI 48103

\$ 75 \$ 75

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

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 7/12/2015

Name & Address:  
Barbara Ladewski  
305 Westey Ave  
Ann Arbor MI 48103

\$ 100 \$ 100

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

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 7/10/15

Name & Address:  
Douglas Cowherd  
1117 Brooks St  
Ann Arbor MI 48103

\$ 60 \$ 60

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

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 7/10/15

Name & Address:  
Neil Dahlmann  
711 Bluff Rd  
Lake Bluff IL 60044

\$ 400 \$ 400

5. If over \$100.00 cumulative, please provide:  
Occupation Real Estate Mgt Employer Dahlmann Properties

Business Address 300 S Trauffer St Ann Arbor MI 48104

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal 635

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.		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>July 14, 2015</u> Name & Address: <u>Stacey Roberts</u> <u>P.O. Box 563</u> <u>Leland, MI</u>		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7/15/15</u> Name & Address: <u>Diane D.W. Gay</u> <u>920 Mixwood St</u> <u>Ann Arbor, MI</u>		\$ <u>50</u>	\$ <u>50</u>
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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7/10/15</u> Name & Address: <u>Kathleen Clark</u> <u>549 S. 15th St.</u> <u>AL</u>		\$ <u>704.33</u>	\$ <u>704.33</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal 1054.33

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) 9494.33

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

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

2. Committee Name Mike Anglin for Council

**CANDIDATE COMMITTEE**

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 & Address: <u>Mary Hathaway</u>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address: <u>home maker</u>  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" 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 <u>room rent for fund raiser</u> 5. Date Of Receipt: <u>4/26/15</u> 6. Vendor Name & Address: <u>Hathaway's Hide-A-way</u> <u>310 S. Ashley ST</u> <u>Ann Arbor, MI</u> Click Here for Memo Itemization	\$ <u>200</u> \$ <u>325</u>	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address:   If over \$100.00 cumulative, please provide: Occupation:  Employer Name & 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 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? <input type="checkbox"/> Yes Name & Address:   If over \$100.00 cumulative, please provide: Occupation:  Employer Name & 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 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

200

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

200

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on line 6 of Summary  
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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

**C-2007-019**

1. Committee I. D. Number

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>USPS</u> Address <u>2075 Stadium</u> <u>A<sup>2</sup></u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/16/15</u> Date	<u>\$49.00</u>
Expenditure #2 Name <u>Staples</u> Address <u>2601 Jackson St.</u> <u>A<sup>2</sup></u> <input type="checkbox"/> Fund Raiser	Purpose: <u>office supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/16/15</u> Date	<u>\$113.25</u>
Expenditure #3 Name <u>Washtenaw Dairy</u> Address <u>602 S Ashley</u> <u>A<sup>2</sup></u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ice</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/27/15</u> Date	<u>\$3.50</u>
Expenditure #4 Name <u>Kroger</u> Address <u>400 S Maple</u> <u>A<sup>2</sup></u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/27/15</u> Date	<u>\$5.29</u>
Expenditure #5 Name <u>Washtenaw Dairy</u> Address <u>602 S Ashley</u> <u>A<sup>2</sup></u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/27/15</u> Date	<u>\$13.40</u>

Subtotal this page

184.44

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

**C-2007-019**

1. Committee I. D. Number

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>Jerusalem Garden</u> Address <u>307 S 5th Ave</u> <u>AV</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/27/15</u> Date	<u>\$22.41</u>
Expenditure #2 Name <u>GFS store</u> Address <u>2151 W Liberty</u> <u>AV</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food &amp; party supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/27/15</u> Date	<u>\$23.72</u>
Expenditure #3 Name <u>Kroger</u> Address <u>400 S Maple</u> <u>AV</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Beverages</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/25/15</u> Date	<u>\$30.00</u>
Expenditure #4 Name <u>GFS Store</u> Address <u>2151 W. Liberty</u> <u>AV</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/24/15</u> Date	<u>\$89.50</u>
Expenditure #5 Name <u>Staples</u> Address <u>2601 Jackson St.</u> <u>AV</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/29/15</u> Date	<u>\$64.93</u>

Subtotal this page

230.56

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

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**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>Steples</u> Address <u>2601 Jackson St</u> <u>A2</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>office supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/6/15</u> Date	<u>\$37.08</u>
Expenditure #2 Name <u>Kroger</u> Address <u>400 S Maple Rd</u> <u>A2</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>beverage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/10/15</u> Date	<u>\$10.58</u>
Expenditure #3 Name <u>Steples</u> Address <u>2601 Jackson St,</u> <u>A2</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/12/15</u> Date	<u>\$27.02</u>
Expenditure #4 Name <u>Lowe's</u> Address <u>5900 Jackson Rd</u> <u>A2</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>tape for signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/14/15</u> Date	<u>\$6.23</u>
Expenditure #5 Name <u>Detroit Print</u> Address <u>615 Griswold St</u> <u>Detroit, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>print postcards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/20/15</u> Date	<u>\$113.10</u>

Subtotal this page 194.01

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

**C-2007-019**

1. Committee I. D. Number

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>USPS</u> Address <u>2075 W Stadium Blvd</u> <u>A~</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/24/15</u> Date	<u>\$ 24.50</u>
Expenditure #2 Name <u>USPS</u> Address <u>2075 W Stadium Blvd</u> <u>A~</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/22/15</u> Date	<u>\$ 170.00</u>
Expenditure #3 Name <u>Kolossos Printing</u> Address <u>2055 W Stadium</u> <u>A~</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postcards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/1/15</u> Date	<u>\$ 136.74</u>
Expenditure #4 Name <u>Kolossos Printing</u> Address <u>2055 W Stadium</u> <u>A~</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>post cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/3/15</u> Date	<u>\$ 42.40</u>
Expenditure #5 Name <u>A-1 Rental</u> Address <u>W. Liberty</u> <u>A~</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>tables; chairs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/3/15</u> Date	<u>\$ 45.00</u>

Subtotal this page

418.64

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

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on line 8a of  
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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

**C-2007-019**

1. Committee I. D. Number

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>Staples</u> Address <u>2601 Jackson St, AZ</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>office supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/4/15</u> Date	<u>\$29.07</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <u>Staples</u> Address <u>2601 Jackson St AZ</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>paper</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/7/15</u> Date	<u>\$19.07</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <u>Uline Ship Supply</u> Address <u>Chicago, IL</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>ties for door hangers</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/9/15</u> Date	<u>\$41.43</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <u>USPS</u> Address <u>2075 W Stadium Blvd AZ</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/12/15</u> Date	<u>\$17.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <u>USPS</u> Address <u>2075 W Stadium Blvd AZ</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/12/15</u> Date	<u>\$40.50</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page

147.07

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**

**C-2007-019**

1. Committee I. D. Number

Mike Anglin for Council

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>USPS</u> Address <u>2075 W. Stadium Blvd</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/23/15</u> Date	<u>\$42.00</u>
Expenditure #2 Name <u>USPS</u> Address <u>2075 W Stadium Blvd</u> <u>A2</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/26/15</u> Date	<u>\$19.20</u>
Expenditure #3 Name <u>Kathy Kahn</u> Address <u>515 Krause</u> <u>A2</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Buttons</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/17/15</u> Date	<u>\$25.00</u>
Expenditure #4 Name <u>A-1 Rental Inc</u> Address <u>2255 W Liberty</u> <u>A2</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Party Supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/2/15</u> Date	<u>150.12</u> <del>195.00</del>
Expenditure #5 Name <u>Buschs</u> Address <u>S. Main St</u> <u>A2</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Party food</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/3/15</u> Date	<u>\$79.<sup>38</sup></u>

Subtotal this page

315.70

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**

**C-2007-019**

1. Committee I. D. Number

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>Krista Maggard</u> Address <u>11600 Merrill Rd Whitmore Lake, MI</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Media Consulting</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/29/15</u> Date	<u>\$648.00</u>
Expenditure #2 Name <u>Staples</u> Address <u>2601 Jackson St AZ</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>office supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/9/15</u> Date	<u>\$87.38</u>
Expenditure #3 Name <u>Mike Anglin</u> Address <u>549 S. 1st St, AZ</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimburse Printing yard signs</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/25/15</u> Date	<u>\$747.30</u>
Expenditure #4 Name <u>Mike Anglin</u> Address <u>549 S 1st St. AZ</u>  <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>7/9/15</u> Date	<u>\$2,450</u>
Expenditure #5 Name <u>Mike Anglin</u> Address <u>549 S 1st St. AZ</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse Costco envelopes</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/9/15</u> Date	<u>\$105.89</u>

Subtotal this page 4038.57

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>Staples</u> Address <u>2601 Jackson St</u> <u>A</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>office supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/13/15</u> Date	<u>\$58.36</u>
Expenditure #2 Name <u>Kathleen Clark</u> Address <u>549 S. 1st St,</u> <u>A</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse printing kolossos</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/10/15</u> Date	<u>\$704.33</u>
Expenditure #3 Name <u>Uline Ship Supplies</u> Address <u>Chicago, IL</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Door hanger ties</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/14/15</u> Date	<u>\$55.68</u>
Expenditure #4 Name <u>Kolossos Printing</u> Address <u>2055 W Stadium</u> <u>A</u> <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>7/14/15</u> Date	<u>\$21127</u>
Expenditure #5 Name <u>Krista Margaret</u> Address <u>11600 Merrill Rd</u> <u>Whitmore Lake, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>medic consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/15/15</u> Date	<u>\$441.00</u>

Subtotal this page 1,470.64

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**

**C-2007-019**

1. Committee I. D. Number \_\_\_\_\_

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>Back Alley Gourmet</u> Address: <u>South main St</u> <u>A2</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food for Campaign workers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/17/15</u> Date	<u>\$ 12.03</u>
Expenditure #2 Name: <u>Mike Anglin</u> Address: <u>549 S. 1st St.</u> <u>A2</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimburse envelope printing Kolossos</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	<u>\$520.95</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

533.98

533.98

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

7532.61

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 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 Owed to or by:  Kathleen Clark 549 S 1st St AZ Corp? <input type="checkbox"/> Yes	wife of candidate 4. Type: <u>Loan to committee</u> 5. Date Debt Was Incurred: <u>7/10/15</u> 6. Original Amount of Debt: <u>\$704.33</u>	\$ \$ \$ \$ \$	\$	\$ <u>704.33</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	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <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. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 704.33

Grand Total of all Schedules 1E 704.33  
(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.





**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

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

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>4/26/15</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>50</u>	5. Type of Fund Raising Activity <u>reception</u>	6. Address and Name (if any) of the place where the activity was held. <u>310 S Ashley</u> <u>A2</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 5,245

8. Other Receipts \_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8) 5,245

10. Total Cost of Event 387.82  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11.  Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.