CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

GOVERFAGE				
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and co	signed by andidate.	3. This Statement covers From	1/1/15 to 1/19/15	
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.	
C-2007-019		Anglin	Michael D	
		4a. Office Sought Including Dis	strict # or Community Served (If applicable)	
2. Committee Name		Ann Arbor City Council Ward 5		
Mike Anglin for Cou	ncil	4b. County of Residence WA	SHTENAW	
5. Committee's Mailing Address		6. Treasurer's Name & Reside		
549 S. First St.		Mika L		
Ann Arbor, MI 48103		1011116 170	517	
		3495.1	airst of.	
		Ann Arbor	15/14 1154 St. 1 MI 4810)	
Area Code and Phone (734) 883-6983		,,,,,,	'	
If the address in this box is different from the comm mailing address on the Statement of Organization, I	ittee			
be sent to this address by the filing official.	пан ніау	Area Code & Phone		
7. Treasurer's Business Address			s Name and Mailing Address (Lithe committee has a	
Same		Designated Record keeper)	WASHTENAW 2015 JUL 22 AWRENCE KE	
Jan Min a		,	∃R 5 SH	
			THE 2	
			梁命 2 ▼[
Area Code and Phone	***	Area Code and Phone	COUN COUN	
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee	
9a. Pre-Election OR 9b. Post-Election	is not on the		By checking this item I/We tertify any outstanding debt	;
Pre-Election or Post-Election Statement relates to:	current year:		by discharged and forgiven, and no longer collectible from	яе
	July Quart	erly	the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.	
Primary	<u></u>			
General	October Q	шаңепу	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
Convention			considered a request for the reporting waiver.	
Special	9c	l Statement ()		
	Aima	Coverage Year	Effective date of dissolution	
School	Amon	dment to Campaign Statement		
Caucus		olete Item 9a, 9b, 9c or 9e to	Note: The disposition of positive founds moved by reported on	
	indica ameno	te which Statement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
	ament	ieu.)	·	
Date of Election, Convention or Caucus				
08/44/15				
10. Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a	ence was used	in the preparation of this statement	ent and attached schedules (if any) and to the best of	
	<i>i</i>) <i>i i</i>	n Muhal de	and Willen	
Current Treasurer or Designated Record keeper Michael	UANiel F	INAliv	7/21/65	
Type or Print Name	• •	in the preparation of this state to complete. White William William	Date	
Candidate Michael Daniel A	walin	3111111	1111 7/21/15	
Candidate // EMEEL WAWIE/ Type or Print Name	0'''	Signature	Date 1/21/	
Type of Fill Name		- gnatary		

1. Committee I.D. Number <u>C-2007-0</u>19

SUMMARY PAGE
CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		Column II
RECEIPTS	Column I This Period	Cumulative this election cycle
3. Contributions	0.404.33	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 9,494.33	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	\$9.494.33
c. Subtotal of "Contributions"	(3c.) \$_\$9,494.33	(18.) \$ \$9,494.33
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _\$9,494.33	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES	¢200 00	\$200.00
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$200.00	(21.) \$ \$200.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	¢7 520 64	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$7,532.61	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	\$7 532 61
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _\$7,532.61	(23.) \$ \$7,532.61
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		(24.) \$
DEBTS AND OBLIGATIONS	(11.) \$	(24.) Ψ
12. Debts and Obligations	\$704.33	
a. Owed by the Committee (Schedule 1E)	(12a.) \$_\$704.33	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$1,231.18	
(Finter zero if no previous reports have been filed.)	(14.) + \$ \$9,494.33	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	
15 SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$\\$\1U, \Z\20.5\1</u>	
16. Amount expended during reporting period	(15.) = \$_\$10,725.51 (16.) - \$_\$7,532.61	
(Add lines 9 and 11) 17. ENDING BALANCE	¢2 402 00	*
(Subtract line 16 from line 15)	(17.) \$ \$ \$3,192.90	



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 4/1/5 Name & Address: Sumangah Kailasapath 2530 Mallard Cowif ANN Arhor M 48105 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Loan from a person Fund Raiser	\$ 100 \$ 100 Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/21//5 Name & Address Mart Sundling 532 Third Street Apt Ann Arbor M 48103 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ 75 \$ 75 Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt C//26//5 Name & Address: Name & Faflan 3065 Hunting Valley Drive Hnn Arbor M 48104 5. If over \$100.00 cumulative, please provide: Occupation Rutived Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	s 2 oo s 2 oo Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 4/16/15 Hand & Address Hand & Anni	S 300 S 300 S Click Here for Memo Itemization
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.

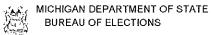


MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

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 of/26/5 Name & Address: S. M. Sinda Makay 2101 Pauline Court	,250	. 250
5. If over \$100.00 cumulative, please provide:		or Memo Itemization
Occupation Retired Employer		
Business Address		
Type of Contribution: L Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/26/15 Name & Address Serry Mackay 2101 Pauline Court	. 250	2.50
	\$ 52.3	\$_02.30
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Private Employer	OHOIC IO	, womo nomización
Business Address		
Type of Contribution: Libirect Loan from a person Fund Raiser		
		n (n − ,
Name & Address:		
Mark Bishar	, 200	200
500 Crest Stract	<u> </u>	•
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation <u>DUMEN</u> Employer <u>Big Glovers</u>		
Business Address 2023 W. Stadium Blud Ann Arbor 1	w 48/Q3	
Type of Contribution: Loan from a person L Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 4/26/11	i	
May Hathaway 1407 Wakefield Alle	25	9
A 1919 Acces to MAL 1 1 Elbo	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	CHCK FIETE TO	MCITO ROMIZABOTE
Business Address		
Type of Contribution: Loan from a person L Fund Raiser		
Page Subtotal	725	
Grand Total of All Schedules 1A		_
(Complete on last page of Schedule)	Enter this total on	_
Page A of 19	line 3a of Summary Page.	



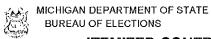
CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 4/26/15 Name & Address: Leon Bryson CHECK ANDER M 48/03 5. If over \$100.00 cumulative, please provide:	\$ / OC)	s / &で)
Occupation Employer	Click Here ic	i wello lellization
Business Address		
Type of Contribution: Direct Loan from a person 1 Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/26/15 Name & Address Name & C. Shiffler 2877 Gorren to 190e AUN Arbor M 48104 5. If over \$100.00 cumulative, please provide:	\$ / OZ Click Here for	\$ // (/~ r 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: SILSEN Wine frey PYG FIRE. ANN SWEET ANN AF BUT MY 48104 5. If over \$100.00 cumulative, please provide:	s SO Click Here for	\$ Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Loan from a person Loan Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 4/26/15 Name & Address Cynthia M York Flo Northside Avenue HAN Arbor M 48105 5. If over \$100.00 cumulative, please provide: Occupation Employer Type of Contribution: Direct Loan from a person Fund Raiser	\$ / 07> Click Here for	\$ / &> Memo Itemization
Page Subtotal	251	
Grand Total of All Schedules 1 A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

Page 3 of 19

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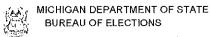


CANDIDATE COMMITTEE

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 4/26/5 Name & Address: Martic A. Keefe 1210 Abbot H Ann Arbur Mu 48103 5. If over \$100.00 cumulative, please provide: Occupation Retived Employer	\$ 150 \$ 150 Click Here for Memo Itemization
Business Address Type of Contribution: Loan from a person L Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/16/15 Name & Address Vincent Caruso 556 Blendale Circle Ann Arbor M 48103 5. If over \$100.00 cumulative, please provide:	\$ / 600 \$ / 600 Click Here for Memo Itemization
Occupation Employer Business Address Type of Contribution: Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/26//5 Name & Address: Sahn Lumm 3075 Over idge Drive Ann Arbor 48/04 5. If over \$100.00 cumulative, please provide: Occupation Rotived Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	s 2 ac s 2 ac Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/26/15 Name & Address Rite Mitchell (21 5th Street Ann Ar box My 48/13 5. If over \$100,00 cumulative, please provide: Occupation Robins Employer Business Address	S 2 00 S 2 00 Click Here for Memo Itemization
Type of Contribution: Loan from a person Fund Raiser	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 4 of 19	Enter this total on line 3a of Summary Page.

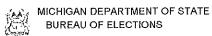
CANDIDATE COMMITTEE

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.		7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4/16/15 Name & Address: Decigles white 220 S. Seventh 8t Ann Affor M 48183 5. If over \$100.00 cumulative, please provide:	\$SClick Here fo	s <u>S</u>
OccupationEmployer		of monto itomization
Business Address		
Type of Contribution: L Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/26/15	·	
1600 Deken Drive	s_2 00	s_2 00
Ann Arbor M 48/03 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Refired Employer	OHOIC FOR TO	i i i i i i i i i i i i i i i i i i i
Business Address		
Type of Contribution: L'Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: Told Hayhar ISOA Porthac Trail ANN Arbor M 48105 5. If over \$100.00 cumulative, please provide: Occupation Self-lim ployed Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 20 Click Here for	s 20 Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/26/15 Name & Address Trank M. Rodreg hes 519 546 Steel Ann Arbor M 48103 5. If over \$100.00 cumulative, please provide:	\$ / 0 Click Here for	\$ / Ø
Occupation Employer	• • • • • • • • • • • • • • • • • • • •	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	280	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 4/26/15 Name & Address: Same S D A R mou R 2991 Maple word Auckul Ann Atloor MU 48104 5. If over \$100.00 cumulative, please provide:	\$S
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person L-Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/26/15 Name & Address Bill & Cath, Hetzhev 1603 Shadford Rd Ann Arbor MI 48104	, 20 , 20
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: LDirect Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/26/15 Name & Address: Dennis Dahlmann 300 S. Thayer Ann for Mu 48/04 5. If over \$100.00 cumulative, please provide: Occupation Real Estate Employer Dahlmann Fro per Fies 4 Business Address 500 E. Havon Ann Arbon My 48/04 Type of Contribution: Direct Loan from a person Fund Raiser	S 1,000 S1,000 Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt	
Name & Address 12 fhel Patts 1014 Elder Blud AMM Arbor Mu 48/03 5. If over \$100.00 cumulative, please provide:	SO \$ 50
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtotal	1,075
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6 of 19	Enter this total on line 3a of Summary Page.

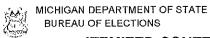


CANDIDATE COMMITTEE

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.	ne, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/26/19 Name & Address: Dawn B, 22e// NULL LONGShove DT AMM Avbor MW 48105 5. If over \$100.00 cumulative, please provide: Occupation Refrecal Employer Business Address	\$ /50 \$ /50 Click Here for Memo Itemization
Type of Contribution: 6 Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/26/15 Name & Address Gwen Nystnen 1016 Olivia Ann Arbor M 48104 5. If over \$100.00 cumulative, please provide: Occupation Map Research By Employer Business Address	\$\(\)\(\)2 \(\overline{\chi}\) \(\ch
Type of Contribution: Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/26/ Name & Address: Katharine Griswald 3565 Fox Hunt Drive Ann Arbor M USID5 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	s SO s SO Click Here for Memo Itemization
Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 4/16/15	No.
Name & Address Glenda Haskell 1419 Pontac Trail Ann Arbor M. 48105 5. If over \$100.00 cumulative, please provide:	\$ 30 \$ 30 Click Here for Memo Itemization
Occupation Employer	—
Business Address	-
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Su Grand Total of All Schedule (Complete on last page of Sche	es 1A

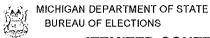
CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 4/26/45		
Lars BJOPN 712 E. Ann Street Ann Arbor M 48104 5. If over \$100.00 cumulative, please provide:	s 50	s 50
	Click Here fo	or Memo Itemization
Occupation		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/26/15		
Name & Address		- — — — — — — — — — — — — — — — — — — —
151 S, 4th Avenue	\$ 150	\$ 150
JAM Ar by MU 48/04 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Retired Employer	•	
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/24/15		
Christine Crockett 506 E. Kingsky Ann Arbor W 48104 5. If over \$100.00 cumulative, please provide:	\$ 50	\$ 50
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
Helga Haller 615 Turner Park Court	#E≡partrosi	And the second s
615 Turned Park Court	\$ 50	\$ 50
ANN ACON MY 481034 5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	300	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	-
Page 8 of 19_	Page.	



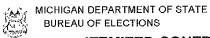
CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/26/15 Name & Address: Talkary n Boy is PO Box 8/17 Ann Ar Dor Mu 48/07 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Loan from a person Fund Raiser	s So Click Here fo	s J c
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/28/15 Name & Address Stephen Kunselmann 3885 Butternut St ANN Arbir Mu 48108 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 2 6 Click Here fo	s 2.c) r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt (/2 f /5) Name & Address: A nna Freel Schnitzer 315 am Street ± 41a NMN AT NOV MU 48103 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ So	s 50 Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 4/29//5 Name & Address May an William S 1836 SOKON AND ATION WESTS 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	s_So_	\$SO
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 4/21/5 Name & Address: IEVIL B LIPSON 1318 PAKWOOD ST ANN AND W 48104 5. If over \$100.00 cumulative, please provide:	\$Click Here fo	sor Memo Itemization
Occupation Employer	0110111101011	William Hollingadoli
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/26/45 Name & Address Page Rabhi 1997 Upland Dr Ann Arbon M 48105 5. If over \$100.00 cumulative, please provide:	\$Click Here fo	s \$ r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser	_	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: Peter Ecksteir J551 Londanderry Dr Ann Arber My UR/Dr 5. If over \$100.00 cumulative, please provide: Occupation Refuel Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	s 150 Click Here for	s <u>/</u> が Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/3//5 Name & Address Ralph F. Maten 1630 Argule Crescent IAM Arbir Mu 4/103 5. If over \$100.00 cumulative, please provide: Occupation Employer	s 25 Click Here for	s 2 3 Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	265	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



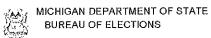
CANDIDATE COMMITTEE

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 S/C/JS Name & Address: Virginia Simmon 830 W. Washington St Ann Arbor W 48103 5. If over \$100.00 cumulative, please provide:	\$ 25	\$ 2 S
Occupation Employer	. Click Here to	Memo Itemization
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/7/15 Name & Address VIVIENNU Armen Front 920 Vas per Rd Ann Arkov M 48/03 5. If over \$100.00 cumulative, please provide:	\$ / 000 Click Here for	\$ / 00 Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Patrilia Ryan 303 Wildward Ave, Ann Arbor M 48103 5. If over \$100.00 cumulative, please provide:	\$Click Here for	\$ 50 Memo Itemization
Occupation Employer	•	
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/17/15 Name & Address Robert Schasch 1502 Arborview Blad Ann Arbor Mu 4803 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$SOClick Here for	\$ 5 0 Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

Page 11 of 19

Page.



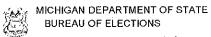
CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 5/28/15 Name & Address: Lynn Boyset 312 Vivgi or a AVE Ann Arbai M 48/03 5. If over \$100.00 cumulative, please provide:	\$ 25	s 25
Occupation Employer	Onoic Flore to	i Wollo Rolling Coll
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/29//5 Name & Address Cary Fochev H3 Miner 9t Ann Arbar M 48103/ 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	S 50 Click Here for	\$ SO
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/31/15 Name & Address: Constance Hunter Belda 123 Laurin Dr Ann Arber M 48/05 5. If over \$100.00 cumulative, please provide:	\$ / 80 Click Here for	\$
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/31/15 Name & Address Diane Robins 1900 Old Archard Ct Ann Arbor M 4803 5. If over \$100.00 cumulative, please provide:	\$ / 000 Click Here for	\$ / O To Memo Itemization
Occupation Employer		
Business Address		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2.75 Enter this total on	

Page 12 of 9

line 3a of Summary Page.



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 6/1/5		
Myra Lerson 3575 E. Huron River Dr Ann Arbor My 48/04 5. If over \$100.00 cumulative, please provide:	\$ /00	s /) or Memo Itemization
Occupation Employer	Click Fiere R	or wellio itemization
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/4/15 Name & Address N. E. Karsch 1000 Formana Rd	* 20	s 50
AMM AT 100 / MW 48103 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/4/15 Name & Address: Sonia Schmer I 639 S. First St ANN Arbor MU 4803 5. If over \$100.00 cumulative, please provide:	\$ /07) Click Here for	。 \$/ <i>と</i> つ 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 6/6/15 Name & Address Christine Hildey brand 2115 Deventore Ed Non Arbor M Light 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ /60 Click Here for	\$
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	3 50 Enter this total on	-

Page 13 of 19

CANDIDATE COMMITTEE

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. Oumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 6/5/5 Name & Address: Peter N: Heydon 3562 W. Haron React Br Name Address Type of Contribution: PAC Receipt? YES 4. Date of Receipt 6/5/5 4. Date of Receipt 6/5/5 Employer Employer Loan from a person Fund Raiser	\$ 5 00 Click Here fo	s 500 or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/11/15 Name & Address Susan Perry 1708 Fair St HMN Arbor MI 48/03 5. If over \$100.00 cumulative, please provide: Occupation Real Estate Employer SLP Associate Business Address 1708 Fair St Arm Arbor MI 48/03 Type of Contribution: Direct Loan from a person Fund Raiser	s 3 or Click Here fo	s <u>3</u> & or Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/22/15 Name & Address: Michael Homel 3443 Woodbak A Ann Arbor MW 48/04 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ \$\sum_{\partial} \text{\$\partial}\$\$ Click Here for	s SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/2/15 HARDON RAMSAY FOBOX 7835 Ann Arbor W 48/07 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 25 Click Here for	s 25 r Memo Itemization
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	875	

Page 14 of 15

line 3a of Summary Page.

· CANDIDATE COMMITTEE

Enter contributor's name and address. middle initial. Check box to indicate if Committee (PAC) Report <u>all</u> contribution	contribution is from a Political Comr		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Recei	ot? YES 4. Date of Reco	eipt <u>6/24/15</u>		
Name & Address: Kay Halsinger 2308 Kenf St Amn Arbor M 48103 5. If over \$100.00 cumulative, please) y provide:	,	\$ 100	s / DO
Occupation	Employer		Click Here i	or Memo Itemization
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receip Name & Address Agn & Receip		eipt 6/19/15		
161 Laurin Ct	/		\$ 100	\$ 100
Ann Arber M 48	165		*	
5. If over \$100.00 cumulative, please			Click Here fo	or Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution # 3 PAC Receip Name & Address:	?? YES 4. Date of Rec	eipt 7/2/15		
Steven Zarni	00112		18	j gover
300 S. Thayer St.	,		\$ 150	<u> </u>
o. If over \$100.00 cumulative, please	S/DG provide:	A	Click Here fo	r Memo Itemization
Occupation Ofp Course	Employer Dahlma	nn Apts ud		
	ron Ann Arbor	M 48104		
Type of Contribution: Direct	Loan from a person	Fund Raiser		_
Contribution # 4 PAC Receip Name & Address		ceipt 7/4/15		
Name & Address Marcia Polen 5245, First St ANN Arbyr M	beng			engy missione
bays, First St	1 Warines		\$ 25	\$ 25
5. If over \$100,00 cumulative, please				
Occupation	Employer		Click Here fo	r Memo Itemization
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
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4 -	(Com	plete on last page of Schedule)	Enter this total on	_[
Page 15 of 15			line 3a of Summary Page.	



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

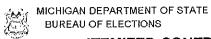
ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number

C-2007-019

Enter contributor's name and address. If co middle initial. Check box to indicate if contri Committee (PAC) Report <u>all</u> contributions re	ibution is from a Political Comm	enter last name, first name, ittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? Name & Address: Marcia Folen Ocra Ba45. FirstStreet	YES 4. Date of Recei	ipt <u>7/4/15</u>	<u>s 65 00</u>	s 80°°
5. If over \$100.00 cumulative, please prov	18/03		Click Here fo	r Memo Itemization
Occupation	Employer		Office (for o re	, 11,511.5
Business Address		· · · · ·		
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt?	YES 4. Date of Rece	ipt 7/4/15		
Name & Address Wartha A. Keeta			. 50°	2000
1710 Abbott	7 1K 7		3	3 000
5. If over \$100.00 cumulative, please pro-	vide:		Click Here fo	r Memo Itemization
Occupation Retived	Employer			
Business Address				
Type of Contribution: VDirect	Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt?	YES 4. Date of Rec	eipt 7/4/15		
Name & Address:	Marium Willia	ws	s 100 00	\$ 150°
1836 Saxon	18 Km		-	
5. If over \$100.00 cumulative, please pro	103 vide:	·	Click Here fo	Memo Itemization
Occupation	Employer			
Business Address	There frame parson	Fund Raiser		
Type of Contribution: Direct	Loan from a person	- 1 · 1 · /		
3. Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of Rec	<u> </u>		
Kutherine Griswald	۸		a 00	43.3
Name & Address Kutherine Griswold 35565 Fox Hund Br Ann Arbor M 481 5. If over \$100.00 cumulative, please pro	ne		\$ 50 T	<u>\$ 150-</u>
Ann Arbor M 481	05			
Occupation	_ Employer		Click Here fo	r Memo Itemization
Business Address Type of Contribution: V Direct	Loan from a person	Fund Raiser		
13kg of optimization A Dilect		Page Subtotal	75500	
	C (Con	Grand Total of All Schedules 1A applete on last page of Schedule)	Enter this total on	
Page 16 of 19			line 3a of Summary Page.	



CANDIDATE COMMITTEE

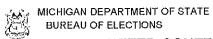
2 Committee Name Mike Anglin for Council

CANDIDATE COMMENT TEE 2. Committee watte		
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 7/6/15 Name & Address: BERNARD & ANN Marie Cally Dahlmann 1552 New Port Creek Dr Ann Anor M 48103 5. If over \$100.00 cumulative, please provide: Occupation Relate Stake Myt Employer Dahlmann Properties	s <u>300</u> Click Here fo	s SOO or Memo Itemization
Business Address 300 S. Thuyer St. Ann Arbor Mu 4810 a Type of Contribution: V Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/6/15 Name & Address	4	
Mary Hathaway 1407 Walle Field Ade Ann Arbor M 48/03 5. If over \$100.00 cumulative, please provide!	\$ 100	s <u>B5</u> or 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 7/7/15 Name & Address: Will Hathaway 3. Address: 3. Address: Will Hathaway 3. Address: 3. Address: 3. Address: 3. Address: 4. Date of Receipt 5. Date of Receipt 4. Date of Receipt 4. Date of Receipt 4. Date of Receipt 5. Date of Receipt 6. Date of Receipt 6. Date of Receipt 7. Date of Receipt 7. Date of Receipt 9.	\$ /00 Click Here for	\$
Occupation Employer		
Name & Address Reggy Ra bhi 1991 Upland by Ann Arbor M 48/05 5. If over \$100.00 cumulative, please provide:	\$ 30	s 76
Occupation Employer	Chor Horo for	, mono commente
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A		

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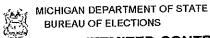
CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 7/12/15 Name & Address: Alan Goldsmith 2380 Amesbury Drive Ann Arbor Wu 45/03 5. If over \$100.00 cumulative, please provide:	\$ 75	\$ 75
Occupation Employer	Choic Hord To	THOMAS REPREDENT
Business Address Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/12/2015 Name & Address Barbara Ledewsky 305 Westey Ave Days Action M1 48/03	_{\$_} 100	s 100
5. Hover \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/10/15 Name & Address: Doug Les Cow Kerd 1117 Brooks St Ann Arbor M 48/03 5. If over \$100.00 cumulative, please provide:	\$CO	\$
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/10/15 Name & Address Ver Danmann FIT Bluff Rd 5. Hover \$100.00 cumulative, please provide: Occupation Real Edak Mgt Employer Danmann For here Business Address 300 S Thatfer & Ann Arbor M 48104 Type of Contribution: Direct Loan from a person Fund Raiser		\$ 400
Page Subtotal	<u> </u>	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	J

Page 8 of 9

Page.



CANDIDATE COMMITTEE

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

2. Committee Name Mike Anglin for Council

	7 0 11-21-2-3-4
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. Cumúlative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt July 20 Name & Address: Stace Roberts Po Box 563 Leland, m. I. 5. If over \$100.00 cumulative, please provide: Occupation home mattle Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 300 s 300 Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt	
Name & Address Diane D. W. C-AY 9 20 Mixtwood5t Ann Hobor M. I 5. If over \$100.00 cumulative, please provide:	s 50 s 50 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 7/10/15 Name & Address: Cathleen Clay to St.	\$ 704.33 \$ 704.33 Click Here for Memo Itemization
	·
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	\$\$
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	1054,33
Grand Total of All Schedules 1A	949422
(Complete on last page of Schedule)	171/2000

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number <u>C-2007-0</u> 19

CANDIDATE COMM	IITTEE 2. Committee Name Mike Anglin fo	or Council
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Reportall 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 for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Mary Hailla way If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Nome Make V	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Form font Gor found volume 5. Date Of Receipt: 4/26/15 6. Vendor Name & Address: Hiller A 3/0 S. Ash/e y ST Annual Arborn	isev
Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4.	\$V
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	Click Here for Memo Itemization

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

Page Subtotal

200

Enter this total on line 6 of Summary Page

Page of

Fund Raiser Contribution



Mike Anglin for Council

CANDIDATE SCHMITTEE 2.0	ommittee Name	
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5.	Date 6. Amount
Expenditure #1		2
Name $USPS$	4	16/15 \$49,00
Address 2075 Stadium	Purpose: Postage	ate
AZ	Click Here fo	or Memo Itemization Type
/\	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2		
Name Staples	7//	6/15 \$ 113,25
Address 2 601 Jackson St.	Purpose: Office Sapplies	Date
A	Click Here fo	or Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous	
Expenditure #3	statement	
Name Washtenaw Dairy Address 602 S Ashlay	4/2	7/4 \$ 3.50
Address 602 S Ashlan	Purpose:	Date
AV	•	as Manna Hansitation Tuna
<i>/</i> ·	Click Here k	or Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #4		
Name Kroese	611	-/-
11 5 maple	-7/4	7/15 \$ 5.29 Date
Name troger Hoosmaple	Purpose: For ed	Date
A		
, .	Click Here fo	or Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #5		
Name MEC + Service Daire		j.
Wash tenano	Purpose Food D	27/15 \$13.40
Name Washtanan Dairy Address 602 5 Ashley	Purpose: / OOO D	ate
AV	Click Here fo	or Memo Itemization Type
//	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Ll	Subtotal thi	is page 184, 44
	Grand Total of all Sched	<u> </u>
	(Complete on last page of So	



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		_
l ·	- 0 4,	127/15 \$22.41
Name Terusalem Garden Address 307 S Stu Ave	Purpose: Food	Date
A	Click H	ere for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2		
Name GFS Store	, 4	127/5 \$23.72
Address 2151 W Liberty	Purpose: Food & party Supplied	Date
A	Click H	ere for Memo Iternization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #3		
•	4	1/25/15 200
Name Kroger Address 400 5 Maple	Purpose: Beverage	125/15 \$ 30.00 Date
AV	Click He	ere for Memo Itemization Type
/ 1		······································
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous	
P 1 11111 111110	statement	
Expenditure #4		
Name GFS Store		11/21.
0.1 > 310/6	· · · · · · · · · · · · · · · · · · ·	4/24/x \$ 89,50
Address 2151 W. Liberty	Burnesa: FOED	Date — B
Address A / V V V A	Purpose: TOEC	
AZ	Click He	ere for Memo Itemization Type
,		
	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #5		,
Name Staple		t three time
Name Staples Address 2601 Jackson St.	on shoot	7/27/15 \$ 64,93
Address 2601 Jackson 31	Purpose: <u>envelopes</u>	Date
1 7	Click He	ere for Memo Itemization Type
• •	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
I did (dise)		
	Subtota	230.56
	Grand Total of all S	chedules 1B

(Complete on last page of Schedule)



2. Committee Name Mike Anglin for Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5	5. Date	6. Amount
Expenditure #1		/ /	
Name Steples	5/6	15	\$ 2700
Address 2601 Jackson St	Purpose: Office Supplies [Date	21100
	Click Here	for Memo It	emization Type
/\	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2		, ,	
Name Kroger	S <u>Z</u>	10/15	\$10 5C
Name Kroger Address 400 S Maple Ref	Purpose: Gevergue	Date	<u>/=</u> s
A	Click Here	for Memo It	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Steples	, J	1/12/15	\$ <u>27.02</u>
Address 2601 Jackson St,	Purpose: Envelopes	Date	
A	Click Here	for Memo Ite	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Lowes 5900 Jackson Rd Address AV		114/10	
Address 5900 Sactson IZA	Purpose: tape for signs	Date	\$6.23
AV	Purpose: Rev S/4/15		
\mathcal{O}	Click Here	for Memo Ite	mization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Datroit Print	<i>-</i>	- Indo	
Name Patroit Print Address 615 Gris word 5t Defroit, MI	Purpose: Print Postcard(/20/15 Date	\$ <u>//3./0</u>
Detroit, ML	Click Here	for Memo Ite	emization Type
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subtotal th	his page	194.01
	Grand Total of all Sche	1	
	(Complete on last page of S	Schedule)	



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			
·	and the same of th	las los	
Name USPS Address 2075 W Stadiu Blud		/21/15 Date	\$24,50
and the Steller Blud	0 0	Date	37/06
Address 2071 W Stratile Oil	Purpose: Postage	2410	
80 00	V		
A	Click H	ere for Memo	Itemization Type
//			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
L I did Naisei	statement		
Expenditure #2			
Name USPS	ي من المنابق	1 1	
Name USPS		/22/15 Date	s 1 In m
Address 2075 W Stadiu Blud	0-14	Date	1 TC,00
Address 20 13 W DILLAIL BIVE	Purpose: Postage	Date	
Address	1 4.15000.		
A	Click H	aro for Memo	Itemization Type
	Click Fig.	ale to Melito	Reffization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #3			
Name Kolossos Printing 2055 w Stadile		ai / i	
Name No. 1000	6	11/15	\$ 136,74
2055 W Stadile	~ 1 1.		\$ 1307 7
Address	Purpose: Postcerals	Date	
★			
	Click He	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4 Name Kolossos Printing Address 2055 w 54-2: w			
Name Hacker Pastin		1 1	
[10102202	6	13/15	· line
rocs stadium		Date	\$ 42.40
Address	Purpose: post candi	Date	•
4 W	1 417000.		
\wedge	Office Lie		tanduation Time
	Click He	HA TOT MIGHTO	Itemization Type
	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5		_	
Name A-1 Rental	Purpose: tables ; Chairs 6/	1. 1. m	
/	1 1 6/	13/15	· // 5 -
Address W. Libert	tables + Chairs	Date	* 40.00
variess has call all	Purpose: 1007741, Office 12		•
1 L			
	N. Control of the Con		Itomization Tuna
<i>*</i>	Click He		Itemization Type
A .	Click He Check box if this expenditure is payment of		Itemization Type
\(\frac{\cdot}{\cdot}\)	Click He Check box if this expenditure is payment of debt or obligation reported on previous		Itemization Type
Fund Raiser	Click He Check box if this expenditure is payment of		Itemization Type
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo	
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement		Itemization Type 418, 64
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo	25 m 512
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo al this page chedules 1B	25 m 512

Enter this total on line 8a of Summary Page

Page 4 of 9



2. Committee Name Mike Anglin for Council

	4 Burness (Paguired Information)	5, Date 6. Amount
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	O, Date O, Ambunt
Expenditure #1		
Name Steples	ϵ	14/15 sag 57
	Purpose: Office Supplies	Date
Address 2601 Jackson St.	Purpose: Off, Co - Copi, E	
AV	Click F	lere for Memo Itemization Type
<i>/</i> *	Check box if this expenditure is payment of	
	debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #2		1 2
Name Steples	6	17/15 .10 07
Name Steples Address 2601 Jackson St	000 -	Date \$19.07
Address 2601 Sacrook SV	Purpose: Paper	
\sim	Oliat L	lara for Mama Itamization Type
/ \	CHCK P	lere for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #3	ordicitie.iff	
11 line Ship Sapolu		
Name Uline Ship Sapply Address Chicago, IL	\mathcal{L}	9/15 \$41.43
Address Chicago, IL	tios Du dan	Date
Audress //	Purpose: TIRS Gov door hangers Click H	
	nangers click H	ere for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous	
	statement	
Expenditure #4	ر ـ	
Name USPS	[112/15 . 17-
Name USPS Address 2075 w 5 tadiu Blog	Stampo	1/12/15 \$ 17.00
Address	Purpose:	
1 A	المائمة الم	ere for Memo Itemization Type
	[]	lete for Mietrio iferigation Tabe
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #5		
Name USPS 2075 w Stalin Blud		The same of the sa
DOOK W STADE Rlud	6	112/15 \$40.50
Address 2073 w Jyzz (12 13 v v)	Purpose: Sta-PS	Date
A	v	laan fan Manaa Harriina i'aa Tirri
/ *		lere for Memo Itemization Type
<u> </u>	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
	Subto	tal this page 147.07
	Grand Total of all S	Schedules 1B
	(Complete on last page	of Schedule)

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

		Mike Anglin for Cour	ıcil
۰	Committee Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name USP5	6)	123/1> \$ 43,00 Date
Address 2075 W. Stalin Blv.	Purpose: Postage	Date
	Click H	erė for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	- १इ
Expenditure #2		
Name USPS	61	26/15 s 19.20
Name USPS 2075 W Stalin Blud Address	Purpose: Stanps	Date 77.20
Address	Purpose:	
	Click H	ere for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous	
Expenditure #3	statement	
Name Kathy tahn	6	6/17/15 2500
Name Kathy tahu Address 515 transe	Purpose: Buttons	Date
ABARL レード・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	Click H	ere for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #4		
Name A-1 Renta Inc		7/2/15 150.12 Date 15 1950
Address 2285 W Liberty	Purpose: Parts Supplies	Date
AZ	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 Buschs		7/3/15,79,38
Name Buschs Address S. Main St	Purpose: Part food	Date 79,
AL		ere for Memo Itemization Type
• •	Check box if this expenditure is payment of	oro for morno normanion Type
Fund Raiser	debt or obligation reported on previous statement	
	Subtot	al this page 2/5 7/)
		1 20 5
	Grand Total of all S	outequies (D)

(Complete on last page of Schedule)

Enter this total on line 8a of

Enter this total on line 8a of Summary Page

Page 6 of 9

C-2007-019

1, Committee I. D. No	umber			
2. Committee Name	Mike A	nglin fo	r Council	

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1 Name Krista Maggard Address 116 00 Marrill Ref Whit more Lake, m. L.	Purpose: ///edia Consultag	Date \$648.00 ere for Memo Itemization Type
Expenditure #2 Name Staples Address 2601 Jackson St	Purpose: Office Sciffit	Date \$ \$7.38
Fund Raiser Expenditure #3	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Name Mike Anglin Address 549 S. /st St, A 2 Fund Raiser	Purpose: Signs Click Ho Check box if this expenditure is payment of debt or obligation reported on previous	S/35/15 \$ 747,30 Date Type Type
Expenditure #4 Name Mite Anglin Address 549 5 154 54.	Purpose: Postage	P/9/15 \$ 2,450 Date \$ 2,450 ere for Memo Itemization Type
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #5 Name Mike Anslim Address 549 S 15 St. Fund Raiser	Purpose: Costco Churlopes Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	Date \$ 105.89 Here for Memo Itemization Type
	Subtot Grand Total of all S (Complete on last page	

Enter this total on line 8a of Summary Page

Page 7 of 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 < 1	944	7/13/15 2-0.20
Name Staples Address 2601 Jackson St	Purpose: office Sugplies	Date 58.56
Address 2601 Jackson ST	Purpose: Of the 3 algorithm	
A	Click H	ere for Memo Itemization Type
/\	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2	GMCHIOIR	
Name LULL Carl	Parme	disting and
Rathren Cark	Term bense	Date \$ /04.33
Name Kathlen Cark Address 549 5. 1st st.	Purpose: Printing Kolusser	Date
A	Click Ho	ere for Memo Itemization Type
/\	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #3	Statement	
Name Uline Ship Supplies	٠ يومهمين ا	1111
. **	Purpose: Downhanger ties	114/15 \$ 55,68
Address Chicago, IL	Purpose: Dav nanger +, 25	Øate
• •		ere for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous	
	statement	
Expenditure #4	Manage	//
Rolossos Trinting	//	14/15 \$ D1127
Name Kolossos Printing Address 2055 W Staclium		Date 27,27
12	Purpose: Yrinting	
Λ, -	Click He	ere for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #5		
Name Krista Maya and Address 11600 Merrill Rd Whitmore Lake, M.I		
Illa maril Dal	- e ii.	7/15/15, 44/0
Address 11600 / Nevrill Xa	Purpose: Meelic Consulting	Date
Whitmore Cake Mil	Click He	ere for Memo Itemization Type
/	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
	Subtota	Il this page 1, 470 .64
	O	
	Grand Total of all So (Complete on last page of	1
·		

Enter this total on line 8a of Summary Page

Page S of 1



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 Back Allen Growmit	• • • • • • • • • • • • • • • • • • • •	2/17/1	5 \$ 12.03
Address South Main St	Purpose: Food Gov Campaigh	. Date	
La	Click F	Here for Memo	್ರ Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		रह
Expenditure #2			
Name mike Anglin	Reimbursa		\$500 95
Name Mike Anglin Address 549 S. 155 St.	Purpose: Envelope Printing	Date	
	Purpose: envelope printing Kolosses	lava fav Mana	lkausimakiau Tropa
A	Click P	tere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser Expenditure #3	statement		
Name			
			\$
Address	Purpose:	Date	
	Click H	lere for Memo I	temization Type
r	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name	*		\$
Address	Purpose:	Date	
			+
		tere for ivierno i	temization 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 H	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		• •
Fund Raiser	debt or obligation reported on previous statement		532.98
	0.44-	tal this page	

Subtotal this page

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

533.98



DEBTS AND OBLIGATIONS SCHEDULE 1E

C-2007-019

CANDIDATE COMMITTEE

This Schedule itemizes:		-		
a Debts and obligations owed by or forgiven the com (Chec	mittee OR b. Debts ok either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the con	nmittee.
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: Kathleen Clark 549 S 15T St AT If bank loan, name of endorser or guarantor:	to be of Candida 4. Type: Loan to Committee 5. Date Debt Was Incurred: 7/10/15 6. Original Amount of Debt: \$ 704, 33	\$ \$ \$	\$bunt Endorsed: \$	\$ <u>704.3</u> 3
Debt #2 Corp? Yes	4.7			
Owed to or by:	4. Type:	<u> </u>		
·	5. <u>Date Debt Was Incurred</u> :	\$		
	6, Original Amount of Debt:	<u> </u>		\$
	d	\$		
	Ψ <u></u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
Debt #3 Corp? Yes	4. Type:			
Owed to or by:		\$		
	5. <u>Date Debt Was Incurred</u> :	<u> </u>		
	6. Original Amount of Debt:	\$		\$
		\$	' \$ <u> </u>	, ,
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
				7.75 77
		Page Subtotal	(Outstanding debt)	704,33
(Co	omplete on last page of Schedule s		of all Schedules 1E or to the committee)	704,33
A debt or obligation must be shown on this Scheduthis Campaign Statement or it was forgiven during			iosing date of	Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

C-2007-019

. Committee I.D. Number

2. Committee Name Mike Anglin for Council

	- USE A SEPARATE SHEET FOR EACH EVENT -					
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.			
4/26/15	greater) 50	reception	310 5 Ashley Private Residence			
7. Total Contributions	5,245	1				
8. Other Receipts	April Anna and Anna a					
9. Gross Receipts (Add lines	7 and 8) 5, 2, 4, 5	· · · · · · · · · · · · · · · · · · ·				
10. Total Cost of Event (Total Cost includes In-Kind (2 2 7, Contributions and All Expenditure	s Made For the Event)	,			
11. Check if event was a	joint fund raiser and complete the	e following:				
Co-Sponsor(s)	Contribution (%)	Split	Expenditure Split (%)			
		·				
	-					
						
 period covered by th Receipts and expend Schedule (1A), Itemi Summary Page. 	quired to file a separate Fund Rais e Campaign Statement. ditures listed on a Fund Raiser So zed In-Kind Contributions Schedu participated in a joint fund raiser	hedule must also be reported ale (1-IK), Itemized Expenditure	on the Itemized Contributions es Schedule (1B) and the			

Page | of |