



**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: 7/19/15 to 8/24/15

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**

6. Treasurer's Name & Residential Address  
S A M E

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

8. Designated Record keeper's Name and Mailing Address (See committee handbook for instructions)  
Designated Record keeper \_\_\_\_\_

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

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

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

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.

7. Treasurer's Business Address

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

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  
08/04/15

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 here by 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 / Michael Daniel Anglin Date 9/7/2015  
Type or Print Name Signature

Candidate Michael Daniel Anglin / Michael Daniel Anglin Date 9/7/2015  
Type or Print Name Signature

WASHTENAW COUNTY, MI  
 FILED  
 2015 SEP - 8 A 8:48  
 LAWRENCE KESTERBAUM  
 COUNTY CLERK / REGISTER



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

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Mike Anglin for Council

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4,300.00</u>	(18.) \$ <u>13,794.33</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>4,300.00</u>	(20.) \$ <u>13,794.33</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>15.00</u>	(21.) \$ <u>15.00</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>4,345.54</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>4,345.54</u>	(23.) \$ <u>11,878.15</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>3,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$3,192.90</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>4,300.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>7,492.90</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>4,345.54</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>3,147.36</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 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>7/20/15</u>	
Name & Address: <u>Sarah Jaslow</u> <u>1809 Fair ST</u> <u>AL 48103</u>		\$ <u>40<sup>xx</sup></u> / <u>100</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
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>7/20/15</u>	
Name & Address: <u>Clayton Lewis</u> <u>715 W Jefferson ST</u> <u>AL 48103</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
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>7/21/15</u>	
Name & Address: <u>Mike Anglin</u> <u>549 S 1st ST</u> <u>AL 48103</u>		\$ <u>3,000</u>	\$ <u>3,000</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" 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>7/20/15</u>	
Name & Address: <u>Alice Ralph</u> <u>1607 E Stadium Blvd</u> <u>AL 48104</u>		\$ <u>30</u>	\$ <u>30</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 3,120

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Each Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/20/15</u>	
Name & Address: <u>Ellen Ramsburgh</u> <u>1503 Cambridge Rd</u> <u>A2 48104</u>		\$ <u>75</u>	\$ <u>75</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 type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/20/15</u>	
Name & Address: <u>Dale Magee</u> <u>621 Sunset Rd</u> <u>A2 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 type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/20/15</u>	
Name & Address: <u>John Lechy</u> <u>210 S. Main Apt B</u> <u>A2 48104</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 type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/20/15</u>	
Name & Address: <u>John Boundage</u> <u>245 Mason Ave</u> <u>A2 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 type="checkbox"/> 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.



**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 Name & Address: <u>Raymond Ditter</u> <u>120 N Division Apt 1</u> <u>A2 48104</u> 4. Date of Receipt <u>7/20/15</u> 5. If over \$100.00 cumulative, please provide:		\$ <u>50</u>	\$ <u>50</u>
Occupation _____ 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 Name & Address: <u>Chris Broetz</u> <u>502 Edgewood PL</u> <u>A2 48103</u> 4. Date of Receipt <u>7/20/15</u> 5. If over \$100.00 cumulative, please provide:		\$ <u>50</u>	\$ <u>50</u>
Occupation _____ 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 #3      PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>Kent Burkhardt</u> <u>707 Wesley</u> <u>A2 48103</u> 4. Date of Receipt <u>7/21/15</u> 5. If over \$100.00 cumulative, please provide:		\$ <u>50</u>	\$ <u>50</u>
Occupation _____ 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 # 4      PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>Ann Schriber</u> <u>2116 Dorset Rd</u> <u>A2 48104</u> 4. Date of Receipt <u>7/22/15</u> 5. If over \$100.00 cumulative, please provide:		\$ <u>100</u>	\$ <u>100</u>
Occupation _____ 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>	

Page Subtotal 250

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

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Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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.		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>7/24/15</u>	
Name & Address: <u>Richard Kinney</u> <u>1942 Peppermill Way</u> <u>AV 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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>July 24 2015</u>	
Name & Address: <u>Robert Johnson</u> <u>1413 Culver Rd</u> <u>A2 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			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/24/15</u>	
Name & Address: <u>Helga Haller</u> <u>615 TURNER PK CT</u> <u>ANN ARBOR, MI 48103</u>		\$ <u>50</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>7/24/15</u>	
Name & Address: <u>Jean Bailey</u> <u>42 W Washington ST</u> <u>A2 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			

Page Subtotal 225

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7/25/15</u> Name & Address: <u>Elizabeth Hunter</u> <u>827 Bruce St</u> <u>A2 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>20</u>	\$ <u>20</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7/25/15</u> Name & Address: <u>Rita Mitchell</u> <u>621 5th St</u> <u>A2 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 # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7/26/15</u> Name & Address: <u>Stephanie Hunter</u> <u>1601 Dicken Dr.</u> <u>A2 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>7/25/15</u> Name & Address: <u>Terrence Stojice</u> <u>1265 Maple Rd Apt 307</u> <u>A2 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>20</u>	\$ <u>20</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal 240

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.

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 7/31/15  
Name & Address: Bernard Barnett  
838 Heather Way  
A2 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 #2 PAC Receipt?  YES 4. Date of Receipt 8/1/15  
Name & Address: Angie Burch  
PO Box 7475  
A2 48107

6. Amount \$ 25 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 25

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 8/16/15  
Name & Address: Kathryn O'Brien  
1405 Charlton St  
A2 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 #4 PAC Receipt?  YES 4. Date of Receipt 8/1/15  
Name & Address: Sharon Edwards  
600 W Huron Apt 822  
A2 48103

6. Amount \$ 25 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 25

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

200

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

4,300

Enter this total on  
line 3a 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>Seva Restaurant</u> Address <u>Westgate Shopping Center</u> <u>Ann Arbor</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/20/15</u> Date	<u>\$ 57.00</u>
Expenditure #2 Name <u>Kolossoe Printing</u> Address <u>2055 W. Stadium Blvd</u> <u>Ann Arbor</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature Copies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/20/15</u> Date	<u>\$ 131.96</u>
Expenditure #3 Name <u>Left Blank</u> 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 <u>Kolossoe</u> Address <u>2055 W. Stadium Blvd</u> <u>Ann Arbor</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/22/15</u> Date	<u>\$ 315.00</u>
Expenditure #5 Name <u>Kolossoe</u> Address <u>2055 W. Stadium Blvd</u> <u>Ann Arbor</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/23/15</u> Date	<u>\$ 151.58</u>

Subtotal this page

372.07

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 \_\_\_\_\_  
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>Kolosos</u> Address <u>2055 W. Stadium Blvd Ann Arbor</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Palm Card</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/24/15</u> Date	<u>\$ 301.84</u>
Expenditure #2 Name <u>KRISTA MAGGARD</u> Address <u>1160 MORILL RD Whitmore Lake, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>media consultant</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/26/15</u> Date	<u>\$ 180.00</u>
Expenditure #3 Name <u>Kolosos</u> Address <u>2055 W. Stadium Blvd Ann Arbor</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Painting</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/28/15</u> Date	<u>\$ 1,405.30</u>
Expenditure #4 Name <u>Kolosos</u> Address <u>2055 W. Stadium Blvd Ann Arbor</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Painting</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/30/15</u> Date	<u>\$ 301.84</u>
Expenditure #5 Name <u>Krista Maggard</u> Address <u>1160 Merrill Rd Whitmore Lake MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>media</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/26/15</u> Date	<u>\$ 180.00</u>

Subtotal this page 2,368.98

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>Row's BBQ</u> Address <u>Pontiac TRAIL Ann Arbor</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Catering July 4 Picnic</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/26/15</u> Date	<u>\$ 120.84</u>
Expenditure #2 Name <u>Sova Restaurant</u> Address <u>Westgate Ann Arbor</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/7/15</u> Date	<u>\$ 248.79</u>
Expenditure #3 Name <u>Staples</u> Address <u>2601 Jackson Rd Ann Arbor</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>8/12/15</u> Date	<u>\$ 19.07</u>
Expenditure #4 Name <u>Trader Joe's</u> Address <u>2398 E. Stadium Blvd Ann Arbor</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election PARTY Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/13/15</u> Date	<u>\$ 53.03</u>
Expenditure #5 Name <u>GFS</u> Address <u>2151 W Liberty St Ann Arbor 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Supplies Election Party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/17/15</u> Date	<u>\$ 16.90</u>

Subtotal this page 458.63

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>Chof Ron's</u> Address <u>Powtice TRAIL</u> <u>Ann Arbor</u> <input type="checkbox"/> Fund Raiser	Election Purpose: <u>PARTY Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/17/15</u> Date	<u>\$ 82.68</u>
Expenditure #2 Name <u>ARBOR FARMS</u> Address <u>2103 W Stadium Blvd</u> <u>Ann Arbor</u> <input type="checkbox"/> Fund Raiser	Election Purpose: <u>PARTY Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/18/15</u> Date	<u>\$ 70.85</u>
Expenditure #3 Name <u>Krista Maggard</u> Address <u>1160 Merrill Rd</u> <u>Whitemore Lake</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>media</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/12/15</u> Date	<u>\$ 288.00</u>
Expenditure #4 Name <u>KATHLEEN CLARK</u> Address <u>549 S 1st ST</u> <u>Ann Arbor</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REPAY loan</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/21/15</u> Date	<u>\$ 704.33</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____	\$ _____

Subtotal this page 1,145.86

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 4,345.54

Enter this total  
on line 8a of  
Summary Page



**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

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

This Schedule itemizes:  
a  Debts and obligations owed by or forgiven the committee OR b  Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Kathleen Clark</u> <u>549 S. 1<sup>st</sup> ST.</u> <u>A<sup>2</sup></u>	4. Type: <u>wife of candidate loan to committee</u> 5. Date Debt Was Incurred: <u>7/10/15</u> 6. Original Amount of Debt: <u>\$ 704.33</u>	7/21/15 \$704.33 \$ \$ \$ \$	\$ <u>704.33</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Mike Anglin</u> <u>549 S 1<sup>st</sup> ST</u> <u>A<sup>2</sup></u>	4. Type: <u>candidate loan</u> 5. Date Debt Was Incurred: <u>7/21/15</u> 6. Original Amount of Debt: <u>\$ 3,000</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>3,000</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	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) 3,000  
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) 3,000

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.



**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number C-2007-0

**CANDIDATE COMMITTEE**

2. Committee Name Mike Anglin for 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). 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>Kitty Kahn</u> <u>515 Krause St.</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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 <u>Campaign Button</u> 5. Date Of Receipt: <u>7/29/15</u> 6. Vendor Name & Address: <u>Kitty B. Kahn</u> <u>515 Krause St Ann Arbor, MI 48103</u> Click Here for Memo Itemization	\$ <u>15</u> \$ <u>15</u>	
<input type="checkbox"/> Fund Raiser Contribution Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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	\$ _____      \$ _____	
<input type="checkbox"/> Fund Raiser Contribution Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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

15

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

15

Enter this total  
on line 6 of Summary  
Page