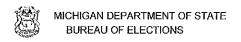


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE					
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: 8/25/15 to 1/14/16			
1. Committee I.D. Number C - 2 007 - 0 19		4. Candidate Last Name First Name M.I. Anglin Michael 4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name			Coty Counci	I was 5	
Mike Anglin for C	al-Cil	4b. County of Residence	5		
5. Committee's Mailing Address	- CONCII	6. Treasurer's Name & Residential Address			
Area Code and Phone 734 883 - If the address in this box is different from the comm mailing address on the Statement of Organization, is	ittee	Sam	WRENCE NEST	WASHTENAN COURT	
be sent to this address by the filing official.		Area Code & Phone		<u> </u>	
7. Treasurer's Business Address		8. Designated Record keeper' Designated Record keeper)	s Name and Mailing Addres <u>́s</u> الأ	the committee has a	
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT	<u> </u>		9e. Dissolution of Candidate	e Committee	
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the current year:		By checking this item I/We by the committee to the candid	late or his or her spouse is here	
Pre-Election or Post-Election Statement relates to:	July Quart	erly	by discharged and forgiven, and the committee. The committee owes no lates fees or has any	e has no oustanding assets,	
☐ Primary	October Q	uarterly		•	
General Convention			Further, if the dissolution canno considered a request for the Re	ot be granted, that this be eporting Waiver.	
Special School	^{9c.} □Annua	Statement () Coverage Year	Effective date of diss		
Caucus	9d Amen	dment to Campaign Statement	_////	16	
Lijoaucus	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus					
			·		
Verification: I/We certify that all reasonable diligenty. my/our knowledge and belief the contents are true, and the contents are true, and the contents are true, and the contents are true.	I ence was used accurate and co	in the preparation of this statement	ent and attached schedules (if a	ny) and to the best of	
Current Treasurer or	1) 4	A Anen I al M	1.10.00.1	July	
Designated Record keeper	N EW C	Signature,	That harmy Markeys -	1117/16	
Candidate Michael Daniel A	nglin	, maked and l	Ville Date _	1/14/16	
Type or Print Name	V	Signature	<i>F</i> .	•	



1. Committee I.D. Number	

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name

RECEIPTS	Column I	. Column li
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	···(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	2147-26	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 3,147.36	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) 3,147.34	(23.) \$
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)		
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations	\mathcal{O}	
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$ <u>3 147,36</u>	
Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 2,147,36	
 Amount expended during reporting period (Add lines 9 and 11) 	(16.) - \$ 3/47.34	•
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ *	*
,	, .	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

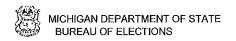
C-2007-019

CANDIDATE COMMITTEE 2.0	Committee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Kuthleen Clunt Address 547 5 15+ 5+ AT MI 48-103 [Fund Raiser	Purpose: Y + Pay LJ + Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	Date Date Date	\$ <u>A</u> , 9w. &
Expenditure #2 Name Washtenaw County Clerk Address Low M Main St A2 MI 48104	Purpose: Fine Click H	Date ere for Memo	\$
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name Lymphone Foundation of Armerica Address 1100 N main St A ME 48104	Purpose: Don 2/7 on Click He Check box if this expenditure is payment of debt or obligation reported on previous	Date	s /2 1. 3(temization Type
Expenditure #4	statement		
Name Address	Purpose: Click He	Date Date ere for Memo I	\$iemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name			
Address Fund Raiser	Purpose: Click Ho Check box if this expenditure is payment of debt or obligation reported on previous statement	Date ere for Memo I	\$temization Type
· .	Subtota Grand Total of all S (Complete on last page		3,147.36 3,147.3 £

Enter on lin

Enter this total on line 8a of Summary Page

Page	of	
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DEBTS AND OBLIGATIONS SCHEDULE 1E

C-2007-010

CANDIDATE COMMITTEE 2. C	ommittee Name			
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com. (Chec	mittee OR b. Debteck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven by the cor	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Mitty Anglia Fantylum Clumb	4. Type: Candidate loan 5. Date Debt Was Incurred: 7/21/15 6. Original Amount of Debt: \$ 3,000.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	s <u>2,900</u>	\$ / 600 FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$ _	
Debt #2 Owed to or by: Mitte Asslingth Kath If bank loan, name of endorser or guarantor:	4. Type: 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$	\$ \$ \$ \$ \$	\$ount Endorsed: \$_	\$FORGIVEN
Debt #3 Corp? Yes		7,11	can επασίσεα. ψ=	
Owed to or by:	5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> :	\$ \$	\$	\$
If bank loan; name of endorser or guarantor:	\$	\$ Am	ount Endorsed: \$	FORGIVEN
ii bank loan, name of endorser of guarantor.		All	iount Lituoiseu. ψ_	
		•	(Outstanding debt)	
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)] A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.				Enter this total on line 12a "owed by"" or line 12b "owed to" of the
una campaign atatement of it was longiven during i	me berion coveren by time camp	อเลเว อเลเซเแซมน		Summary Page