CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

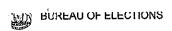
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by Indidate.	3. This Statement covers: fro	_m 10/20/14	to 11/24/14		
1. Committee I.D. Number C-2013-005		4. Candidate Last Name Westphal	First Na Kirk	me	М.І.	
		4a. Office Sought Including Dis	trict # or Community Se	rved (If applicable)	100	
2. Committee Name		ANN ARBOR CITY COUNCIL, 2ND WARD				
Committee to Elect Kirk Westphal		4b. County of Residence WASHTENAW				
5. Committee's Mailing Address 3465 Vintage Valley Rd		6. Treasurer's Name & Residential Address Mike Allemang				
Ann Arbor, MI 48105		3465 Vintage Valley Rd				
		Ann Arbor, MI 48105			WASHTEHAW	
				SES W		
Area Code and Phone 734-995-0947						
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.		Area Code & Phone 734-995-0947				
7. Treasurer's Business Address 3465 Vintage Valley Rd Ann Arbor, MI 48105		8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)				
Alli Alboi, ivii 40100						
		1				
734-995-0947						
Area Code and Phone		Area Code and Phone	9e.		-	
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the current year:		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here			
Pre-Election or Post-Election Statement relates to:			by discharged and for the committee. The co	given and no longer o ommittee has no out:	collectible from standing assets,	
Primary	July Quart	erly	owes no lates fees or i	nas any outstanding	debt.	
✓ General	October Quarterly		Further, if the dissolution cannot be granted, that this be			
Convention			considered a request f	or the Reporting Wai	iver.	
Special	9c	d.Statzment ()	-			
School	The states	Coverage Year	Effective ca	te of dissolution		
Caucus	9d. Amer	dment to Campaign Statement				
	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
Date of Election, Convention or Caucus						
11/4/14						
				·		
10. Verification: I\We certify that all reasonable dilig my\our knowledge and belief the contents are true,	ence was used accurate and c	in the preparation of this statem omplete.	ent and attached sched	lules (if any) and to ti	ne best of	
Current Treasurer or Mike Allemang Designated Record Keeper		Signature	eneng	Date 12/1/1	4	
Type or Print Name		Signature	7-1	ſ	1 1	
Kirk Westphal		Meth	4	Date 12/3/	<u> </u>	
Type or Print Name		Signature				

SUMMARY PAGE

1. Committee I.D. Number _____

2. Committee Name Committee To Elect Kirk Westphal

2. Committee Name	
Column I This Period	Column II Cumulative this election cycle
	·
(3a.) \$	
(3b.) \$ NOT APPLICABLE	12,994.99
(3c.) \$	(18.) \$
(4.) \$	0.00 12,994.99
(5.) \$ 0.00	(20.) \$
0.00	1 470 10
(6.) \$	(21.) \$ 1,479.19
(7.) \$	(22.) \$ 0.00
100.54	
(8a.) \$	
(8b.) \$	
(8c.) \$	10 100 40
(9.) \$	(23.) \$
(10a.) \$	
(10h.) \$	
	(24.) \$
	\24./ Ψ
(12a) \$	
0.00	
(12b.) \$	
(13.) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- -
	(3a.) \$ 0.00 (3a.) \$ NOT APPLICABLE (0.00 (3c.) \$ 0.00 (4.) \$ (5.) \$ 0.00 (6.) \$ (7.) \$ (8a.) \$ (8b.) \$ (8c.) \$ (8c.) \$ (10a.) \$ (10b.) \$ (12a.) \$ (14.) \$ (15.) \$ (15.) \$ \$ (



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

C-2013-005

1. Committee I. D. Number Committee To Elect Kirk Westphal

	4. Purpose (Required Information)	5. Date	6. Amount		
3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	J. Date	v, / unvailt		
Expenditure #1		11/4/14			
Name Arbor Brewing Company			_{\$} 100.54		
Address	Purpose: Election night food	Date			
Address 114 E Washington St		lava far Momo (tamization Tuna		
Ann Arbor, MI 48104	Click F	iere ior memo i	temization Type		
	Check box If this expenditure is payment of				
Fund Raiser	debt or obligation reported on previous statement				
Expenditure #2					
Name			•		
		Date	\$		
Address	Purpose:				
	Click H	lere for Memo	temization Type		
	Check box if this expenditure is payment of debt or obligation reported on previous				
Fund Raiser	statement				
Expenditure #3					
Name					
			\$		
Address	Purpose:	Date			
	Click Here for Memo Itemization Type				
\ \	Check box if this expenditure is payment of				
	debt or obligation reported on previous				
Fund Raiser	statement		******		
Expenditure #4					
Name			\$		
		Date	•		
Address	Purpose:				
	Click H	Here for Memo	Itemization Type		
	Check box if this expenditure is payment of				
	debt or obligation reported on previous				
Fund Raiser	statement				
Expenditure #5					
Name					
Address	Durage	Date	\$		
Address	Purpose:				
	·		Itemization Type		
	Check box if this expenditure is payment of debt or obligation reported on previous				
Fund Raiser	statement				
	Subto	otal this page	100.54		
	O17-1-1-1-1	Cohodulas 4P	100 54		
	Grand Total of all (Complete on last page		100.54		

Enter this total on line 8a of Summary Page

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