



**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.

<p>1. Committee I.D. Number C-2013-005</p>	<p>3. This Statement covers From: <u>12/31/19</u> to <u>7/20/20</u></p>
<p>2. Committee Name Committee to elect Kirk Westphal</p>	<p>4. Candidate Last Name Westphal First Name Kirk M.I. 4a. Office Sought Including District # or Community Served (If applicable) ANN ARBOR CITY COUNCIL - 2ND WARD 4b. County of Residence WASHTENAW</p>
<p>5. Committee's Mailing Address 3465 Vintage Valley Rd Ann Arbor, MI 48105 Area Code and Phone <u>734-995-0947</u> 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.</p>	<p>6. Treasurer's Name & Residential Address Mike Allemang 3465 Vintage Valley Rd Ann Arbor, MI 48105 Area Code & Phone <u>734-995-0947</u></p>
<p>7. Treasurer's Business Address 3465 Vintage Valley Rd Ann Arbor, MI 48105 Area Code and Phone <u>734-995-0947</u></p>	<p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____</p>

<p>9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____</p>	<p>Required ONLY if candidate is not on the ballot for the current year: <input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	<p>9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. LAWRENCE HESSELBAUM COUNTY CLERK REGISTER 2020 JUL 20 P 5:08 FILED WASHTENAW COUNTY, MI</p>
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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.

<p>Current Treasurer or Designated Record keeper Mike Allemang Type or Print Name Kirk Westphal Candidate Type or Print Name</p>	<p><i>Mike Allemang</i> Signature <i>Kirk Westphal</i> Signature Date <u>7/24/20</u> Date <u>7/20/20</u></p>
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1. Committee I.D. Number C-2013-005

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Kirk Westphal

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ <u>0</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ <u>0</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>100.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>100.00</u>	(23.) \$ <u>100.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2,567.13</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,567.13</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>100.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,467.13</u>	*



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

C-2013-005

1. Committee I. D. Number _____

2. Committee Name Committee to Elect Kirk Westphal

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Felicia Brabec for State Representative Address 3167 Crimson Ct. Ann Arbor, MI 48108 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Candidate fund raiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/1/20</u> Date	\$ <u>100.00</u> Click Here for Memo Itemization Type
Expenditure #2 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	\$ _____ Click Here for Memo Itemization Type
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **100.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **100.00**

Enter this total on line 8a of Summary Page