



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: 10/21/20 to 12/31/20

1. Committee I.D. Number
C-2013-005

2. Committee Name
Committee to Elect Kirk Westphal

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**

5. Committee's Mailing Address
**3465 Vintage Valley Rd
Ann Arbor, MI 48105**

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.

6. Treasurer's Name & Residential Address
**Mike Allemang
3465 Vintage Valley Rd
Ann Arbor, MI 48105**

Area Code & Phone 734-995-0947

7. Treasurer's Business Address
**3465 Vintage Valley Rd
Ann Arbor, MI 48105**

Area Code and Phone 734-995-0947

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

Area Code and Phone _____

FILED
2021 JAN 26 10:09 AM
WASHTENAW COUNTY MI

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

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

9c. Annual Statement (2020) 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 Mike Allemang Signature Mike Allemang Date 1/22/21

Candidate Kirk Westphal Signature Kirk Westphal Date 1/23/21



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>2,000.00</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>2,000.00</u>	(23.) \$ <u>2,100.00</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>2,467.13</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.) = \$ _____	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,000.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>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 Community Action Network Address PO Box 130076 Ann Arbor, MI 48113 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/23/20</u> Date	<u>\$ 500.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Washtenaw Housing Alliance Address PO Box 7993 Ann Arbor, MI 48107 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/23/20</u> Date	<u>\$ 500.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Safe House Center Address 4100 Clark Rd Ann Arbor, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/23/20</u> Date	<u>\$ 500.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Ozone House Address 1600 N Huron River Dr Ann Arbor, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/23/20</u> Date	<u>\$ 500.00</u> 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 **2,000.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2,000.00**

Enter this total on line 8a of Summary Page