



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FILED
WASHTENAW COUNTY, MI

2003 MAY 29 A 9:34

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

FOR OFFICIAL USE ONLY

3. This Statement covers From: 4/30/03 to 5/31/03
Mo Day Year to Mo Day Year

1. Committee I.D. Number
C-2003-019

2. Committee Name
THE COMMITTEE TO
ELECT DEB MEXICOTTE

4. Candidate Last Name First Name M.I.
MEXICOTTE, DEBRA L.

4a. Office Sought Including District # or Community Served (If applicable)
ANN ARBOR BOARD OF EDUCATION

4b. County of Residence WASHTENAW
MICHIGAN M223 139 564 045

5. Committee's Mailing Address
2660 YOST BLVD.
ANN ARBOR, MI 48104
Area Code and Phone (734) 677-1587

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
DEBRA L. MEXICOTTE
2660 YOST BLVD.
ANN ARBOR, MI 48104
Area Code & Phone (734) 677-1587

7. Treasurer's Business Address
DEBRA L. MEXICOTTE
2660 YOST BLVD.
ANN ARBOR, MI 48104
Area Code and Phone (734) 677-1587

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
DEBRA L. MEXICOTTE
2660 YOST BLVD.
ANN ARBOR, MI 48104
Area Code and Phone (734) 677-1587

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary General

Convention School

Special Caucus

Date of Election, Convention or Caucus
6/9/03
Month Day Year

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

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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 DEBRA L. MEXICOTTE Debra Mexicotte Date 5/29/03
Type or Print Name Signature Mo Day Year

Candidate DEBRA L. MEXICOTTE Debra Mexicotte Date 5/29/03
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

C-2003-0190002001



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-019

2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTTE

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 from committees 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>4/16/03</u> Name: <u>DEBRA L. MEXICOTTE</u> Address: <u>2660 YOST, ANN ARBOR, MI 48104</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	105.00	105.00	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/16/03</u> Name: <u>GLENN NELSON</u> Address: <u>1323 S. FOREST AVE., ANN ARBOR, MI 48104</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	100.00	100.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/17/03</u> Name: <u>ANN TELFER</u> Address: <u>2690 HEATHERWAY, ANN ARBOR, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/17/03</u> Name: <u>BARBARA ANN BYERS</u> Address: <u>1902 SNOWBERRY RIDGE, ANN ARBOR, MI 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	50.00	50.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		355.00	

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

C-2003-019

2. Committee Name

THE COMMITTEE TO ELECT DEB MEXICOTE

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 from committees 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>4/17/03</u> Name: <i>BARBARA LADEWSKI</i> Address: <i>305 WESLEY, ANN ARBOR, MI 48103</i> 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	<i>50.00</i>	<i>50.00</i>	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/17/03</u> Name: <i>JUDY CARMEN</i> Address: <i>1219 VAN DUSEN, ANN ARBOR, MI 48103</i> 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	<i>50.00</i>	<i>50.00</i>	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/24/03</u> Name: <i>BARBARA NIEMI</i> Address: <i>4167 RUBY, YPSILANTI, MI 48197</i> 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	<i>20.00</i>	<i>20.00</i>	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/25/03</u> Name: <i>KIM RENNER</i> Address: <i>117 WORDEN, ANN ARBOR, MI 48103</i> 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	<i>100.00</i>	<i>100.00</i>	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		<i>220.00</i>	

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

C-2003-019

2. Committee Name

THE COMMITTEE TO ELECT DEB MEXICOTTE

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 from committees 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>4/30/03</u> Name: <u>KIRSTEN OSBORN</u> Address: <u>3106 HILLTOP DR., ANN ARBOR, MI 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	75.00	75.00	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/30/03</u> Name: <u>CATHIE SPINO</u> Address: <u>3205 FEATHERSTONE CT., ANN ARBOR, MI 48105</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	25.00	25.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/30/03</u> Name: <u>MOLLY P. HILTON</u> Address: <u>2805 YOST BLVD, ANN ARBOR, MI 48104</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	90.00	90.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/30/03</u> Name: <u>CAROL A. FLANNAGAN</u> Address: <u>1008 SUNNYSIDE, ANN ARBOR, MI 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	99.99	99.99	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		289.99	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-019

2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTTE

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 from committees 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>5/2/03</u> Name: <u>MEL L. BARCLAY</u> Address: <u>2861 BRIARCLIFF, ANN ARBOR, MI 48105</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	100.00	100.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/2/03</u> Name: <u>JOHN M. SULLIVAN</u> Address: <u>1823 ARLINGTON BLVD., ANN ARBOR, MI 48104</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	100.00	100.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/2/03</u> Name: <u>CYNTHIA C. GROVES</u> Address: <u>2638 BEDFORD, ANN ARBOR, MI 48104</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	25.00	25.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/2/03</u> Name: <u>MARCIA D HARRISON</u> Address: <u>1362 LAURELVIEW DR, ANN ARBOR, MI 48105</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	25.00	25.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		250.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-019

2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTTE

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 from committees regardless of amount.

3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/2/03</u> Name: <u>ELIZABETH McCALLISTER</u> Address: <u>1021 BELMONT, ANN ARBOR, MI 48104</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	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
	100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/3/03</u> Name: <u>LEIGH A. WOODS</u> Address: <u>2411 DARROW, ANN ARBOR, MI 48104</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	50.00	50.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/3/03</u> Name: <u>PAMELA D. TONER</u> Address: <u>2171 GEORGETOWN BLVD., ANN ARBOR, MI 48105</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	25.00	25.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/3/03</u> Name: <u>MARK HAVILAND</u> Address: <u>2142 PAULINE, APT #103 ANN ARBOR, MI 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	10.00	10.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	185.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-019

2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTTE

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 from committees regardless of amount.

3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name: <u>KATY L. HELD</u> Address: <u>1201 SNYDER, ANN ARBOR, MI 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	50.00	50.00
Name: <u>STEVEN STELTER</u> Address: <u>2712 LILLIAN, ANN ARBOR, MI 48104</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	25.00	25.00
Name: <u>JILL M. LAUDERS</u> Address: <u>2567 CRYSTAL DR, ANN ARBOR, MI 48108</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	25.00	25.00
Name: <u>SUZANNE P. MCGINN</u> Address: <u>2023 DEVONSHIRE, ANN ARBOR, MI 48104</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	75.00	75.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	175.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-019

2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTTE

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 from committees 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>5/5/03</u> Name: <u>WILLIAM L. UPTON</u> Address: <u>2780 PROVINCIAL DR., ANN ARBOR, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	25.00	25.00	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/5/03</u> Name: <u>JULIE A. PETERSON</u> Address: <u>2631 LILLIAN, ANN ARBOR, MI 48104</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	50.00	50.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/03</u> Name: <u>AUDREY SCHWIMMER</u> Address: <u>2936 S. MADRONO CT., ANN ARBOR, MI 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	25.00	25.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/03</u> Name: <u>DAWN E. BAKER</u> Address: <u>4545 SYCAMORE, YPSILANTI, MI 48197</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	50.00	50.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		150.00	

Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-019

2. Committee Name THE COMMITTEE TO ELECT DOB MEXICOTE

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 from committees 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>5/6/03</u> Name: <u>MARIAN M. STANTON</u> Address: <u>3641 WALDENWOOD, ANN ARBOR, MI 48105</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	50.00	50.00	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/03</u> Name: <u>SCOTT G. WHITE</u> Address: <u>2625 HAMPSHIRE, ANN ARBOR, MI 48104</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	50.00	50.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6</u> Name: <u>KATHLEEN ROSOBUD MCKINLEY</u> Address: <u>2055 PAULINE CT., ANN ARBOR, MI 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	10.00	10.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/03</u> Name: <u>KATHY H. GRIJALVA</u> Address: <u>3810 TREMONT PL., ANN ARBOR, MI 48105</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	25.00	25.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		135.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-019

2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTTE

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 from committees regardless of amount.

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

<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/03</u></p> <p>Name: <u>JENNIFER O. DEAKIN</u></p> <p>Address: <u>3508 BURBANK, ANN ARBOR, MI 48105</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>25.00</p>	<p>25.00</p>
<p>3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/03</u></p> <p>Name: <u>DEBRA L. MEXICOTTE</u></p> <p>Address: <u>2660 YOST, ANN ARBOR, MI 48104</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>1000.00</p>	
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/7/03</u></p> <p>Name: <u>AMY MELTZER</u></p> <p>Address: <u>3920 PENBERTON, ANN ARBOR, MI 48105</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>20.00</p>	<p>20.00</p>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/8/03</u></p> <p>Name: <u>JOHN BLAU FUSS</u></p> <p>Address: <u>3255 MULBERRY ST., TOLEDO, OHIO 43608</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>40.00</p>	<p>40.00</p>

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

1085.00

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

C-2003-019

2. Committee Name

THE COMMITTEE TO ELECT DIB MEXICOTE

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 from committees 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>5/8/03</u> Name: <u>JANINE SHAHINIAN</u> Address: <u>3518 PAISLEY CT., ANN ARBOR, MI 48105</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	50.00	50.00	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/8/03</u> Name: <u>JULIE CASE</u> Address: <u>3117 SPRING HOLLOW CT., ANN ARBOR, MI 48105</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	25.00	25.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/8/03</u> Name: <u>JOSEPH DOUGHERTY</u> Address: <u>420 SOMMERSET CT., ANN ARBOR, MI 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	100.00	100.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/8/03</u> Name: <u>ROBERTA WALKER</u> Address: <u>5915 SUNRISE DR., GRANT, MI 48197</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	25.00	25.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		200.00	

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-019

2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTTE

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 from committees 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>5/9/03</u> Name: <u>MARK J. CHAMBERS</u> Address: <u>658 WOODBOURNE TR., DAYTON, OH 10 45459</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	100.00	100.00	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/9/03</u> Name: <u>ELIZABETH A. SUNDHOLM</u> Address: <u>5691 MUNGER RD., YPSILANTI, MI 48197</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	10.00	10.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/9/03</u> Name: <u>MARY ELLEN KELLEY</u> Address: <u>2118 VINEWOOD, ANN ARBOR, MI 48104</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	25.00	25.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/10/03</u> Name: <u>BETH RINI</u> Address: <u>2315 STATE ETON RD, ANN ARBOR, MI 48105</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	25.00	25.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		160.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-019

2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTTE

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 from committees 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>5/10/03</u> Name: <u>JACQUELINE SIMPSON</u> Address: <u>7292 CYPRESS PONTE, YPSILANTI, MI 48197</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		50.00	50.00
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/10/03</u> Name: <u>REBECCA HANKIN</u> Address: <u>1477 DIXBORO RD., ANN ARBOR, MI 48105</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		20.00	20.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/03</u> Name: <u>CAROL MAKIELSKI</u> Address: <u>2905 BRANDYWINE, ANN ARBOR, MI 48104</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		40.00	40.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/12/03</u> Name: <u>PATRICIA L. ALDRICH</u> Address: <u>2727 APPLE WAY, ANN ARBOR, MI 48104</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		25.00	25.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		135.00	

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

C-2003-019

2. Committee Name

THE COMMITTEE TO ELECT DEB MEXICOTE

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 from committees 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>5/12/03</u> Name: <u>SUSAN S. GRIFFIN</u> Address: <u>428 COLIN CIR., ANN ARBOR, MI 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	100.00	100.00	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/13/03</u> Name: <u>JOSEPH R. RAUBOLT</u> Address: <u>1732 CHARLTON, ANN ARBOR, MI 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	30.00	30.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/13/03</u> Name: <u>SCOTT PIETRACK</u> Address: <u>3645 E LI, ANN ARBOR, MI 48104</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	30.00	30.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/14/03</u> Name: <u>REBECCA ALTSCHULER</u> Address: <u>1724 FOXDALE LN., ANN ARBOR, MI 48108</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	75.00	75.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		235.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-019

2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTE

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 from committees regardless of amount.

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

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 5/14/03

Name: MARY JOAN ENGLEMEIER
Address: 1421 FIELDSTONE CT., ANN ARBOR, MI 48108

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

50.00 50.00

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 5/14/03

Name: JUSTINE KULKA
Address: 4964 WALNUT WOODS, ANN ARBOR, MI 48105

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

50.00 50.00

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 5/14/03

Name: MARGARET TALBURT
Address: 1137 FAIR OAKS, ANN ARBOR, MI 48104

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

10.00 10.00

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 5/14/03

Name: RENNIE RICHARDS
Address: 215 MONTGOMERY, ANN ARBOR, MI 48103

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

25.00 25.00

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

135.00

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0-2003-019

2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTTE

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 from committees regardless of amount.

3. Contribution #	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name: <u>RICHARD LANDAU</u> Address: <u>5855 FOX HOLLOW CT., ANN ARBOR, MI 48105</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>5/20/03</u>	50.00	50.00
Name: <u>LINDA JOHNSON</u> Address: <u>740 PENINSULA CT., ANN ARBOR, MI 48105</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>5/20/03</u>	50.00	50.00
Name: <u>KERRY WIESNER</u> Address: <u>2790 KIMBERLY, ANN ARBOR, MI 48104</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>5/20/03</u>	10.00	10.00
Name: <u>CANDIS STERN</u> Address: <u>4989 RED FOX RUN, ANN ARBOR, MI 48105</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>5/21/03</u>	25.00	25.00

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

135.00

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line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-019

2. Committee Name THE COMMITTEE TO ELECT DEB MEXI COTTE

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 from committees regardless of amount.

	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/22/03</u></p> <p>Name: <u>SARI SHIFCIN</u></p> <p>Address: <u>1347 WINES DR., ANN ARBOR, MI 48103</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	25.00	25.00
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/23/03</u></p> <p>Name: <u>PAULA M. GARDNER</u></p> <p>Address: <u>2615 LILLIAN, ANN ARBOR, MI 48104</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	20.00	20.00
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		

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

45.00

3889.99

Enter this total on
line 3a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2003-019
2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTTE

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>POSTMASTER</u> Address <u>2075 W. STADIUM ANN ARBOR, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> Expenditure Code* <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/25/03</u>	<u>185.00</u>
Expenditure #2 Name <u>STAPLES</u> Address <u>3120 CARPENTER RD. UPSILANTI, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE EXPENSE</u> Expenditure Code* <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/25/03</u>	<u>84.29</u>
Expenditure #3 Name <u>OFFICE MAX</u> Address <u>3765 WASHTENAW ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COPYING</u> Expenditure Code* <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/25/03</u>	<u>31.04</u>
Expenditure #4 Name <u>DAVID MEYER PHOTOGRAPHS</u> Address <u>6670 W. HURON RIVER DR. DEXTER, MI 48130</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PUBLICITY PHOTO</u> Expenditure Code* <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/1/03</u>	<u>125.00</u>
Expenditure #5 Name <u>OFFICE MAX</u> Address <u>3765 WASHTENAW ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COPYING</u> Expenditure Code* <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/4/03</u>	<u>61.06</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>486.39</u>

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2003-019
2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTTE

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>OFFICE MAX</u> Address <u>3765 WASHTEAW ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COPYING</u> Expenditure Code* <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/6/03</u>	<u>8.27</u>
Expenditure #2 Name <u>STAPLES</u> Address <u>3120 CARPENTER UPSILANTI, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u> Expenditure Code* <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/6/03</u>	<u>9.99</u>
Expenditure #3 Name <u>DEBRA MEXICOTTE</u> Address <u>2660 YOST ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT COPYING</u> Expenditure Code* <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/8/03</u>	<u>31.80</u>
Expenditure #4 Name <u>CARLTON CARDS</u> Address <u>BRIARWOOD MALL ANN ARBOR, MI 48108</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CARDS/THANK YOU</u> Expenditure Code* <u>G1</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/8/03</u>	<u>14.29</u>
Expenditure #5 Name <u>OFFICE MAX</u> Address <u>3765 WASHTEAW ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/9/03</u>	<u>5.78</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>70.13</u>

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2003-019
2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTE

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>EXPRESSION DESIGN</u> Address <u>2261 W. LIBERTY ANN ARBOR, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SIGNS</u> Expenditure Code* <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/12/03</u>	<u>795.00</u>
Expenditure #2 Name <u>OFFICE MAX</u> Address <u>3765 WASHTEAW ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COPYING, PAPER</u> Expenditure Code* <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/13/03</u>	<u>27.55</u>
Expenditure #3 Name <u>ANN ARBOR OBSERVER</u> Address <u>201 CATHERINE ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINT AD</u> Expenditure Code* <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/15/03</u>	<u>490.10</u>
Expenditure #4 Name <u>OFFICE MAX</u> Address <u>3765 WASHTEAW ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COPYING</u> Expenditure Code* <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/16/03</u>	<u>72.08</u>
Expenditure #5 Name <u>OFFICE MAX</u> Address <u>3765 WASHTEAW ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COPYING</u> Expenditure Code* <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/17/03</u>	<u>314.40</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>1699.13</u> <u>2255.65</u>

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2003-019
2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTTE

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 (Indicate type and you may assign an expenditure code) 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>DEBRA L. MEXICOTTE</u> <u>7660 YOST BLVD.</u> <u>ANN ARBOR, MI 48104</u>	4. Type: <u>LOAN</u> Code* _____ 5. <u>Date Debt Was Incurred:</u> <u>5/6/03</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1000.00</u>	_____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____	\$ <u>0.00</u>	\$ <u>1000.00</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: _____ _____ _____	4. Type: _____ Code* _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</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: _____ Code* _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____	_____	_____ <input type="checkbox"/> FORGIVEN
---	---	--	-------	--

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

<u>1000 00</u>
<u>1000 00</u>

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

*OPTIONAL ITEM: PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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.



1. Committee I.D. Number C-2003-019
2. Committee Name THE COMMITTEE TO ELECT DEB MENICOTTE

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3889.99</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3889.99</u>	(18.) \$ <u>3889.99</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u> </u>	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3889.99</u>	(19.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u> </u>	
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u> </u>	
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2255.65</u>	(21.) \$ <u>0.00</u>
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u> </u>	(22.) \$ <u>0.00</u>
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u> </u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2255.65</u>	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u> </u>	(23.) \$ <u>2255.65</u>
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u> </u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u> </u>	
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u> </u>	(24.) \$ <u>1000.00</u>
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3889.99</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3889.99</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2255.65</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1634.34</u> *	

*If your ending balance is negative, please recheck your math.