



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED  
WASHTENAW COUNTY, MI

CANDIDATE COMMITTEE  
COVER PAGE

2004 JUN -4 P 1:17

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

PEGGY M. HAINES  
Clerk

FOR OFFICIAL USE ONLY

Statement Covers From: 6/29/03 to 12/31/03  
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number <b>C-2003-019</b></p> <p>2. Committee Name <b>THE COMMITTEE TO ELECT DEB MEXICOTTE</b></p>	<p>4. Candidate Last Name First Name M.I. <b>MEXICOTTE, DEBRA L.</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>ANN ARBOR BOARD OF EDUCATION</b></p> <p>4b. County of Residence <b>WASHTENAW MICHIGAN M 223-139-564-045</b></p>
<p>5. Committee's Mailing Address <b>2660 YOST BLVD. ANN ARBOR, MI 48104</b> Area Code and Phone <b>(734) 677-1587</b></p> <p>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 &amp; Residential Address <b>DEBRA L. MEXICOTTE 2660 YOST BLVD. ANN ARBOR, MI 48104</b> Area Code &amp; Phone <b>(734) 677-1587</b></p>
<p>7. Treasurer's Business Address <b>DEBRA L. MEXICOTTE 2660 YOST BLVD. ANN ARBOR, MI 48104</b> Area Code and Phone <b>(734) 677-1587</b></p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <b>DEBRA L. MEXICOTTE 2660 YOST, ANN ARBOR, MI 48104</b> Area Code and Phone <b>(734) 677-1587</b></p>

<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____ Month Day Year</p>	<p>9c. <input checked="" type="checkbox"/> Annual Statement ( <u>2003</u> Coverage Year)</p> <p>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. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____ Month Day Year</p> <p>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.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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** Signature *Debra Mexicotte* Date **6/3/04**  
Type or Print Name Signature Mo Day Year

Candidate **DEB MEXICOTTE** Signature *Debra Mexicotte* Date **6/3/04**  
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



C-2003-0190005



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

**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>100.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>100.00</u>	(18.) \$ <u>100.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>          </u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>100.00</u>	(20.) \$ <u>100.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>—</u>	
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>—</u>	(21.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		(22.) \$ <u>0.00</u>
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2148.23</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>—</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>2148.23</u>	
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		(23.) \$ <u>2148.23</u>
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>—</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>	
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		(24.) \$ <u>0.00</u>
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>—</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2210.72</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>100.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2310.72</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2148.23</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>162.49</u>	

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



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

*C-2003-019*

2. Committee Name

*THE COMMITTEE TO ELECT  
DEB MEHLHOLTE*

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 *7/7/03*

Name: *KAY MOLER*  
Address: *3206 HAYES CT. ANN ARBOR, MI 48103*

*\$50.00*

*\$50.00*

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt *7/11/03*

Name: *ANN O'CONNELL*  
Address: *4233 MARIO CT., PLYMOUTH, MI*

*\$50.00*

*\$50.00*

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_

Name:  
Address:

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_

Name:  
Address:

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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

*\$100.00*

*\$100.00*

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE  
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**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>DEB MEXICOTTE</u> Address <u>2660 YOST ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN REPAYMENT</u> Expenditure Code* <u>LO</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/8/03</u>	<u>2148.23</u>
Expenditure #2 Name _____ Address _____ <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		
Expenditure #3 Name _____ Address _____ <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		
Expenditure #4 Name _____ Address _____ <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		
Expenditure #5 Name _____ Address _____ <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		

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

2148.23

2148.23

Enter this total on line 8a of Summary Page

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

