



**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: 09/01/12 to 10/21/12

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**

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  
**1100 LSA Bldg.  
500 S. State St.  
Ann Arbor, MI 48109**

Area Code and Phone (734) 615-9581

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

FILED  
WASHTENAW COUNTY, MI  
2012 OCT 21 PM 4:51  
CLERK OF CIRCUIT COURT

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  
11/06/12

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  
\_\_\_\_\_

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 Signature [Signature] Date 10/23/12

Candidate Deb Mexicotte Signature [Signature] Date 10/23/12



**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 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>09/15/12</u> Name & Address: Glenn Nelson 1323 S. Forest Ave. Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200</u>	\$ <u>200</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/22/12</u> Name & Address: Katy Held 1201 Snyder Ave. Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>Movement Specialist</u> Employer <u>Learning form the Heart</u> Business Address <u>1201 Snyder, Ann Arbor, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>100</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/23/12</u> Name & Address: Andrew Thomas 1426 W. Stadium Blvd. Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>100</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/28/12</u> Name & Address: Deb Mexicotte 2660 Yost Blvd. Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>Program Manager</u> Employer <u>University of Michigan</u> Business Address <u>500 S. State St., Ann Arbor, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>100</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal \$500.00

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

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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <b>Patricia Green</b> 3930 Kipling Dr. Ann Arbor, MI 48105	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/30/12</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Ann Arbor Public Schools</u> Business Address <u>2555 S. State St., Ann Arbor, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>250</u>	\$ <u>250</u>
		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 Name & Address: <b>Stephen Green</b> 3930 Kipling Dr. Ann Arbor, MI 48105	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/30/12</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Periodontist</u> Employer <u>Self Employed</u> Business Address <u>7501 Greenway Center Dr., Greenbelt, MD 20770</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>250</u>	\$ <u>250</u>
		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3 Name & Address: <b>Christine Stead</b> 515 Huron View Blvd. Ann Arbor, MI 48103	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/12</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Blue Cottage Consultants</u> Business Address <u>303 Detroit St, Ste 201, Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>200</u>	\$ <u>200</u>
		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4 Name & Address: <b>Jack Panitch</b> 501 Burson Pl. Ann Arbor, MI 48104	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/12</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>State of Michigan</u> Business Address <u>525 W. Ottawa St., Lansing, MI 48909</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>200</u>	\$ <u>200</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$900.00

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

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 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>10/03/12</u> Name & Address: <b>Irene Patalan</b> 5175 W. Liberty Ann Arbor, MI 48103	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> Occupation <u>Business Owner</u> Employer <u>collected works</u> Business Address <u>303 Detroit St, Ann Arbor, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/03/12</u> Name & Address: <b>Maria Huffman</b> 2105 Independence Blvd. Ann Arbor, MI 48104	\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/04/12</u> Name & Address: <b>Ann Hower</b> 4 Jefferson Ct. Ann Arbor, MI 48103	\$ <u>75</u>	\$ <u>75</u>
5. If over \$100.00 cumulative, please provide: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/05/12</u> Name & Address: <b>Eric Sturgis</b> 2009 Pontiac Tr. Ann Arbor, MI 48105	\$ <u>30</u>	\$ <u>30</u>
5. If over \$100.00 cumulative, please provide: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **\$255.00**

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

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 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>10/06/12</u> Name & Address: <b>Ann Telfer</b> <b>682 Boston Ct.</b> <b>Ann Arbor, MI 48103</b> 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>75</u>	\$ <u>75</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/06/12</u> Name & Address: <b>Valerie Mates</b> <b>2907 Logan Ct.</b> <b>Ann Arbor, MI 48108</b> 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>20</u>	\$ <u>20</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/12</u> Name & Address: <b>Leslie Chambers</b> <b>805 Askin Ct.</b> <b>Muamee, OH 43537</b> 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>30</u>	\$ <u>30</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/12</u> Name & Address: <b>John Blaufuss</b> <b>3255 Mulberry St.</b> <b>Toledo, OH 43608</b> 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>50</u>	\$ <u>50</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **\$175.00**

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

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 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>10/09/12</u> Name &amp; Address: Rachel Antoun 441 S. 1st St. #208 Ann Arbor, MI 48103</p> <p>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</p>	<p>\$ <u>30</u></p>	<p>\$ <u>30</u>  <a href="#">Click Here for Memo Itemization</a></p>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/11/12</u> Name &amp; Address: JoAnn Emmendorfer 516 Gott Ann Arbor, MI 48103</p> <p>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</p>	<p>\$ <u>50</u></p>	<p>\$ <u>50</u>  <a href="#">Click Here for Memo Itemization</a></p>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/11/12</u> Name &amp; Address: Joe Levickas 1215 Creal Ctescent Ann Arbor, MI 48103</p> <p>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</p>	<p>\$ <u>50</u></p>	<p>\$ <u>50</u>  <a href="#">Click Here for Memo Itemization</a></p>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/12</u> Name &amp; Address: Carol Flannagan 1008 Sunnyside Ann Arbor, MI 48103</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Research Scientist</u> Employer <u>University of Michigan</u> Business Address <u>2901 Baxter Rd, Ann Arbor, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>100</u></p>	<p>\$ <u>100</u>  <a href="#">Click Here for Memo Itemization</a></p>

Page Subtotal **\$230.00**

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

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 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>10/16/12</u> Name & Address: <b>Curtis Cross</b> 1803 High Pointe Lane Ann Arbor, MI 48108		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT Director</u> Employer <u>Plastomer Corporation</u> Business Address <u>37819 Schoolcraft Rd., Livonia, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/18/12</u> Name & Address: <b>Chester Chambers</b> 2524 Parkwood Toledo, OH 43610		\$ <u>100</u>	\$ <u>100</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/21/12</u> Name & Address: <b>Crisca Bierwert</b> 1575 Miller Ave. Ann Arbor, MI 48103		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Program Specialist</u> Employer <u>University of Michigan</u> Business Address <u>1071 Palmer Commons, 100 Washtenaw Avenue, Ann Arbor, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:   		\$ _____	\$ _____
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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$300.00**

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

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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 <u>                    </u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/12</u> Name & Address: <b>Deb Mexicotte</b> <b>2660 Yost Blvd.</b> <b>Ann Arbor, MI 48104</b>	\$ <u>500</u>	\$ <u>600</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Program Manager</u> Employer <u>University of Michigan</u> Business Address <u>500 S. State St., Ann Arbor, MI 48104</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>
3. Contribution #2 <u>                    </u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>                    </u> Name & Address:	\$ <u>                    </u>	\$ <u>                    </u>
5. If over \$100.00 cumulative, please provide: Occupation <u>                    </u> Employer <u>                    </u> Business Address <u>                    </u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>
3. Contribution #3 <u>                    </u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>                    </u> Name & Address:	\$ <u>                    </u>	\$ <u>                    </u>
5. If over \$100.00 cumulative, please provide: Occupation <u>                    </u> Employer <u>                    </u> Business Address <u>                    </u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>
3. Contribution #4 <u>                    </u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>                    </u> Name & Address:	\$ <u>                    </u>	\$ <u>                    </u>
5. If over \$100.00 cumulative, please provide: Occupation <u>                    </u> Employer <u>                    </u> Business Address <u>                    </u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>

Page Subtotal **\$500.00**

Grand Total of All Schedules 1A (Complete on last page of Schedule) **2860.00**

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 (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>CMYK Imperial Printing</b> Address <b>5525 Cambridge Club Circle #107 Ann Arbor, MI 48103</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyer Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/12</u> Date	<u>\$ 127.20</u> <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>CMYK Imperial Printing</b> Address <b>5525 Cambridge Club Circle #107 Ann Arbor, MI 48103</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyers, Buttons, Bus. Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/12</u> Date	<u>\$ 415.73</u> <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>Marian Perez</b> Address <b>33575 Elmira Livonia, MI, 48150</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>Web/Graphic Design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/12</u> Date	<u>\$ 1000.00</u> <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____ <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____ <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **\$1,542.93**  
 Grand Total of all Schedules 1B  
 (Complete on last page of Schedule) **\$1,542.93**

Enter this total  
on line 8a of  
Summary Page



**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 endorsers or guarantors, if any.	4. Type of Obligation (Description) 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 <u>Owed to</u> or by: Corp? <input type="checkbox"/> Yes Deb Mexicotte 2660 Yost Blvd. Ann Arbor, MI 48104	4. Type: <u>Reimbursement</u> 5. <u>Date Debt Was Incurred:</u> <u>09/26/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>1041.45</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>1041.85</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 <u>Owed to</u> or by: Corp? <input type="checkbox"/> Yes Deb Mexicotte 2660 Yost Blvd. Ann Arbor, MI 48104	4. Type: <u>Loan to Campaign</u> 5. <u>Date Debt Was Incurred:</u> <u>10/1/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>500</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 <u>Owed to</u> or by: Corp? <input type="checkbox"/> Yes Deb Mexicotte 2660 Yost Blvd. Ann Arbor, MI 48104	4. Type: <u>Reimbursement</u> 5. <u>Date Debt Was Incurred:</u> <u>10/4/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>1041.45</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>1041.45</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$2,582.90**

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

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

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.



**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 endorsers or guarantors, if any.	4. Type of Obligation (Description) 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: Marian Perez 33575 Elmira Livonia, MI 48150	4. Type: <u>Services Rendered</u> 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ <u>1000.00</u>	\$ <u>1064.50</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: Deb Mexicotte 2660 Yost Blvd. Ann Arbor, MI 48104	4. Type: <u>Reimbursement</u> 5. <u>Date Debt Was Incurred:</u> <u>10/17/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>762.30</u>	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ <u>0</u>	\$ <u>762.30</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: _____ 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) **\$1,826.80**  
Grand Total of all Schedules 1E **\$4,409.70**  
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name The Committee To Elect Deb Mexicotte

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,860.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,860.00</u>	(18.) \$ <u>2,860.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>2,860.00</u>	(20.) \$ <u>2,860.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,542.93</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>1,542.93</u>	(23.) \$ <u>1,542.93</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>4,409.70</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$62.49</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,860.00</u>	
	(15.) = \$ <u>2,922.49</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>		
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>1,542.93</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>1,379.56</u> *	