



**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 10/22/12 to 11/26/12

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

2. Committee Name  
**The Committee to Elect Deb Mexicotte**

4. Candidate Last Name **Mexicotte** First Name **Debra** M.I.  
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  
**Deb Mexicotte  
2660 Yost Blvd.  
Ann Arbor, MI 48104**

Area Code & Phone (734) 677-1587

7. Treasurer's Business Address  
**Deb Mexicotte  
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)  
**Deb 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  
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 **Deb Mexicotte** Signature *Deb Mexicotte* Date 12/8/12  
Candidate **Deb Mexicotte** Signature *Deb Mexicotte* Date 12/8/12



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-19  
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>11/15/12</u>              |   |
| Name & Address:<br>Joyce Gibbs<br>3857 Helen<br>Ypsilanti, MI 48192   |   | \$ <u>100.00</u>                                | \$ _____  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Senior Aide</u> Employer <u>Senior Helpers</u>   |   | <a href="#">Click Here for Memo Itemization</a> |   |
| Business Address <u>3101 E. Eisenhower Pkwy, Ste. 3, 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   |   |   |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/01/12</u>              |   |
| Name & Address:<br>Stephen Kunselman<br>2885 Butternut St.<br>Ann Arbor, MI 48108   |   | \$ <u>50.00</u>                                 | \$ _____  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____  |   | <a href="#">Click Here for Memo Itemization</a> |   |
| 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>10/27/12</u>              |   |
| Name & Address:<br>Kathleen Zager-Doxey<br>1204 Arborview<br>Ann Arbor, MI 48103  |   | \$ <u>30.00</u>                                 | \$ _____  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____  |   | <a href="#">Click Here for Memo Itemization</a> |   |
| 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>10/30/12</u>              |   |
| Name & Address:<br>Agusta Gunnarsdottir<br>2411 Darrow Dr.<br>Ann Arbor, MI 48104   |   | \$ <u>150.00</u>                                | \$ _____  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Realtor</u> Employer <u>Prudential Snyder and Company Realtors</u>   |   | <a href="#">Click Here for Memo Itemization</a> |   |
| Business Address <u>2655 Plymouth Rd, Ann Arbor, MI 48105</u>   |   |   |   |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |   |   |

Page Subtotal \$330.00

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

435.00

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 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>10/24/12</u><br>Name & Address:<br><b>Jennifer Wegner</b><br>395 Village Green Blvd. #103<br>Ann Arbor, MI 48105<br><br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ <u>30.00</u> | \$ _____<br><br><a href="#">Click Here for Memo Itemization</a>                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/24/12</u><br>Name & Address:<br><b>Barbara Byers</b><br>3607 Miller Rd.<br>Ann Arbor, MI 48103<br><br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                 | \$ <u>75.00</u> | \$ _____<br><br><a href="#">Click Here for Memo Itemization</a>                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address:<br><br><br><br><br><br><br><br><br><br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   | \$ _____        | \$ _____<br><br><a href="#">Click Here for Memo Itemization</a>                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address:<br><br><br><br><br><br><br><br><br><br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   | \$ _____        | \$ _____<br><br><a href="#">Click Here for Memo Itemization</a>                 |

Page Subtotal \$105.00

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

435.00

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<br>Name <b>CMYK Imperial Printing</b><br><br>Address<br><b>5525 Cambridge Club Circle "10<br/>Ann Arbor&lt; MI 48013</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>Flyers</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                         | <u>10/30/12</u><br>Date | <u>\$ 185.50</u><br><br><a href="#">Click Here for Memo Itemization Type</a>   |
| Expenditure #2<br>Name <b>Marian Perez</b><br><br>Address<br><b>33575 Elmira<br/>Livonia, MI 48150</b><br><br><input type="checkbox"/> Fund Raiser                                  | Purpose: <u>Graphics/Web Design</u><br><br><input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/20/12</u><br>Date | <u>\$ \$500.00</u><br><br><a href="#">Click Here for Memo Itemization Type</a> |
| Expenditure #3<br>Name<br><br>Address<br><br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                 | _____<br>Date           | \$ _____<br><br><a href="#">Click Here for Memo Itemization Type</a>           |
| Expenditure #4<br>Name<br><br>Address<br><br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                 | _____<br>Date           | \$ _____<br><br><a href="#">Click Here for Memo Itemization Type</a>           |
| Expenditure #5<br>Name<br><br>Address<br><br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                 | _____<br>Date           | \$ _____<br><br><a href="#">Click Here for Memo Itemization Type</a>           |

Subtotal this page **\$685.50**  
 Grand Total of all Schedules 1B  
 (Complete on last page of Schedule) **685.50**  
 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.<br><br>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)<br>5. Indicate date debt was incurred<br>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<br>Owed to or by:<br>Deb Mexicotte<br>2660 Yost Blvd.<br>Ann Arbor, MI 48104<br>Corp? <input type="checkbox"/> Yes  | 4. Type: <u>Reimbursement</u><br>5. <u>Date Debt Was Incurred:</u><br><u>09/26/12</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 1041.45</u>  | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | \$ 0                                  | \$ 1041.45<br><input type="checkbox"/> FORGIVEN                      |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____  |   |  |                                       |  |
| Debt #2<br>Owed to or by:<br>Deb Mexicotte<br>2660 Yost Blvd.<br>Ann Arbor, MI 48104<br>Corp? <input type="checkbox"/> Yes  | 4. Type: <u>Loan to Campaign</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/1/12</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 500.00</u> | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | \$ 0                                  | \$ 500<br><input type="checkbox"/> FORGIVEN                          |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____  |   |  |                                       |  |
| Debt #3<br>Owed to or by:<br>Deb Mexicotte<br>2660 Yost Blvd.<br>Ann Arbor, MI 48104<br>Corp? <input type="checkbox"/> Yes  | 4. Type: <u>Rembursement</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/4/12</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 1041.45</u>    | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | \$ 0                                  | \$ 1041.45<br><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 **3909.70**  
(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.



**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. <input checked="" type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee OR b. <input type="checkbox"/> Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee.<br>(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.<br><br>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)<br>5. Indicate date debt was incurred<br>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<br>Owed to or by:<br><b>Marian Perez</b><br><b>33575 Elmira</b><br><b>Livonia, MI 48150</b>  | 4. Type: <u>Services Rendered</u><br>5. <u>Date Debt Was Incurred:</u><br><u>11/20/12</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 2064.50</u> | <u>10/19/12 \$ 1,000.00</u><br><u>11/20/12 \$ 500.00</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | <u>\$ 1500.00</u>                     | <u>\$ 564.50</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____  |  |   |                                       |  |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>Deb Mexicotte</b><br><b>2660 Yost Blvd.</b><br><b>Ann Arbor, MI 48104</b>  | 4. Type: <u>Reimbursement</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/17/12</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 762.30</u>      | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u>                                   | <u>\$ 0</u>                           | <u>\$ 762.30</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____  |  |   |                                       |  |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:  | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br><u>\$ _____</u>                                | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u>                                   | <u>\$ _____</u>                       | <u>\$ _____</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____  |  |   |                                       |  |

Page Subtotal (Outstanding debt) **\$1,326.80**

Grand Total of all Schedules 1E **3909.70**  
(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<br>This Period        | Column II<br>Cumulative this election cycle |
|--|--------------------------------|---|
| <b>3. Contributions</b>  |                                |   |
| a. Itemized (Schedule 1A - Column 6)   | (3a.) \$ <u>435.00</u>         |   |
| b. Unitemized (less than \$20.01 each - no Schedule)   | (3b.) \$ <u>NOT APPLICABLE</u> |   |
| c. Subtotal of "Contributions"   | (3c.) \$ <u>435.00</u>         | (18.) \$ <u>435.00</u>                      |
| <b>4. Other Receipts (Schedule 1A -1, Column 6)</b>  | (4.) \$ <u></u>                | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                             | (5.) \$ <u>435.00</u>          | (20.) \$ <u>435.00</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>685.50</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>685.50</u>          | (23.) \$ <u>685.50</u>                      |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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><br>(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>3,909.70</u>      |   |
| b. Owed to the Committee (Schedule 1E)   | (12b.) \$ <u>0.00</u>          |   |
| <b>BALANCE STATEMENT</b>   |                                |   |
| <b>13. Ending Balance of last report filed</b><br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>1,379.56</u>       |   |
| <b>14. Amount received during reporting period</b><br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>435.00</u>       |   |
| <b>15. SUBTOTAL Add lines 13 and 14</b>  | (15.) = \$ <u>1,814.56</u>     |   |
| <b>16. Amount expended during reporting period</b><br>(Add lines 9 and 11)                             | (16.) - \$ <u>685.50</u>       |   |
| <b>17. ENDING BALANCE</b><br>(Subtract line 16 from line 15)   | (17.) \$ <u>1,129.06</u> *     |   |