



**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: <u>11/27/12</u> to <u>12/31/13</u>	
1. Committee I.D. Number C-2003-019	4. Candidate Last Name <u>Mexicotte</u> First Name <u>Debra</u> M.I. _____ 4a. Office Sought Including District # or Community Served (If applicable) Ann Arbor Board of Education 4b. County of Residence _____
2. Committee Name The Committee to Elect Deb Mexicotte	6. Treasurer's Name & Residential Address Deb Mexicotte 2660 Yost Blvd. Ann Arbor, MI 48104 Area Code & Phone <u>(734) 677-1587</u>
5. Committee's Mailing Address 2660 Yost Blvd. Ann Arbor, MI 48104 Area Code and Phone <u>(734) 677-1587</u> 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.	8. Designated Record keeper's Name and Mailing Address (See committee Designated Record keeper) Deb Mexicotte 2660 Yost Blvd. Ann Arbor, MI 48104 Area Code and Phone <u>(734) 677-1587</u>
7. Treasurer's Business Address Deb Mexicotte 1100 LSA Bldg. 500 S. State St. Ann Arbor, MI 48109 Area Code and Phone <u>(734) 677-1587</u>	8. Designated Record keeper's Name and Mailing Address (See committee Designated Record keeper) Deb Mexicotte 2660 Yost Blvd. Ann Arbor, MI 48104 Area Code and Phone <u>(734) 677-1587</u>

FILED
 WASHTENAW COUNTY, MI
 2014 JAN 24 P 1:29
 LAWRENCE E. ESTENBAUM
 COUNTY CLERK/REGISTER

9. TYPE OF STATEMENT

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

9c. Annual Statement (2013 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 *Deb Mexicotte* Date 1/21/14
Type or Print Name Signature

Candidate Deb Mexicotte *Deb Mexicotte* Date 1/21/14
Type or Print Name Signature



**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> Name & Address: Jeffrey Kuras 605 Miller Rd. Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>University of Michigan</u> Business Address <u>128 Michigan League, 911 N. University, 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>150.00</u>	\$ <u>150.00</u> Click Here for Memo Itemization
3. Contribution #2 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	\$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 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	\$ _____	\$ _____ Click Here for Memo Itemization
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	\$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$150.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$150.00**

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 Marian Perez Address 33575 Elmira Livonia, MI 48150 <input type="checkbox"/> Fund Raiser	Purpose: <u>Graphics/Web Design</u> Click Here for Memo Itemization Type <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/22/12</u> Date	\$ <u>564.50</u>
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$564.50**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$564.50**

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. 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 (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 Owed to or by: Deb Mexicotte 2660 Yost Blvd. Ann Arbor, MI 48104 Corp? <input type="checkbox"/> Yes	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>	\$ \$ \$ \$ \$	\$ 0	\$ 0 <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Deb Mexicotte 2660 Yost Blvd. Ann Arbor, MI 48104 Corp? <input type="checkbox"/> Yes	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>\$ 500.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 0 <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Deb Mexicotte 2660 Yost Blvd. Ann Arbor, MI 48104 Corp? <input type="checkbox"/> Yes	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>	\$ \$ \$ \$ \$	\$ 0	\$ 0 <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) \$0.00
Grand Total of all Schedules 1E \$762.30
(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 endorser 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>Reimbursement</u> 5. <u>Date Debt Was Incurred:</u> <u>10/15/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2064.50</u>	<u>10/19/12 \$ 1,000.00</u> <u>11/20/12 \$ 500.00</u> <u>12/22/12 \$ 564.50</u> <u>\$</u> <u>\$</u>	<u>\$ 2064.50</u>	<u>\$ 0</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>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</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> <u>\$</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$762.30**

Grand Total of all Schedules 1E **\$762.30**
(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.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C2003019

CANDIDATE COMMITTEE

2. Committee Name The Committee to Elect Deb Mexicotte

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Steven Norton 1217 Olivia Ave. Ann Arbor, MI 48104 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Okno Design 1217 Olivia Ave. Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>4 months Online Web/Payment Form Service</u> 5. Date Of Receipt: <u>12/01/12</u> 6. Vendor Name & Address: WuFoo/Survey Monkey 285 Hamilton Ave. Ste. 500 Palo Alto, CA 94301 Click Here for Memo Itemization	\$ <u>119.96</u>	\$ <u>119.96</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal \$119.96 \$119.96

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$119.96

Enter this total
on line 6 of Summary
Page



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

2. Committee Name The Committee to Elect Deb Mexicotte

**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>150.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$150.00</u>	(18.) \$ <u>\$150.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$3,295.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$150.00</u>	(20.) \$ <u>\$3,445.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$119.96</u>	(21.) \$ <u>\$119.96</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$119.96</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$564.50</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$564.50</u>	(23.) \$ <u>\$2,792.93</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
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>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$762.30</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$762.30</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$1,129.06</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$150.00</u>	
	(15.) = \$ <u>\$1,279.06</u>	
15. SUBTOTAL Add lines 13 and 14	(16.) - \$ <u>\$564.50</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$564.50</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$714.56</u> *	