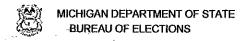


## CANDIDATE COMMITTEE COVER PAGE

### FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signe the treasurer (or designated record keeper) and candida	d by 3. This Statement covers From te.	<sup>m:</sup> 10/24/16 <sub>to</sub> 11/28/16
1. Committee I.D. Number	4. Candidate Last Name	First Name M.I.
C-2003-019	Mexicotte	Deb L.
	4a. Office Sought Including D	istrict # or Community Served (If applicable)
2. Committee Name	Ann Arbor Board of E	ducation
The Committee to Elect Deb Mexico	otte 4b. County of Residence WA	ASHTENAW
5. Committee's Mailing Address	6. Treasurer's Name & Resid	ential Address
2660 Yost Blvd.	Deb Mexicotte	
Ann Arbor, MI 48104	2660 Yost Blvd.	
	Ann Arbor, MI 4810	<b>)4</b>
(734) 677 1697		74 25 MASS
Area Code and Phone (734) 677-1587 If the address in this box is different from the committee	-	RA RANGE
mailing address on the Statement of Organization, mail mabe sent to this address by the filing official.	Area Code & Phone (734) 6	
7. Treasurer's Business Address	8. Designated Record keepe	's Name and Mailing Address (If the committee has a
Deb Mexicotte	Designated Record keeper)  Deb Mexicotte	
2281 Bonisteel Blvd.	2660 Yost Blvd.	₽5 W 13
Ann Arbor, MI 48109	Ann Arbor, MI 4810	
	7 (117 (150), 1911 4010	# gg o ∈
Area Code and Phone (734) 615-8738	Area Code and Phone (734	4) 677-1587
9. TYPE OF STATEMENT		9e. Dissolution of Candidate Committee
9a. Pre-Election OR 9b. X Post-Election is no	uired ONLY if candidate It on the ballot for the	By checking this item I/We certify any outstanding debt
Pre-Election or Post-Election Statement relates to:	ent year:	by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from
	ly Quarterly	the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.
Primary	ctober Quarterly	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
General General	Glober Quarterly	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Convention		considered a request for the reporting vvaiver.
Special 9c.	Annual Statement ( )	
School	Coverage Year	Effective date of dissolution
Caucus 9d.	Amendment to Campaign Statement	
	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being	Note: The disposition of residual funds must be reported on
İ	amended.)	Schedule 1B and the Summary Page.
Date of Election, Convention or Caucus		
11/8/16		
<del></del>		
<ol> <li>Verification: I\We certify that all reasonable diligence warmy\our knowledge and belief the contents are true, accurate</li> </ol>	as used in the preparation of this statem	ent and attached schedules (if any) and to the best of
	1/1/1/1/1	
Designated Record keeper Deb Mexicolle	, a Elera VI/E	12/3/16
Type or Print Name	Signature	21
Candidate Deb Mexicotte	, Ke Etro [M	EXICALE Date 12/3/16
Type or Print Name	Signature /	

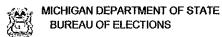


SUMMARY PAGE

1. Committee I.D. Number <u>C-2003-019</u>

## 2. Committee Name The Committee To Elect Deb Mexicotte

CANDIDATE COMMITTEE	2, Committee Name The Committee To	Elect Deb Mexicotte
RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 200.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$200.00	(18.) \$ \$200.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$200.00	(20.) \$ \$200.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$1,964.30	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$\$1,964.30	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(102.)	
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <b>\$2,284</b> .93	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	J
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	(13.) \$ \$1,764.30	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$200.00	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$_\$1,964.30	
(Add lines 9 and 11)  17. ENDING BALANCE	(16.) - \$ \$1,964.30	
(Subtract line 16 from line 15)	(17.) \$ \$0.00	



### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

### **CANDIDATE COMMITTEE**

2. Committee Name Committee To Elect Deb Mexicotte

Enter contributor's nat middle initial. Check I Committee (PAC) Rep	oox to indicate if con	tribution is from a Po	olitical Comm	enter last name, first name, nittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1     Name & Address:	PAC Receipt?	YES 4.1	Date of Rece	ipt 11/10/16	_	
Dr. Patricia P. C	Breen					
2034 Hermitage	e Hills Dr.				<sub>s</sub> 200.00	<sub>s</sub> 200.00
Gambrills, MD 2					\$_200.00	\$ 200.00
5. If over \$100.00 cur	-				Click Here fo	or Memo Itemization
Occupation Retired		Employer		<del> </del>		
Business Address		<del></del>		7		
Type of Contribution:	✓ Direct	Loan from a pe	erson	Fund Raiser		
Contribution #2     Name & Address	PAC Receipt?	YES 4. D	Date of Recei	pt		
Maine & Audress						
					\$	• • • • • • • • • • • • • • • • • • •
					*	<u> </u>
5. If over \$100.00 cum	nulative, please pro	ovide:			Click Here fo	r Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a per	son	Fund Raiser		
3. Contribution # 3	PAC Receipt?	YES 4.1	Date of Rece	ipt	<del></del>	
Name & Address:					_	
					\$	
					<u> </u>	\$
5. If over \$100.00 cum	ıulative, please pro	vide:			Click Here for	Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a pe	rson	Fund Raiser		
3. Contribution #4	PAC Receipt?	YES 4.	Date of Rece	eipt		
Name & Address		_				
					\$	\$
5. If over \$100.00 cum	ulative, please pro	vide:			Cliak Hara far	Memo Itemization
Occupation		_ Employer	-	Photographic design of the second sec	Click dete for	мено пепигацоп
Business Address						:
Type of Contribution:	Direct	Loan from a pe	rson [	Fund Raiser		
- Dr	I'' Duecr	L. J zodii noni a pe		Page Subtota	\$200.00	
			C-	_	7200100	
				and Total of All Schedules 1A lete on last page of Schedule		J
Page 3 of 9					Enter this total on line 3a of Summary Page.	



### **ITEMIZED EXPENDITURES SCHEDULE 1B** CANDIDATE COMMITTEE

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		<del>1. ; ;;</del>	· · · · · · · · · · · · · · · · · · ·
Name Marian Perez		11/21/16	\$ 200.00
Address	Purpose: Web Page Updates	Date	<u> </u>
400 Nob Hill Apt #4	, , , , , , , , , , , , , , , , , , , ,	lere for Memo	Itemization Type
Ann Arbor, MI 48104		icic ioi ivicilio	nomization type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Deb Mexicotte		11/28/16	s 164.55
Address	Purpose:	Date	
2660 Yost Blvd.	Click H	lere for Memo	Itemization Type
Ann Arbor, MI 48104	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Deb Mexicotte		11/28/16	\$ 585.90
Address	Purpose:Reimbursement for Purchased Goods 9/15/18	Date	\$ <u>505.50</u>
2660 Yost Blvd.			
Ann Arbor, MI 48104		ere for Memo i	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name Deb Mexicotte		11/28/16	
	Reimbursement for Purchased Goods 9/19/16	Date	\$ <u>294.40</u>
Address	Purpose:		
2660 Yost Blvd. Ann Arbor, MI 48104	Click H	ere for Memo I	temization Type
Allit Albot, Wil 40104	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			., .,
Name Deb Mexicotte		11/28/16	
Address	Reimbursement for Purchased Goods 9/20/16 Purpose:	Date	\$ <u>585.90</u>
2660 Yost Blvd.			
Ann Arbor, MI 48104	Click H  Check box if this expenditure is payment of	ere tor Memo l	temization Type
Fund Raiser	debt or obligation reported on previous		
I unu naisci	statement	at this page	#4 000 ZE
			\$1,830.75
	Grand Total of all S (Complete on last page		
	f f	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Enter this total on line 8a of Summary Page

Page 4 of 9



# 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 Deb Mexicotte		11/28/16	\$ 133.55
Address	Partial Repayment of Loan to Campaign 9/22/16	Date	Ψ 100.00
2660 Yost Blvd.			
Ann Arbor, MI 48104	Click F	tere for Memo	o Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name			
		Date	\$
Address	Purpose:		
	Click H	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3		***************************************	- ····
Name			
Address	Purpose:	Date	\$
	Click He	ere for Merno	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4	dacmen		· · · · · · · · · · · · · · · · · · ·
Name			
Address	Purpose:	Date	\$
	Click He	ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		<b>,</b>
Expenditure #5		'	
Name			
Address	Purpose:	Date	\$
	Click He	ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtota	al this page	\$133.55
	Grand Total of all So (Complete on last page o		\$1964.30

Enter this total on line 8a of Summary Page

Page <u>5</u> of <u>9</u>



C-2003-019

DERIS AND OBLIGATIONS	1. Committee I.D. Nu	mber	
SCHEDULE 1E		The Committee To Elect Deb Mexicotte	
CANDIDATE COMMITTEE	2. Committee Name	The Committee To Liect Deb Mexicotte	
is Schedule itemizes:			•
<b>a</b>		1	

OMIDIDA I E COMMITTI LE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Cher	mittee OR b. Debt ck either a or b. Use only for the po	ts and obligations owed <u>to</u> o urpose checked.)	r forgiven <u>by</u> the cor	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation     (Description)	7. Date and amount of each payment	8. Cumulative payment to	Outstanding     Balance at close
interioral institution to whom debt is owed.	5. Indicate date debt was	each payment	date on debt	of this period
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please	incurred 6. Indicate original amount			(Item 6 minus Item 8)
provide information regarding the endorsers or	of debt			110111 0)
guarantors, if any.				
Debt #1 Corp? Yes  Owed to or by:	4. Type: Reimbursement	11/28/16 \$ 164.55		
Deb Mexicotte	5. Date Debt Was Incurred:	\$\$		
2660 Yost Blvd.	09/14/16	\$		
Ann Arbor, MI 48104	6. Original Amount of Debt:		\$ <u>164.55</u>	\$_0.00
	s 164.55	\$		FORGIVEN
	\$	·\$	[	L_I OKONEK
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes	4. Type: Reimbursement	11/28/16 \$ 585.90	1	
wed to or by:		11/20/10 \$ 300.80		
Deb Mexicotte	5. Date Debt Was Incurred:	\$		
2660 Yost Blvd.	9/15/16	s		e 0.00
Ann Arbor, MI 48104	6. Original Amount of Debt:	•	585.90	\$ 0.00
	<u>\$_585.90</u>	Φ		FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		Arr	ount Endorsed: \$	
Debt #3. Corp? Yes  @wed to or by:	4. Type: Reimbursement	11/28/16 \$294.40		
Deb Mexicotte	5. Date Debt Was Incurred:	\$\$		
2660 Yost Blvd.	9/19/16	•		
Ann Arbor, MI 48104	6. Original Amount of Debt:	1	\$ 294.40	\$_0.00
	<sub>\$</sub> 294.40			FORGIVEN
	•	\$		
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	\$0.00
(Ca	omplete on last page of Schedule s	Grand Total of Showing amounts owed by o	of all Schedules 1E	
(Ol	implete viriate page of concuties	same amount of our by o		Enter this total
				on line 12a "owed by"" or line 12b
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during t			osing date of	"owed to" of the Summary Page
and campagn caremont of it may folding aming t	" harrad antaron of min odilih			outinitary raye

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### **DEBTS AND OBLIGATIONS SCHEDULE 1E**

1. Committee I.D. Number

C-2003-019

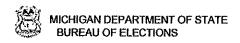
<b>CANDIDATE</b>	COMMITTEE
------------------	-----------

2. Committee Name The Committee To Elect Deb Mexicotte

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a ✓ Debts and obligations owed <u>by</u> or forgiven the cor (Ch	mmittee OR b. Deb	ts and obligations owed to urpose checked.)	or forgiven <u>by</u> the co	mmittee.
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? Yes Owed to br by:	4. Type: Reimbursement	11/28/16 \$ 585.90		
Deb Mexicotte 2660 Yost Blvd. Ann Arbor, MI 48104	5. <u>Date Debt Was Incurred</u> :  09/20/16  6. <u>Original Amount of Debt</u> :  \$ 585.90	\$ \$ \$	\$ 585.90	\$_0.00 FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: Loan	11/28/16 \$ 133.55		
Deb Mexicotte 2660 Yost Blvd.	5. <u>Date Debt Was Incurred:</u> 9/22/16	\$		
Ann Arbor, MI 48104	6. Original Amount of Debt:	\$ \$	\$ <u>133.55</u>	\$ 366.45
If bank loan, name of endorser or guarantor:		\$Aı	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: Reimbursement	11/21/16 \$24.99		!
Glenn Nelson 1323 S. Forest Ave.	5. <u>Date Debt Was Incurred</u> : 10/11/16	<u> </u>		
Ann Arbor, MI 48104-3924	6. Original Amount of Debt:	\$	\$ <u>24.99</u>	S 0.00 FORGIVEN
If bank loan, name of endorser or guarantor:		\$A	mount Endorsed: \$_	
(C	omplete on last page of Schedule s	-	(Outstanding debt) of all Schedules 1E or to the committee)	\$366.45
				on line 12a "owed

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.

by"" or line 12b
"owed to" of the
Summary Page



### **DEBTS AND OBLIGATIONS SCHEDULE 1E**

CANDIDATE COMMITTEE
---------------------

The Committee To Elect Deb Mexicotte

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com	mittee <b>OR</b> b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> o urpose checked.)	r forgiven <u>by</u> the co	mmittee.
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? Yes  Owed to or by:	4. Type: Reimbursement	<b></b> \$		
Deb Mexicotte	5. Date Debt Was Incurred:	\$		•
2660 Yost Blvd	10/04/16	\$		
Ann Arbor, MI 48104	6. Original Amount of Debt	*	\$ <u>0.00</u>	\$ <u>585.90</u>
	\$ 585.90	<u>*</u>		FORGIVEN
	Ψ	<u> </u>	I	
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: Reimbursement	\$		
Deb Mexicotte	5. Date Debt Was Incurred:	\$		
2660 Yost Blvd	10/11/16	\$		
Ann Arbor, MI 48104	6. Original Amount of Debt:	\$	\$ 0.00	\$ 295.98
	\$ 295.98	· · · · · · · · · · · · · · · · · · ·		FORGIVEN
		<u></u>		
If bank loan, name of endorser or guarantor:	<u></u>	Am	ount Endorsed: \$	
Debt #3 Corp? Yes  Qwed to or by:	4. Type: Reimbursement	\$		
Deb Mexicotte	5. Date Debt Was Incurred:	\$		;
2660 Yost Blvd	10/14/16	<u></u> \$		07400
Ann Arbor, MI 48104	6. Original Amount of Debt:	\$	\$_0.00	\$ <u>274.30</u>
	\$_274.30			FORGIVEN
	•	\$		
If bank loan, name of endorser or guarantor:		An	ount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	\$1,156.18
(Co	mplete on last page of Schedule sl	Grand Total of	of all Schedules 1E to the committee)	
		•		Enter this total

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.

by"" or line 12b "owed to" of the **Summary Page** 



### DEBTS AND OBLIGATIONS **SCHEDULE 1E**

C-2003-019	C-	2	0	0	3-	0	1	9
------------	----	---	---	---	----	---	---	---

CANDIDATE COMMITTEE  2. Committee Name  I he 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.)				
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? Yes Owed to or by:	4. Type: Reimbursement	\$		
Deb Mexicotte 2660 Yost Blvd.	5. Date Debt Was Incurred:	<b>\$</b> \$		:
Ann Arbor, MI 48104	10/17/12	\$	\$ 0.00	¢ 762.30
,	6. Original Amount of Debt: \$ 762.30	\$	\$ 0.00	FORGIVEN
	Φ	<b></b>		OKOIVEIA
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Corp? Yes Owed to or by:	4. Type: Reimbursement	11/21/16 \$ 90.66		
Glenn Nelson 1323 S. Forest Ave.	5. <u>Date Debt Was Incurred</u> : 10/11/16	<b></b>		
Ann Arbor, MI 48104-3924	6. Original Amount of Debt:	\$	\$ 90.66	\$_0.00
	\$_90.66	<u> </u>		FORGIVEN
		\$		I OKGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
		\$		
<b>i</b>	6. Original Amount of Debt:	\$ \$	\$	\$
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		An	ount Endorsed: \$_	
		-	Outstanding debt)	\$762.30
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				Enter this total
A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of				on line 12a "owed by"" or line 12b "owed to" of the

this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Summary Page