

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

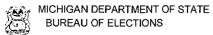
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 01/01/11 to 10/23/11			
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.			
C-1999-028	Higgins Marcia			
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)			
Marcia Higgins for City Council	Ann Arbor City Council Ward 4			
	4b. County of Residence Washtenaw			
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address			
1308 East Stadium Blvd.	Leah Gunn			
ann Arbor, MI 48104	1308 East Stadium			
	Ann Arbor, MI 48104			
Area Code and Phone (734) 663-7307	8 A			
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.	Area Code & Phone (734) 663-7307			
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a			
·	Designated Record Keeper)			
	7. + 1. S.			
	gă o i			
Area Code and Phone	Area Code and Phone			
9. TYPE OF STATEMENT				
9a. Pre-Election OR 9b. Post	-Election 9c. Annual Statement (Coverage Year)			
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)			
Primary Gen	eral 9e. Dissolution of Candidate Committee			
Convention	ool Effective Date of Dissolution			
Consider the Constant of the C				
Special Cauc	By checking this item, NVVe certify that the committee has no assets or			
Date of Election, Convention or Caucus	outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for			
11/08/11	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 reschedules. Direct contributions, in-kind contributions, loans, exper	quired Campaign Statements. The Campaign Statements must include all applicable nditures, 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 change amendment to the Statement of Organization should accompany to	and since the information was shown on the committee's Statement of Organization, an also Campaign Statement. If a request for a Reporting Waiver is not received on or lat campaign statement cannot be waived.			
my\our knowledge and belief the contents are true, accurate and co	n the preparation of this statement and attached schedules (if any) and to the best of mplete.			
Current Treasurer or Leah Gunn	Lak Hum 1000MA			
Designated Record keeper Type or Print Name	Signature Date			
	50 - 5/ .			
Candidate Marcia Higgins	Marcia Diagras Date 10/28/11			
Type or Print Name	Signature			

1. Committee I.D. Number <u>C-1999-028</u>

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Marcia Higgins for City Council

CANDIDATE COMMITTEE	Column I	Column II
RECEIPTS	This Period	Cumulative this election cycle
3. Contributions	(3a.) \$ 1,075.00	
a. Itemized (Schedule 1A - Column 6)		
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE \$1.075.00	(18.) \$ \$1,075.00
c. Subtotal of "Contributions"	(3c.) \$ \$1,075.00	
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$1,075.00	(20.) \$ \$1,075.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$425.61	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$40.03	•
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$465.64	(23.) \$ \$465.64
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	-
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	·
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations	· ·	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$0.00	-
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
13. Ending Balance of last report filed	(13.) \$ \$302.36	-
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$1,075.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ \$1,377.36	_
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$465.64	
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$ \$911.72	*
(Subtract line 16 from line 15)		

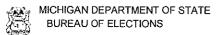


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

2. Committee Name Marcia Higgins for City Council

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? YES 4. Date of Receipt 05/23/11 Name & Address:	_		
John Fingerle 1316 Iroquois Ann Arbor, MI 48104	_{\$} 75.00	_{\$} 75.00	
5. If over \$100.00 cumulative, please provide:	Click Here f	Click Here for Memo Itemization	
Occupation Employer	G. G. C. T. G. C.	or momo normanon	
Business Address Type of Contribution: Loan from a person Fund Raiser			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/12/11 Name & Address			
Renee Greden 2015 Woodside Ann Arbor, MI 48104	_{\$} 150.00	_{\$} 150.00	
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization	
Occupation retired Employer			
Business Address			
Type of Contribution: ✓ Direct Loan from a person Fund Raiser			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/12/11 Name & Address:	_		
Leah Gunn 1308 East Stadium Ann Arbor, MI 48104	_{\$} 100.00	_{\$_} 100.00	
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization	
Occupation Employer			
Business Address Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 09/12/11 Name & Address			
Joan Lowenstein 502 Burson Place Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide:	\$ 100.00	\$ 100.00	
Occupation Employer	Click Here to	r Memo Itemization	
Business Address			
Page Subtota	\$425.00	·	
Grand Total of All Schedules 1A			
(Complete on last page of Schedule	Enter this total on line 3a of Summary	J	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number ______C-

C-1999-028

2. Committee Name

Marcia Higgins for City Council

Enter contributor's name and address. If contribution is from an individual, enter last name middle initial. Check box to indicate if contribution is from a Political Committee or an Index Committee (PAC) Report <u>all</u> contributions regardless of amount.	e, first name, 6. Amount 7. Cumulative for pendent Election Cycle for E Contributor (Throug date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/23/11	
Dennis Dahlmann 300 S. Thayer Ann Arbor, MI 48104	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Owner Employer Campus Inn	Click Here for Mento Rentization
Business Address 615 East Huron Ann Arbor, MI 48104	
Type of Contribution: V Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/29/11 Name & Address	
Michael C. Martin 517 W. Washington Ann Arbor, MI 48103	\$ 50.00 \$ 50.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: ✓ Direct Loan from a person Fund Raiser	<u> </u>
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/20/11 Name & Address:	
Thomas Heywood P.O. Box 177 Dundee, MI 48131	_{\$} 100.00 _{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address Type of Contribution: ✓ Direct Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	
	\$\$
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
F	Page Subtotal \$650.00
Grand Total of All S (Complete on last page	Schedules 1A \$1,075,00
Page 2 of 2	Page.



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number

C-1999-028

2. Committee Name Marcia Higgins for City Council

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		<u></u>	
Name U.S. Postal Service		09/26/11	s 176.00
Address	Purpose: Stamps	Date	
200 S. Fifth Ave.	Click H	Here for Memo	Itemization Type
Ann Arbior, MI 48104			nomization typo
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name U.S. Postal Service		10/04/11	\$ 132.00
Address	Purpose: Stamps	Date	
200 S. Fifth Ave.	Click H	lere for Memo	Itemization Type
Ann arbor, MI 48104			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Office Depot		10/12/11	s 117.61
Address	Purpose: Office Supplies	Date	
800 Eisenhower Parkway			
Ann Arbor, MI 48103		ere for Memo	Itemization Type
Fund Raiser	L—Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name			
Address	Purpose:	Date	\$
	Click He	ere for Memo I	temization Type.
	l <u> </u>	sie tot Memo i	temzaton rype.
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name	·		
Address	Purpose:	Date	\$
	Click He	ere for Memo !	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		1
1 Gra raiosi	statement Subtota	al this page	\$425.61
			
	Grand Total of all So (Complete on last page of		\$425.61

Enter this total on line 8a of Summary Page