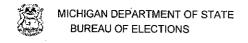
CANDIDATE COMMITTEE COVER PAGE

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: 08/23/11 to 10/23/11
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
C-2007-019	Anglin Michael D
Committee Nove	4a. Office Sought Including District # or Community Served (If applicable)
2. Committee Name	Ann Arbor City Council Ward 5
Mike Anglin For Council	4b. County of Residence Washtenaw
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
549 S First St	Karen Sidney
Ann Arbor MI 48103	100 Longman Lane
	Ann Arbor MI 48103
Area Code and Phone (734) 883-6983	
If the address in this box is different from the committee	
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) 741-4700
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
100 Longman	- Joseph Market Mostra (Geoper)
Ann Arbor MI 48103	
(704) 005 0704	
Area Code and Phone (734) 995-2761	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post	st-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	eneral 9e. Dissolution of Candidate Committee
Convention	hool Effective Date of Dissolution
Special	
Cauc	By checking this item, I/We 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 re- Schedules. Direct contributions, in-kind contributions, loans, exper	equired Campaign Statements. The Campaign Statements must include all applicable enditures, 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 the before the filing deadline of a required campaign statement, the	ged since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or that campaign statement cannot be waived.
 Verification: I\We certify that all reasonable diligence was used i my\our knowledge and belief the contents are true, accurate and co 	in the preparation of this statement and attached schedules (if any) and to the best of complete.
Current Treasurer or Designated Record keeper Karen Sidney	1 Saux July - 10/26/4
Type or Print Name	Signature Date Date
Candidate Michael Anglin	mind Schlyln Date 10/26/11
Type or Print Name	Signature Control of the Signature Control of

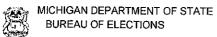


FILED WASHTENAW COUNTY, MI 1. Committee I.D. Number C-2007-019

SUMMARY PAGE CANDIDATE COMMITTEE

2011 001 2 Committee Name Mike Anglin For Council

RECEIPTS	ELLE MERT MER ALIKCOlumn I	Column II
3. Contributions	INDE YESTERS AUT his Period Y CLERK / REGISTER	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 185.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$185.00	(18.) \$ \$7,405.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$185.00	(20.) \$ \$7,405.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$ \$213.85
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$1,302.90	
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.) \$ \$1,302.90	(23.) \$ \$5,609.28
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(40)	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$\$562.81	
b. Owed to the Committee (Schedule 1E)	(42h) e	
	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$_\$2,919.75	_
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$185.00	_
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$3,104.75	_
15. SUBTOTAL Add lines 13 and 1416. Amount expended during reporting period	(16.) - \$ \$1,302.90	_
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 46 form line 45)	(17.) \$ \$1,801.85	- *
(Subtract line 16 from line 15)		

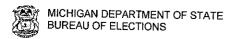


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

2. Committee Name Mike Anglin For 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 all contributions regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? Name & Address:	YES 4. Date of Reco	eipt 09/25/11		
Walker M. Lang 904 Mixtwood Ann Arbor MI 48103			_{\$} 60	_{\$} 60
5. If over \$100.00 cumulative, please pro	ovide:			
Occupation			Click Here	for Memo Itemization
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address	YES 4. Date of Rece	eipt		
Shirley Zempel 434 S 4th Ave Ann Arbor MI 48104			_{\$} 100	_{\$} 100
5. If over \$100.00 cumulative, please pro	ovide:		Click Here fo	or Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address:	YES 4. Date of Rece	eipt 10/21/11		
Angus Burch Liberty Station PO Box 7475 Ann Arbor MI 48107			_{\$} 25	_{\$} 25
5. If over \$100.00 cumulative, please pro	vide:		Click Here fo	r Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution: 🚺 Direct	Loan from a person	Fund Raiser		
. Contribution # 4 PAC Receipt? Jame & Address	YES 4. Date of Rec	eipt		
raine & Audiess				
			¢.	
: 16 augus \$400.00			φ	\$
5. If over \$100.00 cumulative, please pro	vide:		Click Here fo	r Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
		Page Subtotal	\$185.00	
		and Total of All Schedules 1A	\$185.00	_
Page 1 of 1	(Сотр	plete on last page of Schedule)	Enter this total on line 3a of Summary	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

C-2007-019

2. Committee Name Mike Anglin For Council

3. Name and address of person or vendor to whom paid			
	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Glenn Thompson		09/20/11	\$ 315.61
Address	Purpose: printing and supplies	Date	<u> </u>
100 Longman Ln	Cliate	Llaus for Marin	
Ann Arbor MI 48103	r		o Itemization Type
Fund Raiser Expenditure #2	Check box if this expenditure is payment of debt or obligation reported on previous statement		
·			
Name Glenn Thompson		10/19/11	. 202 70
Address	Purpose: printing and supplies	Date	\$ <u>323.73</u>
	Purpose: Property of the Purpose:		
100 Longman Ann Arbor MI 48103	Click Here for Memo Itemization Type		
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
^{Name} Cathy Clark			
		10/22/11	\$ 663.56
Address	Purpose: postage 510, food 153.56	Date	
549 S First St	Click H	ere for Memo	Itemization Type
Ann Arbor MI 48103	Check box if this expenditure is payment of	OLG TOL MIGHTO	nemization Type
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name			
	_		\$
Address	Purpose:	Date	<u></u>
	-		
	Click He	ere for Memo	Itemization Type
¬¬_	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
expenditure #5			
Name			ļ
Address		Date	\$
	Purpose:	Date	
Click Here f			Itemization Type
T Come Daire	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subtota	l this page	\$1,302.90
	Grand Total of all So	hedules 1B	
	(Complete on last page of		\$1,302.90

Enter this total on line 8a of Summary Page

age _____ of ___



DEBTS AND OBLIGATIONS **SCHEDULE 1E**

CANDIDATE	COMMITTEE
CAMBIDATE	COMMENT

Page _____ of ____

2. Committee Name Mike Anglin For Council

CANDIDATE COMMITTEE	ommade range			
This Schedule itemizes:		-		
a Debts and obligations owed by or forgiven the com (Chec	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed to or	forgiven by the co	nmittee.
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:candidate loan to committee	07/13/07 _{\$} 1,500.00		
Mike Anglin	5. Date Debt Was Incurred:	07/27/07 _{\$} 1,200.00		
549 S First St	06/17/07	11/26/07 _{\$} 120.00		
Ann Arbor MI 48103	6. Original Amount of Debt	11/20/07 \$ 120.00	\$ 2950	\$_50
	\$ 3000	\$		FORGIVEN
	1 9	\$		PORGIVEN
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type:candidate loan to committee	\$		
Mike Anglin	5. <u>Date Debt Was Incurred</u> .	\$		
549 S First St	11/18/07			
Ann Arbor MI 48013	6. Original Amount of Debt.		\$	\$_512.81
	_{\$} 512.81	\$		FORGIVEN
		\$		LIFORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
		\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$			FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
		Page Subtotal (Outstanding debt)	\$562.81
(complete on last page of ochedule showing amounts owed by or to the committee)				\$562.81
A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of "ow"				Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page