



FILED

23 JUL 2026 AM 11:04

GENESEE COUNTY CLERK
FLINT, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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: 01/01/2026 to 07/19/2026

1. Committee I.D. Number

149658

4. Candidate Last Name

NEELEY

First Name

SHELDON

M.I.

A

2. Committee Name

COMMITTEE TO ELECT SHELDON A. NEELEY

4a. Office Sought Including District # or Community Served (If applicable)

CITY MAYOR, FLINT

4b. County of Residence **GENESEE COUNTY**

5. Committee's Mailing Address

**2305 BEGOLE ST
FLINT, MI 48504**

6. Treasurer's Name & Residential Address

**JOSHUA FREEMAN
8275 FAULKNER DR
DAVISON, MI 48423**

Area Code and Phone (810) 423-0863
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 (810) 397-3797

7. Treasurer's Business Address

**8275 FAULKNER DR
DAVISON, MI 48423**

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone (810) 397-3797

Area Code and Phone () -

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/04/2026

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/23/2026

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/23/2026



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 149658

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>67,415.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>67,415.00</u>	(18.) \$ <u>176,510.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>67,415.00</u>	(20.) \$ <u>176,510.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>20,510.30</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>20,510.30</u>	(23.) \$ <u>45,870.92</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>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>25,000.00</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>123,849.65</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>67,415.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>191,264.65</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>20,510.30</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>170,754.35</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>01/18/2026</u>	
Name & Address: STEPHANIE KELLY 309 B BUFFALO SOLDIER FORT MYER, VA 22211		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>EAGLE HEALTH</u> Business Address <u>309B BUFFALO SOLDIER AVE, FORT MYER, VA 22211</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/23/2026</u>	
Name & Address: KYLE MCCREE 7325 WESTMINSTER CIRCLE GRAND BLANC, MI 48439		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF COMMUNITY AFFAIRS</u> Employer <u>CONSUMERS ENERGY</u> Business Address <u>3201 E COURT ST, FLINT, MI 48506</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/29/2026</u>	
Name & Address: CHERYL SCLATER 3511 APPLEWOOD LN GRAND BLANC, MI 48439		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PR MANAGER</u> Employer <u>ELGA CREDIT UNION</u> Business Address <u>3511 APPLEWOOD LN, GRAND BLANC, MI 48439</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/31/2026</u>	
Name & Address: CHRISTINA JONES 11 VAQUERO RD LADERA RANCH, CA 92694		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>HOAG MEDICAL GROUP</u> Business Address <u>2995 REDHILL AVE, COSTA MESA, CA 92626</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,975.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>02/01/2026</u>	
Name & Address: DYLAN LUNA 507 AVON ST STE 102 FLINT, MI 48503		\$ <u>250.00</u>	\$ <u>375.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GLOBAL ATTRACTIVE REP</u> Employer <u>MEDC</u> Business Address <u>2744 CASTLE BLUFF CT SE, KENTWOOD, MI 49512</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/02/2026</u>	
Name & Address: JAWAD SHAH 4800 SAGINAW ST FLINT, MI 48507		\$ <u>725.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>INSIGHT</u> Business Address <u>4800 SAGINAW ST, FLINT, MI 48507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/05/2026</u>	
Name & Address: MUNA JONDY 4800 S SAGINAW ST FLINT, MI 48507		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>INSIGHT</u> Business Address <u>4800 S SAGINAW ST, FLINT, MI 48507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/06/2026</u>	
Name & Address: MARK EVANS 617 THOMSON ST FLINT, MI 48503		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,450.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>02/10/2026</u> Name & Address: GANESAN THIRU 6180 WINCLIFF DR WEST BLOOMFIELD, MI 48322		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>KYYBA INC</u> Business Address <u>6180 WINCLIFF DR, WEST BLOOMFIELD, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2026</u> Name & Address: ALI MADHA 4800 S SAGINAW ST STE 189 FLINT, MI 48507		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTH CARE CONSULTANT</u> Employer <u>SELF</u> Business Address <u>4800 S SAGINAW ST, FLINT, MI 48507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2026</u> Name & Address: MOHAMMAD IJAZ 1258 RESERVE DR ROCHESTER HILLS, MI 48307		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTHCARE LEADER</u> Employer <u>IMACS</u> Business Address <u>1258 RESERVE DR, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2026</u> Name & Address: AYESHA PERVAIZ 1258 RESERVE DR ROCHESTER HILLS, MI 48307		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **4,900.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>02/10/2026</u> Name & Address: SIDRAH QURESHI 4800 S SAGINAW ST FLINT, MI 48507		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2026</u> Name & Address: QUDSIA IJAZ 1258 RESERVE DR ROCHESTER HILLS, MI 48307		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2026</u> Name & Address: KELCIE PIERCEY 8395 COLE CREEK CT FLUSHING, MI 48433		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTHCARE MANAGEMENT</u> Employer <u>IMACS</u> Business Address <u>4800 S SAGINAW ST, FLINT, MI 48507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2026</u> Name & Address: SOBIA IJAZ 35290 STRATTON HILL CT FARMINGTON HILLS, MI 48331		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **4,900.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>02/10/2026</u> Name & Address: CHELBY BEARDSLEE 447 WINDMILL POINT DR FLUSHING, MI 48433 5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTH CARE CONSULTANT</u> Employer <u>IMACS</u> Business Address <u>4800 S SAGINAW ST, FLINT, MI 48507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2026</u> Name & Address: NIMRA RIAZ 6626 PENNWELL DRIVE SPRING, TX 77389 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>INSIGHT</u> Business Address <u>6626 PENNWELL DR, SPRING, TX 77389</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2026</u> Name & Address: MIMRA RIAZ 6626 PENNWELL DR SPRING, TX 77389 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/19/2026</u> Name & Address: MATTHEW RIZIK 660 LAKESIDE DR BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>ROCK</u> Business Address <u>1074 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>525.00</u>	\$ <u>1,275.00</u>

Page Subtotal 4,200.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>02/20/2026</u> Name & Address: TIFFANY BROWN 2022 E PROVINCIAL HOUSE DR LANSING, MI 48910		\$ <u>50.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESS SECRETARY</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>2022 PROVINCIAL HOUSE DR, LANSING, MI 48910</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/27/2026</u> Name & Address: GARY DRAGO 3137 GEHRING DR FLINT, MI 48506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>DRAGOS CORVETTES</u> Business Address <u>2330S S DORT HWY, FLINT, MI 48507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/03/2026</u> Name & Address: PHIL SHALTZ 5190 EXCHANGE DR FLINT, MI 48507		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SHALTZ AUTOMATION</u> Business Address <u>5190 EXCHANGE DR, FLINT, MI 48507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/12/2026</u> Name & Address: LEANNE PANDUREN 10395 CLARK RD DAVISON, MI 48423		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ROWE</u> Business Address <u>10395 CLARK RD, DAVISON, MI 48423</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,775.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>03/17/2026</u>	
Name & Address: BRANDON DILLON 201 NORWOOD AVE SE GRAND RAPIDS, MI 49506		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING PARTNER</u> Employer <u>THE WINMATT GROUP</u> Business Address <u>101 S WASHINGTON SQUARE, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2026</u>	
Name & Address: ALEXANDER HECKLER 4555 N BAY RD MIAMI BEACH, FL 33140		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LSN FIRM</u> Business Address <u>3800 NE 1ST AVE, MIAMI, FL 33137</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2026</u>	
Name & Address: MATTHEW FERRIS 14202 MOFFETT DR FENTON, MI 48430		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>3825 CORUNNA RD, FLINT, MI 48532</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2026</u>	
Name & Address: TIFFANY BROWN 2022 E PROVINCIAL HOUSE DR LANSING, MI 48910		\$ <u>50.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESS SECRETARY</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>2022 PROVINCIAL HOUSE DR, LANSING, MI 48910</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,775.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>03/21/2026</u>	
Name & Address: JOHN POTBURY 613 HUT-WEST DR FLUSHING, MI 48433		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GENESEE COUNTY</u> Business Address <u>900 S SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/29/2026</u>	
Name & Address: TRALICIA LWEIS 6319 ORCHARD WOODS DR WEST BLOOMFIELD, MI 48324		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2026</u>	
Name & Address: DEREK ALBERT 62 PINE GATE DR BLOOMFIELD HILLS, MI 48304		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>ALBERT ASSOCIATES</u> Business Address <u>62 PINE GATE DR, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/20/2026</u>	
Name & Address: TIFFANY BROWN 2022 E PROVINCIAL HOUSE DR LANSING, MI 48910		\$ <u>50.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESS SECRETARY</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>2022 PROVINCIAL HOUSE DR, LANSING, MI 48910</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,350.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>04/22/2026</u> Name & Address: MARK TOTTEN 2442 RAMBLEWOOD DR KALAMAZOO, MI 49009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>111 S CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2026</u> Name & Address: KELLY LANGSTON 1353 KINGS POINTE RD GRAND BLANC, MI 48439		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>STELLANTIS</u> Business Address <u>38111 VAN DYKE AVE, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/30/2026</u> Name & Address: DYLAN LUNA 507 AVON ST STE 102 FLINT, MI 48503		\$ <u>100.00</u>	\$ <u>475.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GLOBAL ATTRACTIVE REP</u> Employer <u>MEDC</u> Business Address <u>2744 CASTLE BLUFF CT SE, KENTWOOD, MI 49512</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2026</u> Name & Address: CHARLES RICHARDS 4530 WARWICK CIR DR GRAND BLANC, MI 48439		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMIN</u> Employer <u>DOVER</u> Business Address <u>4247 MILLER RD, FLINT, MI 48507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,675.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>05/02/2026</u>	
Name & Address: CHRIS CANDELA 401 S BALLENGER HWY FLINT, MI 48532		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MCLAREN</u> Business Address <u>401 S BALLENGER HWY, FLINT, MI 48532</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2026</u>	
Name & Address: STEVEN COOK 13042 COUNTRY CLUB DR CLIO, MI 48420		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2026</u>	
Name & Address: MOHAMMED JONDY 3219 MISTY MORNING DR FLUSHING, MI 48433		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2026</u>	
Name & Address: QAMAR AHSAN 1381 HIGHLAND MEADOWS DR FLINT, MI 48532		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AEROTRAIN CORP</u> Business Address <u>1381 HIGHLAND MEADOWS DR, FLINT, MI 48532</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,100.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>05/03/2026</u>	
Name & Address: AHMAD KADDURAH 6326 KNOB BEND DR GRAND BLANC, MI 48439		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>HURLEY MEDICAL CENTER</u> Business Address <u>1 HURLEY PLAZA, FLINT, MI 48503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2026</u>	
Name & Address: MOHAMMED SALEEM 2578 LAKESIDE CT FLUSHING, MI 48433		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>PACE</u> Business Address <u>3378 FASHION SQUARE BLVD, SAGINAW, MI 48603</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2026</u>	
Name & Address: MOUAZ SBEI 6061 COVERED WAGONS TRAIL FLINT, MI 48532		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>FLINT NEUROLOGICAL CENTER</u> Business Address <u>5082 VILLA LINDE PKWY, FLINT, MI 48532</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2026</u>	
Name & Address: MOHAMMAD ALKOTOB 2746 TIMBER LN DR FLUSHING, MI 48433		\$ <u>225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>SELF</u> Business Address <u>2746 TIMBER LN DR, FLUSHING, MI 48433</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 1,725.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>05/03/2026</u>	
Name & Address: JAMAL GHANI 3636 HAWTHORNE DR FLINT, MI 48503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INNOVATOR</u> Employer <u>SELF</u> Business Address <u>3636 HAWTHORNE DR, FLINT, MI 48503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2026</u>	
Name & Address: KAMAL HASAN 8235 PINE HOLLOW CT GRAND BLANC, MI 48439		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>DAVISON PEDIATRICS</u> Business Address <u>8235 PINE HOLLOW CT, GRAND BLANC, MI 48439</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2026</u>	
Name & Address: EBRAHIM RAZZAK 8221 FOUNTAIN VIEW CT FLUSHING, MI 48433		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>MEMORIAL</u> Business Address <u>826 W KING ST, OWOSSO, MI 48867</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2026</u>	
Name & Address: MAJED NOUNOU 8393 MISTY MEADOWS GRAND BLANC, MI 48439		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>HEART AND VASCULAR INSTITUTE</u> Business Address <u>1075 SUNCREST DR, LAPEER, MI 48446</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,500.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>05/04/2026</u>	
Name & Address: NAEL TARAKJI 6192 E RIVER RD FLUSHING, MI 48433		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MD</u> Employer <u>FLINT NEUROLOGICAL CENTER</u> Business Address <u>6192 E RIVER RD, FLUSHING, MI 48433</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: NIMAN SHUKAIRY 2722 TIMBER LN DR FLUSHING, MI 48433		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DENTIST</u> Employer <u>FLUSHING DENTISTRY</u> Business Address <u>2722 TIMBER LN DR, FLUSHING, MI 48433</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: EHAB YOUSSEF 2224 WESTERN MEADOWS DR FLUSHING, MI 48433		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>RMI</u> Business Address <u>2224 WESTERN MEADOWS DR, FLUSHING, MI 48433</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: KHALED HAMMOUD 529 MISTY MORNING DR FLUSHING, MI 48433		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>PRIME RADIOLOGY</u> Business Address <u>529 MISTY MORNING DR, FLUSHING, MI 48433</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,750.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>05/04/2026</u> Name & Address: HESHAM GAYAR 8469 WARWICK GROVES CT GRAND BLANC, MI 48439		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/04/2026</u> Name & Address: AHMED ARIF 2597 S SHORE DR FLUSHING, MI 48433		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>SELF</u> Business Address <u>1201 FLUSHING RD, FLUSHING, MI 48433</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: ABDELMAJID JONDY 2553 S SHORE DR FLUSHING, MI 48433		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/06/2026</u> Name & Address: SAJID CHAUDHRY 2546 MANNY CT FLUSHING, MI 48433		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>VHA</u> Business Address <u>2646 MANNY CT, FLUSHING, MI 48433</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,350.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>05/12/2026</u>	
Name & Address: MARK EVANS 617 THOMSON ST FLINT, MI 48503		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/13/2026</u>	
Name & Address: MARY ALLARD 2041 OLD HICKORY BLVD DAVISON, MI 48423		\$ <u>225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE MANAGER</u> Employer <u>LURVEY CONSTRUCTION</u> Business Address <u>601 S GRAND TRAVERSE ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2026</u>	
Name & Address: ERIKA LEE 28 W ADAMS AVE DETROIT, MI 48226		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LABOR EXECUTIVE</u> Employer <u>DPLSA</u> Business Address <u>28 W ADAMS AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2026</u>	
Name & Address: TIFFANY BROWN 2022 E PROVINCIAL HOUSE DR LANSING, MI 48910		\$ <u>50.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESS SECRETARY</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>2022 PROVINCIAL HOUSE DR, LANSING, MI 48910</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 775.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>05/20/2026</u> Name & Address: TROY FARAH 13518 WENWOOD PKWY FENTON, MI 48430		\$ <u>225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/23/2026</u> Name & Address: SHELBI FRAYER 12710 OSPREY'S WAY DEWITT, MI 48820		\$ <u>500.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>HOLY CROSS</u> Business Address <u>12710 OSPREY'S WAY, DEWITT, MI 48820</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/26/2026</u> Name & Address: KAY SMITH 406 E 16TH HOPE, AR 71801		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CCO</u> Employer <u>MH ENTERPRISES</u> Business Address <u>411 S WALNUT ST, HOPE, AR 71801</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/30/2026</u> Name & Address: YVETTE FLIPPEN 328 GYPSUM LN GLENN HEIGHTS, TX 75154		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>THE SPANISH SCHOOL OF ABU DHABI</u> Business Address <u>328 GYPSUM LN, GLENN HEIGHTS, TX 75154</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,125.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>06/02/2026</u> Name & Address: CYNTHIA NEELEY 2305 BEGOLE ST FLINT, MI 48504		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>2305 BEGOLE ST, FLINT, MI 48504</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/05/2026</u> Name & Address: JOSHUA FREEMAN 8275 FAULKNER DR DAVISON, MI 48423		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF ADMINISTRATION</u> Employer <u>GENESEE COUNTY</u> Business Address <u>324 S SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/19/2026</u> Name & Address: RHONDA CLARK-MOSES 1420 PERRY RD B4-9 GRAND BLANC, MI 48439		\$ <u>100.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTERTAINER</u> Employer <u>SELF</u> Business Address <u>1420 PERRY RD, GRAND BLANC, MI 48439</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/20/2026</u> Name & Address: TIFFANY BROWN 2022 E PROVINCIAL HOUSE DR LANSING, MI 48910		\$ <u>50.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESS SECRETARY</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>2022 PROVINCIAL HOUSE DR, LANSING, MI 48910</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,600.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>06/21/2026</u>	
Name & Address: TERENCE GREEN 3412 BEGOLE ST FLINT, MI 48504		\$ <u>125.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE CHIEF</u> Employer <u>CITY OF FLINT</u> Business Address <u>1101 SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2026</u>	
Name & Address: ALEXIS FRIERSON 3412 BEGOLE ST FLINT, MI 48504		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAW</u> Employer <u>CITY OF FLINT</u> Business Address <u>1101 S SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/23/2026</u>	
Name & Address: GEORGE BARNES JR 30960 WENBROOK FRANKLIN, MI 48025		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/24/2026</u>	
Name & Address: MICHAEL FREEMAN 225 UNIVERSITY AVE FLINT, MI 48503		\$ <u>250.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>GENESEE COUNTY LAND BANK</u> Business Address <u>225 UNIVERSITY AVE, FLINT, MI 48503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 1,850.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>06/24/2026</u> Name & Address: HILLARD HAMPTON 30376 PENNINGTON LN NOVI, MI 48377		\$ <u>250.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>HSG</u> Business Address <u>7310 WOODWARD AVE, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2026</u> Name & Address: JIGNESH MADHANI 24603 THATCHER DR NOVI, MI 48375		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>SELF</u> Business Address <u>24603 THATCHER DR, NOVI, MI 48375</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2026</u> Name & Address: JIGNESH MADHANI 24603 THATCHER DR NOVI, MI 48375		\$ <u>1,225.00</u>	\$ <u>2,450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>SELF</u> Business Address <u>24603 THATCHER DR, NOVI, MI 48375</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2026</u> Name & Address: KMODO INSURANCE AGENCY 3248 DORAL CT ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,800.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>06/24/2026</u>	
Name & Address: FREMAN HENDRIX 19069 AQUA SHORE DR FORT MYERS, FL 33913		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/24/2026</u>	
Name & Address: CHARLI ROSE 17515 FAIRFIELD ST DETROIT, MI 48221		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/24/2026</u>	
Name & Address: MIRZA ALI BAIG 31993 W 12 MILE RD FARMINGTON HILLS, MI 48334		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>LGC</u> Business Address <u>32385 GLEN COVE, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/24/2026</u>	
Name & Address: NICHOLAS WATKINS 222 3RD ST 503 DETROIT, MI 48226		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,500.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>06/24/2026</u> Name & Address: SHIRLEY HAILEY 8900 E JEFFERSON AVE DETROIT, MI 48214		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>LITTLE SCHOLARS OF DETROIT</u> Business Address <u>19000 W GRAND RIVER AVE, DETROIT, MI 48223</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2026</u> Name & Address: LAQUITA DILLARD 27999 MIDDLETON DR NOVI, MI 48377		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LANDSCAPING</u> Employer <u>ICONIC LANDSCAPE</u> Business Address <u>27999 MIDDLETON DR, NOVI, MI 48377</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2026</u> Name & Address: CHAITANYA KADARI 38986 POLO CLUB DR FARMINGTON HILLS, MI 48335		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>LGC</u> Business Address <u>38986 POLO CLUB DR, FARMINGTON HILLS, MI 48335</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2026</u> Name & Address: WILLIAM PHILLIPS 19400 PARKSIDE ST DETROIT, MI 48221		\$ <u>225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PIE MANAGEMENT LLC</u> Business Address <u>400 MONROE ST, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,000.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>06/24/2026</u>	
Name & Address: ALAN YOUNG 7310 WOODWARD AVE DETROIT, MI 48202		\$ <u>250.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>ALAN C YOUNG & ASSOCIATES</u> Business Address <u>7310 WOODWARD AVE, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/24/2026</u>	
Name & Address: ANDREW MUMA 3248 DORAL CT ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>WHIMS INSURANCE</u> Business Address <u>322 S MAIN ST, ROCHESTER, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/24/2026</u>	
Name & Address: MAT DUNASKISS 535 CUSHING ST LAKE ORION, MI 48362		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/25/2026</u>	
Name & Address: MILAN GHANDI 26222 TELEGRAPH RD SOUTHFIELD, MI 48033		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>SELF</u> Business Address <u>26222 TELEGRAPH RD, SOUTHFIELD, MI 48033</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,775.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>06/25/2026</u> Name & Address: DENNIS ARCHER JR 151 W CONGRESS ST DETROIT, MI 48226		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>ACA</u> Business Address <u>151 W CONGRESS ST, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/25/2026</u> Name & Address: THOMAS HARDIMON 620 CLAIRPOINTE WOODS DR DETROIT, MI 48215		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/25/2026</u> Name & Address: RENITA CONEY-MAYS 915 E 7TH ST FLINT, MI 48503		\$ <u>1,100.00</u>	\$ <u>1,150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT</u> Employer <u>CITY OF FLINT</u> Business Address <u>1101 S SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/2026</u> Name & Address: HAROLETTA MARTIN 1202 RIVER VALLEY DR FLINT, MI 48532		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **3,650.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>06/29/2026</u> Name & Address: CMS ENERGY EMPLOYEES FOR BETTER GOVERNMENT - STATE ONE ENERGY PLAZA JACKSON, MI 49201		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/2026</u> Name & Address: DON BLEVINS 10 WITHERALL ST APT 3103 DETROIT, MI 48226		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BSLZ LAW</u> Business Address <u>18465 PARKSIDE ST, DETROIT, MI 48221</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/2026</u> Name & Address: SADIK ALMERISI 3302 HAWTHORNE DR FLINT, MI 48503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/2026</u> Name & Address: FREDDIE PRIME 3701 MIRACLES BLVD DETROIT, MI 48201		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,275.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>06/29/2026</u> Name & Address: DIANE MCGEE 1617 WOODLAWN PARK DR FLINT, MI 48503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2026</u> Name & Address: TIM HERMAN 1217 KENSINGTON AVE FLINT, MI 48503		\$ <u>325.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>FLINT & GENESEE GROUP</u> Business Address <u>519 SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/01/2026</u> Name & Address: WINFIELD COOPER 13161 LATOURETTE DR FENTON, MI 48430		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/01/2026</u> Name & Address: SAMUEL NEELEY 2331 BLAKELY DR GRAND BLANC, MI 48439		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **3,025.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>07/01/2026</u>	
Name & Address: VIVIAN PACKARD 56 VAUGHN RIDGE RD BLOOMFIELD HILLS, MI 48304		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/01/2026</u>	
Name & Address: LAWRENCE MOON 906 W FLINT PARK BLVD FLINT, MI 48505		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MOON FUNERAL HOME</u> Business Address <u>906 W FLINT PARK BLVD, FLINT, MI 48505</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/01/2026</u>	
Name & Address: SAM COX 3060 MILLER RD FLINT, MI 48507		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SELF</u> Business Address <u>3060 MILLER RD, FLINT, MI 48507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/01/2026</u>	
Name & Address: LOYST FLETCHER 718 BEACH ST FLINT, MI 48502		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF</u> Business Address <u>718 BEACH ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **4,900.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>07/01/2026</u>	
Name & Address: DEAN YEOTIS 611 CHURCH ST FLINT, MI 48502		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>LAW OFFICES OF DEAN YEOTIS</u> Business Address <u>611 CHURCH ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/01/2026</u>	
Name & Address: REBECCA MILLER 17041 KINGS FAIRWAY LN GRAND BLANC, MI 48439		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/01/2026</u>	
Name & Address: VIVIAN NEELEY 2331 BLAKELY DR GRAND BLANC, MI 48439		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/2026</u>	
Name & Address: RAY GIST 5301 DEEPPDALE GRAND BLANC, MI 48439		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **3,875.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>07/03/2026</u> Name & Address: JONATHAN KATTOLA 9264 WARWICK WOODS CT GRAND BLANC, MI 48439		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FLINT TOWN CANNABIS</u> Business Address <u>9264 WARWICK WOODS CT, GRAND BLANC, MI 48439</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/04/2026</u> Name & Address: VANESSA DANTES 45 SHERWOOD FOREST WAPPINGERS FALLS, NY 12590		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/05/2026</u> Name & Address: REGINALD DAVIDSON 5514 GLENN AVE FLINT, MI 48505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/07/2026</u> Name & Address: CHRIS FLORES 1502 BROOKWOOD AVE FLINT, MI 48503		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTOR</u> Employer <u>GENESEE HEALTH SYSTEM</u> Business Address <u>1040 W BRISTOL RD, FLINT, MI 48507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **715.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>07/15/2026</u>	
Name & Address: ANTONINO SAPONE 430 GARDEN LN CORAOPOLIS, PA 15108		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>BISHOP AIRPORT AUTHORITY</u> Business Address <u>3425 W BRISTOL RD, FLINT, MI 48507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2026</u>	
Name & Address: JEFF ANTCLIFF 11501 DIXIE HWY HOLLY, MI 48442		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2026</u>	
Name & Address: BRIAN NOLAN 12745 S SAGINAW ST GRAND BLANC, MI 48439		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/16/2026</u>	
Name & Address: DEREK ALBERT 62 PINE GATE DR BLOOMFIELD HILLS, MI 48304		\$ <u>225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>ALBERT ASSOCIATES</u> Business Address <u>62 PINE GATE DR, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 525.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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 <u>07/16/2026</u> Name & Address: KYLE MCCREE 7325 WESTMINSTER CIRCLE GRAND BLANC, MI 48439 5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF COMMUNITY AFFAIRS</u> Employer <u>CONSUMERS ENERGY</u> Business Address <u>3201 E COURT ST, FLINT, MI 48506</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>350.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/18/2026</u> Name & Address: ME GASKIN 4353 LAHRING RD LINDEN, MI 48451 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>UNITED WAY OF GENESEE COUNTY</u> Business Address <u>4353 LAHRING RD, LINDEN, MI 48451</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ _____	\$ _____
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ _____	\$ _____
		Click Here for Memo Itemization	

Page Subtotal **600.00**

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

67,415.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **149658**
2. Committee Name **COMMITTEE TO ELECT SHELDON A. NEELEY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KADREW PRINTING Address 1035 ANN ARBOR ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/05/2026 Date	\$ 5,000.00
Expenditure #2 Name EVAN KARR Address 11126 ALEXANDRIA LN DAVISON, MI 48423 ☐ Fund Raiser	Purpose: GOTV ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2026 Date	\$ 240.00
Expenditure #3 Name IIERTNOM LLC Address 5817 DUPONT ST FLINT, MI 48505 ☐ Fund Raiser	Purpose: GOTV ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2026 Date	\$ 1,666.00
Expenditure #4 Name ROBINSON TERENCE Address 1925 FLUSHING RD FLINT, MI 48504 ☐ Fund Raiser	Purpose: GOTV ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2026 Date	\$ 1,666.00
Expenditure #5 Name TERENCE ROBINSON Address 1925 FLUSHING RD FLINT, MI 48504 ☐ Fund Raiser	Purpose: DOOR KNOCKING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2026 Date	\$ 1,666.00

Subtotal this page **10,238.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **149658**
2. Committee Name **COMMITTEE TO ELECT SHELDON A. NEELEY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name EVAN KARR Address 11126 ALEXANDRIA LN DAVISON, MI 48423 ☐ Fund Raiser	Purpose: GOTV ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/19/2026 Date	\$ 240.00
Expenditure #2 Name GRASSROOTS CONSULTING Address 2507 MOUNTAIN AVE FLINT, MI 48503 ☐ Fund Raiser	Purpose: DOOR KNOCKING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/19/2026 Date	\$ 700.00
Expenditure #3 Name IIERTNOM LLC Address 5817 DUPONT ST FLINT, MI 48505 ☐ Fund Raiser	Purpose: DOOR KNOCKING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/19/2026 Date	\$ 1,071.00
Expenditure #4 Name USPS Address 250 E BOULEVARD DR FLINT, MI 48502 ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/2026 Date	\$ 2,601.53
Expenditure #5 Name EVAN KARR Address 11126 ALEXANDRIA LN DAVISON, MI 48423 ☐ Fund Raiser	Purpose: DOOR KNOCKING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/25/2026 Date	\$ 100.00

Subtotal this page **4,712.53**

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name EVAN KARR Address 11126 ALEXANDRIA LN DAVISON, MI 48423 ☐ Fund Raiser	Purpose: <u>DOOR KNOCKING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/2026</u> Date	\$ <u>100.00</u>
Expenditure #2 Name IILERTNOM LLC Address 5817 DUPONT ST FLINT, MI 48505 ☐ Fund Raiser	Purpose: <u>DOOR KNOCKING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/2026</u> Date	\$ <u>1,050.00</u>
Expenditure #3 Name TERENCE ROBINSON Address 1925 FLUSHING RD FLINT, MI 48504 ☐ Fund Raiser	Purpose: <u>DOOR KNOCKING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/2026</u> Date	\$ <u>1,050.00</u>
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>BANK FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2026</u> Date	\$ <u>1,017.77</u>
Expenditure #5 Name TERENCE ROBINSON Address 1925 FLUSHING RD FLINT, MI 48504 ☐ Fund Raiser	Purpose: <u>DOOR KNOCKING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2026</u> Date	\$ <u>975.00</u>

Subtotal this page

4,192.77

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name IIERTNOM LLC Address 5817 DUPONT ST FLINT, MI 48505 ☐ Fund Raiser	Purpose: DOOR KNOCKING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2026</u> Date	\$ <u>1,215.00</u>
Expenditure #2 Name EVAN KARR Address 11126 ALEXANDRIA LN DAVISON, MI 48423 ☐ Fund Raiser	Purpose: GOTV ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/2026</u> Date	\$ <u>152.00</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		

Subtotal this page	1,367.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	20,510.30

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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? ☐ Yes Owed to or by: SHELDON NEELEY 2305 BEGOLE ST FLINT, MI 48504	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/06/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: SHELDON NEELEY 2305 BEGOLE ST FLINT, MI 48504	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/20/2021</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: SHELDON NEELEY 2305 BEGOLE ST FLINT, MI 48504	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>12/01/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

15,000.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 149658
2. Committee Name COMMITTEE TO ELECT SHELDON A. NEELEY

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? ☐ Yes Owed to or by: SHELDON NEELEY 2305 BEGOLE ST FLINT, MI 48504	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/01/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 10,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ 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> ☐ FORGIVEN
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> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

10,000.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

25,000.00

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.