



FILED

25 JUL 2026 PM 03:41

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: 01/27/2026 to 07/19/2026

1. Committee I.D. Number

1172

4. Candidate Last Name First Name M.I.

ARNOLD JOEL L

2. Committee Name

FRIENDS OF JOEL ARNOLD

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

CITY COUNCIL MEMBER, 5TH WARD, FLINT

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

5. Committee's Mailing Address

**518 MASON ST
FLINT, MI 48503**

6. Treasurer's Name & Residential Address

**DYLAN LUNA
507 AVON ST
APT B
FLINT, MI 48503**

Area Code and Phone (810) 358-7886
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) 845-3703

7. Treasurer's Business Address

**507 AVON ST
APT B
FLINT, MI 48503**

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

Area Code and Phone (810) 845-3703

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

07/25/2026

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2026



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 1172

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF JOEL ARNOLD

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>33,268.91</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>33,268.91</u>	(18.) \$ <u>33,268.91</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>5.87</u>	(19.) \$ <u>5.87</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>33,274.78</u>	(20.) \$ <u>33,274.78</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>100.00</u>	(21.) \$ <u>100.00</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>14,538.63</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>173.22</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>14,711.85</u>	(23.) \$ <u>14,711.85</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>0.00</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>33,274.78</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>33,274.78</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>14,711.85</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>18,562.93</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>02/04/2026</u>	
Name & Address: JIM ANANICH 932 MAXINE ST FLINT, MI 48503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GFHC</u> Business Address <u>120 W 1ST 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>02/04/2026</u>	
Name & Address: DEREK DOHRMAN 307 MASON ST FLINT, MI 48503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS ANALYST</u> Employer <u>MCLAREN</u> Business Address <u>307 MASON ST, FLINT, MI 48503</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: GARY ARNOLD 5498 STIMSON RD DAVISON, MI 48423		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHEMIST</u> Employer <u>AXALTA</u> Business Address <u>400 N GROESBECK HWY, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/05/2026</u>	
Name & Address: LORI ARNOLD 5498 STIMSON RD DAVISON, MI 48423		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DENTAL HYGIENIST</u> Employer <u>AUSTIN & REID DENTAL CARE</u> Business Address <u>4256 S LINDEN RD, FLINT, MI 48507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **3,225.00**

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 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>02/05/2026</u>	
Name & Address: LINH SONG 1290 BARDSTOWN TRAIL ANN ARBOR, MI 48105		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/05/2026</u>	
Name & Address: LUANN THORNBURG 9376 COUNTRY CLUB LN DAVISON, MI 48423		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/06/2026</u>	
Name & Address: ADAM COCKMAN 16230 NE 14TH ST BELLEVUE, WA 98008		\$ <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>02/06/2026</u>	
Name & Address: MOSES TIMLIN 922 BLANCHARD AVE FLINT, MI 48503		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPMENT MANAGER</u> Employer <u>FLINT & GENESEE GROUP</u> Business Address <u>503 S SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,775.00**

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>02/07/2026</u>	
Name & Address: PIER MARCHESE 4193 MONARCH AVE CANTON, MI 48188		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>REVIEWWORKS</u> Business Address <u>21500 HAGGERTY RD, STE 250, NORTHVILLE, MI 48167</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/07/2026</u>	
Name & Address: CHAD SCHLOSSER 2402 NOLEN DR FLINT, MI 48504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPUS MINISTRY</u> Employer <u>INTERVARSITY USA</u> Business Address <u>2402 NOLEN DR, FLINT, MI 48504</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: MATTHEW WOLF 3514 OSPREY COVE DR RIVERVIEW, FL 33578		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>3310 W CYPRESS ST, TAMPA, FL 33607</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/11/2026</u>	
Name & Address: TYLER SWAFFORD 2020 12TH ST NW UNIT 503 WASHINGTON, DC 20009		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LINKLATERS LLP</u> Business Address <u>2020 12TH ST NW, UNIT 503, WASHINGTON, DC 20009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,400.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/12/2026</u>	
Name & Address: ANDREW HOLMES 906 E KEARSLEY ST FLINT, MI 48503		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/13/2026</u>	
Name & Address: DYLAN LUNA 507 AVON ST APT B FLINT, MI 48503		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GLOBAL ATTRACTION MANAGER</u> Employer <u>MICHIGAN ECONOMIC DEVELOPMENT CORPORATION</u> Business Address <u>519 S SAGINAW ST, STE 200, 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>02/13/2026</u>	
Name & Address: DYLAN LUNA 507 AVON ST APT B FLINT, MI 48503		\$ <u>125.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GLOBAL ATTRACTION MANAGER</u> Employer <u>MICHIGAN ECONOMIC DEVELOPMENT CORPORATION</u> Business Address <u>519 S SAGINAW ST, STE 200, 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>02/14/2026</u>	
Name & Address: CHRISTOPHER FENNER 9412 N PARKWOOD DR DAVISON, MI 48423		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>CHRIS FENNER AGENCY</u> Business Address <u>8341 OFFICE PARK DR, GRAND BLANC, MI 48439</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 600.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/16/2026</u>	
Name & Address: RYAN THORNBURG 442 MULFORD DR SE GRAND RAPIDS, MI 49507		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>PRICEWATERHOUSECOOPERS LLP</u> Business Address <u>80 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/17/2026</u>	
Name & Address: THOMAS MANNEY 2128 MILES RD LAPEER, MI 48446		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRIEST</u> Employer <u>ST. PAUL'S EPISCOPAL CHURCH</u> Business Address <u>711 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>02/18/2026</u>	
Name & Address: ERIN ARCHULETA 2780 N LAKE GEORGE RD METAMORA, MI 48455		\$ <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>02/18/2026</u>	
Name & Address: EMILY DOERR 2212 COLFAX AVE FLINT, MI 48503		\$ <u>50.00</u>	\$ <u>50.00</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 550.00

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1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>02/18/2026</u>	
Name & Address: JOEL FEICK 8109 SAWGRASS TRAIL 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/18/2026</u>	
Name & Address: QUENTIN GROCE 720 COMMONWEALTH AVE FLINT, MI 48503		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/18/2026</u>	
Name & Address: SALLY KAGERER 1101 PIERSON RD 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>02/18/2026</u>	
Name & Address: SHERYL KENNEDY 2859 ISLAND LAKE DR NATIONAL CITY, MI 48748		\$ <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 325.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/18/2026</u>	
Name & Address: KELSEY KERR 2405 HILLS ST FLINT, MI 48503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HVAC</u> Employer <u>ROLLS MECHANICAL</u> Business Address <u>2405 HILLS ST, 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>02/18/2026</u>	
Name & Address: ANDREW LEAVITT 6060 ANDOVER 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>KHOURY JOHNSON LEAVITT</u> Business Address <u>6060 ANDOVER 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>02/18/2026</u>	
Name & Address: REBECCA LOOK 217 7TH AVE FLINT, MI 48503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CASE WORKER</u> Employer <u>GENESEE COUNTY FRIEND OF THE COURTS</u> Business Address <u>630 S SAGINAW ST, STE 2500, 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>02/18/2026</u>	
Name & Address: DAVY PASHLEY 1221 N 2ND ST PHILADELPHIA, PA 19122		\$ <u>27.00</u>	\$ <u>27.00</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 727.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/18/2026</u>	
Name & Address: DUSTIN TOTTEN 1111 CHURCH ST FLINT, MI 48502		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/18/2026</u>	
Name & Address: NOLA VANDYK 442 MULFORD DR SE BELMONT, MI 49306		\$ <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>02/18/2026</u>	
Name & Address: THOMAS VISCO 2820 LEELANAU DR NE GRAND RAPIDS, MI 49525		\$ <u>50.00</u>	\$ <u>50.00</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>02/18/2026</u>	
Name & Address: BRUCE WINTERS 3106 W LELAND AVE APT 2 CHICAGO, IL 60625		\$ <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 275.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>02/19/2026</u>	
Name & Address: MICHAEL ALLARD 2041 OLD HICKORY BLVD DAVISON, MI 48423		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/19/2026</u>	
Name & Address: JIM ANANICH 932 MAXINE ST FLINT, MI 48503		\$ <u>213.00</u>	\$ <u>713.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GFHC</u> Business Address <u>120 W 1ST 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>02/19/2026</u>	
Name & Address: YUTAKA IWASAKI 3131 HOMESTEAD RD APT 9F SANTA CLARA, CA 95051		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SR SIGNAL INTEGRITY ENGINEER</u> Employer <u>HIROSE ELECTRIC</u> Business Address <u>52 SKYTOP ST, UNIT 325, SAN JOSE, CA 95134</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/19/2026</u>	
Name & Address: PAM KELLY 571 BRIDGE ST FRANKFORT, MI 49635		\$ <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 **663.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/19/2026</u> Name & Address: DAVID KENNEDY 4345 PEBBLE CREEK BLVD GRAND BLANC, MI 48439		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC AFFAIRS OFFICER</u> Employer <u>US ARMY</u> Business Address <u>4345 PEBBLE CREEK BLVD, 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>02/19/2026</u> Name & Address: ANTHONY PANNECK 1923 BAYBERRY LN FLINT, MI 48507		\$ <u>10.00</u>	\$ <u>10.00</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>02/19/2026</u> Name & Address: MARY PRATT 2226 NEWCASTLE GAP DR GOLD RIVER, CA 95670		\$ <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>02/19/2026</u> Name & Address: SUZANNE STORRER 1989 ISLAND VIEW RD TRAVERSE CITY, MI 49686		\$ <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 **410.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/19/2026</u>	
Name & Address: LYNN SWITALSKI 2314 MAJOR LN DAVISON, MI 48423		\$ <u>50.00</u>	\$ <u>50.00</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>02/20/2026</u>	
Name & Address: TALISHA GILBERT 3630 RUE FORET DR FLINT, MI 48532		\$ <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>02/20/2026</u>	
Name & Address: HENRY HONOROF 2859 ISLAND LAKE DR PORTLAND, OR 97212		\$ <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>02/20/2026</u>	
Name & Address: DAVID REID 2255 ATLAS RD DAVISON, MI 48423		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 475.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/20/2026</u>	
Name & Address: TRINA VARGO 1220 N FILLMORE ST APT 809 ARLINGTON, VA 22201		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NON-PROFIT EXECUTIVE</u> Employer <u>US-IRELAND ALLIANCE</u> Business Address <u>1220 N FILLMORE ST, APT 809, ARLINGTON, VA 22201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/21/2026</u>	
Name & Address: CHARLES ANDERSON 407 GUETHLER'S WAY WASHINGTON, DC 20003		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EVP</u> Employer <u>ARNOLD VENTURES</u> Business Address <u>407 GUETHLER'S WAY, WASHINGTON, DC 20003</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/21/2026</u>	
Name & Address: NOLAN GRAY 1010 11TH ST APT 501 SACRAMENTO, CA 95814		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR DIRECTOR</u> Employer <u>CALIFORNIA YIMBY</u> Business Address <u>1121 11TH ST, SACRAMENTO, CA 95814</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/21/2026</u>	
Name & Address: PAULINE SOUTHWORTH 10538 E MAPLE AVE DAVISON, MI 48423		\$ <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 1,450.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/21/2026</u>	
Name & Address: KIRK WESTPHAL 3505 CHARTER PL ANN ARBOR, MI 48105		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/23/2026</u>	
Name & Address: DREW MARSH 6292 E ATHERTON RD BURTON, MI 48519		\$ <u>50.00</u>	\$ <u>50.00</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>02/23/2026</u>	
Name & Address: COLIN MCCUNE 299 GREENE ST NEW HAVEN, CT 06511		\$ <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>02/24/2026</u>	
Name & Address: EMILY GLOSCH 3234 KENMORE RD BERKLEY, MI 48072		\$ <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 350.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>02/24/2026</u>	
Name & Address: JOHN KREUCHER 9396 COUNTRY CLUB LN DAVISON, MI 48423		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEERING</u> Employer <u>RELIABILITY ALLIANCE LLC</u> Business Address <u>9396 COUNTRY CLUB LN, DAVISON, MI 48423</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/25/2026</u>	
Name & Address: THERESA MCDARMONT 3935 COPPER LEAF LN CUMMING, GA 30040		\$ <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>02/26/2026</u>	
Name & Address: ADAM GOODMAN 400 VIRGINIA AVE ANN ARBOR, MI 48103		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/26/2026</u>	
Name & Address: MEREDITH KAHN 817 POMONA RD ANN ARBOR, MI 48103		\$ <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 1,450.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/26/2026</u> Name & Address: ERME MAULA 2118 S 4TH ST PHILADELPHIA, PA 19148		\$ <u>50.00</u>	\$ <u>50.00</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>02/26/2026</u> Name & Address: ANNETTE O'MALLEY-DUSO 713 THOMSON ST FLINT, MI 48503		\$ <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>02/27/2026</u> Name & Address: JARED ARNOLD 9001 CHAMPIONSHIP DR DAVISON, MI 48423		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OPERATIONS MANAGER</u> Employer <u>STRYKER</u> Business Address <u>1941 STRYKER WAY, PORTAGE, MI 49002</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/27/2026</u> Name & Address: JORDAN ARNOLD 435 W HAYES AVE HAZEL PARK, MI 48030		\$ <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			

Page Subtotal 725.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/27/2026</u>	
Name & Address: LARRY DALY 2248 N HENDERSON RD DAVISON, MI 48423		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/27/2026</u>	
Name & Address: KIRSTIE SIELOFF 707 PRUDDEN ST UNIT 137 LANSING, MI 48906		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOBBYIST</u> Employer <u>KHOURY JOHNSON LEAVITT</u> Business Address <u>124 W ALLEGAN ST, STE 1700, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/27/2026</u>	
Name & Address: BRANDON THORNBURG 2119 WINDMILL DR RICHMOND, TX 77406		\$ <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>02/27/2026</u>	
Name & Address: GLENN WILSON 3330 HAWTHORNE DR FLINT, MI 48503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>COMMUNITIES FIRST, INC.</u> Business Address <u>1112 W BRISTOL RD, FLINT, MI 48507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 950.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/01/2026</u>	
Name & Address: NATHANIEL ZORACH 372 W GRAND BLVD DETROIT, MI 48216		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/01/2026</u>	
Name & Address: JONATHAN WYLIE 1538 CENTRE ST APT 800 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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/03/2026</u>	
Name & Address: COLEEN B MAXWELL 2462 SOLARWOOD DR DAVISON, MI 48423		\$ <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>03/04/2026</u>	
Name & Address: LINDA POHLY 345 BUCKINGHAM AVE FLINT, MI 48507		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 550.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/05/2026</u> Name & Address: JOHN CHERRY 4116 ORME CIR CLIO, MI 48420		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/05/2026</u> Name & Address: TAMMIE NIX 11087 E BRISTOL RD DAVISON, MI 48423		\$ <u>50.00</u>	\$ <u>50.00</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>03/06/2026</u> Name & Address: CADE SURFACE 410 MASON ST FLINT, MI 48503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>THE CRIM FITNESS FOUNDATION</u> Business Address <u>719 HARRISON ST, STE 102, 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>03/09/2026</u> Name & Address: MARGARET HART 915 E COURT ST APT 302 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 <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **650.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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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>03/12/2026</u> Name & Address: MAUREEN HORTON 2562 PALMER DR DAVISON, MI 48423		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/13/2026</u> Name & Address: THOMAS HUTCHISON 1851 BROOKSIDE DR FLINT, MI 48503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>GENESEE COUNTY HABITAT FOR HUMANITY</u> Business Address <u>101 BURTON ST, FLINT, MI 48503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/14/2026</u> Name & Address: KENNETH CARRIER 2160 MONTAGUE RD DAVISON, MI 48423		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/15/2026</u> Name & Address: SOMALY OSTEEN 72 NORWOOD HOUSE RD DOWNINGTOWN, PA 19335		\$ <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			

Page Subtotal **525.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>03/15/2026</u> Name & Address: ANTHONY PANNECK 1923 BAYBERRY LN FLINT, MI 48507		\$ <u>10.00</u>	\$ <u>20.00</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>03/17/2026</u> Name & Address: LINDA POHLY 345 BUCKINGHAM AVE FLINT, MI 48507		\$ <u>50.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/17/2026</u> Name & Address: KRISTIN STEVENSON 3418 HOLLY AVE FLINT, MI 48506		\$ <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>03/19/2026</u> Name & Address: GENE BURNS 5886 HIGHGATE AVE EAST LANSING, MI 48823		\$ <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 260.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>03/19/2026</u>	
Name & Address: CHARLES GURDEN 540 S SAGINAW ST APT 405 FLINT, MI 48502		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/23/2026</u>	
Name & Address: ANDREW MCCUNE 5187 WIMBLEDON CIR ANN ARBOR, MI 48108		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTING ENGINEER</u> Employer <u>WADE TRIM</u> Business Address <u>555 S SAGINAW ST, #201, 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>03/28/2026</u>	
Name & Address: LORI ARNOLD 5498 STIMSON RD DAVISON, MI 48423		\$ <u>200.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DENTAL HYGIENIST</u> Employer <u>AUSTIN & REID DENTAL CARE</u> Business Address <u>4256 S LINDEN 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>03/29/2026</u>	
Name & Address: EMILY GLOSCH 3234 KENMORE RD BERKLEY, MI 48072		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>BERKLEY SCHOOL DISTRICT</u> Business Address <u>3234 KENMORE RD, BERKLEY, MI 48072</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 900.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>03/29/2026</u>	
Name & Address: JOHN HEMRIC 1450 S OAK RD DAVISON, MI 48423		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/29/2026</u>	
Name & Address: DANIEL KURIN 413 DUTCH MILL DR FLUSHING, MI 48433		\$ <u>50.00</u>	\$ <u>50.00</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>03/29/2026</u>	
Name & Address: JUSTIN RUFF 5318 WILD DAISY CT CLARKSTON VLG, MI 48346		\$ <u>77.77</u>	\$ <u>77.77</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>03/29/2026</u>	
Name & Address: DALE WEIGHILL 1127 RANFIELD LN FLINT, MI 48532		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSOCIATE VICE PRESIDENT</u> Employer <u>MOTT COMMUNITY COLLEGE</u> Business Address <u>1401 E COURT ST, FLINT, MI 48503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 477.77

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>03/30/2026</u>	
Name & Address: RAYNA HAUTER 733 JEFFERSON ST MT MORRIS, MI 48458		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/30/2026</u>	
Name & Address: DAN LENSKI 820 KNOLL RD EAST LANSING, MI 48823		\$ <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>03/30/2026</u>	
Name & Address: KAREN VANCE 926 MAXINE ST FLINT, MI 48503		\$ <u>50.00</u>	\$ <u>50.00</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>03/31/2026</u>	
Name & Address: LARRY ANDERSON 1209 MAXINE ST FLINT, MI 48503		\$ <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 200.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>03/31/2026</u> Name & Address: MARGARET BORN 70 GRAFTON ST LISBON, NH 03585		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/31/2026</u> Name & Address: TERESA BULLOCK 224 E COURT ST APT 502 FLINT, MI 48502		\$ <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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/31/2026</u> Name & Address: KEVIN COOK 5359 TERRITORIAL RD GRAND BLANC, MI 48439		\$ <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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/31/2026</u> Name & Address: SAMANTHA FARAH 224 E COURT ST APT 308 FLINT, MI 48502		\$ <u>40.00</u>	\$ <u>40.00</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 **190.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>03/31/2026</u>	
Name & Address: LAUREN GOSLEE 316 SUNNYSIDE DR FLUSHING, MI 48433		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2026</u>	
Name & Address: TERAE KING JR 2714 CLEMENT ST FLINT, MI 48504		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIELD OPERATIONS CONSULTANT</u> Employer <u>MCDONALDS</u> Business Address <u>110 N CARPENTER ST, CHICAGO, IL 60607</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2026</u>	
Name & Address: BRYCE MATA 23817 EASTERLING AVE HAZEL PARK, MI 48030		\$ <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>03/31/2026</u>	
Name & Address: DANIEL MATA 4165 CROSBY RD FLINT, MI 48506		\$ <u>50.00</u>	\$ <u>50.00</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 425.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>03/31/2026</u>	
Name & Address: MICHAEL RANDLE 8100 NANTUCKET DR MT MORRIS, MI 48458		\$ <u>50.00</u>	\$ <u>50.00</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>03/31/2026</u>	
Name & Address: KAREN REID 5410 BRISTOL PARKE DR CLARKSTON VLG, MI 48348		\$ <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>03/31/2026</u>	
Name & Address: NADIA RODRIGUEZ 1610 E COURT ST FLINT, MI 48503		\$ <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>03/31/2026</u>	
Name & Address: LORI ROSS 1424 HUNTERS RUN DR GRAND BLANC, MI 48439		\$ <u>50.00</u>	\$ <u>50.00</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 300.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>03/31/2026</u> Name & Address: THOMAS SAXTON 418 DOUGHERTY PL FLINT, MI 48504		\$ <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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/31/2026</u> Name & Address: PAUL SCOTT 9082 S SAGINAW RD 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/31/2026</u> Name & Address: SLOAN SEVEN 1100 SUSSEX LN FLINT, MI 48532		\$ <u>20.00</u>	\$ <u>20.00</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>03/31/2026</u> Name & Address: JILL SMOOT 3128 SHERWOOD DR FLINT, MI 48503		\$ <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 170.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>03/31/2026</u>	
Name & Address: CADE SURFACE 410 MASON ST FLINT, MI 48503		\$ <u>20.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>THE CRIM FITNESS FOUNDATION</u> Business Address <u>719 HARRISON ST, STE 102, 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>03/31/2026</u>	
Name & Address: TOM THORNBURG 9376 COUNTRY CLUB LN 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>STELLANTIS</u> Business Address <u>800 CHRYSLER DR, AUBURN HILLS, MI 48326</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2026</u>	
Name & Address: MOSES TIMLIN 922 BLANCHARD AVE FLINT, MI 48503		\$ <u>25.00</u>	\$ <u>225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPMENT MANAGER</u> Employer <u>FLINT & GENESEE GROUP</u> Business Address <u>503 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>03/31/2026</u>	
Name & Address: JOHN TOSTO 503 S SAGINAW ST UNIT 1410 FLINT, MI 48502		\$ <u>50.00</u>	\$ <u>50.00</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 **345.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>03/31/2026</u>	
Name & Address: DUSTIN TOTTEN 1111 CHURCH ST FLINT, MI 48502		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2026</u>	
Name & Address: ANDY WATCHORN 918 E KEARSLEY ST FLINT, MI 48503		\$ <u>50.00</u>	\$ <u>50.00</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>04/03/2026</u>	
Name & Address: JOHN KREUCHER 9396 COUNTRY CLUB LN DAVISON, MI 48423		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEERING</u> Employer <u>RELIABILITY ALLIANCE LLC</u> Business Address <u>9396 COUNTRY CLUB LN, DAVISON, MI 48423</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/04/2026</u>	
Name & Address: LORI OBRIEN 2196 WINDING WAY DR DAVISON, MI 48423		\$ <u>50.00</u>	\$ <u>50.00</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 **300.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>04/07/2026</u>	
Name & Address: MICHAEL WRIGHT 1968 W SPINNINGWHEEL LN BLOOMFIELD HILLS, MI 48304		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>CFI</u> Business Address <u>1112 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>04/08/2026</u>	
Name & Address: JAMES SCHUSTER 2122 MOUNTAIN AVE FLINT, MI 48503		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>DAVISON SCHOOLS</u> Business Address <u>2122 MOUNTAIN AVE, FLINT, MI 48503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/09/2026</u>	
Name & Address: CASEY LESTER 1950 COLCHESTER RD FLINT, MI 48503		\$ <u>50.00</u>	\$ <u>50.00</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>04/16/2026</u>	
Name & Address: WILLIAM GAINNEY 629 STOCKTON ST FLINT, MI 48503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>ON/GYN BOARD PREP</u> Business Address <u>503 S SAGINAW ST, STE 510, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 900.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/19/2026</u>	
Name & Address: JIM ANANICH 932 MAXINE ST FLINT, MI 48503		\$ <u>166.00</u>	\$ <u>879.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GFHC</u> Business Address <u>120 W 1ST 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>04/19/2026</u>	
Name & Address: ANTHONY PANNECK 1923 BAYBERRY LN FLINT, MI 48507		\$ <u>10.00</u>	\$ <u>30.00</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>04/19/2026</u>	
Name & Address: DEAN YEOTIS 2031 OXFORD LN FLINT, MI 48503		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICES OF DEAN T. YEOTIS</u> Business Address <u>611 W COURT ST, FLINT, MI 48503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2026</u>	
Name & Address: ZACHARY MARTIN 16482 W HORSESHOE TRAIL LINDEN, MI 48451		\$ <u>10.00</u>	\$ <u>10.00</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 **436.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>04/23/2026</u>	
Name & Address: GENESEE FUTURE FUND PAC 5073 CANDLEWOOD DR 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: JIM ANANICH 932 MAXINE ST FLINT, MI 48503		\$ <u>120.14</u>	\$ <u>999.14</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GFHC</u> Business Address <u>120 W 1ST 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>04/30/2026</u>	
Name & Address: PEGGY BRISBANE NOBLIT 320 W 2ND AVE FLINT, MI 48503		\$ <u>30.00</u>	\$ <u>30.00</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>05/17/2026</u>	
Name & Address: CHRIS FLORES 1502 BROOKWOOD AVE FLINT, MI 48503		\$ <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 350.14

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2026</u>	
Name & Address: THOMAS MANNEY 2128 MILES RD LAPEER, MI 48446		\$ <u>50.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRIEST</u> Employer <u>ST. PAUL'S EPISCOPAL CHURCH</u> Business Address <u>711 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>05/21/2026</u>	
Name & Address: DAVID REID 2255 ATLAS RD DAVISON, MI 48423		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/27/2026</u>	
Name & Address: JAMES RICHARDSON 915 E COURT ST APT 402 FLINT, MI 48503		\$ <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>06/02/2026</u>	
Name & Address: KAREN WILKINSON 1214 BLANCHARD AVE 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 <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
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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>06/06/2026</u> Name & Address: ANTHONY PANNECK 1923 BAYBERRY LN FLINT, MI 48507		\$ <u>50.00</u>	\$ <u>80.00</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>06/07/2026</u> Name & Address: TORIANO VANCOBB 1220 BOSTON AVE FLINT, MI 48503		\$ <u>10.00</u>	\$ <u>10.00</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>06/10/2026</u> Name & Address: CADE SURFACE 410 MASON ST FLINT, MI 48503		\$ <u>100.00</u>	\$ <u>220.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>THE CRIM FITNESS FOUNDATION</u> Business Address <u>719 HARRISON ST, STE 102, 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>06/15/2026</u> Name & Address: MOVING GENESEE COUNTY FORWARD PAC 3280 ELMS RD STE G FLUSHING, MI 48433		\$ <u>250.00</u>	\$ <u>250.00</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 **410.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>06/17/2026</u> Name & Address: MOSES TIMLIN 922 BLANCHARD AVE FLINT, MI 48503		\$ <u>50.00</u>	\$ <u>275.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPMENT MANAGER</u> Employer <u>FLINT & GENESEE GROUP</u> Business Address <u>503 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>06/22/2026</u> Name & Address: ANDREW MCCUNE 5187 WIMBLEDON CIR ANN ARBOR, MI 48108		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTING ENGINEER</u> Employer <u>WADE TRIM</u> Business Address <u>555 S SAGINAW ST, #201, 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>06/22/2026</u> Name & Address: RAWLEY VAN FOSSEN 1018 N JENISON AVE LANSING, MI 48915		\$ <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>06/22/2026</u> Name & Address: TORIANO VANCORB 1220 BOSTON AVE FLINT, MI 48503		\$ <u>25.00</u>	\$ <u>35.00</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 425.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
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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>06/22/2026</u> Name & Address: TRINA VARGO 1220 N FILLMORE ST APT 809 ARLINGTON, VA 22201 5. If over \$100.00 cumulative, please provide: Occupation <u>NON-PROFIT EXECUTIVE</u> Employer <u>US-IRELAND ALLIANCE</u> Business Address <u>1220 N FILLMORE ST, APT 809, ARLINGTON, VA 22201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>200.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2026</u> Name & Address: KATHLEEN GAZALL 4260 ALEX MARIN DR SWARTZ CREEK, MI 48473 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2026</u> Name & Address: KRISTIANE JAMES 1704 W SHIAWASSEE ST LANSING, MI 48915 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/25/2026</u> Name & Address: PIER MARCHESE 4193 MONARCH AVE CANTON, MI 48188 5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>REVIEWWORKS</u> Business Address <u>21500 HAGGERTY RD, STE 250, NORTHVILLE, MI 48167</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	\$ <u>750.00</u>

Page Subtotal 475.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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3. Contribution # 1 PAC Receipt? ☒ YES 4. Date of Receipt <u>06/29/2026</u> Name & Address: MICHIGAN LABORERS' POLITICAL LEAGUE 1118 CENTENNIAL WAY STE 100 LANSING, MI 48917 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/2026</u> Name & Address: DANIELLE SLAGG 4260 W ROUNDHOUSE RD APT 3 SWARTZ CREEK, MI 48473 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/2026</u> Name & Address: KELLEY SLAGG 1100 SUSSEX LN FLINT, MI 48532 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2026</u> Name & Address: TIM GRANT 1816 E 2ND ST FLINT, MI 48503 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **1,140.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2026</u> Name & Address: THOMAS HUTCHISON 1851 BROOKSIDE DR FLINT, MI 48503		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>GENESEE COUNTY HABITAT FOR HUMANITY</u> Business Address <u>101 BURTON ST, 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>06/30/2026</u> Name & Address: LAINEY JANISKI 530 CRAPO ST APT 1 FLINT, MI 48503		\$ <u>50.00</u>	\$ <u>50.00</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>06/30/2026</u> Name & Address: KELSEY KERR 2405 HILLS ST FLINT, MI 48503		\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HVAC</u> Employer <u>ROLLS MECHANICAL</u> Business Address <u>2405 HILLS ST, FLINT, MI 48503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2026</u> Name & Address: LATRISHA MATSON 714 THOMSON ST FLINT, MI 48503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/01/2026</u>	
Name & Address: JOHN CHERRY 4116 ORME CIR CLIO, MI 48420		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> 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: ADAM COCKMAN 16230 NE 14TH ST BELLEVUE, WA 98008		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>USER RESEARCH</u> Employer <u>TEKSYSTEMS</u> Business Address <u>1101 DEXTER AVE N, SEATTLE, WA 98109</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: TALISHA GILBERT 3630 RUE FORET DR FLINT, MI 48532		\$ <u>25.00</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>07/01/2026</u>	
Name & Address: DAVID KENNEDY 4345 PEBBLE CREEK BLVD GRAND BLANC, MI 48439		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC AFFAIRS OFFICER</u> Employer <u>US ARMY</u> Business Address <u>4345 PEBBLE CREEK BLVD, GRAND BLANC, MI 48439</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 325.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/01/2026</u> Name & Address: JOHN KREUCHER 9396 COUNTRY CLUB LN DAVISON, MI 48423		\$ <u>50.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEERING</u> Employer <u>RELIABILITY ALLIANCE LLC</u> Business Address <u>9396 COUNTRY CLUB LN, DAVISON, MI 48423</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: VERONICA PIEDRA GONGORA 419 W 2ND AVE FLINT, MI 48503		\$ <u>20.00</u>	\$ <u>20.00</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>07/01/2026</u> Name & Address: DAVID REID 2255 ATLAS RD DAVISON, MI 48423		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> 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: CHAD SCHLOSSER 2402 NOLEN DR FLINT, MI 48504		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPUS MINISTRY</u> Employer <u>INTERVARSITY USA</u> Business Address <u>2402 NOLEN DR, FLINT, MI 48504</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 370.00

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 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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: LUANN THORNBURG 9376 COUNTRY CLUB LN DAVISON, MI 48423		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> 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: RAUL VARGAS 410 MASON ST FLINT, MI 48503		\$ <u>20.00</u>	\$ <u>20.00</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>07/02/2026</u>	
Name & Address: REBECCA LOOK 217 7TH AVE FLINT, MI 48503		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CASE WORKER</u> Employer <u>GENESEE COUNTY FRIEND OF THE COURTS</u> Business Address <u>630 S SAGINAW ST, STE 2500, 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>07/02/2026</u>	
Name & Address: AMY SAVAGE 6100 THOMAS ST DAVISON, MI 48423		\$ <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 470.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>07/02/2026</u>	
Name & Address: MICHAEL WRIGHT 1968 W SPINNINGWHEEL LN BLOOMFIELD HILLS, MI 48304		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>CFI</u> Business Address <u>1112 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>07/03/2026</u>	
Name & Address: KAREN VANCE 926 MAXINE ST FLINT, MI 48503		\$ <u>50.00</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>07/05/2026</u>	
Name & Address: NANCY FENNER 2225 N IRISH RD DAVISON, MI 48423		\$ <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>07/06/2026</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC 11687 AMERICAN ST STE 200 DETROIT, MI 48204		\$ <u>5,000.00</u>	\$ <u>5,000.00</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 5,250.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>07/09/2026</u>	
Name & Address: DEREK DOHRMAN 307 MASON ST FLINT, MI 48503		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS ANALYST</u> Employer <u>MCLAREN</u> Business Address <u>307 MASON ST, 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>07/09/2026</u>	
Name & Address: CHARLES GURDEN 540 S SAGINAW ST APT 405 FLINT, MI 48502		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/2026</u>	
Name & Address: CELESTE LORD 922 BLANCHARD AVE FLINT, MI 48503		\$ <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>07/17/2026</u>	
Name & Address: TERRY GEBHARDT 134 1/2 W 2ND ST FLINT, MI 48502		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 900.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

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>07/18/2026</u>	
Name & Address: JOYCE MCNEAL 4021 GREENBROOK LN FLINT, MI 48507		\$ <u>50.00</u>	\$ <u>50.00</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 _____	
Name & Address _____		\$ _____	\$ _____
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 _____	
Name & Address _____		\$ _____	\$ _____
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 _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

50.00

Grand Total of All Schedules 1A
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33,268.91

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line 3a of Summary
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**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number **1172**

2. Committee Name **FRIENDS OF JOEL ARNOLD**

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: ELGA CREDIT UNION 6065 GRAND POINTE BLVD GRAND BLANC, MI 48439	Date of Receipt 03/31/2026	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 1.44
Receipt #2 Name & Address: ELGA CREDIT UNION 6065 GRAND POINTE BLVD GRAND BLANC, MI 48439	Date of Receipt 06/30/2026	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 4.43
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Page Subtotal			5.87
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			5.87

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line 4 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **1172**

CANDIDATE COMMITTEE

2. Committee Name **FRIENDS OF JOEL ARNOLD**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: MIKE HERRIMAN 1608 CROMWELL AVE FLINT, MI 48503 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description GAS CARD 5. Date Of Receipt: 06/06/2026 6. Vendor Name & Address: MARATHON GAS 2320 DAVISON RD, FLINT, MI 48506	\$ 100.00	\$ 100.00
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	
☐ Fund Raiser Contribution			

[Click Here for Memo Itemization](#)

[Click Here for Memo Itemization](#)

Page Subtotal

100.00

100.00

Grand Total of all Schedules 1-IK
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100.00

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **1172**
2. Committee Name **FRIENDS OF JOEL ARNOLD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ELGA CREDIT UNION Address 6065 GRAND POINTE BLVD GRAND BLANC, MI 48439 ☐ Fund Raiser	Purpose: CHECKS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/13/2026 Date	\$ 54.59
Expenditure #2 Name OFFICE DEPOT Address 3445 LENNON RD FLINT, MI 48507 ☐ Fund Raiser	Purpose: OFFICE SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/21/2026 Date	\$ 100.65
Expenditure #3 Name MICHIGAN DEMOCRATIC PARTY Address 606 TOWNSEND ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/03/2026 Date	\$ 75.00
Expenditure #4 Name AMAZON Address 440 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: OFFICE SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/11/2026 Date	\$ 21.18
Expenditure #5 Name USPS Address 1601 W ATHERTON RD FLINT, MI 48507 ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/11/2026 Date	\$ 234.00

Subtotal this page

485.42

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **1172**
2. Committee Name **FRIENDS OF JOEL ARNOLD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CHURCHILL'S FOOD AND SPIRITS Address 340 S SAGINAW ST FLINT, MI 48502 ☐ Fund Raiser	Purpose: CAMPAIGN MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/22/2026 Date	\$ 95.30
Expenditure #2 Name AMAZON Address 440 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: OFFICE SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2026 Date	\$ 31.77
Expenditure #3 Name GOOGLE Address 600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2026 Date	\$ 15.62
Expenditure #4 Name HAYLEY MURRAY Address 845 MEADOW RIDGE CIR #201 AUBURN HILLS, MI 48326 ☐ Fund Raiser	Purpose: PHOTOGRAPHY SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2026 Date	\$ 600.00
Expenditure #5 Name KADREW PRINT AND MAILING LLC Address 1035 ANN ARBOR ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: PRINTING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2026 Date	\$ 295.63

Subtotal this page

1,038.32

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **1172**
2. Committee Name **FRIENDS OF JOEL ARNOLD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SPECTACULAR SPUDZ Address 131 W 2ND ST FLINT, MI 48502 ☒ Fund Raiser	Purpose: FOOD FOR EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2026 Date	\$ 180.24
Expenditure #2 Name BLACKSTONE'S SMOKEHOUSE Address 531 S SAGINAW ST FLINT, MI 48502 ☐ Fund Raiser	Purpose: CAMPAIGN MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/13/2026 Date	\$ 138.62
Expenditure #3 Name MOTT PARK YOUTH GAME NIGHT Address 2401 NOLEN DR FLINT, MI 48504 ☐ Fund Raiser	Purpose: SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/13/2026 Date	\$ 150.00
Expenditure #4 Name KADREW PRINT AND MAILING LLC Address 1035 ANN ARBOR ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: PRINTING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/19/2026 Date	\$ 158.18
Expenditure #5 Name MEDIASKAPES Address G4047 S DORT HWY BURTON, MI 48529 ☐ Fund Raiser	Purpose: CAMPAIGN TSHIRTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2026 Date	\$ 222.13

Subtotal this page **849.17**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GOOGLE Address 600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2026</u> Date	\$ <u>15.59</u>
Expenditure #2 Name HAYLEY MURRAY Address 845 MEADOW RIDGE CIR #201 AUBURN HILLS, MI 48326 ☐ Fund Raiser	Purpose: GRAPHIC DESIGN SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2026</u> Date	\$ <u>200.00</u>
Expenditure #3 Name MEDIASKAPES Address G4047 S DORT HWY BURTON, MI 48529 ☐ Fund Raiser	Purpose: CAMPAIGN TSHIRTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/12/2026</u> Date	\$ <u>221.17</u>
Expenditure #4 Name KADREW PRINT AND MAILING LLC Address 1035 ANN ARBOR ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: PRINTING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/14/2026</u> Date	\$ <u>986.01</u>
Expenditure #5 Name DOLLAR GENERAL Address 1835 E COURT ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: EASTER CANDY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/15/2026</u> Date	\$ <u>93.00</u>

Subtotal this page **1,515.77**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **1172**
2. Committee Name **FRIENDS OF JOEL ARNOLD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KADREW PRINT AND MAILING LLC Address 1035 ANN ARBOR ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: PRINTING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2026 Date	\$ 723.88
Expenditure #2 Name GOOGLE Address 600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/02/2026 Date	\$ 15.51
Expenditure #3 Name KADREW PRINT AND MAILING LLC Address 1035 ANN ARBOR ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: PRINTING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/02/2026 Date	\$ 723.88
Expenditure #4 Name THE COLLECTIVE BALLOONS Address 402 W WATER ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: EVENT BALLOONS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/02/2026 Date	\$ 79.50
Expenditure #5 Name KADREW PRINT AND MAILING LLC Address 1035 ANN ARBOR ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: PRINTING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/05/2026 Date	\$ 168.92

Subtotal this page

1,711.69

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **1172**
2. Committee Name **FRIENDS OF JOEL ARNOLD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KADREW PRINT AND MAILING LLC Address 1035 ANN ARBOR ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: PRINTING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2026 Date	\$ 168.92
Expenditure #2 Name EVAN KARR Address 11126 ALEXANDRIA LN DAVISON, MI 48423 ☐ Fund Raiser	Purpose: CANVASSING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/19/2026 Date	\$ 200.00
Expenditure #3 Name GRASSROOTS CONSULTING LLC Address 2507 MOUNTAIN AVE FLINT, MI 48503 ☐ Fund Raiser	Purpose: CANVASSING COORDINATION SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/19/2026 Date	\$ 450.00
Expenditure #4 Name KADREW PRINT AND MAILING LLC Address 1035 ANN ARBOR ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: PRINTING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2026 Date	\$ 168.92
Expenditure #5 Name AMIRIS SWIFT Address 1541 ROOT ST APT 4 FLINT, MI 48503 ☐ Fund Raiser	Purpose: CANVASSING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/23/2026 Date	\$ 300.00

Subtotal this page **1,287.84**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name TIARA DARISAW Address 581 BEACH ST MT MORRIS, MI 48458 ☐ Fund Raiser	Purpose: <u>CANVASSING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/2026</u> Date	\$ <u>300.00</u>
Expenditure #2 Name THE FLINT COURIER NEWS Address PO BOX 1268 FLINT, MI 48501 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2026</u> Date	\$ <u>243.91</u>
Expenditure #3 Name EAST VILLAGE MAGAZINE Address 720 E 2ND ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/2026</u> Date	\$ <u>255.00</u>
Expenditure #4 Name FACEBOOK Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/2026</u> Date	\$ <u>42.00</u>
Expenditure #5 Name DANNY MOILANEN Address 407 W 5TH ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: <u>VIDEO EDITING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2026</u> Date	\$ <u>150.00</u>

Subtotal this page	990.91
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **1172**
2. Committee Name **FRIENDS OF JOEL ARNOLD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GRASSROOTS CONSULTING LLC Address 2507 MOUNTAIN AVE FLINT, MI 48503 ☐ Fund Raiser	Purpose: <u>CANVASSING COORDINATION SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2026</u> Date	\$ <u>300.00</u>
Expenditure #2 Name KADREW PRINT AND MAILING LLC Address 1035 ANN ARBOR ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: <u>PRINTING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2026</u> Date	\$ <u>648.56</u>
Expenditure #3 Name EVAN KARR Address 11126 ALEXANDRIA LN DAVISON, MI 48423 ☐ Fund Raiser	Purpose: <u>CANVASSING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/2026</u> Date	\$ <u>70.00</u>
Expenditure #4 Name WHITE HORSE TAVERN Address 621 W COURT ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: <u>FOOD FOR MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/2026</u> Date	\$ <u>62.32</u>
Expenditure #5 Name AMIRIS SWIFT Address 1541 ROOT ST APT 4 FLINT, MI 48503 ☐ Fund Raiser	Purpose: <u>CANVASSING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2026</u> Date	\$ <u>170.00</u>

Subtotal this page **1,250.88**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **1172**
2. Committee Name **FRIENDS OF JOEL ARNOLD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2026 Date	\$ 32.00
Expenditure #2 Name TIARA DARISAW Address 581 BEACH ST MT MORRIS, MI 48458 ☐ Fund Raiser	Purpose: CANVASSING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2026 Date	\$ 170.00
Expenditure #3 Name FACEBOOK Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2026 Date	\$ 7.64
Expenditure #4 Name IMANI PSALMS Address 3115 CIRCLE DR FLINT, MI 48507 ☐ Fund Raiser	Purpose: VIDEO/PHOTO WORK SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2026 Date	\$ 175.00
Expenditure #5 Name GOOGLE Address 600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2026 Date	\$ 15.64

Subtotal this page

400.28

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KADREW PRINT AND MAILING LLC Address 1035 ANN ARBOR ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: <u>PRINTING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2026</u> Date	\$ <u>244.21</u>
Expenditure #2 Name FACEBOOK Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2026</u> Date	\$ <u>32.00</u>
Expenditure #3 Name QUEENS' PROVISIONS Address 421 GARLAND ST FLINT, MI 48503 ☒ Fund Raiser	Purpose: <u>FOOD FOR EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2026</u> Date	\$ <u>126.00</u>
Expenditure #4 Name FACEBOOK Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/06/2026</u> Date	\$ <u>32.00</u>
Expenditure #5 Name AMIRIS SWIFT Address 1541 ROOT ST APT 4 FLINT, MI 48503 ☐ Fund Raiser	Purpose: <u>CANVASSING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/07/2026</u> Date	\$ <u>40.00</u>

Subtotal this page	474.21
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **1172**
2. Committee Name **FRIENDS OF JOEL ARNOLD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2026 Date	\$ 32.00
Expenditure #2 Name THE FLINT COURIER NEWS Address PO BOX 1268 FLINT, MI 48501 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2026 Date	\$ 487.82
Expenditure #3 Name USPS Address 1601 W ATHERTON RD FLINT, MI 48507 ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2026 Date	\$ 425.52
Expenditure #4 Name KADREW PRINT AND MAILING LLC Address 1035 ANN ARBOR ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: PRINTING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/09/2026 Date	\$ 469.89
Expenditure #5 Name MEDIASKAPES Address G4047 S DORT HWY BURTON, MI 48529 ☐ Fund Raiser	Purpose: CAMPAIGN TSHIRTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/09/2026 Date	\$ 365.70

Subtotal this page **1,780.93**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **1172**
2. Committee Name **FRIENDS OF JOEL ARNOLD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2026 Date	\$ 32.00
Expenditure #2 Name FACEBOOK Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/12/2026 Date	\$ 32.00
Expenditure #3 Name FACEBOOK Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/14/2026 Date	\$ 32.00
Expenditure #4 Name KADREW PRINT AND MAILING LLC Address 1035 ANN ARBOR ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: PRINTING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/14/2026 Date	\$ 60.09
Expenditure #5 Name NODEHAUS MEDIA Address 921 36TH ST SW STE 109 WYOMING, MI 49509 ☐ Fund Raiser	Purpose: GRAPHIC DESIGN AND WEB DEVELOPMENT SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2026 Date	\$ 1,585.48

Subtotal this page **1,741.57**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **1172**
2. Committee Name **FRIENDS OF JOEL ARNOLD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/2026 Date	\$ 32.00
Expenditure #2 Name ACTBLUE TECHNICAL SERVICES Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2026 Date	\$ 370.82
Expenditure #3 Name FACEBOOK Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2026 Date	\$ 32.00
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2026 Date	\$ 576.82
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **1,011.64**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **14,538.63**

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on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>03/31/2026</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>40</u>	5. Type of Fund Raising Activity <u>EVENING RECEPTION</u>	6. Address and Name (If any) of the place where the activity was held. <u>SPECTACULAR SPUDZ</u> <u>131 W 2ND ST</u> <u>FLINT, MI 48502</u> ☐ Private Residence
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7. Total Contributions 3,057.77
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 3,057.77
10. Total Cost of Event 180.24
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1172
2. Committee Name FRIENDS OF JOEL ARNOLD

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>07/01/2026</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>15</u>	5. Type of Fund Raising Activity <u>EVENING RECEPTION</u>	6. Address and Name (If any) of the place where the activity was held. <u>QUEENS' PROVISIONS</u> <u>421 GARLAND ST</u> <u>FLINT, MI 48503</u> ☐ Private Residence
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7. Total Contributions 990.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 990.00
10. Total Cost of Event 126.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.