



FILED

24 JUL 2026 PM 05:40

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: 03/25/2026 to 07/19/2026

1. Committee I.D. Number

**1188**

2. Committee Name

**FRIENDS OF EZEKIEL HARRIS**

4. Candidate Last Name

**HARRIS**

First Name

**EZEKIEL**

M.I.

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

**CITY COUNCIL MEMBER, 8TH WARD, FLINT**

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

5. Committee's Mailing Address

**1909 RAMSAY BLVD  
FLINT, MI 48503**

Area Code and Phone (810) 265-1025  
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.

6. Treasurer's Name & Residential Address

**AISHA HARRIS  
1021 KENSINGTON AVE  
FLINT, MI 48503**

Area Code & Phone (810) 265-1025

7. Treasurer's Business Address

**1021 KENSINGTON AVE  
FLINT, MI 48503**

Area Code and Phone (810) 265-1025

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

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

07/24/2026

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

07/24/2026



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 1188

2. Committee Name FRIENDS OF EZEKIEL HARRIS

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>7,010.00</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>7,010.00</u>       | (18.) \$ <u>7,010.00</u>                    |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>7,010.00</u>        | (20.) \$ <u>7,010.00</u>                    |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>910.00</u>          | (21.) \$ <u>910.00</u>                      |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>0.00</u>            | (22.) \$ <u>0.00</u>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>6,138.77</u>       |                                             |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)                                                    | (8b.) \$ <u>0.00</u>           |                                             |
| c. Unitemized (less than \$50.01 each - no Schedule)                                            | (8c.) \$ <u>0.00</u>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>6,138.77</u>        | (23.) \$ <u>6,138.77</u>                    |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>0.00</u>          |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>0.00</u>           |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>7,010.00</u>     |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>7,010.00</u>     |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>6,138.77</u>     |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>871.23</u>         | *                                           |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/30/2026</u> |                                                                                 |
| Name & Address:<br><b>HAROLD HORNE</b><br><b>2153 FOX HILL DR</b><br><b>GRAND BLANC, MI 48439</b>                                                                                                                                                                                                                                              |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                              |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/01/2026</u> |                                                                                 |
| Name & Address:<br><b>AISHA HARRIS</b><br><b>1021 KENSINGTON AVE</b><br><b>FLINT, MI 48503</b>                                                                                                                                                                                                                                                 |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DOCTOR</u> Employer <u>HARRIS FAMILY HEALTH</u><br>Business Address <u>432 N SAGINAW ST, SUITE 401A, FLINT, MI 48502</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/02/2026</u> |                                                                                 |
| Name & Address:<br><b>CADE SURFACE</b><br><b>410 MASON ST</b><br><b>FLINT, MI 48503</b>                                                                                                                                                                                                                                                        |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DIRECTOR</u> Employer <u>FITNESS INDUSTRY</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                  |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/06/2026</u> |                                                                                 |
| Name & Address:<br><b>SALATHIEL NORONHA</b><br><b>1153 PEACHTREE DR</b><br><b>MT MORRIS, MI 48458</b>                                                                                                                                                                                                                                          |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                  |                                           |                                      |                                                                                 |

Page Subtotal 950.00

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 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>04/08/2026</u><br>Name & Address:<br><b>JAQUITA KELLEY</b><br><b>6491 MOONSTONE DR</b><br><b>GRAND BLANC, MI 48439</b>                                                                  |  | \$ <u>25.00</u> | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/08/2026</u><br>Name & Address:<br><b>JOYCE RYSHAWN</b><br><b>11657 N PEACEFUL NIGHT RD</b><br><b>ORO VALLEY, AZ 85737</b>                                                             |  | \$ <u>50.00</u> | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/08/2026</u><br>Name & Address:<br><b>MARCELLA ODEN</b><br><b>1705 LYNBROOK DR</b><br><b>FLINT, MI 48507</b>                                                                          |  | \$ <u>25.00</u> | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/10/2026</u><br>Name & Address:<br><b>EMILY DOERR</b><br><b>2212 COLFAX AVE</b><br><b>FLINT, MI 48503</b>                                                                             |  | \$ <u>50.00</u> | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |

Page Subtotal **150.00**

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 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/11/2026</u> |                                                                                 |
| Name & Address:<br><b>LACEY BROOKS</b><br><b>3003 BRASS DR</b><br><b>AUSTELL, GA 30106</b>                                                                                                                                                                                                                                                     |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                              |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/20/2026</u> |                                                                                 |
| Name & Address:<br><b>RACINE JACKSON</b><br><b>726 E 6TH ST</b><br><b>FLINT, MI 48503</b>                                                                                                                                                                                                                                                      |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                              |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/27/2026</u> |                                                                                 |
| Name & Address:<br><b>NATHAN HOFF</b><br><b>996 WOODRIDGE BLVD</b><br><b>LANCASTER, PA 17601</b>                                                                                                                                                                                                                                               |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                              |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/01/2026</u> |                                                                                 |
| Name & Address:<br><b>AISHA HARRIS</b><br><b>1021 KENSINGTON AVE</b><br><b>FLINT, MI 48503</b>                                                                                                                                                                                                                                                 |                                           | \$ <u>50.00</u>                      | \$ <u>550.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DOCTOR</u> Employer <u>HARRIS FAMILY HEALTH</u><br>Business Address <u>432 N SAGINAW ST, SUITE 401A, FLINT, MI 48502</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal 250.00

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>ARMOND LINCOLN</b><br><b>8 GRAYLING CT</b><br><b>SIMPSONVILLE, SC 29680</b>                                                                                                                |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ENGINEER</u> Employer <u>3M COMPANY</u><br>Business Address <u>1400 PERIMETER RD, GREENVILLE, SC 29605</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2026</u><br>Name & Address:<br><b>CHRIS BURTLEY</b><br><b>1706 LYNBROOK DR</b><br><b>FLINT, MI 48507</b>                                                                                                                      |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>CHRIS BURTLEY</u><br>Business Address <u>1706 LYNBROOK DR, FLINT, MI 48507</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser    |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/08/2026</u><br>Name & Address:<br><b>MOSES TIMLIN</b><br><b>922 BLANCHARD AVE</b><br><b>FLINT, MI 48503</b>                                                                                                                     |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                           |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/12/2026</u><br>Name & Address:<br><b>DAVID MCGHEE</b><br><b>16959 KINGS FAIRWAY LN</b><br><b>GRAND BLANC, MI 48439</b>                                                                                                          |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                           |  |                  |                                                                                 |

Page Subtotal 600.00

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1. Committee I.D. Number 1188  
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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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/13/2026</u><br>Name & Address:<br><b>JENNIFER EDWARDS-JOHNSON</b><br><b>4155 NEWGARD DR</b><br><b>LAKE ORION, MI 48359</b>                                                                                                                     |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DOCTOR</u> Employer <u>MICHIGAN STATE UNIVERSITY</u><br>Business Address <u>426 AUDITORIUM RD, EAST LANSING, MI 48824</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/13/2026</u><br>Name & Address:<br><b>KIMBERLY HARRIS</b><br><b>2452 THOMAS ST</b><br><b>FLINT, MI 48504</b>                                                                                                                                     |  | \$ <u>25.00</u>  | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                               |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/15/2026</u><br>Name & Address:<br><b>JENNIFER GIDDINGS-ESSENMACHER</b><br><b>4089 MITCHELL DR</b><br><b>FLINT, MI 48506</b>                                                                                                                    |  | \$ <u>25.00</u>  | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                               |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/15/2026</u><br>Name & Address:<br><b>MIRANDA BEX</b><br><b>1017 KENSINGTON AVE</b><br><b>FLINT, MI 48503</b>                                                                                                                                   |  | \$ <u>5.00</u>   | \$ <u>5.00</u>                                                                  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                               |  |                  |                                                                                 |

Page Subtotal 305.00

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

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**ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/15/2026</u><br>Name & Address:<br><b>SARAH BAILEY</b><br><b>G3100 MILLER RD</b><br><b>FLINT, MI 48507</b>                                                                            |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/17/2026</u><br>Name & Address:<br><b>GREGORY HUNTER</b><br><b>2620 GREENMOUNT AVE</b><br><b>BALTIMORE, MD 21218</b>                                                                   |  | \$ <u>25.00</u>  | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/17/2026</u><br>Name & Address:<br><b>DERRYL BISHOP</b><br><b>1909 MAXINE ST</b><br><b>FLINT, MI 48503</b>                                                                            |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/18/2026</u><br>Name & Address:<br><b>MARKO FIELDS</b><br><b>3204 WANSTEAD PARK DR</b><br><b>SUWANEE, GA 30024</b>                                                                    |  | \$ <u>25.00</u>  | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |                                                                                 |

Page Subtotal 200.00

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 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/21/2026</u><br>Name & Address:<br><b>ALMA THOMAS</b><br><b>1925 LINCOLN DR</b><br><b>FLINT, MI 48503</b>                                                                             |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/21/2026</u><br>Name & Address:<br><b>LYNNE HURAND</b><br><b>1616 DURAND ST</b><br><b>FLINT, MI 48503</b>                                                                              |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2026</u><br>Name & Address:<br><b>JASMINE HALL</b><br><b>1450 WALNUT VIEW DR</b><br><b>FLINT, MI 48532</b>                                                                        |  | \$ <u>25.00</u>  | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2026</u><br>Name & Address:<br><b>DONDRE YOUNG</b><br><b>1226 GILBERT ST</b><br><b>FLINT, MI 48532</b>                                                                            |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |

Page Subtotal 275.00

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 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2026</u><br>Name & Address:<br><b>JEREATHA FLANNERY</b><br><b>1064 TAHOE TRAIL</b><br><b>FLINT, MI 48532</b>                                                                      |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2026</u><br>Name & Address:<br><b>LACEY BROOKS</b><br><b>3003 BRASS DR</b><br><b>AUSTELL, GA 30106</b>                                                                             |  | \$ <u>50.00</u>  | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2026</u><br>Name & Address:<br><b>DANIEL KILDEE</b><br><b>6450 FLAGSTONE CT</b><br><b>FLUSHING, MI 48433</b>                                                                      |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2026</u><br>Name & Address:<br><b>SHERYL THOMPSON</b><br><b>4709 CRESTBROOK LN</b><br><b>FLINT, MI 48507</b>                                                                      |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |

Page Subtotal 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 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2026</u><br>Name & Address:<br><b>AMY COX</b><br><b>736 CLOVERLAND DR</b><br><b>FLUSHING, MI 48433</b>                                                                            |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2026</u><br>Name & Address:<br><b>JANICE ADAMS</b><br><b>7010 WOODS W DR</b><br><b>FLUSHING, MI 48433</b>                                                                          |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2026</u><br>Name & Address:<br><b>TERAE KING JR</b><br><b>2714 CLEMENT ST</b><br><b>FLINT, MI 48504</b>                                                                           |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2026</u><br>Name & Address:<br><b>CHAD SCHLOSSER</b><br><b>2402 NOLEN DR</b><br><b>FLINT, MI 48504</b>                                                                            |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |

Page Subtotal 300.00

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

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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2026</u><br>Name & Address:<br>TRAVIS JACKSON<br>1664 KNOWLES ST<br>YPSILANTI, MI 48198                                                                                           |  | \$ <u>25.00</u>  | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2026</u><br>Name & Address:<br>SHERYL THOMPSON<br>4709 CRESTBROOK LN<br>FLINT, MI 48507                                                                                            |  | \$ <u>50.00</u>  | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2026</u><br>Name & Address:<br>RUTH ANN DRESSER<br>1519 DIANE DR<br>FLUSHING, MI 48433                                                                                            |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2026</u><br>Name & Address:<br>SHARON ALLEN<br>1153 OAK ST<br>FLINT, MI 48503                                                                                                     |  | \$ <u>25.00</u>  | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |

Page Subtotal 200.00

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

Enter this total on  
line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/22/2026</u> |                                                                                 |
| Name & Address:<br>PHYLLIS SYKES<br>915 E COURT ST<br>APT. 404<br>FLINT, MI 48503                                                                                                                                                                                                     |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/22/2026</u> |                                                                                 |
| Name & Address:<br>KAREN WEAVER<br>1311 WOODLAWN PARK DR<br>FLINT, MI 48503                                                                                                                                                                                                           |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/22/2026</u> |                                                                                 |
| Name & Address:<br>CLYDE BELL<br>2612 PINETREE DR<br>FLINT, MI 48507                                                                                                                                                                                                                  |                                           | \$ <u>75.00</u>                      | \$ <u>75.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/22/2026</u> |                                                                                 |
| Name & Address:<br>GLORIA QUINNEY<br>6362 LAURENTIAN CT<br>FLINT, MI 48532                                                                                                                                                                                                            |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |

Page Subtotal 275.00

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

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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/22/2026</u> |                                                                                 |
| Name & Address:<br><b>MELISSA LANA</b><br><b>9147 EMILY DR</b><br><b>DAVISON, MI 48423</b>                                                                                                                                                                                            |                                           | \$ <u>25.00</u>                      | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/22/2026</u> |                                                                                 |
| Name & Address:<br><b>DON LANA</b><br><b>9148 EMILY DR</b><br><b>DAVISON, MI 48423</b>                                                                                                                                                                                                |                                           | \$ <u>25.00</u>                      | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/22/2026</u> |                                                                                 |
| Name & Address:<br><b>ADRIENNE PSALMS</b><br><b>2537 TIFFIN ST</b><br><b>FLINT, MI 48504</b>                                                                                                                                                                                          |                                           | \$ <u>25.00</u>                      | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/22/2026</u> |                                                                                 |
| Name & Address:<br><b>RACINE JACKSON</b><br><b>726 E 6TH ST</b><br><b>FLINT, MI 48503</b>                                                                                                                                                                                             |                                           | \$ <u>25.00</u>                      | \$ <u>125.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal 100.00

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

1. Committee I.D. Number 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>05/23/2026</u><br>Name & Address:<br><b>LOUELLA JAMERSON</b><br><b>108 RENFREW AVE</b><br><b>MT MORRIS, MI 48458</b>                                                                    |  | \$ <u>30.00</u>  | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/23/2026</u><br>Name & Address:<br><b>BRANDEE COOKE-BROWN</b><br><b>4133 OAK ST</b><br><b>GRAND BLANC, MI 48439</b>                                                                    |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/26/2026</u><br>Name & Address:<br><b>NANCY RICH</b><br><b>9000 HIDDEN CT E</b><br><b>SOUTH LYON, MI 48178</b>                                                                        |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/28/2026</u><br>Name & Address:<br><b>WALDO BRONSON</b><br><b>3764 WORCHESTER ST</b><br><b>FLINT, MI 48503</b>                                                                        |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |                                                                                 |

Page Subtotal **430.00**

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 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>06/03/2026</u><br>Name & Address:<br><b>CHIA MORGAN</b><br><b>2332 MONTEITH ST</b><br><b>FLINT, MI 48504</b>                                                                            |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/03/2026</u><br>Name & Address:<br><b>MARK EVANS</b><br><b>617 THOMSON ST</b><br><b>FLINT, MI 48503</b>                                                                                |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/03/2026</u><br>Name & Address:<br><b>CHERYL CHRISTOFF</b><br><b>1721 CHELSEA CIR</b><br><b>FLINT, MI 48503</b>                                                                       |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser            |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/05/2026</u><br>Name & Address:<br><b>SHEILA JOHNSON</b><br><b>PO BOX 712</b><br><b>LANSING, MI 48226</b>                                                                             |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |                                                                                 |

Page Subtotal 500.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>06/06/2026</u><br>Name & Address:<br><b>CAITLIN BRAMBLE</b><br><b>1910 RAMSAY BLVD</b><br><b>FLINT, MI 48503</b>                                                                                                                      |  | \$ <u>50.00</u>    | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                   |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/06/2026</u><br>Name & Address:<br><b>DYLAN LUNA</b><br><b>507 AVON ST</b><br><b>APT. B</b><br><b>FLINT, MI 48503</b>                                                                                                                |  | \$ <u>50.00</u>    | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                   |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/2026</u><br>Name & Address:<br><b>MICHAEL HORNE</b><br><b>2236 MOCKINGBIRD LN</b><br><b>MIDLAND, MI 48642</b>                                                                                                                   |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SVP TOTAL REWARDS</u> Employer <u>WALMART</u><br>Business Address <u>1 CUSTOMER DR, BENTONVILLE, AR 72716</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/13/2026</u><br>Name & Address:<br><b>THERESA STEPHENS-LOCK</b><br><b>8068 HAWKCREST DR</b><br><b>GRAND BLANC, MI 48439</b>                                                                                                         |  | \$ <u>100.00</u>   | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                   |  |                    |                                                                                 |

Page Subtotal **1,200.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>06/24/2026</u><br>Name & Address:<br><b>ROSANNE BAGEL</b><br><b>1901 RAMSAY BLVD</b><br><b>FLINT, MI 48503</b>                                                                                  |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                             |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/26/2026</u><br>Name & Address:<br><b>NASHON EDWARDS</b><br><b>11314 STONEY MEADOW DR</b><br><b>HOUSTON, TX 77095</b>                                                                          |  | \$ <u>25.00</u>  | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                             |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/03/2026</u><br>Name & Address:<br><b>TYREKA HORNE</b><br><b>1154 BRENDAN BAY DR</b><br><b>GRAND BLANC, MI 48439</b>                                                                          |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/04/2026</u><br>Name & Address:<br><b>TORCHIO FEASTER</b><br><b>4307 LOON LN</b><br><b>ANN ARBOR, MI 48103</b>                                                                                |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                   |  |                  |                                                                                 |

Page Subtotal **425.00**

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 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>07/06/2026</u><br>Name & Address:<br><b>WILLIAM TARVER</b><br><b>815 WOODLAND ST</b><br><b>BIRMINGHAM, MI 48009</b>                                                                                                                        |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>LECTURER</u> Employer <u>UNIVERSITY OF MICHIGAN</u><br>Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/08/2026</u><br>Name & Address:<br><b>FAITH BAKER-LUNA</b><br><b>507 AVON ST</b><br><b>APT. B</b><br><b>FLINT, MI 48503</b>                                                                                                               |  | \$ <u>50.00</u>  | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                        |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/09/2026</u><br>Name & Address:<br><b>DAVID NORTHERN</b><br><b>1827 HUNTERS RUN DR</b><br><b>GRAND BLANC, MI 48439</b>                                                                                                                   |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                        |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/10/2026</u><br>Name & Address:<br><b>PATRICIA RAMIREZ</b><br><b>2610 LAKEWOOD CT</b><br><b>FLINT, MI 48507</b>                                                                                                                          |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                        |  |                  |                                                                                 |

Page Subtotal 500.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1188  
2. Committee Name FRIENDS OF EZEKIEL HARRIS

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>07/10/2026</u><br>Name & Address:<br><b>ANTOINE JACKSON</b><br><b>17212 PINEHURST ST</b><br><b>DETROIT, MI 48221</b>                                                                    |  | \$ <u>50.00</u> | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/11/2026</u><br>Name & Address:<br><b>CAITLIN BRAMBLE</b><br><b>1910 RAMSAY BLVD</b><br><b>FLINT, MI 48503</b>                                                                         |  | \$ <u>50.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address: _____                                                                                                                                                             |  | \$ _____        | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                |  |                 |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address: _____                                                                                                                                                             |  | \$ _____        | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                |  |                 |                                                                                 |

Page Subtotal **100.00**

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

**7,010.00**

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line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **1188**

## CANDIDATE COMMITTEE

2. Committee Name **FRIENDS OF EZEKIEL HARRIS**

| 3. Name and Address from whom received<br>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).<br>Report <u>all</u> in-kind contributions.                                                                                                                                                                          | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>IMANI PSALMS</b><br><b>3115 CIRCLE DR</b><br><b>FLINT, MI 48507</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>PHOTOGRAPHER</b><br>Employer Name & Business Address:<br><b>IMANI PSALMS PHOTOGRAPHY</b><br><b>3115 CIRCLE DR,</b><br><b>FLINT, MI 48507</b><br><br><input type="checkbox"/> Fund Raiser Contribution                      | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>PHOTOGRAPHY</b><br>5. Date Of Receipt: <b>04/29/2026</b><br>6. Vendor Name & Address: | \$ <b>200.00</b>               | \$ <b>200.00</b>                                          |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>AISHA HARRIS</b><br><b>1021 KENSINGTON AVE</b><br><b>FLINT, MI 48503</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>DOCTOR</b><br>Employer Name & Address:<br><b>HARRIS FAMILY HEALTH</b><br><b>432 N SAGINAW ST,</b><br><b>SUITE 401A,</b><br><b>FLINT, MI 48502</b><br><br><input checked="" type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>FOOD</b><br>5. Date Of Receipt: <b>05/22/2026</b><br>6. Vendor Name & Address:        | \$ <b>60.00</b>                | \$ <b>610.00</b>                                          |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>IMANI PSALMS</b><br><b>3115 CIRCLE DR</b><br><b>FLINT, MI 48507</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>PHOTOGRAPHER</b><br>Employer Name & Address:<br><b>IMANI PSALMS PHOTOGRAPHY</b><br><b>3115 CIRCLE DR,</b><br><b>FLINT, MI 48507</b><br><br><input checked="" type="checkbox"/> Fund Raiser Contribution                     | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>PHOTOGRAPHY</b><br>5. Date Of Receipt: <b>05/22/2026</b><br>6. Vendor Name & Address: | \$ <b>150.00</b>               | \$ <b>350.00</b>                                          |

Page Subtotal **410.00** **610.00**

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

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **1188**

## CANDIDATE COMMITTEE

2. Committee Name **FRIENDS OF EZEKIEL HARRIS**

| 3. Name and Address from whom received<br>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).<br>Report <u>all</u> in-kind contributions.                                                                                                                                                         | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>IMANI PSALMS</b><br><b>3115 CIRCLE DR</b><br><b>FLINT, MI 48507</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>PHOTOGRAPHER</b><br><br>Employer Name & Business Address:<br><b>IMANI PSALMS PHOTOGRAPHY</b><br><b>3115 CIRCLE DR,</b><br><b>FLINT, MI 48507</b><br><br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>PHOTOGRAPHY</b><br>5. Date Of Receipt: <b>06/03/2026</b><br>6. Vendor Name & Address: | \$ <b>100.00</b>               | \$ <b>450.00</b>                                          |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>IMANI PSALMS</b><br><b>3115 CIRCLE DR</b><br><b>FLINT, MI 48507</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>PHOTOGRAPHER</b><br><br>Employer Name & Address:<br><b>IMANI PSALMS PHOTOGRAPHY</b><br><b>3115 CIRCLE DR,</b><br><b>FLINT, MI 48507</b><br><br><input type="checkbox"/> Fund Raiser Contribution          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>PHOTOGRAPHY</b><br>5. Date Of Receipt: <b>06/26/2026</b><br>6. Vendor Name & Address: | \$ <b>250.00</b>               | \$ <b>700.00</b>                                          |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>RACINE JACKSON</b><br><b>726 E 6TH ST</b><br><b>FLINT, MI 48503</b><br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>RETIRED</b><br><br>Employer Name & Address:                                                                                                                                                                | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>FOOD</b><br>5. Date Of Receipt: <b>07/15/2026</b><br>6. Vendor Name & Address:        | \$ <b>150.00</b>               | \$ <b>275.00</b>                                          |

Page Subtotal **500.00** **975.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **910.00**

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on line 6 of Summary  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **1188**  
2. Committee Name **FRIENDS OF EZEKIEL HARRIS**

| 3. Name and address of person or vendor to whom paid                                                                                                                   | 4. Purpose (Required Information)                                                                                                                         | 5. Date                   | 6. Amount        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>GOT PRINT</b><br><br>Address<br><b>7651 SAN FERNANDO RD<br/>BURBANK, CA 91505</b><br><br><input type="checkbox"/> Fund Raiser                | Purpose: <b>MEDIA/COMMS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>04/07/2026</b><br>Date | \$ <b>221.70</b> |
| Expenditure #2<br>Name <b>TARGET</b><br><br>Address<br><b>G3515 MILLER RD<br/>FLINT, MI 48507</b><br><br><input type="checkbox"/> Fund Raiser                          | Purpose: <b>MISC.</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement       | <b>04/11/2026</b><br>Date | \$ <b>8.02</b>   |
| Expenditure #3<br>Name <b>OFFICE DEPOT</b><br><br>Address<br><b>3445 LENNON RD<br/>FLINT, MI 48507</b><br><br><input type="checkbox"/> Fund Raiser                     | Purpose: <b>MISC.</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement       | <b>04/11/2026</b><br>Date | \$ <b>12.70</b>  |
| Expenditure #4<br>Name <b>NEW ERA HOPE</b><br><br>Address<br><b>KNICKERBOCKER AVE<br/>FLINT, MI 48505</b><br><br><input type="checkbox"/> Fund Raiser                  | Purpose: <b>MISC.</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement       | <b>05/11/2026</b><br>Date | \$ <b>318.45</b> |
| Expenditure #5<br>Name <b>TOTALLY PROMOTIONAL</b><br><br>Address<br><b>450 S 2ND ST<br/>COLDWATER, OH 45828</b><br><br><input checked="" type="checkbox"/> Fund Raiser | Purpose: <b>MEDIA/COMMS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>05/19/2026</b><br>Date | \$ <b>29.21</b>  |

Subtotal this page **590.08**

Grand Total of all Schedules 1B  
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Enter this total  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **1188**  
2. Committee Name **FRIENDS OF EZEKIEL HARRIS**

| 3. Name and address of person or vendor to whom paid                                                                                                                | 4. Purpose (Required Information)                                                                                                                                    | 5. Date                   | 6. Amount        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>STAPLES</b><br><br>Address<br><b>4190 E COURT ST<br/>BURTON, MI 48509</b><br><br><input checked="" type="checkbox"/> Fund Raiser          | Purpose: <b>MEDIA/COMMS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement            | <b>05/19/2026</b><br>Date | \$ <b>97.92</b>  |
| Expenditure #2<br>Name <b>STAPLES</b><br><br>Address<br><b>4190 E COURT ST<br/>BURTON, MI 48509</b><br><br><input checked="" type="checkbox"/> Fund Raiser          | Purpose: <b>MEDIA/COMMS</b><br><br><input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>05/22/2026</b><br>Date | \$ <b>178.07</b> |
| Expenditure #3<br>Name <b>QUEEN'S PROVISIONS</b><br><br>Address<br><b>421 GARLAND ST<br/>FLINT, MI 48503</b><br><br><input checked="" type="checkbox"/> Fund Raiser | Purpose: <b>FUNDRAISING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement            | <b>05/24/2026</b><br>Date | \$ <b>232.00</b> |
| Expenditure #4<br>Name <b>JETS PIZZA</b><br><br>Address<br><b>3093 S LINDEN RD<br/>FLINT, MI 48507</b><br><br><input type="checkbox"/> Fund Raiser                  | Purpose: <b>EVENTS/SPONSORSHIPS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <b>05/31/2026</b><br>Date | \$ <b>38.67</b>  |
| Expenditure #5<br>Name <b>KADREW PRINT</b><br><br>Address<br><b>1035 ANN ARBOR ST<br/>FLINT, MI 48503</b><br><br><input type="checkbox"/> Fund Raiser               | Purpose: <b>\$898.83</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement               | <b>05/31/2026</b><br>Date | \$ <b>898.83</b> |

Subtotal this page

**1,445.49**

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

1. Committee I. D. Number **1188**  
2. Committee Name **FRIENDS OF EZEKIEL HARRIS**

| 3. Name and address of person or vendor to whom paid                                                                                                          | 4. Purpose (Required Information)                                                                                                                                 | 5. Date                   | 6. Amount        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>ACT BLUE</b><br><br>Address<br><b>366 SUMMER ST<br/>SOMERVILLE, MA 02144</b><br><br><input type="checkbox"/> Fund Raiser            | Purpose: <b>FUNDRAISING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <b>06/02/2026</b><br>Date | \$ <b>12.33</b>  |
| Expenditure #2<br>Name <b>GOT PRINT</b><br><br>Address<br><b>7651 SAN FERNANDO RD<br/>BURBANK, CA 91505</b><br><br><input type="checkbox"/> Fund Raiser       | Purpose: <b>MEDIA/COMMS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <b>06/09/2026</b><br>Date | \$ <b>82.16</b>  |
| Expenditure #3<br>Name <b>STRIKER MARKETING</b><br><br>Address<br><b>170 HAMP MILL RD<br/>DAHLONEGA, GA 30533</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>MEDIA/COMMS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <b>06/11/2026</b><br>Date | \$ <b>363.96</b> |
| Expenditure #4<br>Name <b>TEAM ONE</b><br><br>Address<br><b>1101 SAGINAW ST<br/>FLINT, MI 48503</b><br><br><input type="checkbox"/> Fund Raiser               | Purpose: <b>MISC.</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement               | <b>06/12/2026</b><br>Date | \$ <b>100.00</b> |
| Expenditure #5<br>Name <b>FLINT STYLE SOCCER</b><br><br>Address<br><b>701 UNIVERSITY AVE<br/>FLINT, MI 48503</b><br><br><input type="checkbox"/> Fund Raiser  | Purpose: <b>EVENTS/SPONSORSHIPS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>06/14/2026</b><br>Date | \$ <b>125.00</b> |

Subtotal this page

**683.45**

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

1. Committee I. D. Number **1188**  
2. Committee Name **FRIENDS OF EZEKIEL HARRIS**

| 3. Name and address of person or vendor to whom paid                                                                                                          | 4. Purpose (Required Information)                                                                                                                                 | 5. Date                   | 6. Amount        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>TOTALLY PROMOTIONAL</b><br><br>Address<br><b>450 S 2ND ST<br/>COLDWATER, OH 45828</b><br><br><input type="checkbox"/> Fund Raiser   | Purpose: <b>MEDIA/COMMS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <b>06/14/2026</b><br>Date | \$ <b>412.14</b> |
| Expenditure #2<br>Name <b>24 HOUR WRISTBANDS</b><br><br>Address<br><b>14550 BEECHNUT ST<br/>HOUSTON, TX 77083</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>MEDIA/COMMS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <b>06/15/2026</b><br>Date | \$ <b>156.88</b> |
| Expenditure #3<br>Name <b>LUIGIS RESTAURANT</b><br><br>Address<br><b>2132 DAVISON RD<br/>FLINT, MI 48506</b><br><br><input type="checkbox"/> Fund Raiser      | Purpose: <b>EVENTS/SPONSORSHIPS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>06/15/2026</b><br>Date | \$ <b>20.63</b>  |
| Expenditure #4<br>Name <b>TIM HORTONS</b><br><br>Address<br><b>3356 MILLER RD<br/>FLINT, MI 48507</b><br><br><input type="checkbox"/> Fund Raiser             | Purpose: <b>EVENTS/SPONSORSHIPS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>06/18/2026</b><br>Date | \$ <b>121.00</b> |
| Expenditure #5<br>Name <b>GOT PRINT</b><br><br>Address<br><b>7651 SAN FERNANDO RD<br/>BURBANK, CA 91505</b><br><br><input type="checkbox"/> Fund Raiser       | Purpose: <b>MEDIA/COMMS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <b>06/18/2026</b><br>Date | \$ <b>96.99</b>  |

Subtotal this page

**807.64**

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

Enter this total  
on line 8a of  
Summary Page



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

1. Committee I. D. Number **1188**  
2. Committee Name **FRIENDS OF EZEKIEL HARRIS**

| 3. Name and address of person or vendor to whom paid                                                                                                     | 4. Purpose (Required Information)                                                                                                                         | 5. Date                   | 6. Amount        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>GOT PRINT</b><br><br>Address<br><b>7651 SAN FERNANDO RD<br/>BURBANK, CA 91505</b><br><br><input type="checkbox"/> Fund Raiser  | Purpose: <b>MEDIA/COMMS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>06/24/2026</b><br>Date | \$ <b>480.99</b> |
| Expenditure #2<br>Name <b>OUTFRONT MEDIA</b><br><br>Address<br><b>6083 TAYLOR DR<br/>FLINT, MI 48507</b><br><br><input type="checkbox"/> Fund Raiser     | Purpose: <b>MEDIA/COMMS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>06/25/2026</b><br>Date | \$ <b>741.00</b> |
| Expenditure #3<br>Name <b>KADREW PRINT</b><br><br>Address<br><b>1035 ANN ARBOR ST<br/>FLINT, MI 48503</b><br><br><input type="checkbox"/> Fund Raiser    | Purpose: <b>MEDIA/COMMS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>06/28/2026</b><br>Date | \$ <b>503.92</b> |
| Expenditure #4<br>Name <b>US POST OFFICE</b><br><br>Address<br><b>250 E BOULEVARD DR<br/>FLINT, MI 48502</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>MEDIA/COMMS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>06/28/2026</b><br>Date | \$ <b>312.00</b> |
| Expenditure #5<br>Name <b>KADREW PRINT</b><br><br>Address<br><b>1035 ANN ARBOR ST<br/>FLINT, MI 48503</b><br><br><input type="checkbox"/> Fund Raiser    | Purpose: <b>MEDIA/COMMS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>07/01/2026</b><br>Date | \$ <b>215.52</b> |

Subtotal this page **2,253.43**

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

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Summary Page



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

1. Committee I. D. Number **1188**  
2. Committee Name **FRIENDS OF EZEKIEL HARRIS**

| 3. Name and address of person or vendor to whom paid                                                                                                          | 4. Purpose (Required Information)                                                                                                                                 | 5. Date                   | 6. Amount        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>GENESEE COUNTY PARKS</b><br><br>Address<br><b>5045 E STANLEY RD<br/>FLINT, MI 48506</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>EVENTS/SPONSORSHIPS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>07/09/2026</u><br>Date | \$ <u>40.00</u>  |
| Expenditure #2<br>Name <b>JETS PIZZA</b><br><br>Address<br><b>3093 S LINDEN RD<br/>FLINT, MI 48507</b><br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>EVENTS/SPONSORSHIPS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>07/10/2026</u><br>Date | \$ <u>50.78</u>  |
| Expenditure #3<br>Name <b>GRASSHOPPER</b><br><br>Address<br><b>333 SUMMER ST<br/>BOSTON, MA 02210</b><br><br><input type="checkbox"/> Fund Raiser             | Purpose: <u>MEDIA/COMMS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <u>07/10/2026</u><br>Date | \$ <u>24.34</u>  |
| Expenditure #4<br>Name <b>FAMOUS DAVES</b><br><br>Address<br><b>3558 MILLER RD<br/>FLINT, MI 48507</b><br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>EVENTS/SPONSORSHIPS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>07/14/2026</u><br>Date | \$ <u>101.33</u> |
| Expenditure #5<br>Name <b>FRAMER</b><br><br>Address<br><b>207-B ROZENGRACHT<br/>AMSTERDAM, NH 1016 LZ</b><br><br><input type="checkbox"/> Fund Raiser         | Purpose: <u>MEDIA/COMMS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <u>07/15/2026</u><br>Date | \$ <u>11.25</u>  |

Subtotal this page **227.70**

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

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on line 8a of  
Summary Page



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

1. Committee I. D. Number **1188**  
2. Committee Name **FRIENDS OF EZEKIEL HARRIS**

| 3. Name and address of person or vendor to whom paid                                                                                                    | 4. Purpose (Required Information)                                                                                                                                                                        | 5. Date                   | 6. Amount        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>VISA</b><br><br>Address<br><b>900 METRO CENTER BLVD<br/>FOSTER CITY, CA 94404</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>MISC.</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                                      | <b>07/15/2026</b><br>Date | \$ <b>0.11</b>   |
| Expenditure #2<br>Name <b>DOLLAR GENERAL</b><br><br>Address<br><b>5033 FENTON RD<br/>FLINT, MI 48507</b><br><br><input type="checkbox"/> Fund Raiser    | Purpose: <b>EVENTS/SPONSORSHIPS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                        | <b>07/15/2026</b><br>Date | \$ <b>15.52</b>  |
| Expenditure #3<br>Name <b>SAM'S CLUB</b><br><br>Address<br><b>4373 CORUNNA RD<br/>FLINT, MI 48532</b><br><br><input type="checkbox"/> Fund Raiser       | Purpose: <b>EVENTS/SPONSORSHIPS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                        | <b>07/15/2026</b><br>Date | \$ <b>115.35</b> |
| Expenditure #4<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                   | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement<br><br><a href="#">Click Here for Memo Itemization Type</a> | _____<br>Date             | \$ _____         |
| Expenditure #5<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                   | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement<br><br><a href="#">Click Here for Memo Itemization Type</a> | _____<br>Date             | \$ _____         |

Subtotal this page **130.98**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **6,138.77**

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**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **1188**  
2. Committee Name **FRIENDS OF EZEKIEL HARRIS**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

|                                                 |                                                                                             |                                                                 |                                                                                                                                                                                                      |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Event Was Held<br><br><b>05/22/2026</b> | 4. Number of Individuals Attending or Participating (whichever is greater)<br><br><b>45</b> | 5. Type of Fund Raising Activity<br><br><b>CAMPAIGN KICKOFF</b> | 6. Address and Name (If any) of the place where the activity was held.<br><b>QUEEN'S PROVISIONS</b><br><b>421 GARLAND ST</b><br><b>FLINT, MI 48503</b><br><input type="checkbox"/> Private Residence |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Total Contributions **1,410.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **1,410.00**  
10. Total Cost of Event **747.20**  
(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.