



FILED

24 JUL 2026 PM 04:03

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: 03/05/2026 to 07/19/2026

1. Committee I.D. Number

1184

4. Candidate Last Name First Name M.I.

ROBINSON DEWAUN E

2. Committee Name

COMMITTEE TO ELECT DEWAUN ROBINSON

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

CITY COUNCIL MEMBER, 5TH WARD, FLINT

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

5. Committee's Mailing Address

**PO BOX 304
UNIT 304
FLINT, MI 48501**

6. Treasurer's Name & Residential Address

**NICOLE LEWIS
119 E. TAYLOR ST
FLINT, MI 48505**

Area Code and Phone (810) 553-9374
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (810) 399-7656

7. Treasurer's Business Address

**119 E. TAYLOR ST
FLINT, MI 48505**

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

Area Code and Phone (810) 399-7656

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 1184

2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,444.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4,444.00</u>	(18.) \$ <u>4,444.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>4,444.00</u>	(20.) \$ <u>4,444.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>59.00</u>	(21.) \$ <u>59.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>59.00</u>	(22.) \$ <u>59.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>4,233.73</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>4,233.73</u>	(23.) \$ <u>4,233.73</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>4,444.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4,444.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4,233.73</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>210.27</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 1184
2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/05/2026</u>	
Name & Address: DAVE PETTIT 4237 CARMANWOOD DR FLINT, MI 48507		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/09/2026</u>	
Name & Address: TERENCE GREEN 3412 BEGOLE ST FLINT, MI 48504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAW ENFORCEMENT</u> Employer <u>CITY OF FLINT</u> Business Address <u>210 E 5TH ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2026</u>	
Name & Address: TERRANCE TALIFARRO 8733 ARBORWAY CT INDIANAPOLIS, IN 46268		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2026</u>	
Name & Address: SEGUN ZUBAIR 13933 S BELMONT DR HOMER GLEN, IL 60491		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT</u> Employer <u>FOSSYS</u> Business Address <u>13933 S BELMONT DR, HOMER GLEN, IL 60491</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 260.00

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 1184
2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2026</u> Name & Address: STATES DEBRA 10050 KINGS HORSE WAY FORTVILLE, IN 46040		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2026</u> Name & Address: ZAMARIA METCALF 4366 N JENNINGS RD FLINT, MI 48504		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2026</u> Name & Address: KEVIN WILSON 3802 CIRCLE DR FLINT, MI 48507		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2309 SAGINAW ST, FLINT, MI 48505</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2026</u> Name & Address: ASHLEY ASHBURN 1153 HUNTSMAN DR ST. LOUIS, MO 63137		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HR ANALYST</u> Employer <u>BOEING</u> Business Address <u>1153 HUNTSMAN DR, ST. LOUIS, MO 63137</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,450.00**

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 1184
2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2026</u>	
Name & Address: DALE WEIGHILL 1127 RANFIELD LN FLINT, MI 48532		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2026</u>	
Name & Address: DARNELL ISHMEL 414 W RIDGEWAY AVE FLINT, MI 48505		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2026</u>	
Name & Address: JERMARX MARSH 3132 WESTWOOD PKWY FLINT, MI 48503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>J MARSH INSURANCE AGENCY</u> Business Address <u>PO BOX 465, FLINT, MI 48501</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2026</u>	
Name & Address: DARCELE ROBINSON 3240 BRIDLE PATH FLINT, MI 48507		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>THERAPIST</u> Employer <u>HEART TO HEART COUNSELING</u> Business Address <u>3240 BRIDLE PATH, FLINT, MI 48507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 275.00

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 1184
2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/02/2026</u>	
Name & Address: ARIONNA PRESNALL 7 CHESTNUT CIR E DAVISON, MI 48423		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2026</u>	
Name & Address: ROBERT KING 1821 E COURT ST FLINT, MI 48503		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: JASMINE REDWINE 1476 W HUMPHREY AVE FLINT, MI 48505		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: JENNY BRONSON 6110 DELAND RD FLUSHING, MI 48433		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **125.00**

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 1184
2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/04/2026</u> Name & Address: JOHN A WHITE JR 5125 SANDALWOOD DR GRAND BLANC, MI 48439		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: TERRANCE GRAHAM 30534 HENNIGAN ST ROSEVILLE, MI 48066		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: NADINE ROBERTS 5414 GRANVILLE AVE FLINT, MI 48505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: ROBERT RAWLS 1084 CORA DR FLINT, MI 48532		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: MICHELLE RYDER 5270 MOCERI LN GRAND BLANC, MI 48439		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: SHANTA SMITH 4207 WHISPERING OAK DR FLINT, MI 48507		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: REGINALD DAVIDSON 1344 SPRINGBORROW DR FLINT, MI 48532		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>LEGAL RESEARCH ONE</u> Business Address <u>3163 FLUSHING RD, FLINT, MI 48504</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: NOAH PATTON 1168 OAK ST FLINT, MI 48503		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 200.00

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 1184
2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: ROBERT LEFLORE JR 604 W MT MORRIS ST MT MORRIS, MI 48458		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: JOSEPH JOHNSON 822 LYON ST FLINT, MI 48503		\$ <u>45.00</u>	\$ <u>45.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: SIWATU WILSON 6607 YALE STREET APT 225 WESTLAND, MI 48185		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: SHELEAH ESSETT 3508 LEITH ST FLINT, MI 48506		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **110.00**

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 1184
2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: PATRICIA O'NEAL 6576 DORT HWY FLINT, MI 48505		\$ <u>120.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUDITOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>400 S PINE ST, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: CHRIS BOLDEN 810 FAIRBANKS AVE FLINT, MI 48503		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: CONOR DONAHUE 5407 COPLEY SQUARE RD GRAND BLANC, MI 48439		\$ <u>9.00</u>	\$ <u>9.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2026</u> Name & Address: JUAN GARCIA 2201 DISCH ST FLUSHING, MI 48433		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 179.00

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 1184
2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2026</u>	
Name & Address: ROSHANDA WOMACK 422 CHALMERS ST FLINT, MI 48503		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2026</u>	
Name & Address: REGINALD DAVIDSON 1344 SPRINGBORROW DR FLINT, MI 48532		\$ <u>20.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2026</u>	
Name & Address: DAVID BUSH 1040 SAGINAW ST FLINT, MI 48503		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2026</u>	
Name & Address: ANDRE HOOD 3608 LYNN ST FLINT, MI 48503		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 70.00

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 1184
2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2026</u>	
Name & Address: SANDRA WILKS 124 W MARENGO AVE FLINT, MI 48505		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2026</u>	
Name & Address: SHAWN DIXON 428 DELIA ST FLINT, MI 48505		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/07/2026</u>	
Name & Address: CHRISTINE L COLEMAN 1508 W HOME AVE FLINT, MI 48505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2026</u>	
Name & Address: DARCELL PRICE 6460 RUSTIC RIDGE TRAIL GRAND BLANC, MI 48439		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **130.00**

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 1184
2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/17/2026</u>	
Name & Address: HERMAN MILLER 7054 WOODS W DR FLUSHING, MI 48433		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2026</u>	
Name & Address: HAROLD F HILL 1228 SOMERSET LN FLINT, MI 48503		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM MANAGER</u> Employer <u>GREATER FLINT ARTS COUNCIL</u> Business Address <u>816 SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/30/2026</u>	
Name & Address: MARY HOOD 1623 LYON ST FLINT, MI 48503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/30/2026</u>	
Name & Address: JOSEPH JOHNSON 822 LYON ST FLINT, MI 48503		\$ <u>25.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 325.00

Grand Total of All Schedules 1A
(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 1184
2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/2026</u> Name & Address: DEWAUN E ROBINSON 250 E BOULEVARD DR UNIT 304 FLINT, MI 48502 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>600.00</u>	\$ <u>600.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/05/2026</u> Name & Address: JUSTIN HARPER 1730 WASHTENAW AVE YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/07/2026</u> Name & Address: PATRICIA ONEAL 6576 DORT HWY FLINT, MI 48505 5. If over \$100.00 cumulative, please provide: Occupation <u>AUDITOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>400 S PINE ST, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/16/2026</u> Name & Address: JERMARX MARSH 3132 WESTWOOD PKWY FLINT, MI 48503 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal 800.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1184
2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/19/2026</u>	
Name & Address: KRIS JOHNS 2267 PEARTREE DRIVE BURTON, MI 48519		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/19/2026</u>	
Name & Address: EBONY DUNIGAN 2248 HUNTER LANE BURTON, MI 48519		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/24/2026</u>	
Name & Address: LAURI ELBING 201 E ELIZABETH ST APT 306 FENTON, MI 48430		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/03/2026</u>	
Name & Address: LATAVIS LEWIS 6098 WESTKNOLL DR APT 388 GRAND BLANC, MI 48439		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 220.00

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

4,444.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 1184

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: DEWAUN ROBINSON 250 E BOULEVARD DR UNIT 304 FLINT, MI 48501 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>PO BOX PURCHASED FOR CAMPAIGN MAIL</u> 5. Date Of Receipt: <u>03/05/2026</u> 6. Vendor Name & Address: UNITED STATES POSTAL SERVICE 250 E BOULEVARD DR, FLINT, MI 48502	\$ <u>59.00</u>	\$ <u>59.00</u>
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
☐ Fund Raiser Contribution			

[Click Here for Memo Itemization](#)

[Click Here for Memo Itemization](#)

Page Subtotal

59.00

59.00

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

59.00

Enter this total
on line 6 of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **1184**
2. Committee Name **COMMITTEE TO ELECT DEWAUN ROBINSON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FUTUREMINDSET LLC Address 615 WELCH BLVD FLINT, MI 48503 ☐ Fund Raiser	Purpose: CAMPAIGN TEE-SHIRTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/04/2026 Date	\$ 150.00
Expenditure #2 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: ACRYLIC SIGN HOLDERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/04/2026 Date	\$ 34.97
Expenditure #3 Name WAVE MICHIGAN Address 909 S 7TH ST ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: ACCESS TO WAVE MI VOTER ENGAGEMENT PLATFORM ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/12/2026 Date	\$ 100.00
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: CAMPAIGN FLYERS-2500 COUNT 6X9 SIZE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/2026 Date	\$ 318.00
Expenditure #5 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: CAMPAIGN BILLBOARDS-20 COUNT 36X48 SIZE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/18/2026 Date	\$ 1,028.20

Subtotal this page **1,631.17**
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 **1184**
2. Committee Name **COMMITTEE TO ELECT DEWAUN ROBINSON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HOME DEPOT Address 4380 CORUNNA RD FLINT, MI 48532 ☐ Fund Raiser	Purpose: <u>YARD STAKES FOR SIGNS-10PK</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/26/2026</u> Date	\$ <u>171.40</u>
Expenditure #2 Name FUTUREMINDSET LLC Address 615 WELCH BLVD FLINT, MI 48503 ☐ Fund Raiser	Purpose: <u>CAMPAIGN TEE SHIRTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/2026</u> Date	\$ <u>150.00</u>
Expenditure #3 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>CAMPAIGN YARD SIGNS & POSTCARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/2026</u> Date	\$ <u>831.57</u>
Expenditure #4 Name RAPID WRISTBANDS Address 1056 HERCULES AVE HOUSTON, TX 77058 ☐ Fund Raiser	Purpose: <u>CAMPAIGN WRISTBANDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/10/2026</u> Date	\$ <u>270.30</u>
Expenditure #5 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>CAMPAIGN - CAR MAGNETS 10 COUNT 12X24</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/13/2026</u> Date	\$ <u>169.07</u>

Subtotal this page

1,592.34

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 **1184**
2. Committee Name **COMMITTEE TO ELECT DEWAUN ROBINSON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HUNTINGTON BANK Address 1373 S LINDEN RD FLINT, MI 48532 ☐ Fund Raiser	Purpose: BANK FEE FOR ZELLE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/15/2026 Date	\$ 1.00
Expenditure #2 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: POSTCARDS 892 COUNT 4X6 SIZE W/ POSTAGE & MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2026 Date	\$ 650.78
Expenditure #3 Name THE FLINT COURIER NEWS Address 109 WELCH BLVD FLINT, MI 48503 ☐ Fund Raiser	Purpose: POLITICAL ADVERTISEMENT FOR CANDIDATE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2026 Date	\$ 243.91
Expenditure #4 Name HUNTINGTON BANK Address 1373 S LINDEN RD FLINT, MI 48532 ☐ Fund Raiser	Purpose: CASHIERS CHECK FEE FOR THE FLINT COURIER NEWS AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2026 Date	\$ 6.00
Expenditure #5 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE STRIPE & SERVICE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2026 Date	\$ 108.53

Subtotal this page **1,010.22**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **4,233.73**

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Summary Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B – IK

CANDIDATE COMMITTEE

1184

1. Committee I. D. Number _____

2. Committee Name COMMITTEE TO ELECT DEWAUN ROBINSON

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address: UNITED STATES POSTAL SERVICE 250 E BOULEVARD DR FLINT, MI 48502	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable Institution ☐ Donation of assets to Political Party Committee ☒ Other Description <u>CANDIDATE PURCHASED PO BOX FOR CAMPAIGN MAIL</u>	<u>03/05/2026</u> Date	\$ <u>59.00</u>
Expenditure #2 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description: _____	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #3 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description: _____	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description: _____	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description: _____	_____ Date	\$ _____ Click Here for Memo Itemization Type

Page Subtotal

59.00

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

59.00

Enter this total
on line 7 of
the Summary
Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **1184**
2. Committee Name **COMMITTEE TO ELECT DEWAUN ROBINSON**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/05/2026	4. Number of Individuals Attending or Participating (whichever is greater) 30	5. Type of Fund Raising Activity ON THE BRICKS FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. ON THE BRICKS FOOD AND SPIRITS 306 S SAGINAW ST FLINT, MI 48502 ☐ Private Residence
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7. Total Contributions **839.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **839.00**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **1184**
2. Committee Name **COMMITTEE TO ELECT DEWAUN ROBINSON**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/30/2026	4. Number of Individuals Attending or Participating (whichever is greater) 22	5. Type of Fund Raising Activity ICE CREAM SOCIAL	6. Address and Name (If any) of the place where the activity was held. TAYLOR RAE'S ICE CREAM SPA 134 E 2ND ST FLINT, MI 48502 ☐ Private Residence
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7. Total Contributions **75.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **75.00**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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