



FILED

28 JUL 2023 PM 01:27

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**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: 03/14/2023 to 07/23/2023

1. Committee I.D. Number

140266

4. Candidate Last Name First Name M.I.

ADKINS MARIE C

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

COUNCIL AT LARGE, WARREN

2. Committee Name

FRIENDS OF MARIE ADKINS

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

5. Committee's Mailing Address

**13742 HOBART AVENUE
WARREN, MI 48089**

6. Treasurer's Name & Residential Address

**MARIE C ADKINS
13742 HOBART AVENUE
WARREN, MI 48089**

Area Code and Phone (586) 823-6353
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 (586) 823-6353

7. Treasurer's Business Address

**13742 HOBART AVENUE
WARREN, MI 48089**

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

**MAE CHRISTELLE R CAGALINGAN
28023 LOS OLAS DRIVE
WARREN, MI 48093**

Area Code and Phone (586) 823-6353

Area Code and Phone (586) 480-0115

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

08/08/2023

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

07/28/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/28/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140266

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF MARIE ADKINS

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>17,100.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>17,100.00</u>	(18.) \$ <u>17,100.00</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>17,100.00</u>	(20.) \$ <u>17,100.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>15,803.59</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>15,803.59</u>	(23.) \$ <u>15,803.59</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>7,945.00</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>17,100.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>17,100.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>15,803.59</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1,296.41</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2023</u>	
Name & Address: MARIE C ADKINS 13742 HOBART AVE WARREN, MI 48089		\$ <u>7,945.00</u>	\$ <u>7,945.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>HENRY FORD HEALTH SYSTEMS</u> Business Address <u>19401 HUBBARD DR, DEARBORN, MI 48126</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/06/2023</u>	
Name & Address: JUDE RODRIGUEZ P.O. BOX 181032 UTICA, MI 48318		\$ <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>04/07/2023</u>	
Name & Address: LOUIEANN GERHART 49656 GOLDEN PARK DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>HENRY FORD HOSPITAL - MACOMB</u> Business Address <u>15855 19 MILE RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/08/2023</u>	
Name & Address: KRYSTAL ELLIOT 12611 CHELSEA AVE DETROIT, MI 48213		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>QUALITY INSPECTOR</u> Employer <u>CHRYSLER</u> Business Address <u>2101 CONNER ST, DETROIT, MI 48215</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **8,170.00**

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 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>04/11/2023</u> Name & Address: MIA NIPAY 932 WILLOWLEAF DR APT 501 SAN JOSE, CA 95128 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>75.00</u>	\$ <u>75.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/13/2023</u> Name & Address: ROBERTA ADKINS 30917 LUND AVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/13/2023</u> Name & Address: KATHRINA PANARES 142 N HAMILTON DR APT D BEVERLY HILLS, CA 90211 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/13/2023</u> Name & Address: CLAIRE OPURA 2876 WALSH DR ROCHESTER HILLS, MI 48309 5. If over \$100.00 cumulative, please provide: Occupation <u>CARE COORDINATOR</u> Employer <u>HARMONY CARES</u> Business Address <u>500 KIRTS BLVD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal 700.00

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 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>04/14/2023</u>	
Name & Address: FADIA SOUEIDAN 21758 HICKORY WOOD DR DEARBORN HEIGHTS, MI 48127		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/14/2023</u>	
Name & Address: DONNA KO 2474 MATILDA CT WARREN, MI 48092		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/14/2023</u>	
Name & Address: KENNETH MONTERROYO 415 DOISY LN CHAMPAIGN, IL 61822		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF-EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/14/2023</u>	
Name & Address: SHAMA WALKER 19624 AVALON ST ST CLAIR SHORES, MI 48080		\$ <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 210.00

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 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>04/14/2023</u>	
Name & Address: ANNA DEDICATORIA 7916 MARIE DR SHELBY TWP, MI 48316		\$ <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>04/14/2023</u>	
Name & Address: EMILY FITZGERALD 228 MARLIN AVE ROYAL OAK, MI 48067		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/14/2023</u>	
Name & Address: MARLON RODRIGUEZ 23250 HAWTHORNE ST FARMINGTON, MI 48336		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/14/2023</u>	
Name & Address: BRITTNEY ELLIOTT 2893 HARRISON AVE APT 4 CINCINNATI, OH 45211		\$ <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 **185.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/14/2023</u>	
Name & Address: RIFAT ISLAM 4234 PARENT AVE WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PATIENT CARE TECHNICIAN</u> Employer <u>DAVITA</u> Business Address <u>4234 PARENT AVE, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/14/2023</u>	
Name & Address: JOAN CANAGAN 33503 CAPRI CT LIVONIA, MI 48152		\$ <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>04/14/2023</u>	
Name & Address: JAN VERO 10382 ARROYO WILLOW ST LAS VEGAS, NV 89141		\$ <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>04/14/2023</u>	
Name & Address: JAY TIMACDOG 7047 CAMINO REVUELTO SAN DIEGO, CA 92111		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE PRACTITIONER</u> Employer <u>NIGHTINGALE CLINICAL CARE</u> Business Address <u>10690 SAN PABLO AVE, EL CERRITO, CA 94530</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 250.00

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1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>04/14/2023</u>	
Name & Address: CRISTALLE MCMANUS 4772 N KEYSTONE AVE CHICAGO, IL 60630		\$ <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>04/14/2023</u>	
Name & Address: SHAHANI MANGABAT 33730 WALTER ST CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/14/2023</u>	
Name & Address: CHRISTINE POLANCO 1290 SHAKER ST TROY, MI 48083		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/14/2023</u>	
Name & Address: VIRGINIA MALONE 10007 110TH PL LARGO, FL 33773		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **580.00**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/15/2023</u> Name & Address: JUSTINE ARRADAZA 212 S HOOVER ST APT 1/2 LOS ANGELES, CA 90004		\$ <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>04/15/2023</u> Name & Address: CHARMINE RIPARIP 21203 RIVER RD GROSSE POINTE WOODS, MI 48236		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/16/2023</u> Name & Address: JIM RODRIGUEZ 19110 EMERALD DR BROOKFIELD, WI 53045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/16/2023</u> Name & Address: JOHNELL ROBINSON 8131 HARTWELL AVE DETROIT, MI 48228		\$ <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 400.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/17/2023</u> Name & Address: LORNA BUTALON-GRIMES 17752 GLEN HOLLOW WAY RIVERSIDE, CA 92504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/17/2023</u> Name & Address: MONA MANDAP 30507 ALGER ST MADISON HEIGHTS, MI 48071		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHLEBOTOMIST</u> Employer <u>LABCORP</u> Business Address <u>11012 13 MILE RD, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/17/2023</u> Name & Address: JING HEBERT 964 GOLFVIEW CT ROCHESTER HILLS, MI 48307		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/17/2023</u> Name & Address: ROLANDO NARVIOS 21203 RIVER RD GROSSE POINTE WOODS, MI 48236		\$ <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 240.00

Grand Total of All Schedules 1A
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2. Committee Name FRIENDS OF MARIE ADKINS

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>04/17/2023</u>	
Name & Address: ARIANE KENNEDY 53423 JACLYN DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>HENRY FORD HOSPITAL - MACOMB</u> Business Address <u>15855 19 MILE RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/17/2023</u>	
Name & Address: DAIANN JOBAYER 3234 N SCOTTSDALE RD 1063 SCOTTSDALE, AZ 85251		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/17/2023</u>	
Name & Address: JUDE RODRIGUEZ P.O. BOX 181032 UTICA, MI 48318		\$ <u>25.00</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>04/18/2023</u>	
Name & Address: PAUL JERZY 31408 PINTO DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APPEARANCE MANAGER</u> Employer <u>THE PARADE COMPANY</u> Business Address <u>9500 MT ELLIOTT ST, DETROIT, MI 48211</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 275.00

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>04/18/2023</u>	
Name & Address: MARCUS EVANGELISTA 790 DAVIS AVE BIRMINGHAM, MI 48009		\$ <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>04/18/2023</u>	
Name & Address: PATRICK GREEN 3929 MARLENE DR WARREN, MI 48092		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>FIRST INDEPENDENT DESCAMPS</u> Business Address <u>15945 CANAL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2023</u>	
Name & Address: RYAN WAY 74040 MADISON ST ARMADA, MI 48005		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TECH</u> Employer <u>WELLS FARGO</u> Business Address <u>74040 MADISON ST, ARMADA, MI 48005</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2023</u>	
Name & Address: MARC CAGALINGAN 28023 LOS OLAS DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE MANAGER</u> Employer <u>FRESENIUS KIDNEY CARE</u> Business Address <u>23231 JOHN R RD, HAZEL PARK, MI 48030</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

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

1. Committee I.D. Number 140266
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2023</u>	
Name & Address: JOHN MOODY 8092 GERALD AVE WARREN, MI 48093		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETAIL MANAGER</u> Employer <u>TOUCHPOINT</u> Business Address <u>22101 MOROSS RD, DETROIT, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2023</u>	
Name & Address: JANET MOODY 27131 EL CAPITAN DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2023</u>	
Name & Address: AMELIA RAFFERTY 14821 ARLINGTON AVE ALLEN PARK, MI 48101		\$ <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>04/18/2023</u>	
Name & Address: JESSIE COLLINS 1222 HARVARD RD GROSSE POINTE, MI 48230		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRIM TECHNICIAN</u> Employer <u>GIS</u> Business Address <u>47151 CARTIER CT, WIXOM, MI 48393</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2023</u>	
Name & Address: JOAN CATHERINE WARD 24027 KAREN AVE WARREN, MI 48091		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2023</u>	
Name & Address: NATE ZIMMERLY 4781 FREER ST ROCHESTER, MI 48306		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2023</u>	
Name & Address: TAKIS MENTION 709 VIRGINIA PARK ST DETROIT, MI 48202		\$ <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>04/18/2023</u>	
Name & Address: JEFFREY SCHRODER 1592 E LINCOLN ST BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PLUNKETT COONEY</u> Business Address <u>1592 E LINCOLN ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 450.00

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/19/2023</u>	
Name & Address: AUBREY IBARRA 23352 HARDING AVE HAZEL PARK, MI 48030		\$ <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>04/19/2023</u>	
Name & Address: HERMENEGILDO MALABED 22823 CLAIRWOOD ST ST CLAIR SHORES, MI 48080		\$ <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>04/19/2023</u>	
Name & Address: CHERRY BUCANI 574 GREENDALE W DETROIT, MI 48203		\$ <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>04/19/2023</u>	
Name & Address: ERIC LESSNAU 2647 SADLER DR WARREN, MI 48092		\$ <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 **150.00**

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>04/19/2023</u>	
Name & Address: CRISTINA LEONARDO 4828 CLIBURN DR FORT WORTH, TX 76244		\$ <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>04/19/2023</u>	
Name & Address: MARY FAMILARA 2126 LENNON ST GROSSE POINTE WOODS, MI 48236		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>EXCELLENCE CARE SERVICES</u> Business Address <u>2126 LENNON ST, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/19/2023</u>	
Name & Address: ERIKA GUEVARRA 1125 W VAN BUREN ST APT 1608 CHICAGO, IL 60607		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/19/2023</u>	
Name & Address: ELAINE K WALKER 24075 KAREN AVE WARREN, MI 48091		\$ <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 260.00

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>04/19/2023</u> Name & Address: KATHERINA RANOLA 33627 SOMERSET DR STERLING HEIGHTS, MI 48312		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/19/2023</u> Name & Address: TERRY WISNIEWSKI 21725 PANAMA AVE WARREN, MI 48091		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/19/2023</u> Name & Address: MILAGROS JOSE 2180 GOLFVIEW DR APT 103 TROY, MI 48084		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/20/2023</u> Name & Address: MOLLY HANSON 570 LAKE FOREST RD ROCHESTER HILLS, MI 48309		\$ <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 **375.00**

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/20/2023</u> Name & Address: RYAN ADKINS 13742 HOBART AVE WARREN, MI 48089		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>QUALITY INSPECTOR</u> Employer <u>CHRYSLER</u> Business Address <u>2101 CONNER ST, DETROIT, MI 48215</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/20/2023</u> Name & Address: ROLANDA FERNANDEZ 41225 MILLBROOK DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>HENRY FORD HEALTH SYSTEMS</u> Business Address <u>19401 HUBBARD DR, DEARBORN, MI 48126</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/21/2023</u> Name & Address: MICHAEL ELLIOTT 1669 MANDARIN DR CINCINNATI, OH 45240		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CORPORATE COUNSEL</u> Employer <u>WORKHORSE TECHNOLOGIES INC.</u> Business Address <u>3600 PARK 42 DR, STE 160E, SHARONVILLE, OH 45240</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/22/2023</u> Name & Address: CHARLES CONOPIO 341 CORSO LOOP WINTER HAVEN, FL 33884		\$ <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 **475.00**

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2023</u>	
Name & Address: LIZLI TOMADA 113 TRITON LN NAPERVILLE, IL 60540		\$ <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>04/22/2023</u>	
Name & Address: CHRISTINE AYA KO 4492 MARTIN RD WARREN, MI 48092		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2023</u>	
Name & Address: DARWIN DAVID 13690 MCKINLEY AVE WARREN, MI 48089		\$ <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>04/22/2023</u>	
Name & Address: ELIZABETH WASHINGTON 2101 VERNIER RD GROSSE POINTE WOODS, MI 48236		\$ <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 **170.00**

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

1. Committee I.D. Number 140266
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/23/2023</u>	
Name & Address: MARK CULPEPPER 3246 KENWOOD ST FERNDAL, MI 48220		\$ <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>04/23/2023</u>	
Name & Address: ANTONIO DE LEON 5343 HOLLYMEAD DR LAS VEGAS, NV 89135		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/24/2023</u>	
Name & Address: JOSEPHINE LABASTIDA 1173 VILLA PARK DR TROY, MI 48085		\$ <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>04/26/2023</u>	
Name & Address: RHEA VALENTINO 4761 WHITESELL DR TROY, MI 48085		\$ <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 225.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/26/2023</u>	
Name & Address: SHERYLL ANN GO 1482 DE LA VINA ST CHULA VISTA, CA 91913		\$ <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>04/27/2023</u>	
Name & Address: J AGUEDO CAMELLO 722 SUNSET COVE DR WINTER HAVEN, FL 33880		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2023</u>	
Name & Address: MATTHEW RODRIGUEZ 36705 ANGELINE CIR LIVONIA, MI 48150		\$ <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>04/27/2023</u>	
Name & Address: HANS RIPARIP 7606 GREENWAY LN WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>VEONEER</u> Business Address <u>26360 AMERICAN DR, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 300.00

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>04/27/2023</u>	
Name & Address: MOHAMMED ISLAM 34461 RICHARD O DR STERLING HEIGHTS, MI 48310		\$ <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>04/28/2023</u>	
Name & Address: JOYCE CAGALINGAN 28023 LOS OLAS DR WARREN, MI 48093		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2023</u>	
Name & Address: JOE ZORA 29542 VAN LAAN DR WARREN, MI 48092		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2023</u>	
Name & Address: AMANDA ZORA 29542 VAN LAAN DR WARREN, MI 48092		\$ <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 90.00

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>04/28/2023</u>	
Name & Address: BRENDA ZORA 29542 VAN LAAN DR WARREN, MI 48092		\$ <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>04/28/2023</u>	
Name & Address: JARELL MOODY 32160 RUEHLE AVE WARREN, MI 48093		\$ <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>04/28/2023</u>	
Name & Address: MELISSA HOSKINS 32160 RUEHLE AVE WARREN, MI 48093		\$ <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>05/01/2023</u>	
Name & Address: KEYSA SANCHEZ 205 EL VADO RD DIAMOND BAR, CA 91765		\$ <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 **80.00**

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>05/01/2023</u>	
Name & Address: ARI LAYNO-MOSES 5124 CREST KNOLLS CT BLOOMFIELD TWP, MI 48302		\$ <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>05/01/2023</u>	
Name & Address: KRYSTAL RAMOS 16906 KENNETH DR MACOMB, MI 48044		\$ <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>05/03/2023</u>	
Name & Address: ROOPKAMAL KHERA 8569 BURTON WAY LOS ANGELES, CA 90048		\$ <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>05/03/2023</u>	
Name & Address: JOYCE CAGALINGAN 28023 LOS OLAS DR WARREN, MI 48093		\$ <u>50.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>GLOBAL HOMECARE</u> Business Address <u>1883 E MAPLE RD, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 120.00

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/04/2023</u> Name & Address: JASON MOODY 27131 EL CAPITAN DR WARREN, MI 48092		\$ <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>05/04/2023</u> Name & Address: MARK RODRIGUEZ 3009 GEM LUSTER CT VALRICO, FL 33594		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/06/2023</u> Name & Address: MENCHI LAY 3217 W OAKEY BLVD LAS VEGAS, NV 89102		\$ <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>05/08/2023</u> Name & Address: ANTHONY D DODSON 1696 MARYLAND BLVD BIRMINGHAM, MI 48009		\$ <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			

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>05/08/2023</u>	
Name & Address: EMILIE FARO 18 CLYMER CT MARLBORO, NJ 07746		\$ <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>05/08/2023</u>	
Name & Address: JANICE CAHAMBING 2742 HOGAN PL LIVERMORE, CA 94550		\$ <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>05/08/2023</u>	
Name & Address: JOSEPHINE CALVARIO 4204 MAHOGANY DR STERLING HEIGHTS, MI 48310		\$ <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>05/10/2023</u>	
Name & Address: MAE CAGALINGAN 28023 LOS OLAS DR WARREN, MI 48093		\$ <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			

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>05/11/2023</u>	
Name & Address: VALERIE CARREON 9030 KEATING AVE APT 1A SKOKIE, IL 60076		\$ <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>05/15/2023</u>	
Name & Address: MARIA JADE TRAVER 3443 BALDWIN WOODS DR LAKE ORION, MI 48359		\$ <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>05/22/2023</u>	
Name & Address: JOYCE CAGALINGAN 28023 LOS OLAS DR WARREN, MI 48093		\$ <u>150.00</u>	\$ <u>210.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>GLOBAL HOMECARE</u> Business Address <u>1883 E MAPLE RD, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/26/2023</u>	
Name & Address: MARC CAGALINGAN 28023 LOS OLAS DR WARREN, MI 48093		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE MANAGER</u> Employer <u>FRESENIUS KIDNEY CARE</u> Business Address <u>23231 JOHN R RD, HAZEL PARK, MI 48030</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>05/26/2023</u>	
Name & Address: MAE CAGALINGAN 28023 LOS OLAS DR WARREN, MI 48093		\$ <u>50.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/30/2023</u>	
Name & Address: MICHAEL CAGALINGAN 28023 LOS OLAS DR WARREN, MI 48093		\$ <u>60.00</u>	\$ <u>60.00</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>06/08/2023</u>	
Name & Address: LOUIEANN GERHART 49656 GOLDEN PARK DR SHELBY TWP, MI 48315		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>HENRY FORD HOSPITAL - MACOMB</u> Business Address <u>15855 19 MILE RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/12/2023</u>	
Name & Address: CLAIRE OPURA 2876 WALSH DR ROCHESTER HILLS, MI 48309		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CARE COORDINATOR</u> Employer <u>HARMONY CARES</u> Business Address <u>500 KIRTS BLVD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/13/2023</u>	
Name & Address: ANDREW KAW 1843 DELTA DR TROY, MI 48085		\$ <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>06/14/2023</u>	
Name & Address: SHARON LASKOWSKI 25106 PALOMINO AVE WARREN, MI 48089		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/14/2023</u>	
Name & Address: PATRICK GREEN 3929 MARLENE DR WARREN, MI 48092		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>FIRST INDEPENDENT DESCAMPS</u> Business Address <u>3929 MARLENE DR, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/14/2023</u>	
Name & Address: DEREK RIPARIP 21203 RIVER RD GROSSE POINTE WOODS, MI 48236		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/14/2023</u> Name & Address: RENE LANZANAS 4214 GATESFORD CIR DR TROY, MI 48085		\$ <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>06/14/2023</u> Name & Address: ELIZABETH TENNY 2724 EMMONS AVE ROCHESTER HILLS, MI 48307		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CASHIER</u> Employer <u>COSTCO</u> Business Address <u>30550 STEPHENSON HWY, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/15/2023</u> Name & Address: BENEDICTO MANZANO 27795 DEQUINDRE RD APT 106 MADISON HEIGHTS, MI 48071		\$ <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>06/15/2023</u> Name & Address: GIRLIE CATALAN 37205 CLUBHOUSE DR STERLING HEIGHTS, MI 48312		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/15/2023</u> Name & Address: MERCEDITA MAROTO-ANTE 2908 ALEXANDER ST ROCHESTER HILLS, MI 48309		\$ <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>06/15/2023</u> Name & Address: ERNESTINA DELOS SANTOS MAC 2609 VALLEYVIEW DR TROY, MI 48098		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/15/2023</u> Name & Address: MARIA RISVOLD 39125 BYERS DR STERLING HEIGHTS, MI 48310		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/15/2023</u> Name & Address: CONCEPCION SUMALDE 17504 GATEWAY CIR SOUTHFIELD, MI 48075		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **350.00**

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>06/15/2023</u>	
Name & Address: MARY HENRY 1944 TUCKAWAY DR BLOOMFIELD TWP, MI 48302		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/15/2023</u>	
Name & Address: MERIAM STEVENS 45614 ARAGON LN CANTON, MI 48187		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>EASTERN MICHIGAN UNIVERSITY</u> Business Address <u>354 MARSHALL BLDG, Ypsilanti, MI 48197</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/15/2023</u>	
Name & Address: JEFFREY SCHRODER 1592 E LINCOLN ST BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PLUNKETT COONEY</u> Business Address <u>1592 E LINCOLN ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: SHEENA GUE 420 PALISADE AVE YONKERS, NY 10703		\$ <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 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 140266
2. Committee Name FRIENDS OF MARIE ADKINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2023</u>	
Name & Address: VALERIE ALAGON 665 W WARREN AVE APT 209 DETROIT, MI 48201		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

25.00

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

17,100.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140266**
2. Committee Name **FRIENDS OF MARIE ADKINS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PACCM Address 17356 NORTHLAND PARK CT SOUTHFIELD, MI 48075 ☐ Fund Raiser	Purpose: <u>TICKETS TO EVENT NO POLITICAL PURPOSE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/2023</u> Date	\$ <u>225.00</u>
Expenditure #2 Name SAWICKI AND SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>YARD SIGNS INITIAL PAYMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/2023</u> Date	\$ <u>743.33</u>
Expenditure #3 Name SIMPLE PALATE Address 27380 VAN DYKE AVE WARREN, MI 48093 ☒ Fund Raiser	Purpose: <u>VENUE/FOOD REMAINING BALANCE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/26/2023</u> Date	\$ <u>767.23</u>
Expenditure #4 Name PRINT MASTERS Address 26039 DEQUINDRE RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>WALKING LIT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/27/2023</u> Date	\$ <u>2,256.66</u>
Expenditure #5 Name DELUXE SMALL BUSINESS SOLUTIONS Address 801 S MARQUETTE AVE MINNEAPOLIS, MN 55402 ☐ Fund Raiser	Purpose: <u>CAMPAIGN ACCOUNT CHECKS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/2023</u> Date	\$ <u>68.14</u>

Subtotal this page **4,060.36**
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 140266
2. Committee Name FRIENDS OF MARIE ADKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DUNLOP HOLDING LLC Address PO BOX 2098 Royal Oak, MI 48068 ☐ Fund Raiser	Purpose: <u>GRAPHIC DESIGN FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/2023</u> Date	\$ <u>341.25</u>
Expenditure #2 Name SAWICKI AND SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>LAWN SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/2023</u> Date	\$ <u>743.34</u>
Expenditure #3 Name VISTAPRINT Address 275 WYMAN ST WALTHAM, MA 02451 ☐ Fund Raiser	Purpose: <u>TSHIRT PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/05/2023</u> Date	\$ <u>50.40</u>
Expenditure #4 Name UPS Address 23205 GRATIOT AVE EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: <u>NOTARY SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/16/2023</u> Date	\$ <u>10.00</u>
Expenditure #5 Name OFFICE DEPOT Address 19001 E 9 MILE RD EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: <u>BUSINESS CARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/17/2023</u> Date	\$ <u>52.31</u>

Subtotal this page

1,197.30

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 **140266**
2. Committee Name **FRIENDS OF MARIE ADKINS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MIA NIPAY Address 932 WILLOWLEAF DR APT 501 SAN JOSE, CA 95128 ☐ Fund Raiser	Purpose: CAMPAIGN BUTTONS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/17/2023 Date	\$ 133.03
Expenditure #2 Name USPS Address 28401 MOUND RD WARREN, MI 48090 ☐ Fund Raiser	Purpose: STAMPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/20/2023 Date	\$ 25.20
Expenditure #3 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: SOCIAL MEDIA ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/24/2023 Date	\$ 50.00
Expenditure #4 Name CAPA MICHIGAN Address 34841 MOUND RD STE 115 STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: TICKETS TO EVENT NO POLITICAL PURPOSE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2023 Date	\$ 260.00
Expenditure #5 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: SOCIAL MEDIA ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2023 Date	\$ 50.00

Subtotal this page

518.23

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 **140266**
2. Committee Name **FRIENDS OF MARIE ADKINS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: SOCIAL MEDIA ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/08/2023 Date	\$ 50.00
Expenditure #2 Name MEIJER Address 25225 SCHOENHERR RD WARREN, MI 48089 ☒ Fund Raiser	Purpose: DRINKS FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2023 Date	\$ 181.15
Expenditure #3 Name JRR GROUP LLC Address 2519 WESTMONT CIR STERLING HEIGHTS, MI 48310 ☒ Fund Raiser	Purpose: CATERING/VENUE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/16/2023 Date	\$ 750.00
Expenditure #4 Name ALEXANDER BERDY Address 31115 SARATOGA AVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: PHOTOGRAPHY FOR LIT AND HEADSHOTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/23/2023 Date	\$ 300.00
Expenditure #5 Name AMADER BANGLA Address 36282 GREGORY DR STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: VIDEO SHOOT FOR US BANGLA TV ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2023 Date	\$ 275.00

Subtotal this page **1,556.15**

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 **140266**
2. Committee Name **FRIENDS OF MARIE ADKINS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DUNLOP HOLDINGS LLC Address PO BOX 2098 Royal Oak, MI 48068 ☐ Fund Raiser	Purpose: <u>GRAPHIC DESIGN FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2023</u> Date	\$ <u>276.25</u>
Expenditure #2 Name MASS MAILING LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: <u>PRINTING AND MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2023</u> Date	\$ <u>4,018.13</u>
Expenditure #3 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2023</u> Date	\$ <u>50.32</u>
Expenditure #4 Name MASS MAILING LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: <u>PRINTING AND MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/2023</u> Date	\$ <u>2,308.68</u>
Expenditure #5 Name FILAMCCO Address 17356 NORTHLAND PARK CT SOUTHFIELD, MI 48075 ☐ Fund Raiser	Purpose: <u>VENDOR FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/2023</u> Date	\$ <u>300.00</u>

Subtotal this page **6,953.38**

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 **140266**
2. Committee Name **FRIENDS OF MARIE ADKINS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name OFFICE DEPOT Address 19001 E 9 MILE RD EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: BANNER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2023 Date	\$ 68.89
Expenditure #2 Name MEIJER Address 25225 SCHOENHERR RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: DRINKS FOOD FOR VENDOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2023 Date	\$ 128.28
Expenditure #3 Name MAE CAGALINGAN Address 28023 LOS OLAS DR WARREN, MI 48093 ☐ Fund Raiser	Purpose: CANVASSER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2023 Date	\$ 220.00
Expenditure #4 Name MAE CAGALINGAN Address 28023 LOS OLAS DR WARREN, MI 48093 ☐ Fund Raiser	Purpose: CANVASSER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2023 Date	\$ 101.00
Expenditure #5 Name MASS MAILING LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: PRINTING AND MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2023 Date	\$ 1,000.00

Subtotal this page	1,518.17
Grand Total of all Schedules 1B (Complete on last page of Schedule)	15,803.59

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: MARIE C ADKINS 13742 HOBART AVE WARREN, MI 48089	4. Type: <u>LOAN TO SELF</u> 5. <u>Date Debt Was Incurred:</u> <u>03/31/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 7,945.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 7,945.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

7,945.00

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

7,945.00

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140266**
2. Committee Name **FRIENDS OF MARIE ADKINS**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 04/18/2023	4. Number of Individuals Attending or Participating (whichever is greater) 35	5. Type of Fund Raising Activity CAMPAIGN LAUNCH	6. Address and Name (If any) of the place where the activity was held. SIMPLE PALATE RESTAURANT 27380 VAN DYKE AVE WARREN, MI 48093 ☐ Private Residence
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7. Total Contributions **3,025.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **3,025.00**
10. Total Cost of Event **1,997.23**
(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 140266
2. Committee Name FRIENDS OF MARIE ADKINS

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/14/2023</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u>	5. Type of Fund Raising Activity <u>FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>ROYAL PALACE OF TROY</u> <u>5087 ROCHESTER RD</u> <u>TROY, MI 48085</u> ☐ Private Residence
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7. Total Contributions 1,490.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 1,490.00
10. Total Cost of Event 931.25
(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.