



FILED

27 OCT 2023 PM 03:05

OAKLAND COUNTY CLERK
PONTIAC, 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: 03/07/2023 to 10/22/2023

1. Committee I.D. Number

98178

2. Committee Name

ELECT THERESA RICH

4. Candidate Last Name First Name M.I.

ORLASKE-RICH THERESA A

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

MAYOR, FARMINGTON HILLS

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

5. Committee's Mailing Address

**27620 FARMINGTON RD. STE. 108
FARMINGTON HILLS, MI 48334**

Area Code and Phone (248) 320-5363
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**BRIAN RICH
34067 HERITAGE HILLS DR.
FARMINGTON HILLS, MI 48331**

Area Code & Phone (248) 788-3442

7. Treasurer's Business Address

**34067 HERITAGE HILLS DR.
FARMINGTON HILLS, MI 48331**

Area Code and Phone (248) 788-3442

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

**THERESA RICH
27620 FARMINGTON RD. STE. 108
FARMINGTON HILLS, MI 48334**

Area Code and Phone (248) 320-5363

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

11/07/2023

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

10/27/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/27/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98178

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name ELECT THERESA RICH

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>81,699.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>81,699.00</u>	(18.) \$ <u>81,699.00</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>81,699.00</u>	(20.) \$ <u>81,699.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>7,429.54</u>	(21.) \$ <u>7,429.54</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>43,974.42</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>43,974.42</u>	(23.) \$ <u>43,974.42</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>3,859.50</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>81,699.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>81,699.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>43,974.42</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>37,724.58</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>03/09/2023</u> Name & Address: ROBERT ORLASKE 2588 PIER RD BENTON HARBOR, MI 49022		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>FREEDOM BOAT CLUB</u> Business Address <u>505 PLEASANT ST, BENTON HARBOR, MI 49022</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/09/2023</u> Name & Address: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/15/2023</u> Name & Address: JUDY ANCELL 37524 BURTON CT FARMINGTON HILLS, MI 48331		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>37524 BURTON CT, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: MARY SCHUSTERBAUER 2634 HYLAND ST FERNDAL, MI 48220		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,850.00**

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

Enter this total on
line 3a of Summary
Page.



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CANDIDATE COMMITTEE**

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>03/16/2023</u> Name & Address: STEVEN ARTT 28317 FORESTBROOK DR FARMINGTON HILLS, MI 48334		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: KEVIN HRIT 2141 FRANKLIN RD BERKLEY, MI 48072		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: MAI XIONG 32820 NEWCASTLE DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2023</u> Name & Address: BETHEEN MCCALL 37946 COUNTY RD L YUMA, CO 80759		\$ <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 270.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>03/16/2023</u>	
Name & Address: BRET JACOB 207 JEWETT ST PROVIDENCE, RI 02908		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: JORDAN ACKER 26654 HUMBER ST HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: LAROME MYRICK 12 EAGLE ST PROVIDENCE, RI 02908		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: MICHAEL WANT 68 BUTLER ST BOSTON, MA 02124		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 215.00

Grand Total of All Schedules 1A
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: NANCY GORDON 861 BATES AVE EL CERRITO, CA 94530		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: ELECT MARIA GERSHENSON 5964 WING LAKE RD BLOOMFIELD HILLS, MI 48301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/17/2023</u>	
Name & Address: DOLLI LEWIS 31823 W 13 MILE RD FARMINGTON HILLS, MI 48334		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>ANGELS ON ASSIGNMENT HOME CARE</u> Business Address <u>31823 W 13 MILE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/17/2023</u>	
Name & Address: LIANE JOLLON 87 BELMONT DR HESPERUS, CO 81326		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 475.00

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3. Contribution # 1 PAC Receipt? ☒ YES 4. Date of Receipt <u>03/17/2023</u> Name & Address: PIPEFITTERS LOCAL 636 PAC 700 TOWER DR TROY, MI 48098		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/17/2023</u> Name & Address: NINA ABRAMS 12959 TALBOT LN HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/18/2023</u> Name & Address: SHERRELLE EVANS-JONES 936 S OLD ORCHARD LN LEWISVILLE, TX 75067		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/18/2023</u> Name & Address: SHANNON DOUVIER 41663 CO RD 2 RICE, MN 56367		\$ <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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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2023</u>	
Name & Address: HELENE WEIR 520 W CLARENDON AVE PHOENIX, AZ 85013		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2023</u>	
Name & Address: AMY STRAUSS 29784 FOX GROVE RD FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2023</u>	
Name & Address: ANNA CASSAR 23064 FOX CREEK FARMINGTON HILLS, MI 48335		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2023</u>	
Name & Address: DANETTE DURON-WILLNER 35750 FREDERICKSBURG RD FARMINGTON HILLS, MI 48331		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>35750 FREDERICKSBURG RD, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 550.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2023</u>	
Name & Address: NOAH ARBIT 2560 WOODROW WILSON BLVD WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2023</u>	
Name & Address: JACOB CUNNINGHAM 246 WITHINGTON ST FERNDAL, MI 48220		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2023</u>	
Name & Address: UMA NATARAJAN 37664 MCKENZIE CT FARMINGTON HILLS, MI 48331		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SYSTEMS/DATABASE ARCHITECT</u> Employer <u>WAYNE RESA</u> Business Address <u>33500 VAN BORN RD, WAYNE, MI 48184</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2023</u>	
Name & Address: WILLIAM SEIKALY 78 VAUGHAN-RIDGE RD BLOOMFIELD HILLS, MI 48304		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SEIKALY & ZEMAN PC</u> Employer <u>ATTORNEY</u> Business Address <u>38500 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 590.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2023</u>	
Name & Address: MARY CARLETON 30335 PATRICIA ST FARMINGTON HILLS, MI 48334		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2023</u>	
Name & Address: JULIE MCCOWAN 22120 HAYNES AVE FARMINGTON HILLS, MI 48336		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2023</u>	
Name & Address: TANYA NORDHAUS 32133 BONNET HILL RD FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2023</u>	
Name & Address: ERIC MCPHERSON 22639 POPLAR CT HAZEL PARK, MI 48030		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS AGENT</u> Employer <u>SHEET METAL WORKERS LOCAL 80</u> Business Address <u>17100 W 12 MILE RD, SOUTHFIELD, MI 48076</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 390.00

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2. Committee Name ELECT THERESA RICH

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: SHADIA MARTINI 30202 INKSTER RD FRANKLIN, MI 48025		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE BROKER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1717 HERON RIDGE DR, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: KELLY GARRETT 18804 LACROSSE AVE LATHRUP VILLAGE, MI 48076		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: BARRY GOODMAN 28854 HERNDONWOOD DR FARMINGTON HILLS, MI 48334		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GOODMAN ACKER</u> Business Address <u>17000 W 10 MILE RD, SOUTHFIELD, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: KIMBERLY GANE 421 MAIN ST ST JOSEPH, MI 49085		\$ <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 575.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>03/22/2023</u>	
Name & Address: ELIZABETH KAPLAN 33951 GLOUSTER CIR FARMINGTON HILLS, MI 48331		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/22/2023</u>	
Name & Address: ALLEN WOLF 4680 PICKERING RD BLOOMFIELD HILLS, MI 48301		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/22/2023</u>	
Name & Address: ELLA LEE 33672 HEIRLOOM CIR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/22/2023</u>	
Name & Address: SHANNON WALLACE 17025 LATHROP AVE PFLUGERVILLE, TX 78660		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HUMAN RESOURCES</u> Employer <u>GM</u> Business Address <u>17026 LATHROP AVE, PFLUGERVILLE, TX 78660</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 320.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>03/22/2023</u>	
Name & Address: MICHAEL WEIL 7440 HEATHER HEATH LN WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT LAW</u> Business Address <u>2500 FRANKLIN RD, SOUTHFIELD, MI 48033</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/23/2023</u>	
Name & Address: SHARON BASEMAN 13320 WALES AVE HUNTINGTON WOODS, MI 48070		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/23/2023</u>	
Name & Address: GAIL MCLEOD 14879 GARFIELD 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>03/23/2023</u>	
Name & Address: LELAND BASSETT 30751 CEDAR CREEK DR FARMINGTON HILLS, MI 48336		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>BASSETT & BASSETT COMMUNICATION MANAGERS AND COUNS</u> Business Address <u>660 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 420.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/23/2023</u>	
Name & Address: MARC KATZ 2345 OXFORD RD BERKLEY, MI 48072		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/23/2023</u>	
Name & Address: XURU DING 6558 CLAREMORE CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>6558 CLAREMORE CT, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/24/2023</u>	
Name & Address: RAYMOND CASSAR 30445 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/24/2023</u>	
Name & Address: JESSICA PELLEGRINO 28357 LACOSTA CT FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>DEFENSE CYBER SOLUTIONS</u> Business Address <u>28357 LACOSTA CT, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **340.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>03/24/2023</u> Name & Address: MATTHEW KOBLISKA 40900 WOODWARD AVE BLOOMFIELD HILLS, MI 48304		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/24/2023</u> Name & Address: ERIK LINDQUIST 35233 GARY ST FARMINGTON HILLS, MI 48331		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/24/2023</u> Name & Address: CHRISTINE GREIG 21031 EASTFARM LN CT NORTHVILLE, MI 48167		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>21031 EASTFARM LN CT, NORTHVILLE, MI 48167</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/24/2023</u> Name & Address: HOWARD BARON 1355 JUNIPER LN BLOOMFIELD TWP, MI 48302		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 490.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>03/25/2023</u> Name & Address: MICHAEL CONNOLLY 15943 HUFF ST LIVONIA, MI 48154		\$ <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>03/25/2023</u> Name & Address: MATTHEW LUNN 12771 BUFFINGTON TRL PARKER, CO 80134		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/25/2023</u> Name & Address: LORIE SAVIN 5100 CHESTERSHIRE CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1300 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/26/2023</u> Name & Address: SANDRA HELLER 31028 VERONA ST FARMINGTON HILLS, MI 48331		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 210.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>03/26/2023</u>	
Name & Address: ROBERTA SHAFER 57761 APPLE LN NEW HUDSON, MI 48165		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/26/2023</u>	
Name & Address: ROGER SMITH 7026 DUNSTANS LN TOLEDO, OH 43617		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/26/2023</u>	
Name & Address: EMILY MORAN 15336 NORTHVILLE FOREST DR PLYMOUTH, MI 48170		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/26/2023</u>	
Name & Address: AMANDA JACZKOWSKI 9451 GALLAGHER ST HAMTRAMCK, MI 48212		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 180.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>03/26/2023</u>	
Name & Address: PEARL THOMAS 29433 PARAMOUNT CT FARMINGTON HILLS, MI 48331		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/26/2023</u>	
Name & Address: MITCHELL FORD 22515 EDISON ST DEARBORN, MI 48124		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/26/2023</u>	
Name & Address: JOANN WRIGHT 17015 NEW HAMPSHIRE DR SOUTHFIELD, MI 48075		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2023</u>	
Name & Address: BRITTANY PINNOCK 20755 CLUB LN NORTHVILLE, MI 48167		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 200.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2023</u>	
Name & Address: LAURA LESTER 6914 WOODSIDE TRAIL WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2023</u>	
Name & Address: LISA MAYER 2260 CARROLLWOOD CT BIRMINGHAM, MI 48009		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRACTICE MANAGER</u> Employer <u>AAISEMI</u> Business Address <u>27655 MIDDLEBELT RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2023</u>	
Name & Address: MARIE WAHLER 6075 KIEV ST WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>6075 KIEV ST, WEST BLOOMFIELD TOWNSHIP, MI 48324</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2023</u>	
Name & Address: DENNIS GREEN 27960 BAYBERRY RD FARMINGTON HILLS, MI 48331		\$ <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 **410.00**

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>03/27/2023</u> Name & Address: ERIC HUFFMAN 18656 PARKSIDE ST DETROIT, MI 48221		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/27/2023</u> Name & Address: MARTIN SHOUSHANIAN 15300 MERCANTILE DR DEARBORN, MI 48120		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF SALES</u> Employer <u>VERSACOM INC</u> Business Address <u>15300 MERCANTILE DR, DEARBORN, MI 48120</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/27/2023</u> Name & Address: KENT DOUGLAS 2191 KOHLER ST WATERFORD TWP, MI 48329		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/27/2023</u> Name & Address: HOWARD COLLENS 13102 NADINE AVE HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GALLOWAY AND COLLENS PLLC</u> Business Address <u>26075 WOODWARD AVE, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 280.00

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/28/2023</u> Name & Address: SHANELL WEATHERSPOON 432 KUHN ST PONTIAC, MI 48342		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>432 KUHN ST, PONTIAC, MI 48342</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/28/2023</u> Name & Address: GEORGE DICKSTEIN 28444 KENDALLWOOD DR FARMINGTON HILLS, MI 48334		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/28/2023</u> Name & Address: LINDA FURLOUGH 1715 MOUNTAIN ASH DR WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/28/2023</u> Name & Address: MICHELLE GORNBEIN 6254 EASTBROOKE WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 260.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>03/28/2023</u>	
Name & Address: CLAUDIA GESCHWIND 3781 LINCOLN RD BLOOMFIELD HILLS, MI 48301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2023</u>	
Name & Address: LORI BOYCE 21699 SHEFFIELD DR FARMINGTON HILLS, MI 48335		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2023</u>	
Name & Address: LINDA LARSEN 29562 POND RIDGE RD FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>29562 POND RIDGE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2023</u>	
Name & Address: ANDREW MUTCH 24740 TAFT RD NOVI, MI 48375		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIBRARY SYSTEMS ADMINISTRATOR</u> Employer <u>CHARTER TOWNSHIP OF WATERFORD</u> Business Address <u>5200 CIVIC CENTER DR, WATERFORD TWP, MI 48329</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 340.00

Grand Total of All Schedules 1A
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2023</u>	
Name & Address: ROB KALMAN 2830 STENNETT ST KEEGO HARBOR, MI 48320		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2023</u>	
Name & Address: STEPHEN SCAPELLITI 35019 QUAKER WAY FARMINGTON HILLS, MI 48331		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2023</u>	
Name & Address: NANCY HARMON 33915 GLOUSTER CIR FARMINGTON HILLS, MI 48331		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>33915 GLOUSTER CIR, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2023</u>	
Name & Address: LAUREL REBENSTOCK 34045 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331		\$ <u>180.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LMSW</u> Employer <u>HEALING PERSPECTIVES TIME WELL SPENT COUNSELING AN</u> Business Address <u>5600 W MAPLE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **530.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>03/28/2023</u>	
Name & Address: ZACHARY RICH 22191 N BRANDON ST FARMINGTON HILLS, MI 48336		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR CASEWORKER</u> Employer <u>UNITED STATES HOUSE OF REPRESENTATIVES</u> Business Address <u>37695 PEMBROKE AVE, LIVONIA, MI 48152</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2023</u>	
Name & Address: ALISHA THURMOND 18107 KENTUCKY ST DETROIT, MI 48221		\$ <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>03/28/2023</u>	
Name & Address: KYLE ANDERSON 23000 BROOKDALE BLVD ST CLAIR SHORES, MI 48082		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2023</u>	
Name & Address: SAMANTHA STECKLOFF 31176 COUNTRY WAY FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **410.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>03/28/2023</u>	
Name & Address: HYLA WILLIAMS 37559 AVON LN FARMINGTON HILLS, MI 48331		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>MAX BROCK</u> Business Address <u>275 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2023</u>	
Name & Address: DEBBIE BINDER 4309 FOXPOINTE DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2023</u>	
Name & Address: ALFRED PARHAM 24005 VANCE AVE HAZEL PARK, MI 48030		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2023</u>	
Name & Address: CARA FLEMING 435 W CAMBOURNE ST FERNDAL, MI 48220		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 200.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>03/28/2023</u>	
Name & Address: GWEN MARKHAM 45540 VIOLET LN NOVI, MI 48374		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2023</u>	
Name & Address: JODY DEFOE 23470 RIVERVIEW DR SOUTHFIELD, MI 48034		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2023</u>	
Name & Address: ALEXANDRIA RILEY 149 OTTAWA DR PONTIAC, MI 48341		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>GENESEE COUNTY</u> Business Address <u>149 OTTAWA DR, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2023</u>	
Name & Address: MARWAN KHALIFA 1048 IRVINE AVE NEWPORT BEACH, CA 92660		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 490.00

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/28/2023</u> Name & Address: DARYL THOMAS 29433 PARAMOUNT CT FARMINGTON HILLS, MI 48331		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/28/2023</u> Name & Address: MARIA MARCOTTE 547 BLOOMFIELD CT BIRMINGHAM, MI 48009		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/28/2023</u> Name & Address: VIRGIE ROLLINS 19432 BURLINGTON DR DETROIT, MI 48203		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>19432 BURLINGTON DR, DETROIT, MI 48203</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/28/2023</u> Name & Address: HENRY SCHARG 34091 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HENRY M. SCHARG ATTY & COUNSELOR</u> Business Address <u>30445 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</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 98178
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/29/2023</u>	
Name & Address: WENDY ZIELEN PO BOX 164 CHELSEA, MI 48118		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPMENT DIRETCOR</u> Employer <u>ST LOUIS CENTER</u> Business Address <u>16195 W OLD US HWY 12, CHELSEA, MI 48118</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>03/30/2023</u>	
Name & Address: SHEET METAL WORKERS LOCAL 80 PAC 17100 W 12 MILE RD SOUTHFIELD, MI 48076		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/03/2023</u>	
Name & Address: CYNTHIA ORLASKE 1315 MIAMI RD BENTON HARBOR, MI 49022		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER/STYLIST</u> Employer <u>THE GALLERY SALON</u> Business Address <u>667 W MAIN ST, BENTON HARBOR, MI 49022</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/03/2023</u>	
Name & Address: WILLIAM ZYGMUNT 15336 NORTHVILLE FOREST DR PLYMOUTH, MI 48170		\$ <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 **450.00**

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>04/09/2023</u>	
Name & Address: LANCE TURNER PO BOX 547 BIRMINGHAM, MI 48012		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/09/2023</u>	
Name & Address: KAREN NASH 27490 W 10 MILE RD FARMINGTON, MI 48336		\$ <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: CHRIS SMITH 10085 NADINE AVE HUNTINGTON WOODS, MI 48070		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CHALGIAN & TRIPP LAW OFFICES</u> Business Address <u>26211 CENTRAL PARK BLVD, SOUTHFIELD, MI 48076</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/15/2023</u>	
Name & Address: CHARLOTTE VOYTOVICH 31218 CARRIAGE HILL RD FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 400.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2023</u>	
Name & Address: ALEX MEYERS 23755 HAYNES ST FARMINGTON HILLS, MI 48336		\$ <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>04/23/2023</u>	
Name & Address: RUTH BERESH 3949 CHABLIS ST WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/23/2023</u>	
Name & Address: SUSAN FERKANY 5556 WALNUT CIR E WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <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: ELIZABETH HEMMING 21669 HAMPTON ST BEVERLY HILLS, MI 48025		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 260.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/08/2023</u>	
Name & Address: JEFFREY SUHRE 33113 ORCHARD ST FARMINGTON, MI 48336		\$ <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>05/09/2023</u>	
Name & Address: CHERYL BLAU 23350 CASS ST FARMINGTON, MI 48335		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>BRANCH LINE SCHOOL</u> Business Address <u>16360 HUBBARD ST, LIVONIA, MI 48154</u> 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: ALEX MEYERS 23755 HAYNES ST FARMINGTON HILLS, MI 48336		\$ <u>10.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/26/2023</u>	
Name & Address: STEVEN GOTTLIEB 22 TELFORD DR TROY, MI 48085		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>RED CARPET REAL ESTATE</u> Business Address <u>125 E MAPLE RD, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **385.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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: JOYCE HENDERSON-MCCOY 20435 ROSELAWN ST DETROIT, MI 48221		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMIN</u> Employer <u>CITY OF DETROIT</u> Business Address <u>2 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2023</u> Name & Address: CYNDI PELTONEN 318 BROADACRE AVE CLAWSON, MI 48017		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2023</u> Name & Address: JAMES NASH 27490 W 10 MILE RD FARMINGTON, MI 48336		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/13/2023</u> Name & Address: CLIFF PATTON 39150 AYNESLEY ST CLINTON TWP, MI 48038		\$ <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
(Complete on last page of Schedule)

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>06/14/2023</u>	
Name & Address: HOWARD BROWN 11875 DUNBAR CT WEST PALM BEACH, FL 33412		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>11875 DUNBAR CT, WEST PALM BEACH, FL 33412</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/19/2023</u>	
Name & Address: CONNIE WILLIAMS 23665 BRANDYWYNNE ST SOUTHFIELD, MI 48033		\$ <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>06/20/2023</u>	
Name & Address: ESTHER KRYSTAL 200 LEEDER HILL DR HAMDEN, CT 06517		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>200 LEEDER HILL DR, HAMDEN, CT 06517</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2023</u>	
Name & Address: TENISE HILL 16930 COLLINGHAM DR DETROIT, MI 48205		\$ <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 **370.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2023</u>	
Name & Address: MARK STECKLOFF 29271 GLENCASTLE CT FARMINGTON HILLS, MI 48336		\$ <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>06/22/2023</u>	
Name & Address: ALEX MEYERS 23755 HAYNES ST FARMINGTON HILLS, MI 48336		\$ <u>10.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>06/22/2023</u>	
Name & Address: PIPEFITTERS LOCAL 636 PAC 700 TOWER DR TROY, MI 48098		\$ <u>700.00</u>	\$ <u>950.00</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>06/25/2023</u>	
Name & Address: JON HORFORD 227 N SYCAMORE ST LANSING, MI 48933		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **860.00**

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 98178
2. Committee Name ELECT THERESA RICH

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/25/2023</u>	
Name & Address: LESA FERENCZ 25380 WITHERSPOON ST FARMINGTON HILLS, MI 48335		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTROLLER</u> Employer <u>BLOOM</u> Business Address <u>25601 W 8 MILE RD, REDFORD TWP, MI 48240</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/27/2023</u>	
Name & Address: KYAHA DAVIDSON 23340 GLENCREEK DR FARMINGTON HILLS, MI 48336		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/27/2023</u>	
Name & Address: MARCY LIBERMAN 30380 FOX CLUB DR FARMINGTON HILLS, MI 48331		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>30380 FOX CLUB DR, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/28/2023</u>	
Name & Address: ED STREIT 28380 SHILOH CT FARMINGTON HILLS, MI 48331		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>28380 SHILOH CT, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,090.00**

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

1. Committee I.D. Number 98178
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/29/2023</u>	
Name & Address: DENNIS DENNO 410 CLARENDON RD EAST LANSING, MI 48823		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>410 CLARENDON RD, EAST LANSING, MI 48823</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/29/2023</u>	
Name & Address: BARBARA ANNESS 2769 BRAEBURN DR 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/30/2023</u>	
Name & Address: ANNE MERVENNE 1316 S MAIN ST ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/01/2023</u>	
Name & Address: GILLIAN TALWAR 28825 SALEM ROAD FARMINGTON, MI 48334		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 430.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/2023</u>	
Name & Address: DAVID HECKER 25502 PARKWOOD DR HUNTINGTON WOODS, MI 48070		\$ <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>07/03/2023</u>	
Name & Address: CYNDI PELTONEN 318 BROADACRE AVE CLAWSON, MI 48017		\$ <u>10.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/03/2023</u>	
Name & Address: DOLLI LEWIS 31823 W 13 MILE RD FARMINGTON HILLS, MI 48334		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>ANGELS ON ASSIGNMENT HOME CARE</u> Business Address <u>31823 W 13 MILE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/03/2023</u>	
Name & Address: JANE GLAZER 1220 CARO RD SEBEWAING, MI 48759		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 440.00

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

1. Committee I.D. Number 98178
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/05/2023</u>	
Name & Address: KIRSTEN HARTIG 2450 CHARNWOOD DR TROY, MI 48098		\$ <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>07/06/2023</u>	
Name & Address: LINDA LARSEN 29562 POND RIDGE RD FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>29562 POND RIDGE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/06/2023</u>	
Name & Address: JAIME WEAVER 35036 QUAKER WAY FARMINGTON HILLS, MI 48331		\$ <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>07/06/2023</u>	
Name & Address: KYAHA DAVIDSON 23340 GLENCREEK DR FARMINGTON HILLS, MI 48336		\$ <u>40.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 290.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/06/2023</u>	
Name & Address: TODD MORITA 2881 PORTAGE TRAIL DR 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>07/07/2023</u>	
Name & Address: BRIAN MADDAFORD 33673 PONDVIEW CIR LIVONIA, MI 48152		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/07/2023</u>	
Name & Address: ERIC GOULD 31150 N PARK DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>COHEN LERNER & RABINOVITZ</u> Business Address <u>26862 WOODWARD AVE, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/08/2023</u>	
Name & Address: SALVATORE CURCURU 19444 GOLD RIVER DR MACOMB, MI 48044		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 230.00

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

1. Committee I.D. Number 98178
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/08/2023</u>	
Name & Address: KEITH PODOB 35160 BUNKER HILL DR FARMINGTON HILLS, MI 48331		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/08/2023</u>	
Name & Address: KEVIN BUSH 38028 MALLORY DR LIVONIA, MI 48154		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/08/2023</u>	
Name & Address: ELIZABETH KAPLAN 33951 GLOUSTER CIR FARMINGTON HILLS, MI 48331		\$ <u>140.00</u>	\$ <u>220.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>33951 GLOUSTER CIR, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/08/2023</u>	
Name & Address: DORENE O'BRIEN 31110 APPLEWOOD LN FARMINGTON HILLS, MI 48331		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 240.00

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/2023</u> Name & Address: GREGORY EDGEComb 36063 TRADITIONS DR WESTLAND, MI 48185		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/2023</u> Name & Address: ROSE FORD 7621 PENINSULA CT WATERFORD TWP, MI 48327		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2023</u> Name & Address: BETH ROSENFELD 31241 CARRIAGE HILL RD FARMINGTON HILLS, MI 48331		\$ <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>07/09/2023</u> Name & Address: RICHARD PLOWDEN 21189 HARVARD RD SOUTHFIELD, MI 48076		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF MARTIAL ARTS THERAPIST</u> Employer <u>KIDS KICKING CANCER</u> Business Address <u>27600 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **395.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2023</u> Name & Address: MATT WAHLER 6075 KIEV ST WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2023</u> Name & Address: RICHARD PLOWDEN 21189 HARVARD RD SOUTHFIELD, MI 48076		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF MARTIAL ARTS THERAPIST</u> Employer <u>KIDS KICKING CANCER</u> Business Address <u>27600 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2023</u> Name & Address: ELEANOR CAREY 17517 BIRCHCREST DR DETROIT, MI 48221		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2023</u> Name & Address: JEAN ST GERMAINE 6665 HALYARD RD BLOOMFIELD HILLS, MI 48301		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 430.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/2023</u>	
Name & Address: MARIA TAYLOR 33414 OAKLAND ST FARMINGTON, MI 48335		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/2023</u>	
Name & Address: BRIA BARKER LEWIS 30580 HUNTERS DR FARMINGTON HILLS, MI 48334		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/2023</u>	
Name & Address: KAMESHIA GANT 20306 RODEO CT SOUTHFIELD, MI 48075		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/2023</u>	
Name & Address: MICHAEL STROME 5157 VILLAGE COMMONS DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **160.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/2023</u>	
Name & Address: KAREE STROME 5157 VILLAGE COMMONS DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <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>07/09/2023</u>	
Name & Address: DAWN MARTIN 34234 NORTHWICK ST FARMINGTON HILLS, MI 48331		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/2023</u>	
Name & Address: ABIGAIL HALL 21611 W 10 MILE RD SOUTHFIELD, MI 48075		\$ <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>07/09/2023</u>	
Name & Address: JAMES NASH 27490 W 10 MILE RD FARMINGTON, MI 48336		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WATER RESOURCES COMMISSIONER</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1 PUBLIC WORKS DR, FARMINGTON HILLS, MI 48336</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 220.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2023</u> Name & Address: NANCY QUARLES 43000 12 OAKS CRESCENT DR NOVI, MI 48377		\$ <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>07/09/2023</u> Name & Address: JACK DONALDSON 28032 HICKORY CIR FARMINGTON HILLS, MI 48331		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CONTINENTAL RIGGING & WAREHOUSING LLC</u> Business Address <u>28032 HICKORY CIR, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2023</u> Name & Address: GERALDINE BARCLAY 32241 SOUTHFIELD RD BEVERLY HILLS, MI 48025		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BILINGUAL COORDINATOR</u> Employer <u>FITZGERALD PUBLIC SCHOOLS</u> Business Address <u>32241 SOUTHFIELD RD, BEVERLY HILLS, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2023</u> Name & Address: MICHELE SCHARG 34091 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 750.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/2023</u>	
Name & Address: ROSEMARY BAYER 7442 BROOKBERRY CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <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>07/09/2023</u>	
Name & Address: HARVEY BRONSTEIN 22490 HALLCROFT TRAIL SOUTHFIELD, MI 48034		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>22490 HALLCROFT TRAIL, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2023</u>	
Name & Address: KYLE NICKEL 24536 PINE GROVE CT FARMINGTON HILLS, MI 48335		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRENEED FUNERAL PLANNER</u> Employer <u>PRECOA</u> Business Address <u>24536 PINE GROVE CT, FARMINGTON HILLS, MI 48335</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/10/2023</u>	
Name & Address: IUPAT POLITICAL ACTION TOGETHER POLITICAL COMMITTEE 14587 BARBER AVE WARREN, MI 48088		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 750.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2023</u>	
Name & Address: JASON HOSKINS 27751 CALIFORNIA DR NE LATHRUP VILLAGE, MI 48076		\$ <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>07/11/2023</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC 11687 AMERICAN ST DETROIT, MI 48204		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/13/2023</u>	
Name & Address: MARTIN SHOUSHANIAN 15300 MERCANTILE DR DEARBORN, MI 48120		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF SALES</u> Employer <u>VERSACOM INC</u> Business Address <u>15300 MERCANTILE DR, DEARBORN, MI 48120</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2023</u>	
Name & Address: DARRYL CONLIFFE 29197 CHESTNUT CT FARMINGTON HILLS, MI 48334		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>29197 CHESTNUT CT, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,725.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2023</u>	
Name & Address: BRENDA MALONE 23384 DERBY CT FARMINGTON HILLS, MI 48336		\$ <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>07/18/2023</u>	
Name & Address: DANIEL LIPNIK 33512 FIVE MILE RD LIVONIA, MI 48154		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DDS</u> Employer <u>DANIEL LIPNIK DDS</u> Business Address <u>33512 FIVE MILE RD, LIVONIA, MI 48154</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: JUDY ROBINSON 344 YARMOUTH RD BLOOMFIELD HILLS, MI 48301		\$ <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>07/20/2023</u>	
Name & Address: SHELDON LARKY 2100 RHINE WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SHELDON G. LARKY</u> Business Address <u>30600 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 650.00

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

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/21/2023</u>	
Name & Address: ERIC WALLIS 5818 CARMEN CT E WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <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>07/22/2023</u>	
Name & Address: ALEX MEYERS 23755 HAYNES ST FARMINGTON HILLS, MI 48336		\$ <u>10.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2023</u>	
Name & Address: BARBARA GOLDMAN 32640 W 10 MILE RD FARMINGTON HILLS, MI 48336		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2023</u>	
Name & Address: ROBERT ORLASKE 2588 PIER RD BENTON HARBOR, MI 49022		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>FREEDOM BOAT CLUB</u> Business Address <u>143 ANCHORS WAY, ST JOSEPH, MI 49085</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 410.00

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

1. Committee I.D. Number 98178
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2023</u>	
Name & Address: CYNTHIA ORLASKE 1315 MIAMI RD BENTON HARBOR, MI 49022		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER/STYLIST</u> Employer <u>THE GALLERY SALON</u> Business Address <u>667 W MAIN ST, BENTON HARBOR, MI 49022</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/25/2023</u>	
Name & Address: ROBYN MCCOY 13255 LAKE POINT BLVD BELLEVILLE, MI 48111		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/28/2023</u>	
Name & Address: HOWARD CAMERIK 359 PALM BLVD WESTON, FL 33326		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>359 PALM BLVD, WESTON, FL 33326</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/28/2023</u>	
Name & Address: NELLIE CAMERIK 359 PALM BLVD WESTON, FL 33326		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WEIL, GOTSHAL, & MANGELS LLP</u> Business Address <u>1395 BRICKELL AVE, MIAMI, FL 33131</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,750.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/01/2023</u>	
Name & Address: STEPHANIE CHANG 2900 E JEFFERSON AVE DETROIT, MI 48207		\$ <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>08/01/2023</u>	
Name & Address: ROBERT ORLASKE 2588 PIER RD BENTON HARBOR, MI 49022		\$ <u>146.00</u>	\$ <u>846.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>FREEDOM BOAT CLUB</u> Business Address <u>505 PLEASANT ST, BENTON HARBOR, MI 49022</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2023</u>	
Name & Address: PAUL BLIZMAN 28700 HERNDONWOOD DR FARMINGTON HILLS, MI 48334		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>26105 ORCHARD LAKE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/03/2023</u>	
Name & Address: CYNDI PELTONEN 318 BROADACRE AVE CLAWSON, MI 48017		\$ <u>10.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/04/2023</u>	
Name & Address: SEAN STELZER 839 SPRINGFIELD CT RIDGELAND, MS 39157		\$ <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>08/04/2023</u>	
Name & Address: FRANK LAFATA 504 EAST PEARL GREENSVILLE, MI 48338		\$ <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>08/05/2023</u>	
Name & Address: CHRIS TAYLOR 1325 SCOTTS CREEK CIR MT PLEASANT, SC 29464		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2023</u>	
Name & Address: DAVID FRANKEL 2068 GARLAND ST SYLVAN LAKE, MI 48320		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **350.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>08/05/2023</u>	
Name & Address: BONNIE KRYSTAL 119 MAPLE VALE DR WOODBIDGE, CT 06525		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT CLINICAL PROFESSOR OF PSYCHIATRY</u> Employer <u>YALE SCHOOL OF MEDICINE</u> Business Address <u>333 CEDAR ST, NEW HAVEN, CT 06510</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2023</u>	
Name & Address: NITA MURRAY GRIER 5511 PONTIAC TRAIL WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2023</u>	
Name & Address: CHARLIE STARKMAN 30871 CREST FRST FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2023</u>	
Name & Address: SHERRILL HEINRICHS 6420 WORLINGTON RD BLOOMFIELD HILLS, MI 48301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 400.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2023</u>	
Name & Address: BONNIE KRYSTAL 119 MAPLE VALE DR WOODBIDGE, CT 06525		\$ <u>150.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT CLINICAL PROFESSOR OF PSYCHIATRY</u> Employer <u>YALE SCHOOL OF MEDICINE</u> Business Address <u>333 CEDAR ST, NEW HAVEN, CT 06510</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/07/2023</u>	
Name & Address: PETER LICHTENBERG 31817 VALLEYVIEW ST FARMINGTON, MI 48336		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/08/2023</u>	
Name & Address: JULIE MCCOWAN 22120 HAYNES AVE FARMINGTON HILLS, MI 48336		\$ <u>275.00</u>	\$ <u>325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>23332 FARMINGTON RD, FARMINGTON HILLS, MI 48336</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/08/2023</u>	
Name & Address: GREGORY ROTH 2922 SUN RDG FARMINGTON HILLS, MI 48336		\$ <u>345.00</u>	\$ <u>345.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>LAW OFFICES OF GREGORY ROTH</u> Business Address <u>42705 GRAND RIVER AVE, NOVI, MI 48375</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 870.00

Grand Total of All Schedules 1A
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1. Committee I.D. Number 98178
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/08/2023</u>	
Name & Address: BILL SOLOMON 3263 SHADYDALE LN WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>3263 SHADYDALE LN, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/08/2023</u>	
Name & Address: JOHN PAUL TORRES 636 SEDGEFIELD DR BLOOMFIELD HILLS, MI 48304		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/08/2023</u>	
Name & Address: STEPHEN MCCONKIE 4991 CHERRY BLOSSOM CIR WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BROKER</u> Employer <u>KELLER WILLIAMS</u> Business Address <u>30500 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/08/2023</u>	
Name & Address: PAT SWIECZKOWSKI 29496 TAWAS ST MADISON HEIGHTS, MI 48071		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 550.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/08/2023</u> Name & Address: JEANNE TEMESAN MERCHANT 30943 SAVANNAH CT NOVI, MI 48377		\$ <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>08/09/2023</u> Name & Address: KIMBERLY NORTON 1721 WILSHIRE DR NE ROCHESTER, MN 55906		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/09/2023</u> Name & Address: MICHAEL MCBRIDE 540 ABBEY ST BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>GM</u> Business Address <u>2500 E GRAND BLVD, DETROIT, MI 48211</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/09/2023</u> Name & Address: JEFFREY SAKWA 111 WILLITS ST BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>NOBLE REALTY INC</u> Business Address <u>32300 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/10/2023</u>	
Name & Address: MARILYN PETRAS 30429 STRATFORD CT FARMINGTON HILLS, MI 48331		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>30429 STRATFORD CT, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/10/2023</u>	
Name & Address: MANDY RAE CRAIG 515 DELLE DR CRESTLINE, CA 92325		\$ <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>08/10/2023</u>	
Name & Address: MICHELE OSTRANDER 1413 OTTER DR ROCHESTER HILLS, MI 48306		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>1413 OTTER DR, ROCHESTER HILLS, MI 48306</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/10/2023</u>	
Name & Address: MARK LEZOTTE 17384 WILDEMERE ST DETROIT, MI 48221		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 575.00

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>08/10/2023</u>	
Name & Address: BARB DEMARCO 4257 NORMANWOOD DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>4257 NORMANWOOD DR, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/10/2023</u>	
Name & Address: SHERRY MCCLENDON 29691 NOTTINGHAM CIR LIVONIA, MI 48152		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>29691 NOTTINGHAM CIR, LIVONIA, MI 48152</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/11/2023</u>	
Name & Address: WENDY STONE 1478 COURTNEY CT HARTLAND, MI 48353		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>1478 COURTNEY CT, HARTLAND, MI 48353</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/12/2023</u>	
Name & Address: GAIL BIESCHKE 1750 THOMAS CT 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			

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/12/2023</u>	
Name & Address: CAROL FINKELSTEIN 4372 HICKORY CT WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <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>08/12/2023</u>	
Name & Address: MICHAEL GIROMINI 412 MOUNTAINVIEW DR NORTHVILLE, MI 48167		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT SUPERINTENDENT</u> Employer <u>NOVI COMMUNITY SCHOOL DISTRICT</u> Business Address <u>25345 TAFT RD, NOVI, MI 48374</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/13/2023</u>	
Name & Address: JOSEPH AGBOKA 428 289TH PL NE CARNATION, WA 98014		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HR</u> Employer <u>AMAZON</u> Business Address <u>1001 106TH AVE NE, BELLEVUE, WA 98004</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/13/2023</u>	
Name & Address: ECHO REED 44950 JOY RD PLYMOUTH, MI 48170		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM COORDINATOR</u> Employer <u>UNIVERSITY OF MICHIGAN HEALTH SYSTEM PROGRAM</u> Business Address <u>24 FRANK LLOYD WRIGHT DR, ANN ARBOR, MI 48105</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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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/13/2023</u>	
Name & Address: DEANNA REYES 9507 WINTERSET CIR PLYMOUTH TWP, MI 48170		\$ <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>08/13/2023</u>	
Name & Address: ELLEN LIPTON 26330 HENDRIE BLVD HUNTINGTON WOODS, MI 48070		\$ <u>105.00</u>	\$ <u>105.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LIPTON LAW CENTER</u> Business Address <u>18930 W 10 MILE RD, SOUTHFIELD, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/13/2023</u>	
Name & Address: ROB BASHLOR 25594 ARCADIA DR NOVI, MI 48374		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/13/2023</u>	
Name & Address: LOIS SHULMAN 5532 ABINGTON RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <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 355.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/13/2023</u>	
Name & Address: THOMAS HULL 25617 SKYE DR FARMINGTON HILLS, MI 48336		\$ <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>08/13/2023</u>	
Name & Address: JEFFERY KRAFT 31161 VERONA ST FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/13/2023</u>	
Name & Address: MARIA CONLIFFE 29197 CHESTNUT CT FARMINGTON HILLS, MI 48334		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/14/2023</u>	
Name & Address: TOBIN WILLIAMS 428 SYLVAN DR CANTON, MI 48188		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 375.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/14/2023</u>	
Name & Address: ROBERTO BIHAR 993 PRINCETON DR WATERFORD TWP, MI 48327		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>6557 HIGHLAND RD, WATERFORD TWP, MI 48327</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/14/2023</u>	
Name & Address: ELIZABETH KAPLAN 33951 GLOUSTER CIR FARMINGTON HILLS, MI 48331		\$ <u>25.00</u>	\$ <u>245.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>33951 GLOUSTER CIR, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/14/2023</u>	
Name & Address: BRAD GORMAN 228 TERRITORIAL RD BENTON HARBOR, MI 49022		\$ <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>08/14/2023</u>	
Name & Address: ROBERTA SHAFER 57761 APPLE LN NEW HUDSON, MI 48165		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 400.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>08/14/2023</u> Name & Address: MICHAEL WANT 68 BUTLER ST BOSTON, MA 02124		\$ <u>50.00</u>	\$ <u>90.00</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>08/14/2023</u> Name & Address: CHRISTOPHER BURNS 315 SECOND ST ALEXANDRIA, VA 22314		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>315 SECOND ST, ALEXANDRIA, VA 22314</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/2023</u> Name & Address: MIA REID 21874 WHITTINGTON ST FARMINGTON HILLS, MI 48336		\$ <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>08/14/2023</u> Name & Address: KATHERINE SCHAEFER 23531 E NEWELL CIR FARMINGTON HILLS, MI 48336		\$ <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 600.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/14/2023</u>	
Name & Address: PAMELA BUCK 11354 CHARLOTTE VIEW DR CHARLOTTE, NC 28277		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RN EDUCATOR</u> Employer <u>ATRIUM HEALTH CAROLINAS SIMULATION CENTER</u> Business Address <u>1000 BLYTHE BLVD, CHARLOTTE, NC 28203</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/14/2023</u>	
Name & Address: DEBRA FRANCIS 38804 NOTTINGHAM DR ROMULUS, MI 48174		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/14/2023</u>	
Name & Address: MAGGIE LENARD 1060 AARON DR DEWITT, MI 48820		\$ <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>08/14/2023</u>	
Name & Address: LYNNE THOMPSON 28350 7 OAKS DR FARMINGTON HILLS, MI 48331		\$ <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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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/2023</u> Name & Address: JUDY BRENNAN 200 TURNBERRY CT BEVERLY HILLS, MI 48025		\$ <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>08/14/2023</u> Name & Address: HOWARD COBB 5827 CHERRY CREST DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <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>08/14/2023</u> Name & Address: JAMES ROUSE 1285 RIVER FOREST DR FLINT, MI 48532		\$ <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>08/14/2023</u> Name & Address: ELIZABETH MARTINEZ 33363 WALNUT LN FARMINGTON HILLS, MI 48334		\$ <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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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/2023</u> Name & Address: SUSAN SHINK 600 W JOY RD ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/2023</u> Name & Address: SHARON HICKS 29029 FOREST HILL DR FARMINGTON HILLS, MI 48331		\$ <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>08/14/2023</u> Name & Address: YVONNE POSEY GILCHRIST 22294 ABINGTON DR FARMINGTON HILLS, MI 48335		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>22294 ABINGTON DR, FARMINGTON HILLS, MI 48335</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/2023</u> Name & Address: STEPHANIE BETTNER 6975 EPPING DR CANTON, MI 48187		\$ <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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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/14/2023</u>	
Name & Address: KIMBERLY DUNKLIN 16519 LAWTON ST DETROIT, MI 48221		\$ <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>08/14/2023</u>	
Name & Address: ANNA CASSAR 23064 FOX CREEK FARMINGTON HILLS, MI 48335		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>SELF</u> Business Address <u>37899 W 12 MILE RD, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/14/2023</u>	
Name & Address: TODD MORITA 2881 PORTAGE TRAIL DR ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2881 PORTAGE TRAIL DR, ROCHESTER HILLS, MI 48309</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/14/2023</u>	
Name & Address: SANDRA BULGER 6037 WYNDAM LN BRIGHTON, MI 48116		\$ <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			

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Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/2023</u> Name & Address: CLARICE SQUILLACE 14816 MAYVIEW CT SHELBY TWP, MI 48315		\$ <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>08/14/2023</u> Name & Address: LARRY VOYTOVICH 31218 CARRIAGE HILL RD FARMINGTON HILLS, MI 48331		\$ <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>08/14/2023</u> Name & Address: JOHN RANDLE SR 21951 BOULDER DR FARMINGTON HILLS, MI 48335		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT SUPERINTENDENT-HR</u> Employer <u>ANN ARBOR PUBLIC SCHOOLS</u> Business Address <u>3700 EARHART RD, ANN ARBOR, MI 48105</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/15/2023</u> Name & Address: GEORGANNE EHLERT 28085 MARCELLUS DR SOUTH LYON, MI 48178		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>28085 MARCELLUS DR, SOUTH LYON, MI 48178</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**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/15/2023</u>	
Name & Address: CATON ARREGUIN 41398 SOUTHWIND DR CANTON, MI 48188		\$ <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>08/15/2023</u>	
Name & Address: SHERYL THERIOT 2558 FISCHER ST DETROIT, MI 48214		\$ <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>08/15/2023</u>	
Name & Address: ANGELA MANNARINO 35989 MIDDLEBORO ST LIVONIA, MI 48154		\$ <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>08/15/2023</u>	
Name & Address: CAROLINE BIELAS 2850 S MILFORD RD HIGHLAND TWP, MI 48357		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>J MICHAEL HICKOX JD PC</u> Business Address <u>2850 S MILFORD RD, HIGHLAND TWP, MI 48357</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
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/15/2023</u>	
Name & Address: KEVIN BUSH 38028 MALLORY DR LIVONIA, MI 48154		\$ <u>50.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/15/2023</u>	
Name & Address: SHANELL WEATHERSPOON 432 KUHN ST PONTIAC, MI 48342		\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>432 KUHN ST, PONTIAC, MI 48342</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/15/2023</u>	
Name & Address: BRENDA WOLFORD 6711 DEERHURST DR WESTLAND, MI 48185		\$ <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>08/15/2023</u>	
Name & Address: NANCY STEINBERGER 8319 HURON RIVER DR DEXTER, MI 48130		\$ <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			

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Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/15/2023</u>	
Name & Address: KIMBERLY GANE 421 MAIN ST ST JOSEPH, MI 49085		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/16/2023</u>	
Name & Address: GREGG PROTTENGEIER 715 E LAKE ST PETOSKEY, MI 49770		\$ <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>08/16/2023</u>	
Name & Address: LISA ONICA 40278 LADENE LN NOVI, MI 48375		\$ <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>08/16/2023</u>	
Name & Address: AUDREY MOORE 12827 SPARLING ST DETROIT, MI 48212		\$ <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 95.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/16/2023</u>	
Name & Address: JAMES CIPRIANO 47043 MALBURG WAY DR MACOMB, MI 48044		\$ <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>08/16/2023</u>	
Name & Address: VALERIE LOVE 1270 EDMUND LN NE BROOKHAVEN, GA 30319		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>1270 EDMUND LN NE, BROOKHAVEN, GA 30319</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/16/2023</u>	
Name & Address: STEVE TOBOCMAN 1145 EVELYN AVE ALBANY, CA 94706		\$ <u>36.00</u>	\$ <u>36.00</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>08/16/2023</u>	
Name & Address: KYLE DUBUC 312 FAIRGROVE AVE ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **436.00**

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/17/2023</u>	
Name & Address: ELLEN CAHILL 26454 OLD HOMESTEAD DR FARMINGTON HILLS, MI 48331		\$ <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>08/17/2023</u>	
Name & Address: GWENDOLYN MCCLAIN 6621 FIRESTONE CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/17/2023</u>	
Name & Address: ELISABETH DERY 210 S VERMONT AVE ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/17/2023</u>	
Name & Address: GLENN PETERS 2955 MILTON AVENUE MADISON HEIGHTS, MI 48071		\$ <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 275.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>08/17/2023</u>	
Name & Address: EDEE FRANKLIN 28175 HAGGERTY RD NOVI, MI 48377		\$ <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>08/17/2023</u>	
Name & Address: RUDY HOBBS 23795 RIVERVIEW DR SOUTHFIELD, MI 48034		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/17/2023</u>	
Name & Address: PAM WOOD 2295 LAKE PARK DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/18/2023</u>	
Name & Address: IRMA WALTON 23223 MORNINGSIDE ST SOUTHFIELD, MI 48034		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 400.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>08/18/2023</u>	
Name & Address: SIDNEY SMITH 37073 KIRKSHIRE CT FARMINGTON HILLS, MI 48331		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>37073 KIRKSHIRE CT, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/18/2023</u>	
Name & Address: TODD TENNIS 1924 FAIRMONT ST LANSING, MI 48911		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAPITOL SERVICES INC.</u> Employer <u>LOBBYIST</u> Business Address <u>1924 FAIRMONT ST, LANSING, MI 48911</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/18/2023</u>	
Name & Address: ZENA ZUMETA 3266 BOLGOS CIR ANN ARBOR, MI 48105		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDIATOR</u> Employer <u>MTCI</u> Business Address <u>3266 BOLGOS CIR, ANN ARBOR, MI 48105</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/19/2023</u>	
Name & Address: MARIANNE BLOOMBERG 34156 GLOUSTER CIR FARMINGTON HILLS, MI 48331		\$ <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 575.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/19/2023</u>	
Name & Address: DIANA MORTON 2073 GARDEN CIR ANN ARBOR, MI 48103		\$ <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>08/19/2023</u>	
Name & Address: BARBARA MARK 32263 GLEN COVE FARMINGTON HILLS, MI 48334		\$ <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>08/19/2023</u>	
Name & Address: DAVID WHITTAKER 1594 HERONWOOD CT BLOOMFIELD HILLS, MI 48302		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/19/2023</u>	
Name & Address: YOUSEF HUSSAIN 26660 BERG RD SOUTHFIELD, MI 48033		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 325.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>08/20/2023</u> Name & Address: SHARON BASEMAN 13320 WALES AVE HUNTINGTON WOODS, MI 48070		\$ <u>50.00</u>	\$ <u>90.00</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>08/21/2023</u> Name & Address: LARRY POWE 2109 MANCHESTER RD BIRMINGHAM, MI 48009		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2023</u> Name & Address: JACK DONALDSON 28032 HICKORY CIR FARMINGTON HILLS, MI 48331		\$ <u>725.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CONTINENTAL RIGGING & WAREHOUSING LLC</u> Business Address <u>28032 HICKORY CIR, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2023</u> Name & Address: VICTORIA HAMILTON DONALDSON 28032 HICKORY CIR FARMINGTON HILLS, MI 48331		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>28032 HICKORY CIR, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,375.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>08/21/2023</u>	
Name & Address: NEIL O'DONNELL 718 BURROUGHS ST PLYMOUTH, MI 48170		\$ <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>08/21/2023</u>	
Name & Address: PANELLA PAGE 3454 ST CLAIR ST DETROIT, MI 48214		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2023</u>	
Name & Address: AUDREAN STOVAL 26320 KENNETH AVE REDFORD TWP, MI 48239		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/22/2023</u>	
Name & Address: ALEX MEYERS 23755 HAYNES ST FARMINGTON HILLS, MI 48336		\$ <u>10.00</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 235.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>08/22/2023</u>	
Name & Address: STEVEN STIMSON 28287 MONTPELIER CT FARMINGTON HILLS, MI 48334		\$ <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>08/22/2023</u>	
Name & Address: BETH BAERMAN 29952 FOX GROVE RD FARMINGTON HILLS, MI 48334		\$ <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>08/22/2023</u>	
Name & Address: ROSLYN SCHINDLER 10075 LINCOLN DR HUNTINGTON WOODS, MI 48070		\$ <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>08/23/2023</u>	
Name & Address: ESTHER KRYSTAL 200 LEEDER HILL DR HAMDEN, CT 06517		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>200 LEEDER HILL DR, HAMDEN, CT 06517</u> 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 98178
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/23/2023</u>	
Name & Address: DEBORAH CROSS 2401 N OCOEE ST CLEVELAND, TN 37311		\$ <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>08/23/2023</u>	
Name & Address: MICHAEL STRATFORD PO BOX 3482 LAGUNA HILLS, CA 92654		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/24/2023</u>	
Name & Address: NICOLE WELLS STALLWORTH 30420 FOX CLUB CT FARMINGTON HILLS, MI 48331		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>THE CHILDRENS CENTER</u> Business Address <u>30420 FOX CLUB CT, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/25/2023</u>	
Name & Address: DEBBIE ROSENMAN 4881 OLD POST CT BLOOMFIELD HILLS, MI 48301		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 425.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/25/2023</u>	
Name & Address: KRIS MCLONIS 634 E MARSHALL 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>08/26/2023</u>	
Name & Address: NEIL OZA 259 GROSSE PINES DR ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>LEAGUE OF CONSERVATION VOTERS</u> Business Address <u>340 BEAKES ST, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/26/2023</u>	
Name & Address: NEIL OZA 259 GROSSE PINES DR ROCHESTER HILLS, MI 48309		\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>LEAGUE OF CONSERVATION VOTERS</u> Business Address <u>340 BEAKES ST, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/26/2023</u>	
Name & Address: LYNDA MESSINA 54683 MALHEUR DR MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 250.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/27/2023</u>	
Name & Address: DARLENE BRAXTON 34195 BIRCHWAY CIR STERLING HEIGHTS, MI 48312		\$ <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>08/27/2023</u>	
Name & Address: ARI WEIL 7440 HEATHER HEATH LN WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <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>08/28/2023</u>	
Name & Address: JARED ROTHBERGER 420 WADDINGTON RD BLOOMFIELD HILLS, MI 48301		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>JAN-PRO DETROIT</u> Business Address <u>32823 W 12 MILE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/28/2023</u>	
Name & Address: JESSICA BLAKE PO BOX 7038 HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>PO BOX 7038, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,625.00**

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

1. Committee I.D. Number 98178
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/28/2023</u> Name & Address: ANTONIA HARBIN LAMB 5000 TOWN CENTER SOUTHFIELD, MI 48075		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/28/2023</u> Name & Address: MALLORY KALLABAT 4743 S KNOLL RD WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/28/2023</u> Name & Address: STANCY ADAMS 7440 DEEP RUN BLOOMFIELD TWP, MI 48301		\$ <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>08/28/2023</u> Name & Address: ELEANOR STRAKA 23311 HAYNES ST FARMINGTON HILLS, MI 48336		\$ <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 215.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>08/28/2023</u>	
Name & Address: WILLIAM REED 1980 NEW YORK AVE MANCHESTER TOWNSHIP, NJ 08759		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNIVERSITY PRESIDENT</u> Employer <u>LIGS UNIVERSITY</u> Business Address <u>810 RICHARDS ST, HONOLULU, HI 96813</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/29/2023</u>	
Name & Address: CYNTHIA MARTIN 17656 REDWOOD AVE LATHRUP VILLAGE, MI 48076		\$ <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>08/29/2023</u>	
Name & Address: ERIC WILLIAMS 2614 LOVINGTON AVE #2 TROY, MI 48083		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2614 LOVINGTON AVE, 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>08/30/2023</u>	
Name & Address: LORI GOLDMAN 2590 KENT RIDGE CT BLOOMFIELD HILLS, MI 48301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>BERKSHIRE HATHAWAY-KEE REALTY</u> Business Address <u>880 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 725.00

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

1. Committee I.D. Number 98178
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/30/2023</u>	
Name & Address: WILLIAM COBBS 28075 HICKORY DR FARMINGTON HILLS, MI 48331		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>28075 HICKORY DR, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/30/2023</u>	
Name & Address: NANCY PHILIPPART 1302 BRADBURY DR TROY, MI 48098		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/30/2023</u>	
Name & Address: TWAMON SPEARS 23857 COLCHESTER DR FARMINGTON, MI 48336		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/30/2023</u>	
Name & Address: SUSAN WEINSTOCK 6651 HEATHERWOOD DR WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <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 750.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>08/30/2023</u>	
Name & Address: SHIRLEY KAIGER 1760 LINCOLNSHIRE DR DETROIT, MI 48203		\$ <u>490.00</u>	\$ <u>490.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT LAW</u> Business Address <u>500 GRISWOLD ST, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/30/2023</u>	
Name & Address: CELESTINE CARTER 23025 VALLEYVIEW DR SOUTHFIELD, MI 48033		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/30/2023</u>	
Name & Address: ELIZABETH BRIODY 3587 SALEM RD TROY, MI 48084		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANTHROPOLOGIST</u> Employer <u>CULTURAL KEYS LLC</u> Business Address <u>3587 SALEM RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/30/2023</u>	
Name & Address: DOMINECA NEAL 555 W MADISON ST CHICAGO, IL 60661		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF EXECUTIVE OFFICER</u> Employer <u>3 BROTHERS NEAL</u> Business Address <u>555 W MADISON ST, CHICAGO, IL 60661</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,040.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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3. Contribution # 1 PAC Receipt? ☒ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: JASON MORGAN FOR STATE REPRESENTATIVE PO BOX 4297 ANN ARBOR, MI		\$ <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>08/31/2023</u> Name & Address: LAURA ELIASON 22252 WORCESTER DR NOVI, MI 48374		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2023</u> Name & Address: KATHLEEN TOMASZEWSKI 13939 BEATRICE LIVONIA, MI 48154		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>09/01/2023</u> Name & Address: PURSUIT OF JUSTICE PAC 2075 W STADIUM BLVD ANN ARBOR, MI 48103		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 550.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>09/02/2023</u>	
Name & Address: ZOE AHLSTROM 740 STANLEY ST LANSING, MI 48915		\$ <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>09/02/2023</u>	
Name & Address: CAITLIN O'ROURKE 720 N JENISON AVE LANSING, MI 48915		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2023</u>	
Name & Address: CYNDI PELTONEN 318 BROADACRE AVE CLAWSON, MI 48017		\$ <u>10.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/04/2023</u>	
Name & Address: SANDRA RICCARDI 2178 MAHAN ST FERNDAL, MI 48220		\$ <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 170.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>09/04/2023</u>	
Name & Address: JOSH STONE 3214 HARRIS ST FERNDAL, MI 48220		\$ <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>09/05/2023</u>	
Name & Address: CONNOR OSBORN 24043 PENN ST DEARBORN, MI 48124		\$ <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>09/06/2023</u>	
Name & Address: TOWANNA TINDALL 120 KETTERING TRCE TYRONE, GA 30290		\$ <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>09/06/2023</u>	
Name & Address: ALBERT LUDWIG 27217 GARDENWAY RD FRANKLIN, MI 48025		\$ <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 **175.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>09/06/2023</u>	
Name & Address: JANIS HAWKINS-CLARK 8762 AMARANTH LN YPSILANTI TWP, MI 48197		\$ <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>09/06/2023</u>	
Name & Address: DENISE GRAY 28708 WINTERGREEN DR FARMINGTON HILLS, MI 48331		\$ <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>09/06/2023</u>	
Name & Address: MICHAEL WEIL 7440 HEATHER HEATH LN WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>200.00</u>	\$ <u>280.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT LAW</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/06/2023</u>	
Name & Address: DEBORAH WERNER 2795 STONE VALLEY LN KALAMAZOO, MI 49009		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2795 STONE VALLEY LN, KALAMAZOO, MI 49009</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
SCHEDULE 1A
CANDIDATE COMMITTEE**

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/06/2023</u> Name & Address: ALI SIDDIQUE 26923 GREGORY DR STERLING HEIGHTS, MI 48312		\$ <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>09/07/2023</u> Name & Address: MICHAEL GOLDRING 6575 NOBLE RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <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>09/07/2023</u> Name & Address: MARCIE PAUL 4558 MIDDLETON DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2023</u> Name & Address: RAYMOND CASSAR 30445 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICES OF RAYMOND A. CASSAR PLC</u> Business Address <u>30445 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 285.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/08/2023</u>	
Name & Address: CLAUDIA CANTU 35001 LEXINGTON ST FARMINGTON HILLS, MI 48331		\$ <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>09/08/2023</u>	
Name & Address: RONALD WILKIE 3558 BARBER ST WAYNE, MI 48184		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>3558 BARBER ST, WAYNE, MI 48184</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/08/2023</u>	
Name & Address: DENISE SAENZ 30244 KINGSWAY DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/08/2023</u>	
Name & Address: CYNTHIA GOTTLIEB 34429 LYTTLE ST FARMINGTON HILLS, MI 48335		\$ <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 450.00

Grand Total of All Schedules 1A
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/08/2023</u>	
Name & Address: BARB DEMARCO 4257 NORMANWOOD DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>4257 NORMANWOOD DR, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2023</u>	
Name & Address: GERALDINE BARCLAY 32241 SOUTHFIELD RD BEVERLY HILLS, MI 48025		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BILINGUAL COORDINATOR</u> Employer <u>FITZGERALD PUBLIC SCHOOLS</u> Business Address <u>32241 SOUTHFIELD RD, BEVERLY HILLS, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2023</u>	
Name & Address: CHRISTINE CASWELL 1613 N GENESEE DR LANSING, MI 48915		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2023</u>	
Name & Address: NINA ABRAMS 12959 TALBOT LN HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>12959 TALBOT LN, HUNTINGTON WOODS, MI 48070</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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1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>09/09/2023</u> Name & Address: DONNA STALLINGS 27430 EL DORADO PL LATHRUP VILLAGE, MI 48076		\$ <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>09/10/2023</u> Name & Address: MELANIE ALLBERY 28663 OAK POINT DR FARMINGTON HILLS, MI 48331		\$ <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>09/10/2023</u> Name & Address: MARY ANN FONTANA 26080 SALEM RD HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>149.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>26080 SALEM RD, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2023</u> Name & Address: TERRI FLEWELLYN 23968 SUSAN DR FARMINGTON HILLS, MI 48336		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>09/10/2023</u>	
Name & Address: MARVIN ZALMAN 26260 PEMBROKE RD HUNTINGTON WOODS, MI 48070		\$ <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>09/11/2023</u>	
Name & Address: LLOYD LEWIS 5004 CHEYENNE ST WATERFORD TWP, MI 48327		\$ <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>09/11/2023</u>	
Name & Address: SHEET METAL WORKERS LOCAL 80 PAC 27620 FARMINGTON RD FARMINGTON HILLS, MI 48334		\$ <u>180.00</u>	\$ <u>280.00</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>09/11/2023</u>	
Name & Address: JULIE BACKALAR 35018 OLD TIMBER RD FARMINGTON HILLS, MI 48331		\$ <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 **355.00**

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

1. Committee I.D. Number 98178
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/11/2023</u>	
Name & Address: GRETA ZALMAN 26260 PEMBROKE RD HUNTINGTON WOODS, MI 48070		\$ <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>09/11/2023</u>	
Name & Address: UMA NATARAJAN 37664 MCKENZIE CT FARMINGTON HILLS, MI 48331		\$ <u>300.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DATABASE/SYSTEM ARCHITECT</u> Employer <u>WAYNE RESA</u> Business Address <u>33500 VAN BORN RD, WAYNE, MI 48184</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/11/2023</u>	
Name & Address: NORMA IBARRA-PALMER 6723 PLAINFIELD ST DEARBORN HEIGHTS, MI 48127		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2023</u>	
Name & Address: ROBERT SEDLER 18851 CAPITOL DR SOUTHFIELD, MI 48075		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 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>09/12/2023</u> Name & Address: SCOTT SHAWCROSS 6756 W BLUE LAKE RD NE KALKASKA, MI 49646		\$ <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>09/12/2023</u> Name & Address: DENZEL MCCAMPBELL 10013 W PARKWAY ST REDFORD TWP, MI 48239		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGAGE MICHIGAN</u> Employer <u>ORGANIZER</u> Business Address <u>2727 2ND AVE, DETROIT, MI 48201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/13/2023</u> Name & Address: FERN HOBERMAN 4615 PICKERING RD BLOOMFIELD HILLS, MI 48301		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>4615 PICKERING RD, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/14/2023</u> Name & Address: KIMBERLY DUNKLIN 16519 LAWTON ST DETROIT, MI 48221		\$ <u>6.00</u>	\$ <u>31.00</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 756.00

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>09/15/2023</u> Name & Address: JULIE MCCOWAN 22120 HAYNES AVE FARMINGTON HILLS, MI 48336		\$ <u>50.00</u>	\$ <u>375.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>23332 FARMINGTON RD, FARMINGTON HILLS, MI 48336</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2023</u> Name & Address: SHARON BASEMAN 13320 WALES AVE HUNTINGTON WOODS, MI 48070		\$ <u>50.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GRAPHICS DESIGNER/PROOFREADER</u> Employer <u>SELF</u> Business Address <u>13320 WALES AVE, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2023</u> Name & Address: AZAM MASOOD 23861 WATERCREST CT FARMINGTON HILLS, MI 48336		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2023</u> Name & Address: LYNNE THOMPSON 28350 7 OAKS DR FARMINGTON HILLS, MI 48331		\$ <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			

Page Subtotal 225.00

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/16/2023</u> Name & Address: ROBERT BLUMENFELD 2230 W 14 MILE RD ROYAL OAK, MI 48073		\$ <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>09/17/2023</u> Name & Address: JILL BAMFORD 29452 BOBRICH ST LIVONIA, MI 48152		\$ <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>09/17/2023</u> Name & Address: MARK DIEDERICH 22294 ROXBURY DR NOVI, MI 48374		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2023</u> Name & Address: MARC MCCLENDON 21730 LINCOLN DRIVE RIVERVIEW, MI 48193		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **350.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>09/18/2023</u> Name & Address: STEPHANIE MESSER 425 MIRAGE DR KOKOMO, IN 46901		\$ <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>09/18/2023</u> Name & Address: XURU DING 6558 CLAREMORE CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>30.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>6558 CLAREMORE CT, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2023</u> Name & Address: ELLA LEE 33672 HEIRLOOM CIR FARMINGTON HILLS, MI 48331		\$ <u>250.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>33672 HEIRLOOM CIR, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2023</u> Name & Address: ELIZABETH BRIODY 3587 SALEM RD TROY, MI 48084		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANTHROPOLOGIST</u> Employer <u>CULTURAL KEYS LLC</u> Business Address <u>3587 SALEM RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 555.00

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2023</u> Name & Address: JENNIFER CALLAGHAN 2610 FOX CHASE DR TROY, MI 48098		\$ <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>09/18/2023</u> Name & Address: KENNETH SHIOVITZ 7012 28TH AVE NE SEATTLE, WA 98115		\$ <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>09/18/2023</u> Name & Address: CHERYL BLAU 23350 CASS ST FARMINGTON, MI 48335		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>BRANCH LINE SCHOOL</u> Business Address <u>26862 WOODWARD AVE, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2023</u> Name & Address: SANDRA DICKENS 27820 BERRYWOOD LN UNIT #7 FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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

1. Committee I.D. Number 98178
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2023</u>	
Name & Address: MICHELLE MARTINEZ 29038 SUMMERWOOD RD FARMINGTON HILLS, MI 48334		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BASSETT BUSINESS GROUP</u> Employer <u>EXECUTIVE VP</u> Business Address <u>660 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2023</u>	
Name & Address: ERIC GOULD 31150 N PARK DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>COHEN LERNER & RABINOVITZ</u> Business Address <u>26862 WOODWARD AVE, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: KEITH ANDERSON 2902 ORANGE GROVE RD WATERFORD TWP, MI 48329		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2902 ORANGE GROVE RD, WATERFORD TWP, MI 48329</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: JOSEPH MANUEL 7285 ORCHARD LAKE RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>700.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>JOE MANUEL BROKER</u> Business Address <u>7285 ORCHARD LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,500.00**

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

1. Committee I.D. Number 98178
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: TALAL MUKHTAR 21832 MURRAY CRESCENT DR SOUTHFIELD, MI 48076		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>21832 MURRAY CRESCENT DR, SOUTHFIELD, MI 48076</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: IAN GRANT 29383 LAKE PARK DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: VICTORIA HAMILTON DONALDSON 28032 HICKORY CIR FARMINGTON HILLS, MI 48331		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>28032 HICKORY CIR, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: ROSE CHRISTOPH 26564 VALHALLA DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>163.41</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>26564 VALHALLA DR, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,200.00**

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>09/19/2023</u>	
Name & Address: MARIA GERSHENSON 5964 WING LAKE RD BLOOMFIELD HILLS, MI 48301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 TELEGRAPH RD, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: PIPEFITTERS LOCAL 636 PAC 700 TOWER DR TROY, MI 48098		\$ <u>250.00</u>	\$ <u>1,200.00</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>09/19/2023</u>	
Name & Address: STEVEN ARTT 28317 FORESTBROOK DR FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIFEGUARD</u> Employer <u>CITY OF FARMINGTON HILLS</u> Business Address <u>31555 W 11 MILE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: JUDY ANCELL 37524 BURTON CT FARMINGTON HILLS, MI 48331		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>37524 BURTON CT, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 700.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>09/19/2023</u>	
Name & Address: SAM HANNA 30913 COUNTRY RIDGE CIR FARMINGTON HILLS, MI 48331		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAL DEVICES CYBER SECURITY</u> Employer <u>TRIMEDX</u> Business Address <u>5451 LAKEVIEW PKWY DR S, INDIANAPOLIS, IN 46268</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: MOWAFK HERMIZ 7422 SILVER LEAF LN WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>7422 SILVER LEAF LN, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: DANIELA PERIC 23142 CORA AVE FARMINGTON HILLS, MI 48336		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: ERIK LINDQUIST 35233 GARY ST FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FFHDC</u> Business Address <u>33228 W 12 MILE RD, #113, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 850.00

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

1. Committee I.D. Number 98178
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: JOANN WRIGHT 17015 NEW HAMPSHIRE DR SOUTHFIELD, MI 48075		\$ <u>25.00</u>	\$ <u>65.00</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>09/19/2023</u> Name & Address: KIMBERLY BEEBE 511 E DRAYTON 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: ANNA CASSAR 23064 FOX CREEK FARMINGTON HILLS, MI 48335		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>SELF</u> Business Address <u>37899 W 12 MILE RD, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: BRADLEY HALL 35836 FREDERICKSBURG RD FARMINGTON HILLS, MI 48331		\$ <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 200.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>09/19/2023</u>	
Name & Address: THOMAS REED 44950 JOY RD PLYMOUTH, MI 48170		\$ <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>09/19/2023</u>	
Name & Address: JESSICA PELLEGRINO 28357 LACOSTA CT FARMINGTON HILLS, MI 48331		\$ <u>250.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMY</u> Employer <u>DEFENSE CYBER SOLUTIONS</u> Business Address <u>28357 LACOSTA CT, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: ROBERT BASSETT 24697 WESTMORELAND DR FARMINGTON HILLS, MI 48336		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>BASSETT & BASSETT ENTERTAINMENT</u> Business Address <u>660 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: LELAND BASSETT 30751 CEDAR CREEK DR FARMINGTON HILLS, MI 48336		\$ <u>500.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>BASSETT & BASSETT COMMUNICATION MANAGERS AND COUNS</u> Business Address <u>660 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,100.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>09/19/2023</u>	
Name & Address: ADRIENNE YOUNG 1564 PENISTONE ST 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>09/19/2023</u>	
Name & Address: DENNIS GREEN 27960 BAYBERRY RD FARMINGTON HILLS, MI 48331		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: JAMES GELL 29952 FOX GROVE RD FARMINGTON HILLS, MI 48334		\$ <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>09/19/2023</u>	
Name & Address: CHRISTINE GREIG 21031 EASTFARM LN CT NORTHVILLE, MI 48167		\$ <u>50.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>21031 EASTFARM LN CT, NORTHVILLE, MI 48167</u> 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 98178
2. Committee Name ELECT THERESA RICH

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>09/19/2023</u> Name & Address: BRENDA MALONE 23384 DERBY CT FARMINGTON HILLS, MI 48336		\$ <u>25.00</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>09/19/2023</u> Name & Address: VIRGIE ROLLINS 19432 BURLINGTON DR DETROIT, MI 48203		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>19432 BURLINGTON DR, DETROIT, MI 48203</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2023</u> Name & Address: KELLI CARPENTER-CRAWFORD 22095 W BRANDON ST FARMINGTON HILLS, MI 48336		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC HEALTH SANITARIAN</u> Employer <u>HEALTH DEPT. -GOVT.</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2023</u> Name & Address: VERA LUCKSTED 210 ROLLING MIST CT ALPHARETTA, GA 30022		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WRITER</u> Employer <u>SELF</u> Business Address <u>210 ROLLING MIST CT, ALPHARETTA, GA 30022</u> 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**

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/21/2023</u> Name & Address: ANDREA DURHAL 27435 W 12 MILE RD FARMINGTON HILLS, MI 48334		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>27435 W 12 MILE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/21/2023</u> Name & Address: TANYA NORDHAUS 32133 BONNET HILL RD FARMINGTON HILLS, MI 48334		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CENTER DIRECTOR</u> Employer <u>EYE LEVEL LEARNING CENTER</u> Business Address <u>42 W WARREN AVE, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/21/2023</u> Name & Address: NORMA EARLY 34274 OLD TIMBER RD FARMINGTON HILLS, MI 48331		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR MANAGER - U.S. ACCOUNTING & CONSOLIDATION</u> Employer <u>GENERAL DYNAMICS LAND SYSTEMS</u> Business Address <u>38500 MOUND RD, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/21/2023</u> Name & Address: ALISSA CRAVENS 28689 OAK POINT DR FARMINGTON HILLS, MI 48331		\$ <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
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/22/2023</u> Name & Address: JERALD GOTTLIEB 28615 VILLAGE LN FARMINGTON HILLS, MI 48334		\$ <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>09/22/2023</u> Name & Address: ROBERT SPANN 4792 ISLE ROYAL DR CANTON, MI 48188		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/22/2023</u> Name & Address: STEVEN ROTENBERG 30600 TELEGRAPH RD BINGHAM FARMS, MI 48025		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/22/2023</u> Name & Address: LARAIN DEUTSCH 15525 CEDARWOOD LN #102 NAPLES, FL 34110		\$ <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 280.00

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

1. Committee I.D. Number 98178
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/22/2023</u>	
Name & Address: ALEX MEYERS 23755 HAYNES ST FARMINGTON HILLS, MI 48336		\$ <u>10.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2023</u>	
Name & Address: LESLIE MALACH 6903 ALDERLEY WAY WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2023</u>	
Name & Address: SHARON MCGLADDERY 35310 EDYTHE DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2023</u>	
Name & Address: CELESTE MCDERMOTT 27744 FORESTBROOK DR FARMINGTON HILLS, MI 48334		\$ <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			

Page Subtotal 245.00

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

1. Committee I.D. Number 98178
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2023</u>	
Name & Address: REBECCA BURNS 34016 EDMONTON ST FARMINGTON HILLS, MI 48335		\$ <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>09/24/2023</u>	
Name & Address: REBECCA DONNELLY-LASECKI 29721 MINGLEWOOD LN FARMINGTON HILLS, MI 48334		\$ <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>09/24/2023</u>	
Name & Address: MARIA TAYLOR 33414 OAKLAND ST FARMINGTON, MI 48335		\$ <u>35.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2023</u>	
Name & Address: CHANDRA PATEL 26586 VALHALLA DR FARMINGTON HILLS, MI 48331		\$ <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
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 98178
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2023</u> Name & Address: BETH HULETT 28811 VILLAGE LN FARMINGTON HILLS, MI 48334		\$ <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>09/26/2023</u> Name & Address: LAUREN UNDERWOOD 28109 QUAIL HOLLOW RD FARMINGTON HILLS, MI 48331		\$ <u>360.00</u>	\$ <u>360.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MERCHANT LOGO BINGHAM LEGAL GROUP</u> Business Address <u>30100 TELEGRAPH RD, FRANKLIN, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2023</u> Name & Address: DONALD HUBLER 23959 DEANHURST ST CLINTON TWP, MI 48035		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>23959 DEANHURST ST, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2023</u> Name & Address: MARIA FRANKLIN 16757 SUNDERLAND RD DETROIT, MI 48219		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **660.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>09/26/2023</u> Name & Address: JAMES BAILEY 47622 SANDY RIDGE DR MACOMB, MI 48044		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>47622 SANDY RIDGE DR, MACOMB, MI 48044</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2023</u> Name & Address: WILLIAM SCHEUBER 1772 BERWICK LN ORION TWP, MI 48362		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2023</u> Name & Address: JOHN SUSANY 881 RIDGEWOOD BLVD HUDSON, OH 44236		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2023</u> Name & Address: DAVID SAMPSON 22296 ARBOR LN FARMINGTON HILLS, MI 48336		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 800.00

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

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: ERIC WILLIAMS 2614 LOVINGTON AVE #2 TROY, MI 48083		\$ <u>50.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2614 LOVINGTON AVE, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: VICTORIA JONES 6649 CREST TOP DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: JINGFEI HUANG 26405 MANDALAY CIR NOVI, MI 48374		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>26405 MANDALAY CIR, NOVI, MI 48374</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: NANCY KAY OWENS 205 RAINTREE CIR KALAMAZOO, MI 49006		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 500.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: DEBORAH WERNER 2795 STONE VALLEY LN KALAMAZOO, MI 49009		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2795 STONE VALLEY LN, KALAMAZOO, MI 49009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: NEIL OZA 259 GROSSE PINES DR ROCHESTER HILLS, MI 48309		\$ <u>25.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>LEAGUE OF CONSERVATION VOTERS</u> Business Address <u>340 BEAKES ST, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: TERRY INCH 4775 OAKHURST RIDGE RD CLARKSTON, MI 48348		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>4775 OAKHURST RIDGE RD, CLARKSTON, MI 48348</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: PATRICIA DUDEK 33144 TALL OAKS ST FARMINGTON, MI 48336		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **450.00**

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>09/28/2023</u>	
Name & Address: STEVEN REIFMAN 32228 OLDE FRANKLIN DR FARMINGTON HILLS, MI 48334		\$ <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>09/28/2023</u>	
Name & Address: AMMAR ALKHAF AJI 1375 RIVONA DR WATERFORD TWP, MI 48328		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MD</u> Employer <u>SELF EMPLOYED</u> Business Address <u>22250 PROVIDENCE DR, SOUTHFIELD, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2023</u>	
Name & Address: ANGELA MANNARINO 35989 MIDDLEBORO ST LIVONIA, MI 48154		\$ <u>250.00</u>	\$ <u>275.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>GASIOREK MORGAN</u> Business Address <u>30500 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2023</u>	
Name & Address: MOLLY BRENNAN 30359 W ELEVEN MILE RD FARMINGTON HILLS, MI 48336		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 700.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2023</u>	
Name & Address: XURU DING 6558 CLAREMORE CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>50.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>6558 CLAREMORE CT, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2023</u>	
Name & Address: JULIE GILFIX 23532 STONEHOUSE CT FARMINGTON, MI 48335		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>26999 CENTRAL PARK BLVD, SOUTHFIELD, MI 48076</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2023</u>	
Name & Address: EMILY NACY 5410 HERTFORD DR TROY, MI 48085		\$ <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>09/29/2023</u>	
Name & Address: OPERATING ENGINEERS LOCAL 324 500 HULET DR BLOOMFIELD TWP, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 775.00

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>10/01/2023</u>	
Name & Address: SHANNON WALLACE 17025 LATHROP AVE PFLUGERVILLE, TX 78660		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HR</u> Employer <u>GM</u> Business Address <u>17026 LATHROP AVE, PFLUGERVILLE, TX 78660</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/01/2023</u>	
Name & Address: JOYCE HENDERSON-MCCOY 20435 ROSELAWN ST DETROIT, MI 48221		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMIN</u> Employer <u>CITY OF DETROIT</u> Business Address <u>2 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/01/2023</u>	
Name & Address: ELEANOR CAREY 17517 BIRCHCREST DR DETROIT, MI 48221		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGAL SUPPORT SERVICES DIRECTOR</u> Employer <u>UNITED COMMUNITY HOUSING COALITION</u> Business Address <u>2727 2ND AVE, DETROIT, MI 48201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/01/2023</u>	
Name & Address: SHASHI THAKUR 25348 LIBERTY LN FARMINGTON HILLS, MI 48335		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>26348 LIBERTY ST, FARMINGTON HILLS, MI 48336</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 400.00

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

1. Committee I.D. Number 98178
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/01/2023</u>	
Name & Address: BARBARA ANNESS 2769 BRAEBURN DR ROCHESTER HILLS, MI 48309		\$ <u>25.00</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>10/02/2023</u>	
Name & Address: TONYA SCHUITMAKER 29924 60TH AVE LAWTON, MI 49065		\$ <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>10/02/2023</u>	
Name & Address: HYLA WILLIAMS 37559 AVON LN FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>MAX BROCK</u> Business Address <u>275 S OLD WOODWARD AVE, 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>10/02/2023</u>	
Name & Address: WENDY ZIELEN PO BOX 164 CHELSEA, MI 48118		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPMENT DIRECTOR</u> Employer <u>ST LOUIS CENTER</u> Business Address <u>16195 W OLD US HWY 12, CHELSEA, MI 48118</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
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2023</u>	
Name & Address: CAROLYN TISDALE 6680 WATERCROFT CT FARMINGTON, MI 48332		\$ <u>36.00</u>	\$ <u>36.00</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>10/02/2023</u>	
Name & Address: ED STREIT 28380 SHILOH CT FARMINGTON HILLS, MI 48331		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>28380 SHILOH CT, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2023</u>	
Name & Address: MARY SCHUSTERBAUER 2634 HYLAND ST FERNDAL, MI 48220		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2634 HYLAND ST, FERNDAL, MI 48220</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2023</u>	
Name & Address: MARSHALL HUTCHINSON 24446 LAKELAND ST FARMINGTON HILLS, MI 48336		\$ <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 **436.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/03/2023</u>	
Name & Address: MI LIST 17750 SHARON VALLEY RD MANCHESTER, MI 48158		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/03/2023</u>	
Name & Address: A. JOHN KATHAROPOULOS 33501 COLONY PARK DR FARMINGTON HILLS, MI 48331		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ITW</u> Business Address <u>100 KIRTS BLVD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/03/2023</u>	
Name & Address: LORIE SAVIN 5100 CHESTERSHIRE CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1300 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/03/2023</u>	
Name & Address: REGISTRARS PAC LOCAL 58, IBEW 1358 ABBOTT ST DETROIT, MI 48216		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,050.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/03/2023</u>	
Name & Address: JANE GLAZER 1220 CARO RD SEBEWAING, MI 48759		\$ <u>100.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OPERATIONS MANAGER</u> Employer <u>AON</u> Business Address <u>3000 TOWN CENTER, SOUTHFIELD, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2023</u>	
Name & Address: DULCENA GILLOTTE 1126 MIDDLEBELT RD GARDEN CITY, MI 48135		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: KYLE NICKEL 24536 PINE GROVE CT FARMINGTON HILLS, MI 48335		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNERAL PLANNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>24536 PINE GROVE CT, FARMINGTON HILLS, MI 48335</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: DOLLI LEWIS 31823 W 13 MILE RD FARMINGTON HILLS, MI 48334		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>ANGELS ON ASSIGNMENT HOME CARE</u> Business Address <u>31823 W 13 MILE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/05/2023</u>	
Name & Address: ABIZER RASHEED 3944 WINTERSET LN WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>53.00</u>	\$ <u>53.00</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>10/05/2023</u>	
Name & Address: ANDREW MENCHINGER 528 NICKERSON AVE BENTON HARBOR, MI 49022		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: HOWARD COLLENS 13102 NADINE AVE HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GALLOWAY AND COLLENS PLLC</u> Business Address <u>26075 WOODWARD AVE, HUNTINGTON WOODS, MI 48070</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2023</u>	
Name & Address: BEN MAIBACH 26763 WEMBLEY CT FARMINGTON HILLS, MI 48331		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN AND CEO</u> Employer <u>BARTON MALOW COMPANY</u> Business Address <u>26500 AMERICAN DR, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,403.00**

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

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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2. Committee Name ELECT THERESA RICH

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>10/06/2023</u>	
Name & Address: JIBRAN MANNA 2486 COMFORT CT WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>IM MANNA, LEVEL PLUS REALTY</u> Business Address <u>33060 NORTHWESTERN HWY, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/06/2023</u>	
Name & Address: KATHLEEN OSTROVSKY 1440 FOREST LN BLOOMFIELD HILLS, MI 48301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/06/2023</u>	
Name & Address: RON WOOD 29225 LAKE PARK DR FARMINGTON HILLS, MI 48331		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>29225 LAKE PARK DR, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/06/2023</u>	
Name & Address: MARTIN SHOUSHANIAN 15300 MERCANTILE DR DEARBORN, MI 48120		\$ <u>50.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF SALES</u> Employer <u>VERSACOM INC</u> Business Address <u>15300 MERCANTILE DR, DEARBORN, MI 48120</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,150.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/07/2023</u>	
Name & Address: FARMINGTON DEMOCRATIC CLUB 28825 SALEM RD FARMINGTON, MI 48334		\$ <u>600.00</u>	\$ <u>600.00</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>10/08/2023</u>	
Name & Address: DEBRA HICKS 31490 HUNTERS CIR DR FARMINGTON HILLS, MI 48334		\$ <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>10/08/2023</u>	
Name & Address: MURRAY SITTSAMER PO BOX 252474 WEST BLOOMFIELD, MI 48325		\$ <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>10/08/2023</u>	
Name & Address: JAMES VAKILPOUR 20918 ROBINWOOD ST FARMINGTON, MI 48336		\$ <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			

Page Subtotal 690.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/08/2023</u>	
Name & Address: FRAN HILDEBRANDT 31032 CARRIAGE HILL RD FARMINGTON HILLS, MI 48331		\$ <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>10/08/2023</u>	
Name & Address: MICHAEL SCHMALL 28686 OAK POINT DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/08/2023</u>	
Name & Address: ELIZABETH MARTINEZ 33363 WALNUT LN FARMINGTON HILLS, MI 48334		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>33363 WALNUT LN, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2023</u>	
Name & Address: UMA NATARAJAN 37664 MCKENZIE CT FARMINGTON HILLS, MI 48331		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DATABASE/SYSTEM ARCHITECT</u> Employer <u>WAYNE RESA</u> Business Address <u>33500 VAN BORN RD, WAYNE, MI 48184</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 725.00

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

1. Committee I.D. Number 98178
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2023</u>	
Name & Address: MELINDA LANSKI 36233 FREDERICKSBURG RD FARMINGTON HILLS, MI 48331		\$ <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>10/09/2023</u>	
Name & Address: GEORGE PITCHFORD 25264 SURREY LN FARMINGTON HILLS, MI 48335		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ALG</u> Business Address <u>3011 W GRAND BLVD, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2023</u>	
Name & Address: MARILYN PETRAS 30429 STRATFORD CT FARMINGTON HILLS, MI 48331		\$ <u>50.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>30429 STRATFORD CT, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2023</u>	
Name & Address: GAIL MCLEOD 14879 GARFIELD AVE ALLEN PARK, MI 48101		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **330.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/10/2023</u>	
Name & Address: MICHIGAN LABORERS' POLITICAL LEAGUE 1118 CENTENNIAL WAY LANSING, MI 48917		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2023</u>	
Name & Address: MARC SIEGLER 30285 SOUTHAMPTON LN FARMINGTON HILLS, MI 48331		\$ <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>10/11/2023</u>	
Name & Address: LYNNE THOMPSON 28350 7 OAKS DR FARMINGTON HILLS, MI 48331		\$ <u>25.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2023</u>	
Name & Address: JAMES KRUEER 445 STILLWOOD DR GAINESVILLE, GA 30501		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,175.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/11/2023</u>	
Name & Address: BARRY GOODMAN 28854 HERNDONWOOD DR FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GOODMAN ACKER</u> Business Address <u>17000 W 10 MILE RD, SOUTHFIELD, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2023</u>	
Name & Address: TERRI WEEMS 29149 BRADMOOR CT FARMINGTON HILLS, MI 48334		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2023</u>	
Name & Address: GERRI BECKWITH 6712 WOODSIDE TRAIL WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <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>10/11/2023</u>	
Name & Address: KATHERINE SCHAEFER 23531 E NEWELL CIR FARMINGTON HILLS, MI 48336		\$ <u>20.00</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			

Page Subtotal **185.00**

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

1. Committee I.D. Number 98178
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2023</u>	
Name & Address: TODD TENNIS 1924 FAIRMONT ST LANSING, MI 48911		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOBBYIST</u> Employer <u>CAPITOL SERVICES INC.</u> Business Address <u>110 W MICHIGAN AVE, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2023</u>	
Name & Address: CLAIRE ZELMANSKI 1115 MARYWOOD DR 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>10/11/2023</u>	
Name & Address: HENRY FORD HEALTH SYSTEM GOV. AFFAIRS PAC 1414 E MAPLE RD TROY, MI 48083		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/12/2023</u>	
Name & Address: THOMAS CONKLIN 1447 W JARVIS AVE 3E CHICAGO, IL 60626		\$ <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 425.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/12/2023</u>	
Name & Address: PAUL LUKASIEWICZ 24625 FARMINGTON RD FARMINGTON HILLS, MI 48336		\$ <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>10/12/2023</u>	
Name & Address: PEGGY MALNATI 35935 W 14 MILE RD FARMINGTON HILLS, MI 48331		\$ <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>10/12/2023</u>	
Name & Address: CHERYL WILLETTE 21108 MEADOWLARK ST FARMINGTON, MI 48336		\$ <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>10/12/2023</u>	
Name & Address: SHARKEY HADDAD 5676 TEQUESTA DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SPECIAL PROJECT MANAGER</u> Employer <u>CHALDEAN AMERICAN CHAMBER OF COMMERCE</u> Business Address <u>30095 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,175.00**

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

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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/12/2023</u>	
Name & Address: PURSUIT OF JUSTICE PAC 2075 W STADIUM BLVD ANN ARBOR, MI 48103		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/2023</u>	
Name & Address: DAVID COULTER 555 LEROY ST FERNDAL, MI 48220		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/13/2023</u>	
Name & Address: IUPAT POLITICAL ACTION TOGETHER POLITICAL COMMITTEE 14587 BARBER AVE WARREN, MI 48088		\$ <u>1,000.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/2023</u>	
Name & Address: KIMBERLY DUNGY 29731 CANTERBURY CT FARMINGTON HILLS, MI 48331		\$ <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 **1,470.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/14/2023</u> Name & Address: KIMBERLY DUNKLIN 16519 LAWTON ST DETROIT, MI 48221		\$ <u>6.00</u>	\$ <u>37.00</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>10/15/2023</u> Name & Address: LEONARD HERMAN 4845 WOODBINE CIR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <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>10/15/2023</u> Name & Address: TARA FLANAGAN 2394 MARINER SQUARE DR ALAMEDA, CA 94501		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>STATE OF CA</u> Business Address <u>2394 MARINER SQUARE DR, ALAMEDA, CA 94501</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/16/2023</u> Name & Address: LISA DIRADO 17444 ROLLING WOODS CIR NORTHVILLE, MI 48168		\$ <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 326.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/16/2023</u>	
Name & Address: JACOB CUNNINGHAM 246 WITHINGTON ST FERNDALE, MI 48220		\$ <u>100.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/16/2023</u>	
Name & Address: LISA COREY 401 N MAIN ST ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/16/2023</u>	
Name & Address: DAWN TOMASZEWSKI 25806 ROSENBUSCH BLVD 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>10/16/2023</u>	
Name & Address: LORI BOYCE 21699 SHEFFIELD DR FARMINGTON HILLS, MI 48335		\$ <u>50.00</u>	\$ <u>90.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 300.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/16/2023</u>	
Name & Address: BOB ADDIS 11776 GOODFELLOW DR FREDERIC, MI 49733		\$ <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>10/16/2023</u>	
Name & Address: PAM JACKSON 5736 LANCASTER DR COMMERCE TWP, MI 48382		\$ <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>10/16/2023</u>	
Name & Address: RITA BROWN 1825 E MAPLE RD 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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/16/2023</u>	
Name & Address: AUDREY PLEASANT 30113 S MEADOWRIDGE FARMINGTON, MI 48334		\$ <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 95.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/16/2023</u>	
Name & Address: ALAN BORMAN 1561 HEMSWORTH CT BLOOMFIELD HILLS, MI 48301		\$ <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>10/16/2023</u>	
Name & Address: JERRY HALL 32 RIDGE ST ECORSE, MI 48229		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/16/2023</u>	
Name & Address: NANCY BARNETT 3053 BRISBANE ST COMMERCE TWP, MI 48390		\$ <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>10/16/2023</u>	
Name & Address: DOROTHY SHEETS 24925 ARDEN PARK DR FARMINGTON HILLS, MI 48336		\$ <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 **155.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/16/2023</u>	
Name & Address: JUDY BALLER 822 SHIRLEY RD 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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/16/2023</u>	
Name & Address: GLYNETTE WOLK 35950 CASTLEMEADOW DR FARMINGTON HILLS, MI 48335		\$ <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>10/16/2023</u>	
Name & Address: MIMI MILETIC 3675 BERKSHIRE DR BLOOMFIELD HILLS, MI 48301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/16/2023</u>	
Name & Address: EDITH FAYE POULOS 36981 DARTMOOR DR FARMINGTON HILLS, MI 48331		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 170.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/16/2023</u> Name & Address: DAVID LEMMON 21293 OSMUS ST FARMINGTON HILLS, MI 48336		\$ <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 <u>21293 OSMUS ST, FARMINGTON HILLS, MI 48336</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/16/2023</u> Name & Address: BARBARA ALPERN 5946 CHERRY LN WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>36.00</u>	\$ <u>36.00</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>10/17/2023</u> Name & Address: JOHN RANDLE SR 21951 BOULDER DR FARMINGTON HILLS, MI 48335		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HUMAN RESOURCES DIRECTOR</u> Employer <u>AAPS</u> Business Address <u>3700 EARHART RD, ANN ARBOR, MI 48105</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/17/2023</u> Name & Address: TONY LYONS 29264 PARAMOUNT CT FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 286.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/17/2023</u>	
Name & Address: ANITA R. JOHNSON 2642 WHITE OAK DR ANN ARBOR, MI 48103		\$ <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>10/17/2023</u>	
Name & Address: LINDA ANTHONY 3334 ROCHESTER RD TROY, MI 48083		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>3334 ROCHESTER RD, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2023</u>	
Name & Address: YVONNE POSEY GILCHRIST 22294 ABINGTON DR FARMINGTON HILLS, MI 48335		\$ <u>500.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>22294 ABINGTON DR, FARMINGTON HILLS, MI 48335</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2023</u>	
Name & Address: LLOYD BANKS 38056 KLARR DR NORTHVILLE, MI 48167		\$ <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 800.00

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

1. Committee I.D. Number 98178
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2023</u>	
Name & Address: CYNTHIA COOK 222 N EDGEWORTH AVE ROYAL OAK, MI 48067		\$ <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>10/17/2023</u>	
Name & Address: MARY CLAPPISON 36319 FREDERICKSBURG RD FARMINGTON HILLS, MI 48331		\$ <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>10/17/2023</u>	
Name & Address: LEWIS COLE 4648 WALNUT LAKE RD BLOOMFIELD HILLS, MI 48301		\$ <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>10/17/2023</u>	
Name & Address: ELIZABETH KAPLAN 33951 GLOUSTER CIR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>345.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>33951 GLOUSTER CIR, FARMINGTON HILLS, MI 48331</u> 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
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2023</u>	
Name & Address: DARYL THOMAS 29433 PARAMOUNT CT FARMINGTON HILLS, MI 48331		\$ <u>25.00</u>	\$ <u>65.00</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>10/17/2023</u>	
Name & Address: ROSEMARY BAYER 7442 BROOKBERRY CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE SENATOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>400 S. PINE STREET P.O. BOX 30827, LANSING, MI 48909</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2023</u>	
Name & Address: TOINE MURPHY 6141 PICKWOOD DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2023</u>	
Name & Address: MARGARET LEMMON 21294 OSMUS ST FARMINGTON HILLS, MI 48336		\$ <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 <u>21294 OSMUS ST, FARMINGTON HILLS, MI 48336</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 98178
2. Committee Name ELECT THERESA RICH

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2023</u>	
Name & Address: DOMINECA NEAL 555 W MADISON ST CHICAGO, IL 60661		\$ <u>20.00</u>	\$ <u>220.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF EXECUTIVE OFFICER</u> Employer <u>3 BROTHERS NEAL</u> Business Address <u>555 W MADISON ST, CHICAGO, IL 60661</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: ANDI NITZKIN 31026 OAK VALLEY DR FARMINGTON HILLS, MI 48331		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: KELLY KURAS 1432 BEDFORD RD GROSSE POINTE PARK, MI 48230		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: RUSSELL OLLIE 149 242ND AVE SE SAMMAMISH, WA 98074		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL MANAGING DIRECTOR</u> Employer <u>CGC - CONCISION GLOBAL CONSULTING</u> Business Address <u>100 N HOWARD ST, SPOKANE, WA 99201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **695.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/19/2023</u>	
Name & Address: DAVID PLEWA 23895 LAKEVIEW CT AUBURN, CA 95602		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>23895 LAKEVIEW CT, AUBURN, CA 95602</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: ROSALIND COOPERMAN 31915 W 14 MILE RD FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: KENNETH BARRETT 611 WATKINS ST BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>611 WATKINS 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>10/19/2023</u>	
Name & Address: DENZEL MCCAMPBELL 10013 W PARKWAY ST REDFORD TWP, MI 48239		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>ENGAGE MICHIGAN</u> Business Address <u>2727 2ND AVE, DETROIT, MI 48201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 650.00

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 98178
2. Committee Name ELECT THERESA RICH

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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: MOSS PAC 101 S WASHINGTON SQUARE LANSING, MI 48933		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: LISA MAYER 2260 CARROLLWOOD CT BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRACTICE MANAGER</u> Employer <u>AAISEMI</u> Business Address <u>27655 MIDDLEBELT RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/21/2023</u>	
Name & Address: ANDREW MEISNER 12786 TALBOT LN HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/21/2023</u>	
Name & Address: LINDA FURLOUGH 1715 MOUNTAIN ASH DR WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>25.00</u>	\$ <u>65.00</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 **875.00**

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/22/2023</u>	
Name & Address: ANDREW MUTCH 24740 TAFT RD NOVI, MI 48375		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIBRARY SYSTEMS ADMINISTRATOR</u> Employer <u>CHARTER TOWNSHIP OF WATERFORD</u> Business Address <u>5200 CIVIC CENTER DR, WATERFORD TWP, MI 48329</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: MICHELLE GORNBEIN 6254 EASTBROOKE WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>25.00</u>	\$ <u>105.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>KRUGER BAILEY & WICKES</u> Business Address <u>6254 EASTBROOKE, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: DEBBIE BINDER 4309 FOXPOINTE DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>25.00</u>	\$ <u>65.00</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>10/22/2023</u>	
Name & Address: MATTHEW KOBLISKA 40900 WOODWARD AVE BLOOMFIELD HILLS, MI 48304		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>KOBLISKA LAW + MEDIATION</u> Business Address <u>40900 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 250.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/22/2023</u>	
Name & Address: ERIK LINDQUIST 35233 GARY ST FARMINGTON HILLS, MI 48331		\$ <u>25.00</u>	\$ <u>195.60</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>33228 W 12 MILE RD, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: JONI LIPSON 78 VAUGHAN-RIDGE RD BLOOMFIELD HILLS, MI 48304		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOLOGIST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>78 VAUGHAN-RIDGE RD, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: WILLIAM SEIKALY 78 VAUGHAN-RIDGE RD BLOOMFIELD HILLS, MI 48304		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SEIKALY & ZEMAN PC</u> Employer <u>ATTORNEY</u> Business Address <u>30300 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: CHRISTOPHER BURNS 315 SECOND ST ALEXANDRIA, VA 22314		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>315 SECOND ST, ALEXANDRIA, VA 22314</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 625.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/22/2023</u>	
Name & Address: STEPHEN SCAPELLITI 35019 QUAKER WAY FARMINGTON HILLS, MI 48331		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: SUSAN SHINK 600 W JOY RD ANN ARBOR, MI 48105		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE SENATOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>4200 BINSFIELD, LANSING, MI 48909</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: EDITH FAYE POULOS 36981 DARTMOOR DR FARMINGTON HILLS, MI 48331		\$ <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>10/22/2023</u>	
Name & Address: TIA MARIE SANDERS P.O.BOX 107 NOVI, MI 48376		\$ <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 98178
2. Committee Name ELECT THERESA RICH

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>10/22/2023</u>	
Name & Address: JASON CHURCHILL 1428 KRISTEN PATH ST JOSEPH, MI 49085		\$ <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>10/22/2023</u>	
Name & Address: JULIE MCCOWAN 22120 HAYNES AVE FARMINGTON HILLS, MI 48336		\$ <u>50.00</u>	\$ <u>425.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>22120 HAYNES AVE, FARMINGTON HILLS, MI 48336</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: AMY STRAUSS 29784 FOX GROVE RD FARMINGTON HILLS, MI 48334		\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR DIRECTOR</u> Employer <u>HENRY FORD HEALTH</u> Business Address <u>1 FORD PL, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: LYNNE THOMPSON 28350 7 OAKS DR FARMINGTON HILLS, MI 48331		\$ <u>25.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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 98178
2. Committee Name ELECT THERESA RICH

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: CARRIE WARREN-GULLY 7009 S STEELE ST CENTENNIAL, CO 80122		\$ <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>10/22/2023</u>	
Name & Address: JAIME WEAVER 35036 QUAKER WAY FARMINGTON HILLS, MI 48331		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: REBECCA DONNELLY-LASECKI 29721 MINGLEWOOD LN FARMINGTON HILLS, MI 48334		\$ <u>25.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: BRENDA JOHNSON 31017 CARRIAGE HILL RD FARMINGTON HILLS, MI 48331		\$ <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
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: ELIZABETH MARTINEZ 33363 WALNUT LN FARMINGTON HILLS, MI 48334		\$ <u>25.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: KENT DOUGLAS 2191 KOHLER ST WATERFORD TWP, MI 48329		\$ <u>50.00</u>	\$ <u>90.00</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>10/22/2023</u>	
Name & Address: BLAKE LIPMAN 32237 TALL TIMBER DR FARMINGTON HILLS, MI 48334		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>LAW OFFICE OF BLAKE LIPMAN</u> Business Address <u>32871 MIDDLEBELT RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: ALEX MEYERS 23755 HAYNES ST FARMINGTON HILLS, MI 48336		\$ <u>10.00</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 285.00

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

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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>10/22/2023</u>	
Name & Address: CHRIS YATOOMA 1712 HAMILTON DR BLOOMFIELD HILLS, MI 48302		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PARADIGM REALTY</u> Business Address <u>145 S LIVERNOIS RD, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: CLAUDIA CANTU 35001 LEXINGTON ST FARMINGTON HILLS, MI 48331		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: ROBYN MCCOY 13255 LAKE POINT BLVD BELLEVILLE, MI 48111		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MCCOY AND ASSOCIATES PLLC</u> Business Address <u>2381 E STADIUM BLVD, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: MICHAEL WANT 68 BUTLER ST BOSTON, MA 02124		\$ <u>25.00</u>	\$ <u>115.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAW ENFORCEMENT</u> Employer <u>TOWN OF BRAINTREE</u> Business Address <u>1 JOHN F KENNEDY MEMORIAL DR, BRAINTREE, MA 02184</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

1,175.00

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

81,699.00

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98178**

CANDIDATE COMMITTEE

2. Committee Name **ELECT THERESA RICH**

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: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Business Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334 ☐ Fund Raiser Contribution	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 T-SHIRTS 5. Date Of Receipt: 03/13/2023 6. Vendor Name & Address: BRODY'S CUSTOM CLOTHING 6702 ORCHARD LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322	\$ 113.42	\$ 1,113.42
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334 ☐ Fund Raiser Contribution	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 T-SHIRTS 5. Date Of Receipt: 03/26/2023 6. Vendor Name & Address: BRODY'S CUSTOM CLOTHING 6702 ORCHARD LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322	\$ 21.20	\$ 1,134.62
Contribution #3 PAC Receipt? ☐ Yes Name & Address: ARI ZARKIN 26478 BALLANTRAE CT FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: OPERATIONS DIRECTOR Employer Name & Address: LELLI'S ON THE GREEN 26478 BALLANTRAE CT, FARMINGTON HILLS, MI 48331 ☒ Fund Raiser Contribution	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 FOOD AND VENUE FOR FUNDRAISER 5. Date Of Receipt: 03/28/2023 6. Vendor Name & Address: LELLI'S ON THE GREEN 26478 BALLANTRAE CT, FARMINGTON HILLS, MI 48331	\$ 1,225.00	\$ 1,225.00

Page Subtotal

1,359.62

1,225.00

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98178**

CANDIDATE COMMITTEE

2. Committee Name **ELECT THERESA RICH**

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: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Business Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334 ☐ Fund Raiser Contribution	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 CAMPAIGN SWAG 5. Date Of Receipt: 04/01/2023 6. Vendor Name & Address: ANNIE DID IT 750 PLEASANT AVE, KALAMAZOO, MI 49008	\$ 339.00	\$ 1,473.62
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Address: SELF EMPLOYED 606 TOWNSEND ST, LANSING, MI 48933 ☐ Fund Raiser Contribution	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 VAN 5. Date Of Receipt: 05/05/2023 6. Vendor Name & Address: MICHIGAN DEMOCRATIC PARTY 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334	\$ 250.00	\$ 1,723.62
Contribution #3 PAC Receipt? ☐ Yes Name & Address: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334 ☐ Fund Raiser Contribution	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 STAMPS 5. Date Of Receipt: 06/21/2023 6. Vendor Name & Address: POST OFFICE 32455 W 12 MILE RD, FARMINGTON HILLS, MI 48334	\$ 317.20	\$ 2,040.82

Page Subtotal **906.20** **0.00**

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98178**

CANDIDATE COMMITTEE

2. Committee Name **ELECT THERESA RICH**

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: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Business Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334 ☐ Fund Raiser Contribution	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 OFFICE SUPPLIES 5. Date Of Receipt: 06/24/2023 6. Vendor Name & Address: AMAZON 410 TERRY AVE N, SEATTLE, WA 98109	\$ 32.80	\$ 2,073.62
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334 ☒ Fund Raiser Contribution	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 FOOD FOR FUNDRAISER 5. Date Of Receipt: 07/03/2023 6. Vendor Name & Address: COSTCO 3000 COMMERCE CROSSING, COMMERCE TWP, MI 48390	\$ 112.19	\$ 2,185.81
Contribution #3 PAC Receipt? ☐ Yes Name & Address: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334 ☒ Fund Raiser Contribution	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 SUPPLIES FOR FUNDRAISER 5. Date Of Receipt: 07/03/2023 6. Vendor Name & Address: AMAZON 410 TERRY AVE N, SEATTLE, WA 98109	\$ 35.49	\$ 2,221.30

Page Subtotal **180.48** **0.00**

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98178**

CANDIDATE COMMITTEE

2. Committee Name **ELECT THERESA RICH**

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: ROSE CHRISTOPH 26564 VALHALLA DR FARMINGTON HILLS, MI 48331 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 FOOD FOR MEET & GREET 5. Date Of Receipt: 07/07/2023 6. Vendor Name & Address: COMMERCE TOWNSHIP 3000 COMMERCE CROSSING, COMMERCE TWP, MI 48390	\$ 63.41	\$ 63.41
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334	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 FOOD FOR FUNDRAISER 5. Date Of Receipt: 07/08/2023 6. Vendor Name & Address: GORDON FOOD SERVICE 29555 ORCHARD LAKE RD, FARMINGTON HILLS, MI 48334	\$ 211.17	\$ 2,432.47
☒ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334	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 FOOD FOR FUNDRAISER 5. Date Of Receipt: 07/09/2023 6. Vendor Name & Address: COSTCO 3000 COMMERCE CROSSING, COMMERCE TWP, MI 48390	\$ 60.34	\$ 2,492.81
☒ Fund Raiser Contribution			

Page Subtotal

334.92

63.41

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98178**

CANDIDATE COMMITTEE

2. Committee Name **ELECT THERESA RICH**

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: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Business Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334 ☐ Fund Raiser Contribution	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 OFFICE SUPPLIES 5. Date Of Receipt: 07/21/2023 6. Vendor Name & Address: AMAZON 410 TERRY AVE N, SEATTLE, WA 98109	\$ 21.90	\$ 2,514.71
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334 ☐ Fund Raiser Contribution	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 STAMPS 5. Date Of Receipt: 09/02/2023 6. Vendor Name & Address: POST OFFICE 32455 W 12 MILE RD, FARMINGTON HILLS, MI 48334	\$ 450.00	\$ 2,964.71
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MARY ANN FONTANA 26080 SALEM RD HUNTINGTON WOODS, MI 48070 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☒ Fund Raiser Contribution	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 FOOD FOR FUNDRAISER 5. Date Of Receipt: 09/08/2023 6. Vendor Name & Address: COSTCO 3000 COMMERCE CROSSING, COMMERCE TWP, MI 48390	\$ 49.98	\$ 49.98

Page Subtotal **521.88** **49.98**

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98178**

CANDIDATE COMMITTEE

2. Committee Name **ELECT THERESA RICH**

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: LAURIE SCOTT 35315 FENDT ST FARMINGTON HILLS, MI 48335 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 STAMPS 5. Date Of Receipt: 09/08/2023 6. Vendor Name & Address: POST OFFICE 32455 W 12 MILE RD, FARMINGTON HILLS, MI 48334	\$ 94.00	\$ 94.00
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: STEVE SCHWARTZ 29867 HIGH VALLEY CT FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: STEVEN H SCHWARTZ & ASSOCIATES 31600 W 13 MILE RD, FARMINGTON HILLS, MI 48334	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 YARD SIGN WIRES 5. Date Of Receipt: 09/08/2023 6. Vendor Name & Address: SAWICKI & SONS 1521 W LAFAYETTE BLVD, DETROIT, MI 48216	\$ 180.00	\$ 180.00
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: DANETTE DURON-WILLNER 35750 FREDERICKSBURG RD FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: SEL EMPLOYED 35750 FREDERICKSBURG RD, FARMINGTON HILLS, MI 48331	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 FOOD FOR FUNDRAISER 5. Date Of Receipt: 09/09/2023 6. Vendor Name & Address: COSTCO 3000 COMMERCE CROSSING, COMMERCE TWP, MI 48390	\$ 98.52	\$ 348.52
☒ Fund Raiser Contribution			

Page Subtotal **372.52** **274.00**

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98178**

CANDIDATE COMMITTEE

2. Committee Name **ELECT THERESA RICH**

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: DANETTE DURON-WILLNER 35750 FREDERICKSBURG RD FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Business Address: SELF EMPLOYED 35750 FREDERICKSBURG RD, FARMINGTON HILLS, MI 48331 ☒ Fund Raiser Contribution	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 FOOD FOR FUNDRAISER 5. Date Of Receipt: 09/09/2023 6. Vendor Name & Address: TRADER JOES 6536 TELEGRAPH RD, BLOOMFIELD TWP, MI 48301	\$ 97.56	\$ 446.08
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334 ☐ Fund Raiser Contribution	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 STAMPS 5. Date Of Receipt: 09/11/2023 6. Vendor Name & Address: POST OFFICE 32455 W 12 MILE RD, FARMINGTON HILLS, MI 48334	\$ 173.40	\$ 3,138.11
Contribution #3 PAC Receipt? ☐ Yes Name & Address: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334 ☐ Fund Raiser Contribution	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 STAMPS 5. Date Of Receipt: 09/12/2023 6. Vendor Name & Address: POST OFFICE 32455 W 12 MILE RD, FARMINGTON HILLS, MI 48334	\$ 77.04	\$ 3,215.15

Page Subtotal **348.00** **446.08**

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **98178**

2. Committee Name **ELECT THERESA RICH**

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: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Business Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334 ☐ Fund Raiser Contribution	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 FOOD FOR VOLUNTEERS 5. Date Of Receipt: 09/18/2023 6. Vendor Name & Address: COSTCO 3000 COMMERCE CROSSING, COMMERCE TWP, MI 48390	\$ 139.66	\$ 3,354.81
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: MARK ZARKIN 26478 BALLANTRAE CT FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: LELLI'S INN ON THE GREEN 27925 GOLF POINTE BLVD, FARMINGTON HILLS, MI 48331 ☒ Fund Raiser Contribution	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 FOOD & VENUE FOR FUNDRAISER 5. Date Of Receipt: 09/19/2023 6. Vendor Name & Address: LELLI'S INN ON THE GREEN 27925 GOLF POINTE BLVD, FARMINGTON HILLS, MI 48331	\$ 1,225.00	\$ 1,225.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334 ☐ Fund Raiser Contribution	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 OFFICE SUPPLIES 5. Date Of Receipt: 09/20/2023 6. Vendor Name & Address: AMAZON 410 TERRY AVE N, SEATTLE, WA 98109	\$ 32.69	\$ 3,387.50

Page Subtotal

1,397.35

1,225.00

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98178**

CANDIDATE COMMITTEE

2. Committee Name **ELECT THERESA RICH**

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: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: LAWYER Employer Name & Business Address: SELF EMPLOYED 27620 FARMINGTON RD, FARMINGTON HILLS, MI 48334 ☐ Fund Raiser Contribution	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 STAMPS 5. Date Of Receipt: 09/22/2023 6. Vendor Name & Address: POST OFFICE 32455 W 12 MILE RD, FARMINGTON HILLS, MI 48334	\$ 561.00	\$ 3,948.50
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: LESA FERENCZ 25380 WITHERSPOON ST FARMINGTON HILLS, MI 48335 If over \$100.00 cumulative, please provide: Occupation: CONTROLLER Employer Name & Address: BLOOM 25601 W 8 MILE RD, REDFORD TWP, MI 48240 ☒ Fund Raiser Contribution	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 FOOD FOR FUNDRAISER 5. Date Of Receipt: 09/23/2023 6. Vendor Name & Address: MEIJER 28800 TELEGRAPH RD, SOUTHFIELD, MI 48034	\$ 212.41	\$ 512.41
Contribution #3 PAC Receipt? ☐ Yes Name & Address: NANCY PRIESKORN 30949 PINE CONE DR FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	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 STAMPS 5. Date Of Receipt: 10/01/2023 6. Vendor Name & Address: US POST OFFICE 32455 W 12 MILE RD, FARMINGTON HILLS, MI 48334	\$ 63.00	\$ 63.00

Page Subtotal

836.41

4,523.91

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98178**

CANDIDATE COMMITTEE

2. Committee Name **ELECT THERESA RICH**

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: TOM SHURTLEFF 29131 BANNOCKBURN ST FARMINGTON HILLS, MI 48334 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 STAMPS 5. Date Of Receipt: 10/01/2023 6. Vendor Name & Address: US POST OFFICE 32455 W 12 MILE RD, FARMINGTON HILLS, MI 48334	\$ 31.00	\$ 31.00
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: ERIC LINDQUIST 35233 GARY ST FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: FFHDC 33228 W 12 MILE RD, FARMINGTON HILLS, MI 48331	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 STAMPS 5. Date Of Receipt: 10/04/2023 6. Vendor Name & Address: US POST OFFICE 32455 W 12 MILE RD, FARMINGTON HILLS, MI 48334	\$ 30.60	\$ 170.60
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: SHELBY WOLOK 5228 BRETT CT WEST BLOOMFIELD TOWNSHIP, MI 48322 If over \$100.00 cumulative, please provide: Occupation: CO OWNER Employer Name & Address: SAVVY SLIDERS 37555 W 12 MILE RD, FARMINGTON HILLS, MI 48331	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 FOOD FOR FUNDRAISER 5. Date Of Receipt: 10/16/2023 6. Vendor Name & Address: SAVVY SLIDERS 37555 W 12 MILE RD, FARMINGTON HILLS, MI 48331	\$ 100.68	\$ 100.68
☒ Fund Raiser Contribution			

Page Subtotal **162.28** **302.28**

Grand Total of all Schedules 1-IK
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98178**

CANDIDATE COMMITTEE

2. Committee Name **ELECT THERESA RICH**

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: HERB GIBSON 5334 POND BLUFF DR WEST BLOOMFIELD TOWNSHIP, MI 48323 If over \$100.00 cumulative, please provide: Occupation: CO OWNER Employer Name & Business Address: SAVVY SLIDERS 37555 W 12 MILE RD, FARMINGTON HILLS, MI 48331 ☒ Fund Raiser Contribution	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 FOOD FOR FUNDRAISER 5. Date Of Receipt: 10/16/2023 6. Vendor Name & Address: SAVVY SLIDERS 37555 W 12 MILE RD, FARMINGTON HILLS, MI 48331	\$ 100.68	\$ 100.68
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: TIM ELLERBE 29265 HAYES RD WARREN, MI 48088 If over \$100.00 cumulative, please provide: Occupation: MUSICIAN Employer Name & Address: SELF EMPLOYED 29265 HAYES RD, WARREN, MI 48088 ☒ Fund Raiser Contribution	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 MUSIC FOR FUNDRAISER 5. Date Of Receipt: 10/17/2023 6. Vendor Name & Address: SELF 29265 HAYES RD, WARREN, MI 48088	\$ 200.00	\$ 200.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: IME EKPENYONG 48540 INVERARAY RD CANTON, MI 48188 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: KOLA RESTUARANT 32523 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334 ☒ Fund Raiser Contribution	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 FOOD FOR FUNDRAISER 5. Date Of Receipt: 10/17/2023 6. Vendor Name & Address: KOLA RESTAURANT 32523 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334	\$ 709.20	\$ 709.20

Page Subtotal **1,009.88** **1,009.88**

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

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/20/2023 Date	\$ 24.88
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/20/2023 Date	\$ 13.41
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/21/2023 Date	\$ 57.75
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/22/2023 Date	\$ 22.20
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/23/2023 Date	\$ 15.95

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134.19

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

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/27/2023 Date	\$ 18.91
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/27/2023 Date	\$ 26.91
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/28/2023 Date	\$ 51.96
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/29/2023 Date	\$ 86.32
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/30/2023 Date	\$ 5.64

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189.74

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

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/04/2023 Date	\$ 9.71
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/17/2023 Date	\$ 5.78
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/25/2023 Date	\$ 6.61
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/09/2023 Date	\$ 5.09
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/10/2023 Date	\$ 3.93

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31.12

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

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ORIGINAL PRINT SHOPPE Address 29 W MAIN ST FREMONT, MI 49412 ☐ Fund Raiser	Purpose: FRIEND TO FRIEND CARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/18/2023 Date	\$ 239.03
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/23/2023 Date	\$ 0.60
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/30/2023 Date	\$ 13.41
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/06/2023 Date	\$ 4.53
Expenditure #5 Name ORIGINAL PRINT SHOPPE Address 29 W MAIN ST FREMONT, MI 49412 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/08/2023 Date	\$ 1,060.00

Subtotal this page **1,317.57**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BERGMANN ZWERDLING DIRECT Address 1350 CONNECTICUT AVE NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: WEBSITE DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2023 Date	\$ 162.38
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2023 Date	\$ 2.08
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/15/2023 Date	\$ 3.93
Expenditure #4 Name ORIGINAL PRINT SHOPPE Address 29 W MAIN ST FREMONT, MI 49412 ☐ Fund Raiser	Purpose: THANK YOU CARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2023 Date	\$ 477.00
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/22/2023 Date	\$ 2.08

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647.47

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

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2023 Date	\$ 0.60
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2023 Date	\$ 15.26
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/28/2023 Date	\$ 1.71
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/29/2023 Date	\$ 9.48
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2023 Date	\$ 9.71

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36.76

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

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2023 Date	\$ 3.93
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2023 Date	\$ 20.39
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/06/2023 Date	\$ 3.93
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2023 Date	\$ 9.80
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2023 Date	\$ 5.64

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43.69

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

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2023 Date	\$ 63.71
Expenditure #2 Name BERGMANN ZWERDLING DIRECT Address 1350 CONNECTICUT AVE NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: MAIL -- NO OUTSIDE VENDORS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/12/2023 Date	\$ 2,546.30
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2023 Date	\$ 3.93
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2023 Date	\$ 2.08
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2023 Date	\$ 2.08

Subtotal this page **2,618.10**

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

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2023 Date	\$ 3.93
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2023 Date	\$ 4.53
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/26/2023 Date	\$ 3.93
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2023 Date	\$ 3.93
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/03/2023 Date	\$ 9.48

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25.80

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

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CAMPAIGN VERIFY Address 8605 WESTWOOD CENTER DR WASHINGTON, DC 20001 ☐ Fund Raiser	Purpose: TEXTING PROGRAM ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2023 Date	\$ 95.00
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2023 Date	\$ 0.60
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2023 Date	\$ 6.01
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/08/2023 Date	\$ 33.29
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/09/2023 Date	\$ 44.68

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179.58

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

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/10/2023 Date	\$ 22.89
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2023 Date	\$ 35.61
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2023 Date	\$ 3.93
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/15/2023 Date	\$ 142.32
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/16/2023 Date	\$ 23.37

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228.12

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

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BERGMANN ZWERDLING DIRECT Address 1350 CONNECTICUT AVE NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: <u>MAIL - NO OUTSIDE VENDORS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/17/2023</u> Date	\$ <u>761.26</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/17/2023</u> Date	\$ <u>20.34</u>
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/21/2023</u> Date	\$ <u>22.89</u>
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/21/2023</u> Date	\$ <u>24.97</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/2023</u> Date	\$ <u>25.21</u>

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854.67

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

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/23/2023 Date	\$ 5.00
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/24/2023 Date	\$ 5.09
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2023 Date	\$ 9.48
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2023 Date	\$ 3.24
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/29/2023 Date	\$ 86.58

Subtotal this page

109.39

Grand Total of all Schedules 1B
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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/30/2023 Date	\$ 10.64
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2023 Date	\$ 60.67
Expenditure #3 Name BERGMANN ZWERDLING DIRECT Address 1350 CONNECTICUT AVE NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: MAIL - NO OUTSIDE VENDORS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/01/2023 Date	\$ 375.69
Expenditure #4 Name NGP Address 655 15TH ST NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: FINANCE SYSTEM ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2023 Date	\$ 150.00
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/05/2023 Date	\$ 7.86

Subtotal this page

604.86

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2023 Date	\$ 11.37
Expenditure #2 Name MEGAN CRANE Address 238 COLUMBIA ST CAMBRIDGE, MA 02139 ☐ Fund Raiser	Purpose: CONSULTANT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/07/2023 Date	\$ 2,400.00
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/07/2023 Date	\$ 26.59
Expenditure #4 Name SCALE TO WIN Address 90 STATE ST ALBANY, NY 12207 ☐ Fund Raiser	Purpose: TEXTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2023 Date	\$ 34.60
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2023 Date	\$ 7.54

Subtotal this page **2,480.10**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2023 Date	\$ 19.65
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/12/2023 Date	\$ 48.55
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/13/2023 Date	\$ 13.64
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2023 Date	\$ 0.45
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2023 Date	\$ 9.25

Subtotal this page

91.54

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

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2023 Date	\$ 64.46
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2023 Date	\$ 66.37
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/2023 Date	\$ 13.41
Expenditure #4 Name BERGMANN ZWERDLING DIRECT Address 1350 CONNECTICUT AVE NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: MAIL - NO OUTSIDE VENDORS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/22/2023 Date	\$ 477.71
Expenditure #5 Name STATECRAFT DIGITAL Address 37 N ORANGE AVE ORLANDO, FL 32801 ☐ Fund Raiser	Purpose: DIGITAL ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2023 Date	\$ 2,200.00

Subtotal this page **2,821.95**

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

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BERGMANN ZWERDLING DIRECT Address 1350 CONNECTICUT AVE NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: <u>MAIL - NO OUTSIDE VENDORS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2023</u> Date	\$ <u>1,111.36</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2023</u> Date	\$ <u>19.42</u>
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2023</u> Date	\$ <u>11.88</u>
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/26/2023</u> Date	\$ <u>13.79</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2023</u> Date	\$ <u>88.70</u>

Subtotal this page **1,245.15**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/28/2023 Date	\$ 3.01
Expenditure #2 Name NGP Address 655 15TH ST NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: FINANCE SYSTEM ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	\$ 150.00
Expenditure #3 Name BERGMANN ZWERDLING DIRECT Address 1350 CONNECTICUT AVE NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: MAIL - NO OUTSIDE VENDORS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	\$ 9,700.35
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	\$ 28.90
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	\$ 8.79

Subtotal this page **9,891.05**

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

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEGAN CRANE Address 238 COLUMBIA ST CAMBRIDGE, MA 02139 ☐ Fund Raiser	Purpose: CONSULTANT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2023 Date	\$ 2,000.00
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2023 Date	\$ 41.79
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2023 Date	\$ 15.49
Expenditure #4 Name STATECRAFT DIGITAL Address 37 N ORANGE AVE ORLANDO, FL 32801 ☐ Fund Raiser	Purpose: DIGITAL ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/05/2023 Date	\$ 5,500.00
Expenditure #5 Name NGP Address 655 15TH ST NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: FINANCE SYSTEM ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/06/2023 Date	\$ 100.00

Subtotal this page **7,657.28**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2023 Date	\$ 38.27
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2023 Date	\$ 24.74
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/2023 Date	\$ 44.91
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2023 Date	\$ 20.95
Expenditure #5 Name BERGMANN ZWERDLING DIRECT Address 1350 CONNECTICUT AVE NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: MAIL - NO OUTSIDE VENDORS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2023 Date	\$ 10,365.51

Subtotal this page **10,494.38**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98178**
2. Committee Name **ELECT THERESA RICH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BERGMANN ZWERDLING DIRECT Address 1350 CONNECTICUT AVE NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: <u>MAIL - NO OUTSIDE VENDORS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2023</u> Date	\$ <u>2,096.00</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2023</u> Date	\$ <u>8.33</u>
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2023</u> Date	\$ <u>7.63</u>
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/2023</u> Date	\$ <u>93.33</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/2023</u> Date	\$ <u>66.62</u>

Subtotal this page **2,271.91**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **43,974.42**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/09/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/13/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>113.42</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>113.42</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/26/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>21.20</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>21.20</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,134.62

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/05/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>250.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>250.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/05/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>250.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>250.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/21/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>317.20</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>317.20</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

817.20

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

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/24/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 32.80</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>32.80</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/03/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 112.19</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>112.19</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/03/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 35.49</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>35.49</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

180.48

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

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/08/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>211.17</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>211.17</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/09/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>60.34</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>60.34</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/21/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>21.90</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>21.90</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

293.41

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

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/02/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 450.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>450.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/11/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 173.40</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>173.40</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/12/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 77.04</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>77.04</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

700.44

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

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98178
2. Committee Name ELECT THERESA RICH

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: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/18/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 139.66</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>139.66</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/20/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 32.69</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>32.69</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: THERESA RICH 34067 HERITAGE HILLS DR FARMINGTON HILLS, MI 48331	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/22/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 561.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>561.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

733.35

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

3,859.50

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 **98178**
2. Committee Name **ELECT THERESA RICH**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 04/28/2023	4. Number of Individuals Attending or Participating (whichever is greater) 60	5. Type of Fund Raising Activity CAMPAIGN KICKOFF	6. Address and Name (If any) of the place where the activity was held. LELLI'S ON THE GREEN 27925 GOLF POINTE BLVD FARMINGTON HILLS, MI 48331 ☐ Private Residence
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7. Total Contributions **9,385.00**
8. Other Receipts **1,225.00**
9. Gross Receipts (Add lines 7 and 8) **10,610.00**
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 **98178**
2. Committee Name **ELECT THERESA RICH**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/09/2023	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity BIRTHDAY PARTY	6. Address and Name (If any) of the place where the activity was held. PIPEFITTERS LOCAL 636 30100 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334 ☐ Private Residence
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7. Total Contributions **3,910.00**
8. Other Receipts **419.19**
9. Gross Receipts (Add lines 7 and 8) **4,329.19**
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 **98178**
2. Committee Name **ELECT THERESA RICH**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/09/2023	4. Number of Individuals Attending or Participating (whichever is greater) 15	5. Type of Fund Raising Activity BRUNCH	6. Address and Name (If any) of the place where the activity was held. HOME OF MARY ANN FONTANA 26080 SALEM RD HUNTINGTON WOODS, MI 48070 ☒ Private Residence
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7. Total Contributions **985.00**
8. Other Receipts **49.98**
9. Gross Receipts (Add lines 7 and 8) **1,034.98**
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 **98178**
2. Committee Name **ELECT THERESA RICH**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/10/2023	4. Number of Individuals Attending or Participating (whichever is greater) 15	5. Type of Fund Raising Activity DINNER	6. Address and Name (If any) of the place where the activity was held. HOME OF DANETTE DURON-WILLNER 35750 FREDERICKSBURG RD FARMINGTON HILLS, MI 48331 ☒ Private Residence
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7. Total Contributions **400.00**
8. Other Receipts **196.08**
9. Gross Receipts (Add lines 7 and 8) **596.08**
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 **98178**
2. Committee Name **ELECT THERESA RICH**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/19/2023	4. Number of Individuals Attending or Participating (whichever is greater) 60	5. Type of Fund Raising Activity EVENING RECEPTION	6. Address and Name (If any) of the place where the activity was held. LELLI'S ON THE GREEN 27925 GOLF POINTE BLVD FARMINGTON HILLS, MI 48331 ☐ Private Residence
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7. Total Contributions **7,471.00**
8. Other Receipts **1,225.00**
9. Gross Receipts (Add lines 7 and 8) **8,696.00**
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 **98178**
2. Committee Name **ELECT THERESA RICH**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/24/2023	4. Number of Individuals Attending or Participating (whichever is greater) 18	5. Type of Fund Raising Activity HOUSE PARTY	6. Address and Name (If any) of the place where the activity was held. HOME OF LESA FERENCZ & MARK BOYD 25380 WITHERSPOON ST FARMINGTON HILLS, MI 48335 ☒ Private Residence
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7. Total Contributions **710.00**
8. Other Receipts **212.41**
9. Gross Receipts (Add lines 7 and 8) **922.41**
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 **98178**
2. Committee Name **ELECT THERESA RICH**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/17/2023	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity EVENING RECEPTION	6. Address and Name (If any) of the place where the activity was held. KOLA RESTAURANT & ULTRA LOUNGE 32523 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334 ☐ Private Residence
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7. Total Contributions **1,995.00**
8. Other Receipts **909.20**
9. Gross Receipts (Add lines 7 and 8) **2,904.20**
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.