



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

07 DEC 2023 PM 01:58

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: 10/23/2023 to 11/27/2023

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

Date of Election, Convention or Caucus

11/07/2023

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.)

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

12/07/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/07/2023



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>13,572.50</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>13,572.50</u>	(18.) \$ <u>95,271.50</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>13,572.50</u>	(20.) \$ <u>95,271.50</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>5,217.86</u>	(21.) \$ <u>12,647.40</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>38,378.02</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>38,378.02</u>	(23.) \$ <u>82,352.44</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>5,228.91</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>37,724.58</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>13,572.50</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>51,297.08</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>38,378.02</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>12,919.06</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>10/23/2023</u> Name & Address: SUZANNE RANSOM 260 APPLEWOOD LN BLOOMFIELD TWP, MI 48302		\$ <u>5.50</u>	\$ <u>5.50</u>
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>10/23/2023</u> Name & Address: GREGORY EDGEComb 33533 W 12 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>10/23/2023</u> Name & Address: ANNE HAIRSTON-STRANG 4780 BAR NECK RD TILGHMAN ISLAND, MD 21671		\$ <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>10/23/2023</u> Name & Address: MARIA SHOEMAKER 1845 WINTERGREEN CT ANN ARBOR, MI 48103		\$ <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>1845 WINTERGREEN CT, ANN ARBOR, MI 48103</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 305.50

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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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>10/23/2023</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>10/23/2023</u>	
Name & Address: ERIC SABREE 17401 PONTCHARTRAIN BLVD DETROIT, MI 48203		\$ <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>10/23/2023</u>	
Name & Address: CARLA WILSON 31095 FLORALVIEW DR S 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>10/24/2023</u>	
Name & Address: JAMES BAILEY 47622 SANDY RIDGE DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>700.00</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			

Page Subtotal 300.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2023</u>	
Name & Address: GERALDINE BARCLAY 32241 SOUTHFIELD RD BEVERLY HILLS, MI 48025		\$ <u>100.00</u>	\$ <u>300.00</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, FRANKLIN, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2023</u>	
Name & Address: MARLA LINDERMAN 531 WOODGROVE DR ANN ARBOR, MI 48103		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LINDERMAN LAW PLLC</u> Business Address <u>531 WOODGROVE DR, ANN ARBOR, MI 48103</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2023</u>	
Name & Address: ROBERT BROWN 7293 NW 113TH AVENUE POMPANO BEACH, FL 33076		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR VICE PRESIDENT AND GENERAL COUNSEL</u> Employer <u>KEY SOURCE USA</u> Business Address <u>7820 PALACE DR, CINCINNATI, OH 45249</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2023</u>	
Name & Address: BRIA BARKER LEWIS 30580 HUNTERS DR FARMINGTON HILLS, MI 48334		\$ <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 600.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2023</u>	
Name & Address: FRAN SMITH 30667 MYSTIC FOREST 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>10/24/2023</u>	
Name & Address: ESTHER KRYSTAL 200 LEEDER HILL DR HAMDEN, CT 06517		\$ <u>100.00</u>	\$ <u>400.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2023</u>	
Name & Address: AUDREAN STOVALL 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>10/24/2023</u>	
Name & Address: STEVEN ARTT 28317 FORESTBROOK DR FARMINGTON HILLS, MI 48334		\$ <u>75.00</u>	\$ <u>255.00</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>10/25/2023</u>	
Name & Address: ERIC GOULD 31150 N PARK DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>300.00</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, STE 200, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/25/2023</u>	
Name & Address: DEBORAH WERNER 2795 STONE VALLEY LN KALAMAZOO, MI 49009		\$ <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 _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/25/2023</u>	
Name & Address: DENNIS GREEN 27960 BAYBERRY RD FARMINGTON HILLS, MI 48331		\$ <u>50.00</u>	\$ <u>150.00</u>
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>10/25/2023</u>	
Name & Address: HOWARD BROWN 11875 DUNBAR CT WEST PALM BEACH, FL 33412		\$ <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 _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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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>10/25/2023</u> Name & Address: BARRY GOODMAN 28854 HERNDONWOOD DR FARMINGTON HILLS, MI 48334		\$ <u>50.00</u>	\$ <u>350.00</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>10/25/2023</u> Name & Address: TANYA NORDHAUS 32133 BONNET HILL RD FARMINGTON HILLS, MI 48334		\$ <u>25.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSTRUCTOR</u> Employer <u>WAYNE STATE UNIVERSITY</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>10/25/2023</u> Name & Address: ELLA LEE 33672 HEIRLOOM CIR FARMINGTON HILLS, MI 48331		\$ <u>50.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/25/2023</u> Name & Address: BARBARA GOLDMAN 32640 W 10 MILE RD FARMINGTON HILLS, MI 48336		\$ <u>50.00</u>	\$ <u>150.00</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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/25/2023</u> Name & Address: KEVIN BUSH 38028 MALLORY DR LIVONIA, MI 48154		\$ <u>50.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/25/2023</u> Name & Address: JUDY ANCELL 37524 BURTON CT FARMINGTON HILLS, MI 48331		\$ <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 _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/25/2023</u> Name & Address: LINDA LARSEN 29562 POND RIDGE RD FARMINGTON HILLS, MI 48334		\$ <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 _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/25/2023</u> Name & Address: SUZANNE ZIMMERLY 25747 KILREIGH 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			

Page Subtotal 300.00

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>10/25/2023</u>	
Name & Address: TODD MORITA 2881 PORTAGE TRAIL DR ROCHESTER HILLS, MI 48309		\$ <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 _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/25/2023</u>	
Name & Address: TANJI GRANT 29383 LAKE PARK 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>10/25/2023</u>	
Name & Address: ALISHA THURMOND 18107 KENTUCKY ST DETROIT, MI 48221		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/25/2023</u>	
Name & Address: RAYMOND CASSAR 30445 NORTHWESTERN HWY 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>LAW OFFICES OF RAYMOND A. CASSAR PLC</u> Business Address <u>30445 NORTHWESTERN HWY, STE 220, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 260.00

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Page.



**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>10/25/2023</u>	
Name & Address: KIMBERLY GANE 421 MAIN ST ST JOSEPH, MI 49085		\$ <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>10/25/2023</u>	
Name & Address: LORI GOLDMAN 2590 KENT RIDGE CT BLOOMFIELD HILLS, MI 48301		\$ <u>50.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>BERKSHIRE HATHAWAY-KEE REALTY</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/25/2023</u>	
Name & Address: TRACEY ALLEN 30988 SUTTERS HILL CT FARMINGTON HILLS, MI 48331		\$ <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>10/25/2023</u>	
Name & Address: ANDY GUTMAN 28400 NORTHWESTERN HWY SOUTHFIELD, MI 48034		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMERCIAL REAL ESTATE</u> Employer <u>FARBMAN GROUP</u> Business Address <u>28400 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **611.00**

Grand Total of All Schedules 1A
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1. Committee I.D. Number 98178
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/25/2023</u>	
Name & Address: SHERRY MCCLENDON 29691 NOTTINGHAM CIR LIVONIA, MI 48152		\$ <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 _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/25/2023</u>	
Name & Address: ELIZABETH BRIODY 3587 SALEM RD TROY, MI 48084		\$ <u>100.00</u>	\$ <u>600.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/25/2023</u>	
Name & Address: MARTHA ARMANTROUT-TAYLOR 23750 GILL RD FARMINGTON, MI 48335		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>MICHIGAN MEDICINE</u> Business Address <u>1500 E MEDICAL CENTER DR, ANN ARBOR, MI 48109</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2023</u>	
Name & Address: JULIE GOLDSMITH 1395 KELLY GREEN DR ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT/FINANCIAL ADVISOR</u> Employer <u>SELF</u> Business Address _____ 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>10/26/2023</u>	
Name & Address: NEIL OZA 259 GROSSE PINES DR ROCHESTER HILLS, MI 48309		\$ <u>25.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>LEAGUE OF CONSERVATION VOTERS</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2023</u>	
Name & Address: JENNIFER BOYKINS 5071 LAKE BLUFF RD WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>NOTHING BUT EDUCATION</u> Business Address <u>5071 LAKE BLUFF RD, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2023</u>	
Name & Address: DEBRA FRANCIS 38804 NOTTINGHAM DR ROMULUS, MI 48174		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>ROYAL DIVINE SERVICES</u> Business Address <u>701 LOYOLA AVE, #52004, NEW ORLEANS, LA 70113</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2023</u>	
Name & Address: NANCY GORDON 861 BATES AVE EL CERRITO, CA 94530		\$ <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 250.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2023</u>	
Name & Address: ERIC FELDMAN 128 WASHINGTON BLVD WASHINGTON, DC 20566		\$ <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 _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2023</u>	
Name & Address: JACOB STRASSBERGER 3814 N GREENVIEW AVE APT 2 CHICAGO, IL 60613		\$ <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>10/26/2023</u>	
Name & Address: KIRSTEN FARRELL 4036 W AVE 40 LOS ANGELES, CA 90065		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/26/2023</u>	
Name & Address: FARBMAN GROUP PAC 28400 NORTHWESTERN HWY SOUTHFIELD, MI 48034		\$ <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 660.00

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>10/27/2023</u>	
Name & Address: UNITED AUTO WORKERS 8000 E JEFFERSON AVE DETROIT, MI 48214		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/27/2023</u>	
Name & Address: TERRY JOHNSON 5867 PINECROFT DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>K D LAW GROUP</u> Business Address <u>3883 TELEGRAPH RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/27/2023</u>	
Name & Address: VERONICA DONALDSON 28032 HICKORY CIR FARMINGTON HILLS, MI 48331		\$ <u>225.00</u>	\$ <u>225.00</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>10/27/2023</u>	
Name & Address: MARGARET POPPERT 32410 SHREWSBURY ST 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			

Page Subtotal 5,755.00

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>10/27/2023</u>	
Name & Address: GREGG NATHANSON 34452 OLD TIMBER 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>10/28/2023</u>	
Name & Address: BARBARA 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>ACCOUNTING</u> Employer <u>GENERATION STEEL</u> Business Address <u>2673 AMERICAN DR, 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>10/28/2023</u>	
Name & Address: FREDERICK SIMPSON 3019 W BOSTON BLVD DETROIT, MI 48206		\$ <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>10/29/2023</u>	
Name & Address: MICHAEL MCGILL 1501 E 4TH ST AUSTIN, TX 78702		\$ <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 350.00

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>10/29/2023</u>	
Name & Address: LINDA SOLOMON 32350 ROCKRIDGE LN FARMINGTON HILLS, MI 48334		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHOTOJOURNALIST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>32350 ROCKRIDGE LN, 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>10/31/2023</u>	
Name & Address: FATIMA DIXON 4317 FULLERTON AVE DETROIT, MI 48238		\$ <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>10/31/2023</u>	
Name & Address: NAHID ELYAS 7438 WOODBRIAR LN WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>30055 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>11/01/2023</u>	
Name & Address: DAVID WOODWARD 2915 WOODLAND AVE ROYAL OAK, MI 48073		\$ <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 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **550.00**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/01/2023</u>	
Name & Address: PATRICIA COLEMAN-BURNS 30992 COUNTRY RIDGE CIR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>30992 COUNTRY RIDGE CIR, 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>11/04/2023</u>	
Name & Address: BETH MARTINEZ 33363 WALNUT 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/04/2023</u>	
Name & Address: GAIL HARRIS 6803 TRAILBLAZER WAY DALLAS, TX 75236		\$ <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>11/04/2023</u>	
Name & Address: THERESA BROOKS 2043 RED MAPLE DR TROY, MI 48098		\$ <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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/04/2023</u> Name & Address: GREGORY CARR 49662 POTOMAC RD 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>11/04/2023</u> Name & Address: NINA ABRAMS 12959 TALBOT LN HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/05/2023</u> Name & Address: DENISE GRAY 28708 WINTERGREEN DR 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/05/2023</u> Name & Address: EMERSON ROGERS 17303 DORSET AVE SOUTHFIELD, MI 48075		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>EMERSON ROGERS</u> Business Address <u>26677 W 12 MILE RD, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 425.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/05/2023</u>	
Name & Address: BETTY GONKO 672 TWIN OAKS CT ROCHESTER HILLS, MI 48307		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE ADMINISTRATION</u> Employer <u>GENERAL MOTORS COMPANY</u> Business Address <u>300 RENAISSANCE CENTER, DETROIT, MI 48243</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/06/2023</u>	
Name & Address: GLADYS MENDEZ 8275 SW 184TH ST PALMETTO BAY, FL 33157		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/06/2023</u>	
Name & Address: MELONEY BRADLEY 7134 BRIDGE 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/06/2023</u>	
Name & Address: ELIZABETH ARNKOFF 3513 PAISLEY CT ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCH ATTORNEY</u> Employer <u>LEXISNEXIS</u> Business Address <u>9443 N SPRINGBORO PIKE, MIAMISBURG, OH 45342</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **365.00**

Grand Total of All Schedules 1A
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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>11/14/2023</u> Name & Address: KIMBERLY DUNKLIN 16519 LAWTON ST DETROIT, MI 48221		\$ <u>6.00</u>	\$ <u>43.00</u>
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>11/16/2023</u> Name & Address: VICTORIA JONES 6649 CREST TOP DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>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>11/17/2023</u> Name & Address: LELAND BASSETT 30751 CEDAR CREEK DR FARMINGTON HILLS, MI 48336		\$ <u>200.00</u>	\$ <u>950.00</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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/17/2023</u> Name & Address: ANNE MERVENNE 1316 S MAIN ST ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>MERVENNE & COMPANY</u> Business Address <u>1316 S MAIN ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 406.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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>11/17/2023</u>	
Name & Address: LAURA SCOTT 965 W HAZELHURST ST FERNDALE, 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>11/17/2023</u>	
Name & Address: LISA MAYER 1508 ARDEN LN BIRMINGHAM, MI 48009		\$ <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 _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/18/2023</u>	
Name & Address: TIAMARIE 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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/18/2023</u>	
Name & Address: HELENE WEIR 520 W CLARENDON AVE PHOENIX, AZ 85013		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>YMCA</u> Business Address <u>1401 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 275.00

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

Enter this total on
line 3a of Summary
Page.



**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>11/19/2023</u>	
Name & Address: PANELLA PAGE 3454 ST CLAIR ST DETROIT, MI 48214		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EMS SUPERVISOR</u> Employer <u>DEPARTMENT OF VETERANS AFFAIRS</u> Business Address <u>3454 ST CLAIR ST, DETROIT, MI 48214</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/20/2023</u>	
Name & Address: DEBORAH WERNER 926 W ELEVEN MILE RD ROYAL OAK, MI 48067		\$ <u>50.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/20/2023</u>	
Name & Address: MICHELLE ARTT 28317 FORESTBROOK 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/21/2023</u>	
Name & Address: MONIQUE HENDERSON 27632 MIDDLEBELT RD FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF-EMPLOYED</u> Employer <u>SHADE CIGAR CAFE / CIGARDEN</u> Business Address <u>27632 MIDDLEBELT RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 300.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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>11/21/2023</u>	
Name & Address: RONALD GADOTH 28890 NOTTOWAY FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/21/2023</u>	
Name & Address: DEBRA HICKS 31490 HUNTERS CIR DR FARMINGTON HILLS, MI 48334		\$ <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>11/22/2023</u>	
Name & Address: ALEX MEYERS 23755 HAYNES ST FARMINGTON HILLS, MI 48336		\$ <u>10.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/25/2023</u>	
Name & Address: SANDRA DICKENS 27820 BERRYWOOD LN UNIT #7 FARMINGTON HILLS, MI 48334		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 210.00

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

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line 3a of Summary
Page.



**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 all 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 11/26/2023

Name & Address:

NEIL OZA

259 GROSSE PINES DR

ROCHESTER HILLS, MI 48309

\$ 25.00

\$ 200.00

5. If over \$100.00 cumulative, please provide:

Occupation ORGANIZER Employer LEAGUE OF CONSERVATION VOTERS

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11/26/2023

Name & Address

KELLI CARPENTER-CRAWFORD

22095 W BRANDON ST

FARMINGTON HILLS, MI 48336

\$ 25.00

\$ 225.00

5. If over \$100.00 cumulative, please provide:

Occupation PUBLIC HEALTH SANITARIAN Employer HEALTH DEPT. -GOVT.

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address

\$ _____

\$ _____

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

50.00

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

13,572.50

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line 3a of Summary
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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: 11/01/2023 6. Vendor Name & Address: AMAZON 410 TERRY AVE N, SEATTLE, WA 98109	\$ 212.86	\$ 4,161.36
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 BREAKFAST FOR VOLUNTEERS 5. Date Of Receipt: 11/07/2023 6. Vendor Name & Address: VILLAGE GRILL OF FARMINGTON HILLS 31200 W 10 MILE RD, FARMINGTON HILLS, MI 48336	\$ 182.00	\$ 4,343.36
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 PRINTING 5. Date Of Receipt: 11/07/2023 6. Vendor Name & Address: TOSHIBA 900 WILSHIRE DR, TROY, MI 48084	\$ 110.00	\$ 4,453.36

Page Subtotal **504.86** **0.00**

Grand Total of all Schedules 1-IK
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on line 6 of Summary
Page



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: 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 COFFEE FOR VOLUNTEERS 5. Date Of Receipt: 11/07/2023 6. Vendor Name & Address: TIM HORTONS 33340 W 12 MILE RD, FARMINGTON HILLS, MI 48334	\$ 63.00	\$ 226.41
☐ 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 COOKIES FOR INAUGURATION 5. Date Of Receipt: 11/18/2023 6. Vendor Name & Address: TWISTED SHORTBREAD 31625 BELMONT ST, FARMINGTON HILLS, MI 48336	\$ 500.00	\$ 4,953.36
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: AARON PAYMENT 1716 SHUNK RD SAULT STE. MARIE, MI 49783 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description TRANSPORTATION FOR INAUGURATION 5. Date Of Receipt: 11/26/2023 6. Vendor Name & Address: N/A	\$ 100.00	\$ 100.00
☐ Fund Raiser Contribution			

Page Subtotal **663.00** **326.41**

Grand Total of all Schedules 1-IK
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on line 6 of Summary
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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 DRINKS FOR INAUGURATION 5. Date Of Receipt: 11/26/2023 6. Vendor Name & Address: ELEVEN11 EVENT STUDIO 27690 MIDDLEBELT RD, FARMINGTON HILLS, MI 48334	\$ 1,150.00	\$ 6,103.36
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 COOKIES FOR INAUGURATION 5. Date Of Receipt: 11/26/2023 6. Vendor Name & Address: TWISTED SHORTBREAD 31625 BELMONT ST, FARMINGTON HILLS, MI 48336	\$ 500.00	\$ 6,603.36
Contribution #3 PAC Receipt? ☐ Yes Name & Address: TERESA WALKER 28225 BELLCREST ST FARMINGTON HILLS, MI 48334 If over \$100.00 cumulative, please provide: Occupation: COOWNER Employer Name & Address: ELEVEN11 STUDIO 27690 MIDDLEBELT 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 VENUE FOR INAUGURATION 5. Date Of Receipt: 11/26/2023 6. Vendor Name & Address: ELEVEN11 STUDIO 27690 MIDDLEBELT RD, FARMINGTON HILLS, MI 48334	\$ 1,200.00	\$ 1,200.00

Page Subtotal **2,850.00** **7,803.36**

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

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on line 6 of Summary
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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: DARWIN WALKER 28225 BELLCREST ST FARMINGTON HILLS, MI 48334 If over \$100.00 cumulative, please provide: Occupation: COOWNER Employer Name & Business Address: ELEVEN11 STUDIO 28225 BELLCREST ST, 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 VENUE FOR INAUGURATION 5. Date Of Receipt: 11/26/2023 6. Vendor Name & Address: ELEVEN11 STUDIO 28225 BELLCREST ST, FARMINGTON HILLS, MI 48334	\$ 1,200.00	\$ 1,200.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: 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 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$
Contribution #3 PAC Receipt? ☐ Yes Name & Address: 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 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal

1,200.00

1,200.00

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

5,217.86

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on line 6 of Summary
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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	10/23/2023 Date	\$ 66.36
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	10/24/2023 Date	\$ 94.96
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	10/25/2023 Date	\$ 34.92
Expenditure #4 Name BERGMANN ZWERDLING DIRECT Address 1350 CONNECTICUT AVE NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: MAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/26/2023 Date	\$ 1,917.77
Expenditure #5 Name BERGMANN ZWERDLING DIRECT Address 1350 CONNECTICUT AVE NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: MAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/26/2023 Date	\$ 11,547.40

Subtotal this page **13,661.41**

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

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on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 TIM ELLERBE Address 29265 HAYES RD WARREN, MI 48088 ☒ Fund Raiser	Purpose: MUSIC FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/26/2023 Date	\$ 400.00
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	10/26/2023 Date	\$ 509.07
Expenditure #3 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	10/30/2023 Date	\$ 5,000.00
Expenditure #4 Name BERGMANN ZWERDLING DIRECT Address 1350 CONNECTICUT AVE NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: MAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2023 Date	\$ 9,414.18
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	10/31/2023 Date	\$ 6.01

Subtotal this page **15,329.26**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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	11/01/2023 Date	\$ 2.08
Expenditure #2 Name NGP Address 655 15TH ST NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: NGP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/02/2023 Date	\$ 250.00
Expenditure #3 Name MEGAN CRANE Address 238 COLUMBIA ST CAMBRIDGE, MA 02139 ☐ Fund Raiser	Purpose: FINANCE CONSULTANT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/02/2023 Date	\$ 2,000.00
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	11/02/2023 Date	\$ 7.86
Expenditure #5 Name SCALE TO WIN Address 90 STATE ST ALBANY, NY 12207 ☐ Fund Raiser	Purpose: DIALER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2023 Date	\$ 1,139.49

Subtotal this page **3,399.43**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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	11/07/2023 Date	\$ 38.25
Expenditure #2 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	11/09/2023 Date	\$ 398.57
Expenditure #3 Name ELEVEN11 EVENT STUDIO Address 27690 MIDDLEBELT RD FARMINGTON HILLS, MI 48334 ☐ Fund Raiser	Purpose: TEST PAYMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/14/2023 Date	\$ 1.00
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	11/15/2023 Date	\$ 0.45
Expenditure #5 Name SOUAD MASSOUD Address 37437 LANCASTER ST LIVONIA, MI 48154 ☐ Fund Raiser	Purpose: RADIO AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/17/2023 Date	\$ 500.00

Subtotal this page

938.27

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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	11/20/2023 Date	\$ 2.43
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	11/20/2023 Date	\$ 17.57
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	11/21/2023 Date	\$ 13.18
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	11/24/2023 Date	\$ 9.94
Expenditure #5 Name NEVER FORGOTTEN BAKERY Address 24071 ORCHARD LAKE RD FARMINGTON, MI 48336 ☐ Fund Raiser	Purpose: COOKIES FOR INAUGURATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/26/2023 Date	\$ 502.00

Subtotal this page

545.12

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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	11/27/2023 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	11/27/2023 Date	\$ 3.93
Expenditure #3 Name MEGAN CRANE Address 238 COLUMBIA ST CAMBRIDGE, MA 02139 ☐ Fund Raiser	Purpose: FINANCE CONSULTANT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/27/2023 Date	\$ 3,000.00
Expenditure #4 Name CHARLY NORTON Address 257 2ND ST WYANDOTTE, MI 48192 ☐ Fund Raiser	Purpose: MAIL CONSULTANT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/27/2023 Date	\$ 1,000.00
Expenditure #5 Name CELINA MEDINA Address 19 E TONTO ST PHOENIX, AZ 85004 ☐ Fund Raiser	Purpose: MAIL CONSULTANT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/27/2023 Date	\$ 500.00

Subtotal this page **4,504.53**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **38,378.02**

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>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)

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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.
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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>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</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>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</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>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</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)

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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.
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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>60.34</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>60.34</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)

142.58

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

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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.
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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)

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.
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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)

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:

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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>11/01/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 212.86</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 212.86</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>11/07/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 182.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 182.00</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>11/07/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 110.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 110.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

504.86

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

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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:

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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>11/18/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</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>11/26/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,150.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,150.00</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>11/26/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2,150.00

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

5,228.91

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.