



FILED

24 OCT 2025 PM 07:13

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: 04/21/2025 to 10/19/2025

1. Committee I.D. Number

98731

2. Committee Name

PEOPLE FOR WYNETT GUY

4. Candidate Last Name First Name M.I.

GUY WYNETT A

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

CITY CLERK, SOUTHFIELD

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

5. Committee's Mailing Address

**15900 W 10 MILE RD
STE 211 #1199
SOUTHFIELD, MI 48075**

Area Code and Phone (313) 355-4446
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

**WYNETT A GUY
25690 CODE RD
SOUTHFIELD, MI 48033**

Area Code & Phone (313) 355-4446

7. Treasurer's Business Address

**25690 CODE RD
SOUTHFIELD, MI 48033**

Area Code and Phone (313) 355-4446

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

**WYNETT GUY
25690 CODE RD
SOUTHFIELD, MI 48033**

Area Code and Phone (313) 355-4446

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

11/04/2025

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

10/24/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98731

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name PEOPLE FOR WYNETT GUY

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>7,037.36</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>7,037.36</u>	(18.) \$ <u>7,037.36</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>7,037.36</u>	(20.) \$ <u>7,037.36</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,000.00</u>	(21.) \$ <u>2,000.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>5,219.92</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>5,219.92</u>	(23.) \$ <u>5,219.92</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>4,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>7,037.36</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>7,037.36</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5,219.92</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,817.44</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/13/2025</u>	
Name & Address: PATRICIA BROWN 6699 BEADNELL WAY, APT. 128 SAN DIEGO, CA 92117		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/13/2025</u>	
Name & Address: PATRICK OLIVER 7731 LANSING DR LEMON GROVE, CA 91945		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNKNOWN</u> Employer <u>UNKNOWN</u> Business Address <u>UNKNOWN, SAN DIEGO, CA 92115</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/15/2025</u>	
Name & Address: WILLIAM D RANDOLPH 16258 CAMDEN CIR SAN DIEGO, CA 92127		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNT MANAGER</u> Employer <u>SALES FORCE</u> Business Address <u>415 MISSION ST, SF, CA 94105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/26/2025</u>	
Name & Address: GWENDOLYN D TAYLOR 14042 BRINGARD DR DETROIT, MI 48205		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **525.00**

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 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/14/2025</u> Name & Address: GERISE L GUY 1864 DENISON ST MEMPHIS, TN 38111		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>UNIVERSITY OF MEMPHIS</u> Business Address <u>COUNSELING CENTER, 214 WILDER TOWER, MEMPHIS, TN 38152</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2025</u> Name & Address: DONAL PETERSON 20776 CURIE AVE WARREN, MI 48091		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GRAPHIC DESIGNER</u> Employer <u>ENTREPRENUER</u> Business Address <u>20776 CURIE AVE, WARREN, MI 48091</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2025</u> Name & Address: GERISE L GUY 1864 DENISON ST MEMPHIS, TN 38111		\$ <u>100.00</u>	\$ <u>160.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>UNIVERSITY OF MEMPHIS</u> Business Address <u>COUNSELING CENTER, 214 WILDER TOWER, MEMPHIS, TN 38152</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2025</u> Name & Address: DEBORAH WEBB JUSTUS 2462 JUDITH COVE MEMPHIS, TN 38114		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,395.00**

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 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/21/2025</u>	
Name & Address: TIA JACKSON 27157 WINCHESTER TRENTON, MI 48183		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/21/2025</u>	
Name & Address: HOUSTON SANDERFIELD 24325 BOLAM AVE WARREN, MI 48089		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/22/2025</u>	
Name & Address: BETTY J RUSH 24183 GRAND TRAVERSE AVE FLAT ROCK, MI 48134		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/22/2025</u>	
Name & Address: GWENDOLYN D TAYLOR 14042 BRINGARD DR DETROIT, MI 48205		\$ <u>10.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 270.00

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

1. Committee I.D. Number 98731
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/23/2025</u> Name & Address: ADAM WALKER 21610 PARKLAWN ST OAK PARK, MI 48237		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/23/2025</u> Name & Address: PATRICIA SAMPLE 6013S 14TH ST BROKEN ARROW, OK 74011		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SCHOOL DISTRICT</u> Business Address <u>UNKNOWN, NY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/23/2025</u> Name & Address: METASHA JACKSON 18651 BROHL ST ROSEVILLE, MI 48066		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/2025</u> Name & Address: TAMRA REEVES 701 TUPELO CIR COCOA, FL 32926		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **280.00**

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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 98731
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/24/2025</u>	
Name & Address: ANNETTE L DAY 16262 HARDEN CIR SOUTHFIELD, MI 48075		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/24/2025</u>	
Name & Address: MONICA WILLIAMSON 2005 MIDDAY DR ZION, IL 60099		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/25/2025</u>	
Name & Address: GENEVA LOVELADY 4394 KENSINGTON AVE DETROIT, MI 48224		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/26/2025</u>	
Name & Address: CHANISE LACKLEY 25700 CODE RD SOUTHFIELD, MI 48033		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **195.00**

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

1. Committee I.D. Number 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/27/2025</u>	
Name & Address: MONICA LOCKETT 23010 FOX CREEK FARMINGTON HILLS, MI 48335		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/28/2025</u>	
Name & Address: DONALD JONES 864 ANGELUS AVE SAN DIEGO, CA 92114		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/28/2025</u>	
Name & Address: GERISE L GUY 1864 DENISON ST MEMPHIS, TN 38111		\$ <u>20.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>UNIVERSITY OF MEMPHIS</u> Business Address <u>COUNSELING CENTER, 214 WILDER TOWER, MEMPHIS, TN 38152</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/30/2025</u>	
Name & Address: APRIL JOHNSON 1321 HICKORY WOODS WAY WYLIE, TX 75098		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **190.00**

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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/2025</u> Name & Address: VENETIA DAUGHERTY 2618 SADDLEBACK ST CHULA VISTA, CA 91914		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/2025</u> Name & Address: GERISE L GUY 1864 DENISON ST MEMPHIS, TN 38111		\$ <u>15.00</u>	\$ <u>195.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>UNIVERSITY OF MEMPHIS</u> Business Address <u>COUNSELING CENTER, 214 WILDER TOWER, MEMPHIS, TN 38152</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/03/2025</u> Name & Address: MARY GUY 25690 CODE RD SOUTHFIELD, MI 48033		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/04/2025</u> Name & Address: TIMOTHY JACKSON 180 INVERNESS PLAZA BIRMINGHAM, AL 35242		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **195.00**

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

1. Committee I.D. Number 98731
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/04/2025</u>	
Name & Address: DENISE COPELAND 12297 RIAD ST DETROIT, MI 48224		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/05/2025</u>	
Name & Address: ASHLEY GUY 173 N COTTAGE RD STERLING, VA 20164		\$ <u>120.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/09/2025</u>	
Name & Address: STEVEN MCREYNOLDS 21145 DUNS SCOTUS ST SOUTHFIELD, MI 48075		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/11/2025</u>	
Name & Address: STEVEN MCREYNOLDS 21145 DUNS SCOTUS ST SOUTHFIELD, MI 48075		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 270.00

Grand Total of All Schedules 1A
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Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/17/2025</u>	
Name & Address: DIANE SMITH 23400 WHITEHALL DR NOVI, MI 48374		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/17/2025</u>	
Name & Address: EMILY DUTHINH 7020 PENINSULA CT CLARKSTON VLG, MI 48346		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/17/2025</u>	
Name & Address: THERESA FOUGNIE 3836 BRISTOL CT CLARKSTON VLG, MI 48348		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/17/2025</u>	
Name & Address: MARIAN MAHONEY 24108 WESTMONT DR NOVI, MI 48374		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 225.00

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 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/17/2025</u>	
Name & Address: DAVID KNIAZ 42648 FAULKNER 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/18/2025</u>	
Name & Address: ELIZABETH MORRIS 46962 SUNNYBROOK 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/19/2025</u>	
Name & Address: ASHLEY FISHER 856 WOOD RUN SOUTH LYON, MI 48178		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/19/2025</u>	
Name & Address: LISA PURVIS 58545 PONTIAC TRAIL 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/19/2025</u>	
Name & Address: KAREN SCHMITZ 25946 CARRIAGE LN SOUTH LYON, MI 48178		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/20/2025</u>	
Name & Address: DEBORAH WEBB JUSTUS 2462 JUDITH COVE MEMPHIS, TN 38114		\$ <u>10.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/22/2025</u>	
Name & Address: GWENDOLYN D TAYLOR 14042 BRINGARD DR DETROIT, MI 48205		\$ <u>10.00</u>	\$ <u>45.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/22/2025</u>	
Name & Address: MARTIN BROOK 1332 LAKE CRESCENT DR 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 160.00

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 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/22/2025</u> Name & Address: JAIMIE HORROWITZ 26419 YORK 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2025</u> Name & Address: PATRICIA SAMPLE 6013S 14TH ST BROKEN ARROW, OK 74011		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SCHOOL DISTRICT</u> Business Address <u>UNKNOWN, NY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/25/2025</u> Name & Address: GENEVA LOVELADY 4394 KENSINGTON AVE DETROIT, MI 48224		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/04/2025</u> Name & Address: FELECIA MAUPIN 6013 S 14TH ST BROKEN ARROW, OK 74011		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>DFAS US MILITARY</u> Business Address <u>8899 E 56TH ST, INDIANAPOLIS, IN 46249</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/06/2025</u>	
Name & Address: SHADIA MARTINI 1717 HERON RIDGE DR BLOOMFIELD HILLS, MI 48302		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE BROKER</u> Employer <u>SELF</u> Business Address <u>1717 HERON RIDGE DR, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/10/2025</u>	
Name & Address: JASON BAUER 106 TREGENT ST PONTIAC, MI 48342		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/12/2025</u>	
Name & Address: VERDELL ISLAND 2358 S CHATEAU ST WICHITA, KS 67207		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/15/2025</u>	
Name & Address: SYLVIA SIMMONS 25147 STONYCROFT DR SOUTHFIELD, MI 48033		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/18/2025</u> Name & Address: DEVIN STEELE 10535 9 MILE RD WHITMORE LAKE, MI 48189		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/18/2025</u> Name & Address: KENNETH O'HARA 2493 TIFFANY LANE DELHI CHARTER TOWNSHIP, MI 48842		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/2025</u> Name & Address: DEBORAH WEBB JUSTUS 2462 JUDITH COVE MEMPHIS, TN 38114		\$ <u>10.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/2025</u> Name & Address: MARGARET WIGLEY 21421 BROADSTONE ST HARPER WOODS, MI 48225		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>HFHS</u> Business Address <u>One Ford Place, Detroit, MI, USA, SUITE 4-E, DETROIT, MI 48202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/2025</u>	
Name & Address: DELORES GOODSON 18575 WOODLAND ST HARPER WOODS, MI 48225		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2025</u>	
Name & Address: GERISE L GUY 1864 DENISON ST MEMPHIS, TN 38111		\$ <u>10.00</u>	\$ <u>205.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>UNIVERSITY OF MEMPHIS</u> Business Address <u>COUNSELING CENTER, 214 WILDER TOWER, MEMPHIS, TN 38152</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2025</u>	
Name & Address: MARY GUY 25690 CODE RD SOUTHFIELD, MI 48033		\$ <u>60.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2025</u>	
Name & Address: RACHEL CRAFT 18454 GILCHRIST ST DETROIT, MI 48235		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **140.00**

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

1. Committee I.D. Number 98731
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/21/2025</u> Name & Address: SHARON WASHINGTON 15205 COUZENS AVE EASTPOINTE, MI 48021		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/21/2025</u> Name & Address: ERICA L WASHINGTON 16659 WASHBURN ST DETROIT, MI 48221		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/21/2025</u> Name & Address: MARGARET WIGLEY 21421 BROADSTONE ST HARPER WOODS, MI 48225		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>HFHS</u> Business Address <u>One Ford Place, Detroit, MI, USA, SUITE 4-E, DETROIT, MI 48202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/21/2025</u> Name & Address: JANET JACKSON 9351 PICKWICK CIR E TAYLOR, MI 48180		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **125.00**

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

1. Committee I.D. Number 98731
2. Committee Name PEOPLE FOR WYNETT GUY

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2025</u>	
Name & Address: TREENA L GUY 3500 HARVARD RD DETROIT, MI 48224		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2025</u>	
Name & Address: JANET JACKSON 9351 PICKWICK CIR E TAYLOR, MI 48180		\$ <u>60.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2025</u>	
Name & Address: GWENDOLYN D TAYLOR 14042 BRINGARD DR DETROIT, MI 48205		\$ <u>10.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2025</u>	
Name & Address: VICKIE WAGNER 6707 S MARTIN RD THREE OAKS, MI 49128		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **142.50**

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

1. Committee I.D. Number 98731
2. Committee Name PEOPLE FOR WYNETT GUY

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2025</u>	
Name & Address: SAMUEL CARSON 4016 BEARD AVE S MINNEAPOLIS, MN 55410		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2025</u>	
Name & Address: BRENNAN MARTIN 14621 BARCLAY ST DEARBORN, MI 48126		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2025</u>	
Name & Address: JODI LUSTIG 130 W 79TH ST. APT 6F NEW YORK, NY 10024		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2025</u>	
Name & Address: RICHARD STRAUZ 30155 WOODGATE DR SOUTHFIELD, MI 48076		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 47.50

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 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/2025</u> Name & Address: LESLIE NOVACK 28 SELLERS AVE LEXINGTON, VA 24450		\$ <u>1.50</u>	\$ <u>1.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/2025</u> Name & Address: CHRIS MCMILLAN 5815 SWEDE AVE MIDLAND, MI 48642		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/2025</u> Name & Address: ROGER MOLLON 6818 HEATHERWOOD DR WEST BLOOMFIELD, MI 48324		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/2025</u> Name & Address: AMY PETERSON 3921 OLD COLONY RD KALAMAZOO, MI 49008		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 24.00

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

1. Committee I.D. Number 98731
2. Committee Name PEOPLE FOR WYNETT GUY

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/2025</u> Name & Address: LINDA J CARTER 1030 HIGHGATE RD KALAMAZOO, MI 49006		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/2025</u> Name & Address: BOB COURNEYA 1588 KINGS CARRIAGE RD GRAND BLANC, MI 48439		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/2025</u> Name & Address: JEAN MATHER 1009 FAIRWAY LN APT 4 LANSING, MI 48912		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/2025</u> Name & Address: YVONNE BRIDGES 17275 GOLDWIN DR SOUTHFIELD, MI 48075		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 82.50

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

1. Committee I.D. Number 98731
2. Committee Name PEOPLE FOR WYNETT GUY

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2025</u>	
Name & Address: DEBORAH WAHL 1475 LONE PINE RD BLOOMFIELD, MI 48302		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2025</u>	
Name & Address: JOYCE ULRICH 20640 AUDETTE ST DEARBORN, MI 48124		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2025</u>	
Name & Address: SUSAN SWAN 9340 MILLER RD SWARTZ CREEK, MI 48473		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2025</u>	
Name & Address: MILO TILTON 24687 GLENEYRIE DR SOUTHFIELD, MI 48033		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNKNOWN</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 92.50

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 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/2025</u> Name & Address: MARGARET SMITH 1313 MACKIE RD ALMONT, MI 48003		\$ <u>2.50</u>	\$ <u>2.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/2025</u> Name & Address: ALEXIS CROSS 18528 PINE EAST BLDG. 4 BROWNSTOWN CHARTER TOWNSHIP, MI 48193		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/23/2025</u> Name & Address: PATRICIA SAMPLE 6013S 14TH ST BROKEN ARROW, OK 74011		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SCHOOL DISTRICT</u> Business Address <u>UNKNOWN, NY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/23/2025</u> Name & Address: BARBARA WOLK 28056 BRANDYWINE RD FARMINGTON, MI 48334		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/23/2025</u> Name & Address: JOHN DEVRIES 1525 VICTOR AVE LANSING, MI 48910		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/23/2025</u> Name & Address: DEBORAH KINDEL 11169 W CLARK RD EAGLE, MI 48822		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/23/2025</u> Name & Address: SUSANNA MIELE 415 RUSSELL AVENUE APT 1105 GAITHERSBURG, MD 20877		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/23/2025</u> Name & Address: MARIO MARALDO 25999 BALLARD ST HARRISON TOWNSHIP, MI 48045		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 45.00

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

1. Committee I.D. Number 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/23/2025</u>	
Name & Address: SHEET METAL WORKERS UNION 80 17100 W 12 MILE RD SOUTHFIELD, MI 48076		\$ <u>280.00</u>	\$ <u>280.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/25/2025</u>	
Name & Address: MELISSA PENDOLINO 1701 STERLING DR FLORHAM PARK, NJ 07932		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/26/2025</u>	
Name & Address: DONALD RAFAL 26902 W 12 MILE RD SOUTHFIELD, MI 48034		\$ <u>18.00</u>	\$ <u>18.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/27/2025</u>	
Name & Address: J.BRUCE HILLENBERG 32215 SHREWSBURY ST 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 348.00

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

1. Committee I.D. Number 98731
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/28/2025</u>	
Name & Address: PAUL BORUCKI 3053 CARLY CT AUBURN HILLS, MI 48326		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/28/2025</u>	
Name & Address: DINA S STUBER 5784 LIMESTONE DR TROY, MI 48085		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/29/2025</u>	
Name & Address: CAMERON COLLIERSMITH 19821 SILVER-SPRING ST 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/29/2025</u>	
Name & Address: MARIA MARCOTTE 547 BLOOMFIELD CT 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **335.00**

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/2025</u>	
Name & Address: MONA DEQUIS 25950 PRINZ RD RICHMOND, MI 48062		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICS</u> Employer <u>MICHIGAN DEMOCRATIC PARTY</u> Business Address <u>606 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/2025</u>	
Name & Address: JAMIE GULIN 5503 NORTHGREEN RD WINDSOR MILL, MD 21244		\$ <u>1.13</u>	\$ <u>1.13</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/03/2025</u>	
Name & Address: ADELE SOMMERS 32 BLANCO PL UKIAH, CA 95482		\$ <u>1.36</u>	\$ <u>1.36</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2025</u>	
Name & Address: DEBORAH ANDERSON 7341 SW KINGS FOREST RD TOPEKA, KS 66610		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 72.49

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

1. Committee I.D. Number 98731
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2025</u>	
Name & Address: DENISE BOUBENIDER 21643 BAY PALMS DR KATY, TX 77449		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2025</u>	
Name & Address: CHERYL GAMBRELL 29485 WOODHAVEN LN SOUTHFIELD, MI 48076		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2025</u>	
Name & Address: MARY LEVERNIER 4433 BRISBANE CIR EL DORADO HILLS, CA 95762		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2025</u>	
Name & Address: WINIFRED COVINTREE 29835 ROCK CREEK DR SOUTHFIELD, 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 295.00

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

1. Committee I.D. Number 98731
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/2025</u>	
Name & Address: CAROLYN COLE 379 FARMSTEAD LN STATE COLLEGE, PA 16803		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/2025</u>	
Name & Address: PAUL KIMBALL 706 S PLAIN ST ITHACA, NY 14850		\$ <u>4.54</u>	\$ <u>4.54</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/2025</u>	
Name & Address: ALLEN PETERS 345 VALLEY EL SEGUNDO, CA 90245		\$ <u>1.13</u>	\$ <u>1.13</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/2025</u>	
Name & Address: JULIE GIBSON 20208 BOARDWALK BLVD 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **110.67**

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/2025</u>	
Name & Address: STEPH SCHMIDT 25750 DUNBAR ST 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/08/2025</u>	
Name & Address: MILO TILTON 24687 GLENEYRIE DR SOUTHFIELD, MI 48033		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNKNOWN</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/09/2025</u>	
Name & Address: LYNN RUSSO 65 S BAY DR MASSAPEQUA, NY 11758		\$ <u>4.34</u>	\$ <u>4.34</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2025</u>	
Name & Address: PATRICIA DINTAMAN 6448 VALE ST ALEXANDRIA, VA 22312		\$ <u>6.52</u>	\$ <u>6.52</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **135.86**

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 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/11/2025</u> Name & Address: REBECCA WEISSMAN 30238 SPRING-RIVER DR SOUTHFIELD, MI 48076		\$ <u>18.00</u>	\$ <u>18.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/11/2025</u> Name & Address: JAMES GOESER 929 W FOSTER AVE APT. 1002 CHICAGO, IL 60640		\$ <u>4.34</u>	\$ <u>4.34</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/13/2025</u> Name & Address: SHADIA MARTINI 1717 HERON RIDGE DR BLOOMFIELD HILLS, MI 48302		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE BROKER</u> Employer <u>SELF</u> Business Address <u>1717 HERON RIDGE DR, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/2025</u> Name & Address: DAVID PAVELCHEK 1958 ORCHARD DR NW OLYMPIA, WA 98502		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 127.34

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 98731
2. Committee Name PEOPLE FOR WYNETT GUY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2025</u>	
Name & Address: BARRY ROGERS 15002 HEATHGATE CT HOUSTON, TX 77062		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/2025</u>	
Name & Address: CLINT RICHMOND 3 GREENOUGH CIR BROOKLINE, MA 02445		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/17/2025</u>	
Name & Address: MADELYN TUCKER 27165 SHIAWASSEE ST SOUTHFIELD, MI 48033		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/17/2025</u>	
Name & Address: ELAYNE DEMBY 77 HAVEMEYER LN UNIT 105 STAMFORD, CT 06902		\$ <u>4.00</u>	\$ <u>4.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **34.00**

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

7,037.36

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98731**

CANDIDATE COMMITTEE

2. Committee Name **PEOPLE FOR WYNETT GUY**

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? <input type="checkbox"/> Yes Name & Address: WYNETT GUY 25690 CODE RD SOUTHFIELD, MI 48033 If over \$100.00 cumulative, please provide: Occupation: GOVERNMENT Employer Name & Business Address: CITY OF SOUTHFIELD 26000 EVERGREEN RD, SOUTHFIELD, MI 48076 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>USED TO ORGANIZE, BRAND, AND PUBLICIZE.</u> 5. Date Of Receipt: <u>04/25/2025</u> 6. Vendor Name & Address: AMAZON 410 TERRY AVE N, SEATTLE, WA 98109 Memo Itemization Below	\$ 2,000.00	\$ 2,000.00
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> 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? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> 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

2,000.00

2,000.00

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

2,000.00

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98731**
2. Committee Name **PEOPLE FOR WYNETT GUY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HUNTINGTON BANK Address 24805 W 12 MILE RD SOUTHFIELD, MI 48034 <input type="checkbox"/> Fund Raiser	Purpose: <u>DEBIT CARD REPLACEMENT RUSH</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/20/2025</u> Date	\$ <u>25.00</u>
Expenditure #2 Name ACTBLUE Address LLC P.O. BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ACTBLUE DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/20/2025</u> Date	\$ <u>30.00</u>
Expenditure #3 Name IPOSTAL1, LLC Address 400 RELLA BLVD STE 207 MONTEBELLO, NY 10901 <input type="checkbox"/> Fund Raiser	Purpose: <u>ACQUIRE A VIRTUAL BUSINESS OFFICE/ADDRESS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/23/2025</u> Date	\$ <u>52.00</u>
Expenditure #4 Name BRANDGENESIS Address 16659 WASHBURN ST DETROIT, MI 48221 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/30/2025</u> Date	\$ <u>250.00</u>
Expenditure #5 Name MICHIGAN ASSOCIATION OF MUNICIPAL CLERKS Address 120 N WASHINGTON SQUARE LANSING, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>AFFILIATION REGISTRATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/22/2025</u> Date	\$ <u>100.00</u>

Subtotal this page **457.00**

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 **98731**
2. Committee Name **PEOPLE FOR WYNETT GUY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name LEAGUE OF WOMEN VOTERS Address 300 W ST JOSEPH ST SUITE 3G LANSING, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANDIDATE REGISTER AND PROFILE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/2025</u> Date	\$ <u>150.00</u>
Expenditure #2 Name C&G NEWSPAPERS Address 13650 E 11 MILE RD WARREN, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>NEWSPAPER AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/04/2025</u> Date	\$ <u>525.00</u>
Expenditure #3 Name THE ORIGINAL PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTED MATERIAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/20/2025</u> Date	\$ <u>291.50</u>
Expenditure #4 Name ROBOCENT Address 2129 GENERAL BOOTH BLVD VIRGINIA BEACH, VA 23454 <input type="checkbox"/> Fund Raiser	Purpose: <u>DIGITAL TEXTING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/21/2025</u> Date	\$ <u>150.00</u>
Expenditure #5 Name ROBOCENT Address 2129 GENERAL BOOTH BLVD VIRGINIA BEACH, VA 23454 <input type="checkbox"/> Fund Raiser	Purpose: <u>DIGITAL MEDIA TEXTING SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2025</u> Date	\$ <u>600.00</u>

Subtotal this page **1,716.50**
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 **98731**
2. Committee Name **PEOPLE FOR WYNETT GUY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name REIMOLD PRINTING Address 5171 BLACKBEAK DR SAGINAW, MI 48604 <input type="checkbox"/> Fund Raiser	Purpose: HANDOUTS AND YARD SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2025 Date	\$ 1,471.43
Expenditure #2 Name THE ORIGINAL PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: YARD SIGNS & BUSINESS CARDS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/15/2025 Date	\$ 817.26
Expenditure #3 Name THE ORIGINAL PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: YARD SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/2025 Date	\$ 710.20
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 <input type="checkbox"/> Fund Raiser	Purpose: MERCHANT SERVICES PROCESSOR <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/19/2025 Date	\$ 34.49
Expenditure #5 Name ACTBLUE Address LLC P.O. BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: MERCHANT FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/19/2025 Date	\$ 13.04

Subtotal this page **3,046.42**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **5,219.92**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98731
2. Committee Name PEOPLE FOR WYNETT GUY

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? <input type="checkbox"/> Yes Owed to or by: JOHNATHAN D GUY 25690 CODE RD SOUTHFIELD, MI 48033	4. Type: <small>IOU TO MAKE NECESSARY CAMP#</small> 5. <u>Date Debt Was Incurred:</u> 04/25/2025 6. <u>Original Amount of Debt:</u> \$ 4,000.00	\$ \$ \$ \$ \$	\$ 0.00	\$ 4,000.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ 4000				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

4,000.00

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

4,000.00

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **98731**
2. Committee Name **PEOPLE FOR WYNETT GUY**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/21/2025	4. Number of Individuals Attending or Participating (whichever is greater) 20	5. Type of Fund Raising Activity MEET THE CANDIDATE PICNIC	6. Address and Name (If any) of the place where the activity was held. PEBBLE CREEK PARK 26300 AMERICAN DR SOUTHFIELD, MI 48034 <input type="checkbox"/> Private Residence
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7. Total Contributions **325.00**
8. Other Receipts **275.00**
9. Gross Receipts (Add lines 7 and 8) **600.00**
10. Total Cost of Event **333.77**
(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.