



FILED

29 NOV 2025 PM 08:23

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: 10/20/2025 to 11/24/2025

1. Committee I.D. Number

98682

2. Committee Name

CTE STACY JACKSON

4. Candidate Last Name First Name M.I.

JACKSON STACY

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

CITY COUNCIL, SOUTHFIELD

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

5. Committee's Mailing Address

**21685 ROUGEWOOD DR
SOUTHFIELD, MI 48033**

Area Code and Phone (313) 580-7499
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

**STACY JACKSON
21685 ROUGEWOOD DR
SOUTHFIELD, MI 48033**

Area Code & Phone (313) 580-7499

7. Treasurer's Business Address

**21685 ROUGEWOOD DR
SOUTHFIELD, MI 48033**

Area Code and Phone (313) 580-7499

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

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

11/04/2025

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

11/29/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/29/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98682

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE STACY JACKSON

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,167.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,167.00</u>	(18.) \$ <u>3,662.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,167.00</u>	(20.) \$ <u>3,662.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,944.20</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>1,944.20</u>	(23.) \$ <u>3,650.50</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>788.70</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,167.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,955.70</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,944.20</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>11.50</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98682
2. Committee Name CTE STACY JACKSON

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>10/25/2025</u> Name & Address: SONYA RODOLFO-SIOSON 1538 KEONCREST DR BERKELEY, CA 94702		\$ <u>5.00</u>	\$ <u>5.00</u>
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>10/25/2025</u> Name & Address: PRISCILLA HINMAN 11144 SUN VALLEY DR OAKLAND, CA 94605		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/25/2025</u> Name & Address: DENNIS SCHERDT 2351 PARKWOOD AVE ANN ARBOR, MI 48104		\$ <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>10/25/2025</u> Name & Address: BDAIR ABDULAIMOUN 192 HOMESTEAD RD PARAMUS, NJ 07652		\$ <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 **110.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98682
2. Committee Name CTE STACY JACKSON

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>10/25/2025</u> Name & Address: GREGG OLSON 5394 SE DAVIDSON ST ALBANY, OR 97322		\$ <u>12.50</u>	\$ <u>12.50</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>10/25/2025</u> Name & Address: LAWRENCE SULLIVAN 8 ADMIRAL DR EMERYVILLE, CA 94608		\$ <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>10/25/2025</u> Name & Address: DAN STEVENS 4909 MARVIN AVE MADISON, WI 53711		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>ETF</u> Business Address <u>4909 MARVIN AVE, MADISON, WI 53711</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/25/2025</u> Name & Address: GEORGE HILL 2420 NOTTINGHAM DRIVE FALLS CHURCH, VA 22043		\$ <u>5.00</u>	\$ <u>5.00</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 **167.50**

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
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98682
2. Committee Name CTE STACY JACKSON

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>10/25/2025</u>	
Name & Address: AMIN SHAFIE 5498 SANRIO CT CINCINNATI, OH 45247		\$ <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>10/25/2025</u>	
Name & Address: TENYA ECONOMOU 31 MILL RD WOODBURY, CT 06798		\$ <u>5.00</u>	\$ <u>5.00</u>
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>10/25/2025</u>	
Name & Address: CAROLYN KARCHER 646 INDEPENDENCE AVE SE WASHINGTON, DC 20003		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2025</u>	
Name & Address: SAIKAT SEN 32 ROLLING HILL DR CHATHAM TOWNSHIP, NJ 07928		\$ <u>12.50</u>	\$ <u>12.50</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 92.50

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 98682
2. Committee Name CTE STACY JACKSON

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>10/26/2025</u>	
Name & Address: SHIRLEY PLUNK 452 GIANNA WAY ST. AUGUSTINE, FL 32086		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2025</u>	
Name & Address: EMERY GOLF 75 STATE ST PORTLAND, ME 04101		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2025</u>	
Name & Address: ADNAN ALIA 4629 MT AUBURN CT SACRAMENTO, CA 95842		\$ <u>12.50</u>	\$ <u>12.50</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2025</u>	
Name & Address: LUCY KERMAN 400 E 58TH ST NEW YORK, NY 10022		\$ <u>2.50</u>	\$ <u>2.50</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 **35.00**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/26/2025</u> Name & Address: ELEANOR FRIEDMAN 17 W 54TH ST NEW YORK, NY 10019		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT/SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>17 W 54TH ST, NEW YORK, NY 10019</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/26/2025</u> Name & Address: SANDRA LAMBERT 27 CENTRE STREET MANSFIELD CENTER, CT 06250		\$ <u>1.50</u>	\$ <u>1.50</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/26/2025</u> Name & Address: MOONIS ALLY 1132 W OUTER DR OAK RIDGE, TN 37830		\$ <u>5.00</u>	\$ <u>5.00</u>
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>10/26/2025</u> Name & Address: PAMELA MILLS PO BOX 49 WALDRON, WA 98297		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 271.50

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2025</u>	
Name & Address: HUGH O'DONNELL 2233 N KENMORE AVE CHICAGO, IL 60614		\$ <u>5.00</u>	\$ <u>5.00</u>
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>10/26/2025</u>	
Name & Address: MARA MILLER 2101 NUUANU AVE HONOLULU, HI 96817		\$ <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>10/26/2025</u>	
Name & Address: ELLEN MCFARLAND 3208 ADDISON DRIVE WILMINGTON, DE 19808		\$ <u>5.00</u>	\$ <u>5.00</u>
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>10/26/2025</u>	
Name & Address: SUZANNE MCCOY 244 ORCHARD COMMONS RD HINESBURG, VT 05461		\$ <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 **85.00**

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1. Committee I.D. Number 98682
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/26/2025</u> Name & Address: CARMEN HAWKINS 6709 LA TIJERA BLVD LOS ANGELES, CA 90045		\$ <u>12.50</u>	\$ <u>12.50</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>10/26/2025</u> Name & Address: ISAM HASENIN 8541 CLATSOP LN SAN DIEGO, CA 92129		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>TRUE NORTH COMPLIANCE SERVICEWS</u> Business Address <u>112 HEADWATERS, IRVINE, CA 92602</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/26/2025</u> Name & Address: SAADOU ALASBAAWI 1109 SOUTHBEND DR ALVIN, TX 77511		\$ <u>7.50</u>	\$ <u>7.50</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/26/2025</u> Name & Address: THERESE POLKOSKI 6127 TRI LAKES RD SOUTH RANGE, WI 54874		\$ <u>2.50</u>	\$ <u>2.50</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 272.50

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

1. Committee I.D. Number 98682
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/26/2025</u> Name & Address: CARRIE JOHNSON 345 E MAINE AVE LONGWOOD, FL 32750		\$ <u>3.00</u>	\$ <u>3.00</u>
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>10/26/2025</u> Name & Address: GORDON YOUNGS 113 KLINESVILLE RD FLEMINGTON, NJ 08822		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/26/2025</u> Name & Address: MARIO WRIGHT 6439 LAKE ATHABASKA PL SAN DIEGO, CA 92119		\$ <u>2.50</u>	\$ <u>2.50</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/26/2025</u> Name & Address: AMJAD NAHI 16371 REDLANDS LN HUNTINGTON BEACH, CA 92647		\$ <u>2.50</u>	\$ <u>2.50</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 **18.00**

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>10/27/2025</u> Name & Address: CHRISTIE KELLEY 7617 N MCKENNA AVE PORTLAND, OR 97203		\$ <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>10/30/2025</u> Name & Address: KAMESHIA GANT 20306 RODEO CT SOUTHFIELD, MI 48075		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/01/2025</u> Name & Address: JANE COOPER 5891 E WOODMONT AVE CINCINNATI, OH 45213		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **115.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **1,167.00**

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98682**
2. Committee Name **CTE STACY JACKSON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name TIM HORTON Address 25311 TELEGRAPH RD SOUTHFIELD, MI 48033 ☐ Fund Raiser	Purpose: <u>TEXT BANKING - REFRESHMENTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/2025</u> Date	\$ <u>55.00</u>
Expenditure #2 Name PANERA BREAD Address 28681 TELEGRAPH RD SOUTHFIELD, MI 48034 ☐ Fund Raiser	Purpose: <u>DOOR KNOCKING - REFRESHMENTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/2025</u> Date	\$ <u>70.00</u>
Expenditure #3 Name TARGET Address 30020 GRAND RIVER AVE FARMINGTON HILLS, MI 48336 ☐ Fund Raiser	Purpose: <u>CAMPAIGN - TRUNK O' TREAT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/2025</u> Date	\$ <u>46.47</u>
Expenditure #4 Name TIM HORTON Address 25311 TELEGRAPH RD SOUTHFIELD, MI 48033 ☐ Fund Raiser	Purpose: <u>DOOR KNOCKING - REFRESHMENTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/2025</u> Date	\$ <u>52.48</u>
Expenditure #5 Name TIM HORTON Address 26950 GRAND RIVER AVE REDFORD, MI 48240 ☐ Fund Raiser	Purpose: <u>DOOR KNOCKING - REFRESHMENTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/2025</u> Date	\$ <u>50.00</u>

Subtotal this page **273.95**

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 **98682**
2. Committee Name **CTE STACY JACKSON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ALLPROCOLOR.COM Address 20750 CHESLEY DR FARMINGTON, MI 48336 ☐ Fund Raiser	Purpose: CAMPAIGN YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2025 Date	\$ 323.30
Expenditure #2 Name SAM'S CLUB Address 22500 EIGHT MILE W SOUTHFIELD, MI 48033 ☐ Fund Raiser	Purpose: CAMPAIGN - ANGEL'S NIGHT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2025 Date	\$ 91.95
Expenditure #3 Name SHIELDS RESTAURANT BAR PIZZERIA Address 25101 TELEGRAPH RD SOUTHFIELD, MI 48033 ☐ Fund Raiser	Purpose: CAMPAIGN CELEBRATION DEPOSIT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/01/2025 Date	\$ 100.00
Expenditure #4 Name PANERA BREAD Address 28681 TELEGRAPH RD SOUTHFIELD, MI 48034 ☐ Fund Raiser	Purpose: DOOR KNOCKING - REFRESHMENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/02/2025 Date	\$ 82.00
Expenditure #5 Name TIM HORTON Address 25311 TELEGRAPH RD SOUTHFIELD, MI 48033 ☐ Fund Raiser	Purpose: POLLING LOCATION REFRESHMENTS (5 LOCATIONS) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2025 Date	\$ 425.00

Subtotal this page

1,022.25

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 **98682**
2. Committee Name **CTE STACY JACKSON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SHIELDS RESTAURANT BAR PIZZERIA Address 25101 TELEGRAPH RD SOUTHFIELD, MI 48033 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CELEBRATION FOOD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/2025</u> Date	\$ <u>548.00</u>
Expenditure #2 Name SHIELDS RESTAURANT BAR PIZZERIA Address 25101 TELEGRAPH RD SOUTHFIELD, MI 48033 ☐ Fund Raiser	Purpose: <u>CAMPAIGN CELEBRATION (DRINKS)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/2025</u> Date	\$ <u>100.00</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **648.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **1,944.20**

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on line 8a of
Summary Page