



FILED
20 JUL 2022 PM 11:37
WASHTENAW COUNTY CLERK
ANN ARBOR, 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: 01/01/2022 to 07/17/2022

1. Committee I.D. Number
C-2021-020

2. Committee Name
COMMITTEE TO ELECT DHARMA AKMON

4. Candidate Last Name **AKMON** First Name **DHARMA** M.I. **R**

4a. Office Sought Including District # or Community Served (If applicable)
COUNCIL MEMBER, WARD 4, ANN ARBOR

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

5. Committee's Mailing Address
**1156 GLEN LEVEN RD.
ANN ARBOR, MI 48103**

Area Code and Phone (734) 492-5866
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
**JOAN LOWENSTEIN
502 BURSON PL.
ANN ARBOR, MI 48104**

Area Code & Phone (734) 761-5248

7. Treasurer's Business Address
**502 BURSON PL.
ANN ARBOR, MI 48104**

Area Code and Phone (734) 761-5248

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
08/02/2022

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 lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper _____ / _____
Type or Print Name Signature

Submitted electronically, signature on file Date 07/20/2022

Candidate _____ / _____
Type or Print Name Signature

Submitted electronically, signature on file Date 07/20/2022



1. Committee I.D. Number C-2021-020

2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>26,869.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>26,869.00</u>	(18.) \$ <u>42,234.00</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>26,869.00</u>	(20.) \$ <u>42,234.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,255.52</u>	(21.) \$ <u>1,255.52</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>30,813.38</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>30,813.38</u>	(23.) \$ <u>33,641.27</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>12,537.11</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>26,869.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>39,406.11</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>30,813.38</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>8,592.73</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>01/03/2022</u> Name & Address: MATT CALLOW 2479 PACKARD ST APT D ANN ARBOR, MI 48104 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	\$ <u>25.00</u>	\$ <u>50.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/03/2022</u> Name & Address: JEN EYER 716 BRAESIDE PL ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS CONSULTANT</u> Employer <u>EYER CONSULTING</u> Business Address <u>716 BRAESIDE PL, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>200.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/03/2022</u> Name & Address: KAI PETAINEN 2222 FULLER CT ANN ARBOR, MI 48105 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	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/04/2022</u> Name & Address: BRYCE ALLMACHER 410 EMMET ST YPSILANTI, MI 48197 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	\$ <u>10.00</u>	\$ <u>10.00</u>

Page Subtotal **235.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>01/07/2022</u> Name & Address: ABDULRAHM ATEYA 44991 MIDDLEBURY CT CANTON, MI 48188	\$ <u>25.00</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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/10/2022</u> Name & Address: LINDA DETTERMAN 11645 E AUSTIN RD MANCHESTER, MI 48158	\$ <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>01/10/2022</u> Name & Address: SARA LAFIA 1811 PAULINE BLVD ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <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>01/10/2022</u> Name & Address: ERIN STELLER 6280 BALDWIN CIR BRIGHTON, MI 48116	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **325.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-020
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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>01/10/2022</u> Name & Address: ABIGAIL POTTER 1239 PERRY ST NE WASHINGTON, DC 20017	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIBRARIAN</u> Employer <u>LIBRARY OF CONGRESS</u> Business Address <u>2121 1ST ST NW, WASHINGTON, DC 20001</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>01/11/2022</u> Name & Address: CAROLYN KWANT 1136 GLEN LEVEN RD ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <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>01/11/2022</u> Name & Address: JOHN KWANT 1136 GLEN LEVEN RD ANN ARBOR, MI 48103	\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>FORD MOTOR COMPANY</u> Business Address <u>801 PENNSYLVANIA AVENUE NW, WASHINGTON, DC 20004</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>01/11/2022</u> Name & Address: TINA HAISER 6814 N ALBINA AVE PORTLAND, OR 97217	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>TWITTER</u> Business Address <u>6814 N ALBINA AVE, PORTLAND, OR 97217</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 700.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/11/2022</u> Name & Address: ANDREA MEYER 1518 BARNARD RD ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE ANESTHETIST</u> Employer <u>MICHIGAN MEDICINE</u> Business Address <u>1500 E MEDICAL CENTER DR, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/12/2022</u> Name & Address: RICKY PUNZALAN 2865 GALE RD ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>ASSOCIATE PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>105 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/13/2022</u> Name & Address: CLARE PFEIFFER 477 COOK RD GROSSE POINTE WOODS, MI 48236 5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS</u> Employer <u>FORD HOUSE</u> Business Address <u>1100 LAKE SHORE RD, GROSSE POINTE SHORES, MI 48236</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/14/2022</u> Name & Address: LIBBY HEMPHILL 1207 GARDNER AVE ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>ASSOCIATE PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>100 S STATE ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>

Page Subtotal **2,050.00**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/15/2022</u> Name & Address: JEANNETTE JACKSON 1207 GARDNER AVE ANN ARBOR, MI 48104	<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING DIRECTOR</u> Employer <u>WEIL INSTITUTE</u> Business Address <u>2800 PLYMOUTH RD, ANN ARBOR, MI 48109</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>01/15/2022</u> Name & Address: MARK SULLIVAN 1125 DAISY LN EAST LANSING, MI 48823	<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>01/15/2022</u> Name & Address: NATE PHIPPS 1706 FULMER ST ANN ARBOR, MI 48103	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <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>01/15/2022</u> Name & Address: JANET SZCZESNY 7910 3RD ST DEXTER, MI 48130	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **800.00**

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/16/2022</u> Name & Address: THOMAS WARD 753 PENINSULA CT ANN ARBOR, MI 48105 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	\$ <u>10.00</u>	\$ <u>30.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/16/2022</u> Name & Address: JEAN LEVERICH 912 POMONA RD ANN ARBOR, MI 48103 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	\$ <u>10.00</u>	\$ <u>30.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/16/2022</u> Name & Address: KRISTA AKMON 23334 V??A BARRA SANTA CLARITA, CA 91355 5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>LAUSD</u> Business Address <u>333 S BEAUDRY AVE, LOS ANGELES, CA 90017</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/17/2022</u> Name & Address: WILLIAM LOCKWOOD 564 GALEN CIR ANN ARBOR, MI 48103 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	\$ <u>20.00</u>	\$ <u>60.00</u>

Page Subtotal 240.00

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/17/2022</u> Name & Address: JAMES PYKE 912 POMONA RD ANN ARBOR, MI 48103 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	\$ <u>10.00</u>	\$ <u>30.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/17/2022</u> Name & Address: ADAM KEITH 103 ASHLEY MEWS DR ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GM</u> Business Address <u>400 RENAISSANCE CENTER, DETROIT, MI 48243</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>215.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/17/2022</u> Name & Address: ADAM KEITH 103 ASHLEY MEWS DR ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GM</u> Business Address <u>400 RENAISSANCE CENTER, DETROIT, MI 48243</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>70.00</u>	\$ <u>285.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/17/2022</u> Name & Address: DAVID WALLACE 2948 RENFREW ST ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>ACADEMIC FACULTY</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>505 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>150.00</u>

Page Subtotal 255.00

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/18/2022</u> Name & Address: SCOTT MACINNIS 2420 WALTER DR ANN ARBOR, MI 48103 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	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/19/2022</u> Name & Address: ABBY ROSENBAUM 1415 NORMANDY RD ANN ARBOR, MI 48103 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	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/20/2022</u> Name & Address: ELLEN CHANEY 3210 ALPINE DR ANN ARBOR, MI 48108 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	\$ <u>10.00</u>	\$ <u>30.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/20/2022</u> Name & Address: ROBERT GORDON 2330 FERNWOOD AVE ANN ARBOR, MI 48104 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	\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **310.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>01/20/2022</u> Name & Address: GRETA ANDERSON-FINN 1123 PONTIAC TRAIL ANN ARBOR, MI 48105	\$ <u>75.00</u>	\$ <u>75.00</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>01/20/2022</u> Name & Address: ANTHONY GRIGSBY 2603 QUANAH DR ROUND ROCK, TX 78681	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <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>01/21/2022</u> Name & Address: SARA OLIVEIRI 227 MULBERRY ST ROCHESTER, NY 14620	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>ROCHESTER CITY SCHOOL DISTRICT</u> Business Address <u>BROAD ST, ROCHESTER, 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>01/22/2022</u> Name & Address: MICHAEL KROT 301 E LIBERTY ST ANN ARBOR, MI 48104	\$ <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 **625.00**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>01/22/2022</u> Name & Address: TRISHA MARTINEZ 18842 HEATHER RIDGE DR NORTHVILLE, MI 48168	<u>\$ 250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>330 PACKARD ST, ANN ARBOR, MI 48104</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>01/22/2022</u> Name & Address: DEB POLICH 2585 HOLLYWOOD DR ANN ARBOR, MI 48103	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <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>01/23/2022</u> Name & Address: MARGARET LEVENSTEIN 300 LINDA VISTA ST ANN ARBOR, MI 48103	<u>\$ 1,050.00</u>	<u>\$ 1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCH PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>330 PACKARD ST, ANN ARBOR, MI 48104</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>01/24/2022</u> Name & Address: REX ROOF 2921 DEXTER RD ANN ARBOR, MI 48103	<u>\$ 1,000.00</u>	<u>\$ 1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE DEVELOPER</u> Employer <u>MAY MOBILITY</u> Business Address <u>650 AVIS DR, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **2,400.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>01/25/2022</u> Name & Address: OLGA LYNN 1220 W CARMEN AVE CHICAGO, IL 60640	\$ 500.00	\$ 500.00
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNT DIRECTOR</u> Employer <u>LINKEDIN</u> Business Address <u>1220 W CARMEN AVE, CHICAGO, IL 60640</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>01/25/2022</u> Name & Address: CLIFF LAMPE 803 PROVINCIAL DR CHELSEA, MI 48118	\$ 150.00	\$ 150.00
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>105 S STATE ST, ANN ARBOR, MI 48109</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>01/25/2022</u> Name & Address: RYLAND CRONK 901 CENTENNIAL ST LOS ANGELES, CA 90012	\$ 50.00	\$ 50.00
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>01/25/2022</u> Name & Address: NAYIRI MULLINIX 1235 WINES DR ANN ARBOR, MI 48103	\$ 25.00	\$ 25.00
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 **725.00**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>01/26/2022</u> Name & Address: AMELIA ABREU 1612 SE 43RD AVE PORTLAND, OR 97215	\$ <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>01/26/2022</u> Name & Address: AIDAN 1 SOVA 1529 PINE VALLEY BLVD 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: <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>01/26/2022</u> Name & Address: MARY SCHWARZ 6030 N MASON AVE CHICAGO, IL 60646	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>EVANSTON PUBLIC SCHOOLS</u> Business Address <u>1500 MCDANIELS AVE, HIGHLAND PARK, IL 60035</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>01/27/2022</u> Name & Address: PAUL WISNIEWSKI 1508 WARWICK CT ANN ARBOR, MI 48103	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TECH MANAGER</u> Employer <u>CLARIVATE ANALYTICS</u> Business Address <u>789 E EISENHOWER PKWY, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **493.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>01/27/2022</u> Name & Address: ERICA BRIGGS 204 MARK HANNAH PL ANN ARBOR, MI 48103	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNCILMEMBER</u> Employer <u>N/A</u> Business Address <u>204 MARK HANNAH PL, ANN ARBOR, MI 48103</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>01/27/2022</u> Name & Address: THEODORE HANSS 516 GLENDALE CIR ANN ARBOR, MI 48103	\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>YALE UNIVERSITY</u> Business Address <u>150 MUNSON ST, NEW HAVEN, CT 06511</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>01/28/2022</u> Name & Address: TIM RICHARDS 1014 ROSE AVE ANN ARBOR, MI 48104	\$ <u>5.00</u>	\$ <u>15.00</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>01/29/2022</u> Name & Address: DOUGLAS NEAGLES 520 W VENICE AVE APT 4 VENICE, FL 34285	\$ <u>900.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE PRACTITIONER</u> Employer <u>VEMA</u> Business Address <u>540 THE RIALTO, VENICE, FL 34285</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,405.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>01/29/2022</u> Name & Address: AMELIA ACKER 1911 CLIFF ST AUSTIN, TX 78705	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF TEXAS</u> Business Address <u>1616 GUADALUPE ST, AUSTIN, TX 78701</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>01/29/2022</u> Name & Address: AMANDA JARMAN 6445 FORD RD SUPERIOR TWP, MI 48198	\$ <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>01/29/2022</u> Name & Address: GABRIEL KRIESHOK 2410 20TH ST NW WASHINGTON, DC 20009	\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>CARE</u> Business Address <u>1100 17TH ST NW, WASHINGTON, DC 20036</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>01/30/2022</u> Name & Address: KATHY FOWLER 2025 HARDING AVE LANSING, MI 48910	\$ <u>9.00</u>	\$ <u>77.00</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 **659.00**

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 C-2021-020
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/2022</u> Name & Address: ALISON ROTH 762 BUCHANAN ST CANTON, MI 48188	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <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>01/30/2022</u> Name & Address: SANDRA PAYETTE 206 BUTTERMILK LN ITHACA, NY 14850	<u>\$ 250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</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>01/30/2022</u> Name & Address: DAVID MEISNER 2600 HARRISON ST SF, CA 94110	<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>01/31/2022</u> Name & Address: SHANNON RIFFE 4338 WINTERBURN AVE PITTSBURGH, PA 15207	<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 **550.00**

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 C-2021-020
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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>01/31/2022</u> Name & Address: DAVID VAN RIPER 1053 IDAHO AVE W ST PAUL, MN 55117	\$ 50.00	\$ 50.00
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>01/31/2022</u> Name & Address: DANIEL AYALA 2048 BAY HILL CT ANN ARBOR, MI 48108	\$ 500.00	\$ 500.00
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING PARTNER</u> Employer <u>SECRATIC</u> Business Address <u>2048 BAY HILL CT, ANN ARBOR, MI 48108</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>01/31/2022</u> Name & Address: JESSICA LUDVIK 391 CLINTON ST BROOKLYN, NY 11231	\$ 25.00	\$ 25.00
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>01/31/2022</u> Name & Address: MARIAH CHEREM 3328 N HARDING AVE CHICAGO, IL 60618	\$ 20.00	\$ 20.00
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 **595.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/01/2022</u> Name & Address: KRAIG STEVENSON 3835 WALDENWOOD DR ANN ARBOR, MI 48105	\$ <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>02/01/2022</u> Name & Address: STEPHANIE WHITE 2115 WINCHELL DR ANN ARBOR, MI 48104	\$ <u>250.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MDHHS CONSULTANT</u> Employer <u>MPHI</u> Business Address <u>2436 WOODLAKE CIR, OKEMOS, MI 48864</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>02/01/2022</u> Name & Address: GEORGE ALTER 500 W JEFFERSON ST ANN ARBOR, MI 48103	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</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>02/02/2022</u> Name & Address: TED MCCARTHY 2059 MARKET ST SF, CA 94114	\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCHER</u> Employer <u>GOOGLE</u> Business Address <u>1600 AMPHITHEATRE PKWY, MOUNTAIN VIEW, CA 94043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **675.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/02/2022</u> Name & Address: MARGARET MILLER 203 SUNNYSIDE ROAD SCOTIA, NY 12302 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	\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/02/2022</u> Name & Address: MELISSA COX 5736 31ST AVE NE SEATTLE, WA 98105 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	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/02/2022</u> Name & Address: ONNA SOLOMON 621 MADISON PL ANN ARBOR, MI 48103 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	\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/03/2022</u> Name & Address: MATT CALLOW 2479 PACKARD ST APT D ANN ARBOR, MI 48104 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	\$ <u>25.00</u>	\$ <u>75.00</u>

Page Subtotal **125.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>02/03/2022</u> Name & Address: JEN EYER 716 BRAESIDE PL ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>300.00</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>02/03/2022</u> Name & Address: ELIZABETH YAKEL 8068 HURON ST DEXTER, MI 48130	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>105 S STATE ST, ANN ARBOR, MI 48109</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>02/04/2022</u> Name & Address: ALEXA 3 SAHADI 364 HIGHLAND AVE MONTCLAIR, NJ 07043	\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</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>02/05/2022</u> Name & Address: DARREN STRUBLE 99 CANDLELIGHT LANE GUNNISON, CO 81230	\$ <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)

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>02/06/2022</u> Name & Address: ALAM SHAHANA 687 16TH AVE SF, CA 94118	\$ 50.00	\$ 50.00
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>02/06/2022</u> Name & Address: JESSE SWEENEY 1722 FAIRVIEW CT SALINE, MI 48176	\$ 100.00	\$ 100.00
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>02/06/2022</u> Name & Address: CLAIRE CEPURAN 10 OAK CT HOUSTON, TX 77006	\$ 100.00	\$ 100.00
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>02/06/2022</u> Name & Address: HELENE GIDLEY 2823 ENGLAVE DR ANN ARBOR, MI 48103	\$ 25.00	\$ 25.00
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 **275.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>02/06/2022</u> Name & Address: JANET DRIVER 1215 KUEHNLE AVE ANN ARBOR, MI 48103	\$ <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>02/06/2022</u> Name & Address: SNOWDEN BECKER 12427 RIVERSIDE DRIVE VALLEY VILLAGE, CA 91607	\$ <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>02/07/2022</u> Name & Address: MELISSA KESTERSON 1961 COUNTRY CLUB RD ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <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>02/07/2022</u> Name & Address: JARED BAUER 796 6TH AVE NW ISSAQUAH, WA 98027	\$ <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 **230.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>02/08/2022</u> Name & Address: MEGAN BROVAN 522 N DIVISION ST 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: <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>02/08/2022</u> Name & Address: ADAM KRIESBERG 71 DEANE ST PORTLAND, ME 04102	\$ <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>02/09/2022</u> Name & Address: JOAN CHAPMAN 74631 NORDMAN CT ROMEO, MI 48065	\$ <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>02/10/2022</u> Name & Address: PAUL COURANT 1045 CEDAR BEND DR ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 250.00

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>02/10/2022</u> Name & Address: KARA SUZUKA 1040 LUNALILO ST HONOLULU, HI 96822	\$ <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>02/10/2022</u> Name & Address: SUMA ROSEN 28210 GRAND DUKE DR 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		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/11/2022</u> Name & Address: SUSAN NAULT 1441 E BROOMFIELD ST MT PLEASANT, MI 48858	\$ <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>02/11/2022</u> Name & Address: ANJANETTE BUNCE 1921 MERSHON DR ANN ARBOR, MI 48103	\$ <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
(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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>02/11/2022</u> Name & Address: CORY KNOBEL 2690 GLENDOWER AVE LOS ANGELES, CA 90027 5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT CONSULTANT</u> Employer <u>SELF</u> Business Address <u>2690 GLENDOWER AVE, LOS ANGELES, CA 90027</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/12/2022</u> Name & Address: GREG GROSSMEIER 106 STANLEY ST PETALUMA, CA 94952 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	\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/13/2022</u> Name & Address: MARGARET HEDSTROM 1440 OLD SHORE RD GRAND MARAIS, MN 55604 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/13/2022</u> Name & Address: VICTORIA GREEN 803 SYCAMORE PL ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>IT</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1009 GREENE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>

Page Subtotal **1,025.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>02/14/2022</u> Name & Address: ADAM GOODMAN 400 VIRGINIA AVE ANN ARBOR, MI 48103	\$ <u>525.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL SOFTWARE ENGINEER</u> Employer <u>CISCO SYSTEMS, INC.</u> Business Address <u>123 N ASHLEY ST, ANN ARBOR, MI 48104</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>02/15/2022</u> Name & Address: MARK SULLIVAN 1125 DAISY LN EAST LANSING, MI 48823	\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>MICHIGAN STATE UNIVERSITY</u> Business Address <u>409 W CIRCLE DR, EAST LANSING, MI 48823</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>02/15/2022</u> Name & Address: ABIGAIL POTTER 2121 1ST ST NW WASHINGTON, DC 20001	\$ <u>100.00</u>	\$ <u>300.00</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>02/15/2022</u> Name & Address: ANTHONY SAMOTIS 22806 RENFORD ST NOVI, MI 48375	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **675.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/16/2022</u> Name & Address: THOMAS WARD 753 PENINSULA CT ANN ARBOR, MI 48105	\$ <u>10.00</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>02/16/2022</u> Name & Address: JEAN LEVERICH 912 POMONA RD ANN ARBOR, MI 48103	\$ <u>10.00</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>02/16/2022</u> Name & Address: PETER HONEYMAN 113 S FOURTH AVE APT 4 ANN ARBOR, MI 48104	\$ <u>25.00</u>	\$ <u>75.00</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>02/16/2022</u> Name & Address: DAVID SHINABARGER 321 W SIBLEY ST HOWELL, MI 48843	\$ <u>20.00</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		

Page Subtotal **65.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>02/16/2022</u> Name & Address: JASON WEINBERG 1356 GLEN LEVEN RD ANN ARBOR, MI 48103	\$ <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>02/17/2022</u> Name & Address: WILLIAM LOCKWOOD 564 GALEN CIR ANN ARBOR, MI 48103	\$ <u>20.00</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 type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/17/2022</u> Name & Address: JAMES PYKE 912 POMONA RD ANN ARBOR, MI 48103	\$ <u>10.00</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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/17/2022</u> Name & Address: ADAM KEITH 103 ASHLEY MEWS DR ANN ARBOR, MI 48104	\$ <u>25.00</u>	\$ <u>310.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GM</u> Business Address <u>400 RENAISSANCE CENTER, DETROIT, MI 48243</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **105.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>02/17/2022</u> Name & Address: ADAM KEITH 103 ASHLEY MEWS DR ANN ARBOR, MI 48104	\$ <u>70.00</u>	\$ <u>380.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GM</u> Business Address <u>400 RENAISSANCE CENTER, DETROIT, MI 48243</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>02/19/2022</u> Name & Address: STEPHANIE WHITE 2115 WINCHELL DR ANN ARBOR, MI 48104	\$ <u>600.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MDHHS CONSULTANT</u> Employer <u>MPHI</u> Business Address <u>2436 WOODLAKE CIR, OKEMOS, MI 48864</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>02/20/2022</u> Name & Address: ELLEN CHANEY 3210 ALPINE DR ANN ARBOR, MI 48108	\$ <u>10.00</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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/21/2022</u> Name & Address: JERRY NEWMAN 607 WAYMARKET DR ANN ARBOR, MI 48103	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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 **930.00**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>02/22/2022</u> Name & Address: ANNE SULLIVAN 1375 BARDSTOWN TRAIL ANN ARBOR, MI 48105	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>GOOGLE</u> Business Address <u>2300 TRAVERWOOD DR, ANN ARBOR, MI 48105</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>02/23/2022</u> Name & Address: BETH WILENSKY 2448 ADARE CIR ANN ARBOR, MI 48104	\$ <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>02/23/2022</u> Name & Address: ELIZABETH LIN 2891 PEBBLE CREEK DR ANN ARBOR, MI 48108	\$ <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>02/23/2022</u> Name & Address: JOSEPH BAUER 1456 WOODLAND DR ANN ARBOR, MI 48103	\$ <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 **1,200.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>02/25/2022</u> Name & Address: RYLAND CRONK 901 CENTENNIAL ST LOS ANGELES, CA 90012	\$ <u>50.00</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>02/28/2022</u> Name & Address: TIM RICHARDS 1014 ROSE AVE ANN ARBOR, MI 48104	\$ <u>5.00</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>02/28/2022</u> Name & Address: KATHY FOWLER 2025 HARDING AVE LANSING, MI 48910	\$ <u>9.00</u>	\$ <u>86.00</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>03/03/2022</u> Name & Address: MATT CALLOW 2479 PACKARD ST APT D ANN ARBOR, MI 48104	\$ <u>25.00</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 **89.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>03/03/2022</u> Name & Address: JEN EYER 716 BRAESIDE PL ANN ARBOR, MI 48103	<u>\$ 100.00</u>	<u>\$ 400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS CONSULTANT</u> Employer <u>EYER CONSULTING</u> Business Address <u>716 BRAESIDE PL, ANN ARBOR, MI 48103</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>03/09/2022</u> Name & Address: PETER KATZ 2120 WALLINGFORD RD ANN ARBOR, MI 48104	<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>EXPEL</u> Business Address <u>12950 WORLDGATE DR, HERNDON, VA 20170</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>03/15/2022</u> Name & Address: MARK SULLIVAN 1125 DAISY LN EAST LANSING, MI 48823	<u>\$ 25.00</u>	<u>\$ 150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>MICHIGAN STATE UNIVERSITY</u> Business Address <u>409 W CIRCLE DR, EAST LANSING, MI 48823</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>03/16/2022</u> Name & Address: THOMAS WARD 753 PENINSULA CT ANN ARBOR, MI 48105	<u>\$ 10.00</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 **635.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>03/16/2022</u> Name & Address: JEAN LEVERICH 912 POMONA RD ANN ARBOR, MI 48103	\$ <u>10.00</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>03/16/2022</u> Name & Address: BOBBI LOWE 8260 BRISTOL RD SWARTZ CREEK, MI 48473	\$ <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>03/17/2022</u> Name & Address: WILLIAM LOCKWOOD 564 GALEN CIR ANN ARBOR, MI 48103	\$ <u>20.00</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>03/17/2022</u> Name & Address: ADAM KEITH 103 ASHLEY MEWS DR ANN ARBOR, MI 48104	\$ <u>25.00</u>	\$ <u>405.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GM</u> Business Address <u>400 RENAISSANCE CENTER, DETROIT, MI 48243</u> 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
(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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>03/17/2022</u> Name & Address: SANJAY ARORA 1829 CALIFORNIA ST NW WASHINGTON, DC 20009 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>EY</u> Business Address <u>1101 NEW YORK AVE NW, WASHINGTON, DC 20005</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/19/2022</u> Name & Address: JAMES PYKE 912 POMONA RD ANN ARBOR, MI 48103 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	\$ <u>10.00</u>	\$ <u>50.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/19/2022</u> Name & Address: ASHLEY OBERHEIDE 318 W LIBERTY ST ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/20/2022</u> Name & Address: ELLEN CHANEY 3210 ALPINE DR ANN ARBOR, MI 48108 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	\$ <u>10.00</u>	\$ <u>50.00</u>

Page Subtotal **1,320.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>03/21/2022</u> Name & Address: PETER HONEYMAN 113 S FOURTH AVE APT 4 ANN ARBOR, MI 48104 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	\$ <u>25.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/22/2022</u> Name & Address: JULIE WEATHERBEE 837 S MAIN ST ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>TECH SUPPORT</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>300.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/23/2022</u> Name & Address: JOHN ERIC IVANCICH 1324 WELLS ST ANN ARBOR, MI 48104 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	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/24/2022</u> Name & Address: JENNIFER SILVA 732 LANS WAY ANN ARBOR, MI 48103 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	\$ <u>25.00</u>	\$ <u>25.00</u>

Page Subtotal **300.00**

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

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>03/25/2022</u> Name & Address: <u>RYLAND CRONK</u> <u>901 CENTENNIAL ST</u> <u>LOS ANGELES, CA 90012</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTH & SAFETY MANAGER</u> Employer <u>WALT DISNEY WORLD</u> Business Address <u>500 S BUENA VISTA ST, BURBANK, CA 91505</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>150.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/28/2022</u> Name & Address: <u>TIM RICHARDS</u> <u>1014 ROSE AVE</u> <u>ANN ARBOR, MI 48104</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	\$ <u>5.00</u>	\$ <u>25.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2022</u> Name & Address: <u>KATHY FOWLER</u> <u>2025 HARDING AVE</u> <u>LANSING, MI 48910</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	\$ <u>9.00</u>	\$ <u>95.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2022</u> Name & Address: <u>LINH SONG</u> <u>1290 BARDSTOWN TRAIL</u> <u>ANN ARBOR, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>COUNCILMEMBER</u> Employer <u>N/A</u> Business Address <u>301 E HURON ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>

Page Subtotal **1,114.00**

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

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>04/03/2022</u> Name & Address: <u>MATT CALLOW</u> <u>2479 PACKARD ST</u> <u>APT D</u> <u>ANN ARBOR, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>777 E EISENHOWER PKWY, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>125.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/03/2022</u> Name & Address: <u>JEN EYER</u> <u>716 BRAESIDE PL</u> <u>ANN ARBOR, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS CONSULTANT</u> Employer <u>EYER CONSULTING</u> Business Address <u>716 BRAESIDE PL, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>500.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/03/2022</u> Name & Address: <u>ANDREA LAHODNY</u> <u>1609 GREENVIEW DR</u> <u>ANN ARBOR, MI 48103</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	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/03/2022</u> Name & Address: <u>RICHARD WADE</u> <u>1838 JOSEPH ST</u> <u>ANN ARBOR, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>GEOGRAPHER</u> Employer <u>LIMNOTECH</u> Business Address <u>501 AVIS DR, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>300.00</u>

Page Subtotal 275.00

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

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>04/07/2022</u> Name & Address: SPENCER THOMAS 1418 GOLDEN AVE ANN ARBOR, MI 48104	\$ <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>04/12/2022</u> Name & Address: ADAM JASKIEWICZ 1430 LAS VEGAS DR ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>GENERAL ELECTRIC</u> Business Address <u>1 VILLAGE CENTER DR, WAYNE, MI 48184</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>04/15/2022</u> Name & Address: MARK SULLIVAN 1125 DAISY LN EAST LANSING, MI 48823	\$ <u>25.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>MICHIGAN STATE UNIVERSITY</u> Business Address <u>409 W CIRCLE DR, EAST LANSING, MI 48823</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>04/15/2022</u> Name & Address: BRIAN WILSON 520 LANS WAY ANN ARBOR, MI 48103	\$ <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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>04/16/2022</u> Name & Address: THOMAS WARD 753 PENINSULA CT ANN ARBOR, MI 48105	\$ <u>10.00</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>04/16/2022</u> Name & Address: JEAN LEVERICH 912 POMONA RD ANN ARBOR, MI 48103	\$ <u>10.00</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/16/2022</u> Name & Address: JOSEPH ALEXANDER 1336 ARDMOOR AVE ANN ARBOR, MI 48103	\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCH PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>330 PACKARD ST, ANN ARBOR, MI 48104</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>04/17/2022</u> Name & Address: JAMES PYKE 912 POMONA RD ANN ARBOR, MI 48103	\$ <u>10.00</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 **155.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>04/17/2022</u> Name & Address: WILLIAM LOCKWOOD 564 GALEN CIR ANN ARBOR, MI 48103	\$ <u>20.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>ALPHA TELSYS</u> Business Address <u>564 GALEN CIR, ANN ARBOR, MI 48103</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>04/17/2022</u> Name & Address: ADAM KEITH 103 ASHLEY MEWS DR ANN ARBOR, MI 48104	\$ <u>25.00</u>	\$ <u>430.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GM</u> Business Address <u>400 RENAISSANCE CENTER, DETROIT, MI 48243</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>04/19/2022</u> Name & Address: MARK SULLIVAN 1125 DAISY LN EAST LANSING, MI 48823	\$ <u>25.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>MICHIGAN STATE UNIVERSITY</u> Business Address <u>409 W CIRCLE DR, EAST LANSING, MI 48823</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>04/20/2022</u> Name & Address: ELLEN CHANEY 3210 ALPINE DR ANN ARBOR, MI 48108	\$ <u>10.00</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 **80.00**

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

Enter this total on line 3a of Summary Page.
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>04/21/2022</u> Name & Address: MARY RODERIQUE 2355 DUNDEE DR ANN ARBOR, MI 48103	\$ <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>04/22/2022</u> Name & Address: CARLA BAYHA 1601 CHEROKEE RD ANN ARBOR, MI 48104	\$ <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>04/23/2022</u> Name & Address: JOANNA FRYE 2723 PAGE 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: <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>04/25/2022</u> Name & Address: RYLAND CRONK 901 CENTENNIAL ST LOS ANGELES, CA 90012	\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTH & SAFETY MANAGER</u> Employer <u>WALT DISNEY WORLD</u> Business Address <u>500 S BUENA VISTA ST, BURBANK, CA 91505</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **150.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>04/25/2022</u> Name & Address: RICHARD WADE 1838 JOSEPH ST ANN ARBOR, MI 48104	\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GEOGRAPHER</u> Employer <u>LIMNOTECH</u> Business Address <u>501 AVIS DR, ANN ARBOR, MI 48108</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>04/28/2022</u> Name & Address: TIM RICHARDS 1014 ROSE AVE ANN ARBOR, MI 48104	\$ <u>5.00</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/28/2022</u> Name & Address: ROB HALEY 1531 WALTHAM DR ANN ARBOR, MI 48103	\$ <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>04/30/2022</u> Name & Address: KATHY FOWLER 2025 HARDING AVE LANSING, MI 48910	\$ <u>9.00</u>	\$ <u>104.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</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 **139.00**

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>05/02/2022</u> Name & Address: JAMES PYKE 912 POMONA RD ANN ARBOR, MI 48103 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	\$ <u>10.00</u>	\$ <u>70.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/03/2022</u> Name & Address: MATT CALLOW 2479 PACKARD ST APT D ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>777 E EISENHOWER PKWY, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>150.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/03/2022</u> Name & Address: JEN EYER 716 BRAESIDE PL ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS CONSULTANT</u> Employer <u>EYER CONSULTING</u> Business Address <u>716 BRAESIDE PL, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>600.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/05/2022</u> Name & Address: JEAN HENRY 504 W WILLIAM ST ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>GRANT WRITER</u> Employer <u>SELF</u> Business Address <u>504 W WILLIAM ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>200.00</u>

Page Subtotal 235.00

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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>05/06/2022</u> Name & Address: LISA DISCH 441 HILLDALE DR ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>505 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/08/2022</u> Name & Address: PATRICIA AKMON 535 GALEN CIR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>1,050.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/09/2022</u> Name & Address: HENRY JEWELL 1433 CATALINA DR ANN ARBOR, MI 48103 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	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/10/2022</u> Name & Address: TIM RICHARDS 1014 ROSE AVE ANN ARBOR, MI 48104 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	\$ <u>50.00</u>	\$ <u>80.00</u>

Page Subtotal **350.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>05/15/2022</u> Name & Address: MARK SULLIVAN 1125 DAISY LN EAST LANSING, MI 48823	\$ <u>25.00</u>	\$ <u>225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>MICHIGAN STATE UNIVERSITY</u> Business Address <u>409 W CIRCLE DR, EAST LANSING, MI 48823</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>05/15/2022</u> Name & Address: MARK SULLIVAN 1125 DAISY LN EAST LANSING, MI 48823	\$ <u>25.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>MICHIGAN STATE UNIVERSITY</u> Business Address <u>409 W CIRCLE DR, EAST LANSING, MI 48823</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>05/15/2022</u> Name & Address: CHARLES WARPEHOSKI 2020 WINEWOOD AVE ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <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>05/16/2022</u> Name & Address: JEAN LEVERICH 912 POMONA RD ANN ARBOR, MI 48103	\$ <u>10.00</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 type="checkbox"/> Fund Raiser		

Page Subtotal **160.00**

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

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>05/16/2022</u> Name & Address: DAVID DARR 2236 RUNNYMEDE BLVD ANN ARBOR, MI 48103 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	\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/17/2022</u> Name & Address: WILLIAM LOCKWOOD 564 GALEN CIR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>ALPHA TELSYS</u> Business Address <u>564 GALEN CIR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>140.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/17/2022</u> Name & Address: JAMES PYKE 912 POMONA RD ANN ARBOR, MI 48103 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	\$ <u>10.00</u>	\$ <u>80.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/17/2022</u> Name & Address: ADAM KEITH 103 ASHLEY MEWS DR ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GM</u> Business Address <u>400 RENAISSANCE CENTER, DETROIT, MI 48243</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>455.00</u>

Page Subtotal 80.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>05/20/2022</u> Name & Address: ELLEN CHANEY 3210 ALPINE DR ANN ARBOR, MI 48108	\$ <u>10.00</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 type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2022</u> Name & Address: GREGORY MATTHEWS 1208 BROOKLYN 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: <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>05/22/2022</u> Name & Address: TIM HULL 2475 LANCASHIRE DR ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <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>05/23/2022</u> Name & Address: ADAM KEITH 103 ASHLEY MEWS DR ANN ARBOR, MI 48104	\$ <u>70.00</u>	\$ <u>525.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GM</u> Business Address <u>400 RENAISSANCE CENTER, DETROIT, MI 48243</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 205.00

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

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>05/24/2022</u> Name & Address: BARBARA MCMULLEN 703 DUNCAN ST ANN ARBOR, MI 48103 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	\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/25/2022</u> Name & Address: RYLAND CRONK 901 CENTENNIAL ST LOS ANGELES, CA 90012 5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTH & SAFETY MANAGER</u> Employer <u>WALT DISNEY WORLD</u> Business Address <u>500 S BUENA VISTA ST, BURBANK, CA 91505</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>250.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2022</u> Name & Address: TIM RICHARDS 1014 ROSE AVE ANN ARBOR, MI 48104 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	\$ <u>5.00</u>	\$ <u>85.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2022</u> Name & Address: KATHY FOWLER 2025 HARDING AVE LANSING, MI 48910 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>9.00</u>	\$ <u>113.00</u>

Page Subtotal **89.00**

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

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>06/02/2022</u> Name & Address: AMANDA CARLISLE 1619 WALTHAM DR ANN ARBOR, MI 48103 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	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2022</u> Name & Address: MATT CALLOW 2479 PACKARD ST APT D ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>777 E EISENHOWER PKWY, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>175.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2022</u> Name & Address: JEN EYER 716 BRAESIDE PL ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS CONSULTANT</u> Employer <u>EYER CONSULTING</u> Business Address <u>716 BRAESIDE PL, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>700.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2022</u> Name & Address: WENDY RAMPSON-GAGE 305 PAULINE BLVD ANN ARBOR, MI 48103 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	\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal 225.00

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>06/04/2022</u> Name & Address: LORI RODDY 508 W KEECH AVE ANN ARBOR, MI 48103	\$ 50.00	\$ 50.00
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>06/05/2022</u> Name & Address: STEVEN GULICK 437 SUMARK WAY ANN ARBOR, MI 48103	\$ 100.00	\$ 100.00
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>06/07/2022</u> Name & Address: ERIC GOLDBERG 3010 DEXTER RD ANN ARBOR, MI 48103	\$ 50.00	\$ 50.00
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>06/08/2022</u> Name & Address: RICHARD WADE 1838 JOSEPH ST ANN ARBOR, MI 48104	\$ 100.00	\$ 500.00
5. If over \$100.00 cumulative, please provide: Occupation <u>GEOGRAPHER</u> Employer <u>LIMNOTECH</u> Business Address <u>501 AVIS DR, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **300.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>06/09/2022</u> Name & Address: ANDREW MORAN 1610 WESTMINSTER PL ANN ARBOR, MI 48104 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	\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/09/2022</u> Name & Address: PATRICK MCSWEENY 2120 LAKEVIEW DR YPSILANTI, MI 48198 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	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/09/2022</u> Name & Address: BRANDON DIMCHEFF 1401 HARPST ST ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>OPENLY, INC.</u> Business Address <u>131 DARTMOUTH ST, BOSTON, MA 02116</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>350.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/09/2022</u> Name & Address: THOMAS WARD 753 PENINSULA CT ANN ARBOR, MI 48105 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	\$ <u>20.00</u>	\$ <u>80.00</u>

Page Subtotal **245.00**

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

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>06/10/2022</u> Name & Address: SHANNON OGRADY 2035 PAULINE CT ANN ARBOR, MI 48103 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	\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/14/2022</u> Name & Address: SHANNON HAUTAMAKI 1110 BROOKLYN AVE ANN ARBOR, MI 48104 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	\$ <u>50.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/15/2022</u> Name & Address: MARK SULLIVAN 1125 DAISY LN EAST LANSING, MI 48823 5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>MICHIGAN STATE UNIVERSITY</u> Business Address <u>409 W CIRCLE DR, EAST LANSING, MI 48823</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>275.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/15/2022</u> Name & Address: MARK SULLIVAN 1125 DAISY LN EAST LANSING, MI 48823 5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>MICHIGAN STATE UNIVERSITY</u> Business Address <u>409 W CIRCLE DR, EAST LANSING, MI 48823</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>300.00</u>

Page Subtotal **125.00**

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>06/16/2022</u> Name & Address: JEAN LEVERICH 912 POMONA RD ANN ARBOR, MI 48103 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	\$ <u>10.00</u>	\$ <u>80.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/17/2022</u> Name & Address: WILLIAM LOCKWOOD 564 GALEN CIR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>ALPHA TELSYS</u> Business Address <u>564 GALEN CIR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>160.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/17/2022</u> Name & Address: JAMES PYKE 912 POMONA RD ANN ARBOR, MI 48103 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	\$ <u>10.00</u>	\$ <u>90.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/17/2022</u> Name & Address: ADAM KEITH 103 ASHLEY MEWS DR ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GM</u> Business Address <u>400 RENAISSANCE CENTER, DETROIT, MI 48243</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>550.00</u>

Page Subtotal 65.00

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

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>06/17/2022</u> Name & Address: ADAM KEITH 103 ASHLEY MEWS DR ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GM</u> Business Address <u>400 RENAISSANCE CENTER, DETROIT, MI 48243</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>70.00</u>	\$ <u>620.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/17/2022</u> Name & Address: ELI NATHANS 1210 CLAGUE AVE ANN ARBOR, MI 48103 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	\$ <u>75.00</u>	\$ <u>75.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/20/2022</u> Name & Address: JERRY NEWMAN 607 WAYMARKET DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>450.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/20/2022</u> Name & Address: ELLEN CHANEY 3210 ALPINE DR ANN ARBOR, MI 48108 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	\$ <u>10.00</u>	\$ <u>80.00</u>

Page Subtotal **355.00**

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

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2022</u> Name & Address: RYLAND CRONK 901 CENTENNIAL ST LOS ANGELES, CA 90012 5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTH & SAFETY MANAGER</u> Employer <u>WALT DISNEY WORLD</u> Business Address <u>500 S BUENA VISTA ST, BURBANK, CA 91505</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>300.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2022</u> Name & Address: JANIS BOBRIN 3465 VINTAGE VALLEY RD ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2022</u> Name & Address: SONYA LEWIS 1999 CORONADA DR ANN ARBOR, MI 48103 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	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/2022</u> Name & Address: TIM RICHARDS 1014 ROSE AVE ANN ARBOR, MI 48104 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	\$ <u>5.00</u>	\$ <u>90.00</u>

Page Subtotal **305.00**

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-020
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/29/2022</u> Name & Address: JOSEPH SAUL 5080 ANN ARBOR-SALINE RD ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <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>06/30/2022</u> Name & Address: KATHY FOWLER 2025 HARDING AVE LANSING, MI 48910	\$ <u>9.00</u>	\$ <u>122.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</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>07/02/2022</u> Name & Address: LAURA LEE 1548 KIRTLAND DR ANN ARBOR, MI 48103	\$ <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>07/03/2022</u> Name & Address: MATT CALLOW 2479 PACKARD ST APT D ANN ARBOR, MI 48104	\$ <u>25.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>777 E EISENHOWER PKWY, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **159.00**

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

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/03/2022</u> Name & Address: KATHY FOWLER 2025 HARDING AVE LANSING, MI 48910	\$ <u>100.00</u>	\$ <u>222.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</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>07/05/2022</u> Name & Address: JEANINE DELAY 2972 HICKORY LN 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: <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>07/05/2022</u> Name & Address: ARUN MATHUR 521 W JEFFERSON ST ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DATA PROJECT MANAGER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>521 W JEFFERSON ST, ANN ARBOR, MI 48103</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>07/06/2022</u> Name & Address: GREGORY PRATT 3580 OAKWOOD ST ANN ARBOR, MI 48104	\$ <u>27.00</u>	\$ <u>27.00</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 **252.00**

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

1. Committee I.D. Number C-2021-020
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2022</u> Name & Address: ROBERT KERR 2900 PEBBLE CREEK DR ANN ARBOR, MI 48108 5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>CUVENX, INC</u> Business Address <u>2900 PEBBLE CREEK DR, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2022</u> Name & Address: AIDAN SOVA 1529 PINE VALLEY BLVD ANN ARBOR, MI 48104 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	\$ <u>10.00</u>	\$ <u>35.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/2022</u> Name & Address: MARGARET TEALL 2655 DEAKE AVE ANN ARBOR, MI 48108 5. If over \$100.00 cumulative, please provide: Occupation <u>CUSTOMER SERVICE</u> Employer <u>RESUMEWRITERS.COM</u> Business Address <u>4280 ESPLANADE LN, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/15/2022</u> Name & Address: MARK SULLIVAN 1125 DAISY LN EAST LANSING, MI 48823 5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>MICHIGAN STATE UNIVERSITY</u> Business Address <u>409 W CIRCLE DR, EAST LANSING, MI 48823</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>325.00</u>

Page Subtotal **335.00**

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

1. Committee I.D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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>07/15/2022</u> Name & Address: MARK SULLIVAN 1125 DAISY LN EAST LANSING, MI 48823	\$ <u>25.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>MICHIGAN STATE UNIVERSITY</u> Business Address <u>409 W CIRCLE DR, EAST LANSING, MI 48823</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>07/16/2022</u> Name & Address: JEAN LEVERICH 912 POMONA RD ANN ARBOR, MI 48103	\$ <u>10.00</u>	\$ <u>90.00</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>07/17/2022</u> Name & Address: KAREN THOMAS 1980 ALHAMBRA DR ANN ARBOR, MI 48103	\$ <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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

[Click Here for Memo Itemization](#)

	Page Subtotal	75.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)		26,869.00

Enter this total on line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C-2021-020

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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: HESS PRINTING 201 ELM ST WYANDOTTE, MI 48192 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business 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 checked="" 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 <u>PRINTING</u> 5. Date Of Receipt: <u>01/01/2022</u> 6. Vendor Name & Address: HESS PRINTING 201 ELM ST, WYANDOTTE, MI 48192	\$ <u>210.00</u>	\$ <u>210.00</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: DHARMA AKMON 1156 GLEN LEVEN RD ANN ARBOR, MI 48103 If over \$100.00 cumulative, please provide: Occupation: CANDIDATE Employer Name & Address: 1156 GLEN LEVEN RD, ANN ARBOR, MI 48103 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>UHAUL FEES FOR SIGN PICK-UP</u> 5. Date Of Receipt: <u>03/25/2022</u> 6. Vendor Name & Address: UHAUL 2527 DEXTER AVE, ANN ARBOR, MI 48103	\$ <u>72.00</u>	\$ <u>72.00</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: CURT MARK 1454 JEWETT AVE ANN ARBOR, MI 48104 If over \$100.00 cumulative, please provide: Occupation: CARPENTER Employer Name & Address: SELF 1454 JEWETT AVE, ANN ARBOR, MI 48104 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD AND BEVERAGES</u> 5. Date Of Receipt: <u>04/08/2022</u> 6. Vendor Name & Address: KROGER 400 S MAPLE RD, ANN ARBOR, MI 48103	\$ <u>70.00</u>	\$ <u>70.00</u>

Page Subtotal **352.00** **352.00**

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

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C-2021-020

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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 all 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: GRETA KRAPOHL 1502 GOLDEN AVE ANN ARBOR, MI 48104 If over \$100.00 cumulative, please provide: Occupation: NURSE Employer Name & Business Address: UNIVERSITY OF MICHIGAN 1502 GOLDEN AVE, ANN ARBOR, MI 48104 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD AND BEVERAGES</u> 5. Date Of Receipt: <u>05/10/2022</u> 6. Vendor Name & Address: KROGER 400 S MAPLE RD, ANN ARBOR, MI 48103	\$ <u>519.76</u>	\$ <u>519.76</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: BRANDON DIMCHEFF 1401 HARPST ST ANN ARBOR, MI 48104 If over \$100.00 cumulative, please provide: Occupation: SOFTWARE ENGINEER Employer Name & Address: OPENLY, INC. 131 DARTMOUTH ST, BOSTON, MA 02116 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD AND BEVERAGES</u> 5. Date Of Receipt: <u>05/22/2022</u> 6. Vendor Name & Address: MEIJER 5645 JACKSON RD, ANN ARBOR, MI 48103	\$ <u>183.76</u>	\$ <u>183.76</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LORI RODDY 508 W KEECH AVE ANN ARBOR, MI 48103 If over \$100.00 cumulative, please provide: Occupation: SOCIAL WORK Employer Name & Address: NEUTRAL ZONE 310 E WASHINGTON ST, ANN ARBOR, MI 48104 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>DRINKS</u> 5. Date Of Receipt: <u>06/03/2022</u> 6. Vendor Name & Address: KROGER 400 S MAPLE RD, ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **803.52** **803.52**

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

SCHEDULE 1-IK

1. Committee I. D. Number C-2021-020

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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: WILLIAM LOCKWOOD 564 GALEN CIR ANN ARBOR, MI 48103 If over \$100.00 cumulative, please provide: Occupation: SALES Employer Name & Business Address: ALPHA TELSYS 564 GALEN CIR, ANN ARBOR, MI 48103 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ICE CREAM</u> 5. Date Of Receipt: <u>06/05/2022</u> 6. Vendor Name & Address: KROGER 400 S MAPLE RD, ANN ARBOR, MI 48103	\$ <u>20.00</u>	\$ <u>20.00</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ELI NATHANS 1210 CLAGUE AVE ANN ARBOR, MI 48103 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD AND BEVERAGES</u> 5. Date Of Receipt: <u>06/18/2022</u> 6. Vendor Name & Address: KROGER 400 S MAPLE RD, ANN ARBOR, MI 48103	\$ <u>25.00</u>	\$ <u>25.00</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: DEREK MEHRABAN 1340 MOREHEAD DR ANN ARBOR, MI 48103 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD AND BEVERAGES</u> 5. Date Of Receipt: <u>06/26/2022</u> 6. Vendor Name & Address: KROGER 400 S MAPLE RD, ANN ARBOR, MI 48103	\$ <u>20.00</u>	\$ <u>20.00</u>

Page Subtotal **65.00** **65.00**

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

SCHEDULE 1-IK

1. Committee I. D. Number C-2021-020

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

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 all 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: MIKE THOMAS 1980 ALHAMBRA DR ANN ARBOR, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD AND BEVERAGES</u> 5. Date Of Receipt: <u>06/28/2022</u> 6. Vendor Name & Address: KROGER 400 S MAPLE RD, ANN ARBOR, MI 48103	\$ <u>30.00</u>	\$ <u>30.00</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: JENNIFER SILVA 732 LANS WAY ANN ARBOR, MI 48103 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>REFRESHMENTS</u> 5. Date Of Receipt: <u>07/13/2022</u> 6. Vendor Name & Address: KROGER 400 S MAPLE RD, ANN ARBOR, MI 48103	\$ <u>5.00</u>	\$ <u>5.00</u>
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 **35.00** **35.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **1,255.52**

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/05/2022</u> Date	\$ <u>100.78</u>
Expenditure #2 Name US POSTAL SERVICE Address 2075 W STADIUM BLVD ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/10/2022</u> Date	\$ <u>58.00</u>
Expenditure #3 Name VANTIV ECOMMERCE LLC Address 900 CHELMSFORD ST LOWELL, MA 01851 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANKING SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/11/2022</u> Date	\$ <u>144.07</u>
Expenditure #4 Name BLUE PATH SOLUTIONS LLC Address PO BOX 2861 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MANAGMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/18/2022</u> Date	\$ <u>1,000.00</u>
Expenditure #5 Name ACTION NETWORK Address 1900 L ST NW WASHINGTON, DC 20036 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL DISTRIBUTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/28/2022</u> Date	\$ <u>10.00</u>

Subtotal this page **1,312.85**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BLUE PATH SOLUTIONS LLC Address PO BOX 2861 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MANAGEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/28/2022</u> Date	\$ <u>1,000.00</u>
Expenditure #2 Name STAPLES Address 2601 JACKSON AVE ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADDRESS LABELS, ENVELOPES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/29/2022</u> Date	\$ <u>49.27</u>
Expenditure #3 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/03/2022</u> Date	\$ <u>170.21</u>
Expenditure #4 Name ACTION NETWORK Address 1900 L ST NW WASHINGTON, DC 20036 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL DISTRIBUTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/28/2022</u> Date	\$ <u>10.00</u>
Expenditure #5 Name US POSTAL SERVICE Address 2075 W STADIUM BLVD ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/28/2022</u> Date	\$ <u>58.00</u>

Subtotal this page **1,287.48**
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 C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BLUE PATH SOLUTIONS LLC Address PO BOX 2861 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MANAGEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/01/2022</u> Date	\$ <u>1,000.00</u>
Expenditure #2 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/03/2022</u> Date	\$ <u>90.39</u>
Expenditure #3 Name AMAZON.COM Address 410 TERRY AVE N SEATTLE, WA 98109 <input type="checkbox"/> Fund Raiser	Purpose: <u>STICKY NOTES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/05/2022</u> Date	\$ <u>8.19</u>
Expenditure #4 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/09/2022</u> Date	\$ <u>863.90</u>
Expenditure #5 Name VANTIV ECOMMERCE LLC Address 900 CHELMSFORD ST LOWELL, MA 01851 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANKING SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/09/2022</u> Date	\$ <u>145.00</u>

Subtotal this page **2,107.48**

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

1. Committee I. D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BLUE PATH SOLUTIONS LLC Address PO BOX 2861 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>WALK LIT DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/19/2022</u> Date	\$ <u>300.00</u>
Expenditure #2 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING WALK LIT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/21/2022</u> Date	\$ <u>1,052.09</u>
Expenditure #3 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS, FINAL PAYMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/25/2022</u> Date	\$ <u>863.90</u>
Expenditure #4 Name ACTION NETWORK Address 1900 L ST NW WASHINGTON, DC 20036 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL DISTRIBUTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/28/2022</u> Date	\$ <u>10.00</u>
Expenditure #5 Name BLUE PATH SOLUTIONS LLC Address PO BOX 2861 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MANAGEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/01/2022</u> Date	\$ <u>1,000.00</u>

Subtotal this page **3,225.99**

Grand Total of all Schedules 1B
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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/04/2022</u> Date	\$ <u>53.27</u>
Expenditure #2 Name VANTIV ECOMMERCE LLC Address 900 CHELMSFORD ST LOWELL, MA 01851 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANKING SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/11/2022</u> Date	\$ <u>44.11</u>
Expenditure #3 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>VINYL BANNER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/12/2022</u> Date	\$ <u>83.97</u>
Expenditure #4 Name WASHTENAW COUNTY DEMOCRATIC PARTY Address 418 W MICHIGAN AVE YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANDIDATE AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/12/2022</u> Date	\$ <u>99.00</u>
Expenditure #5 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN BUTTONS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/2022</u> Date	\$ <u>193.98</u>

Subtotal this page **474.33**

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

1. Committee I. D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING AND MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/2022</u> Date	\$ <u>1,959.95</u>
Expenditure #2 Name COSTCO Address 771 AIRPORT BLVD ANN ARBOR, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>SUPPLIES FOR LAUNCH</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/22/2022</u> Date	\$ <u>71.06</u>
Expenditure #3 Name ACTION NETWORK Address 1900 L ST NW WASHINGTON, DC 20036 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL DISTRIBUTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/2022</u> Date	\$ <u>10.00</u>
Expenditure #4 Name BLUE PATH SOLUTIONS LLC Address PO BOX 2861 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MANAGEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2022</u> Date	\$ <u>1,000.00</u>
Expenditure #5 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/04/2022</u> Date	\$ <u>15.41</u>

Subtotal this page **3,056.42**

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING AND MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/09/2022</u> Date	\$ <u>1,968.93</u>
Expenditure #2 Name ANN ARBOR JAYCEES FOUNDATION Address PO BOX 1866 ANN ARBOR, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>PARADE ENTRY FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/16/2022</u> Date	\$ <u>50.00</u>
Expenditure #3 Name NAACP Address 8220 2ND AVE DETROIT, MI 48202 <input type="checkbox"/> Fund Raiser	Purpose: <u>BOOTH FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/30/2022</u> Date	\$ <u>25.00</u>
Expenditure #4 Name ACTION NETWORK Address 1900 L ST NW WASHINGTON, DC 20036 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL DISTRIBUTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/31/2022</u> Date	\$ <u>10.00</u>
Expenditure #5 Name BLUE PATH SOLUTIONS LLC Address PO BOX 2861 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MANAGEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/31/2022</u> Date	\$ <u>1,000.74</u>

Subtotal this page **3,054.67**

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

1. Committee I. D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING AND MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/2022</u> Date	\$ <u>1,968.31</u>
Expenditure #2 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2022</u> Date	\$ <u>16.08</u>
Expenditure #3 Name MEYER CONSULTING GROUP Address 4741 CENTRAL ST KANSAS CITY, MO 64108 <input type="checkbox"/> Fund Raiser	Purpose: <u>DIGITAL ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/06/2022</u> Date	\$ <u>4,669.22</u>
Expenditure #4 Name SMW CREATIVE Address 341 E SOUTHSIDE CT LOUISVILLE, KY 40214 <input type="checkbox"/> Fund Raiser	Purpose: <u>DIGITAL AD DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/07/2022</u> Date	\$ <u>374.50</u>
Expenditure #5 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING AND MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/09/2022</u> Date	\$ <u>1,181.36</u>

Subtotal this page **8,209.47**

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

1. Committee I. D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ANN ARBOR OBSERVER Address PO BOX 1187 ANN ARBOR, MI 48106 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/2022</u> Date	\$ <u>989.90</u>
Expenditure #2 Name CAMPAIGN VERIFY Address 1215 31ST ST NW WASHINGTON, DC 20007 <input type="checkbox"/> Fund Raiser	Purpose: <u>TEXTING VERIFICATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/2022</u> Date	\$ <u>95.00</u>
Expenditure #3 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/21/2022</u> Date	\$ <u>10.00</u>
Expenditure #4 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/22/2022</u> Date	\$ <u>20.00</u>
Expenditure #5 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING AND MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/22/2022</u> Date	\$ <u>1,568.47</u>

Subtotal this page **2,683.37**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/2022</u> Date	\$ <u>25.00</u>
Expenditure #2 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2022</u> Date	\$ <u>25.00</u>
Expenditure #3 Name YASINE BACCOUCHE Address 4190 LAKE FOREST DR W ANN ARBOR, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>FIELD SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/27/2022</u> Date	\$ <u>1,000.00</u>
Expenditure #4 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/27/2022</u> Date	\$ <u>85.00</u>
Expenditure #5 Name ACTION NETWORK Address 1900 L ST NW WASHINGTON, DC 20036 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL DISTRIBUTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2022</u> Date	\$ <u>10.00</u>

Subtotal this page **1,145.00**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2022</u> Date	\$ <u>75.00</u>
Expenditure #2 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/2022</u> Date	\$ <u>75.00</u>
Expenditure #3 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2022</u> Date	\$ <u>125.00</u>
Expenditure #4 Name MEIJER Address 3145 ANN ARBOR-SALINE RD ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANDY FOR PARADE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2022</u> Date	\$ <u>6.28</u>
Expenditure #5 Name BUSCH'S Address 2240 S MAIN ST ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANDY FOR PARADE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2022</u> Date	\$ <u>20.77</u>

Subtotal this page **302.05**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BLUE PATH SOLUTIONS LLC Address PO BOX 2861 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MANAGEMENT AND LIT DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/2022</u> Date	\$ <u>1,600.00</u>
Expenditure #2 Name SCALE TO WIN Address 13742 HARPER ST SANTA ANA, CA 92703 <input type="checkbox"/> Fund Raiser	Purpose: <u>TEXT MESSAGE SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/2022</u> Date	\$ <u>164.18</u>
Expenditure #3 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/2022</u> Date	\$ <u>175.00</u>
Expenditure #4 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/07/2022</u> Date	\$ <u>20.35</u>
Expenditure #5 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2022</u> Date	\$ <u>150.42</u>

Subtotal this page **2,109.95**

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

1. Committee I. D. Number C-2021-020
2. Committee Name COMMITTEE TO ELECT DHARMA AKMON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/2022</u> Date	\$ <u>250.00</u>
Expenditure #2 Name VANTIV ECOMMERCE LLC Address 900 CHELMSFORD ST LOWELL, MA 01851 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANKING SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/2022</u> Date	\$ <u>43.76</u>
Expenditure #3 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING AND MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/13/2022</u> Date	\$ <u>1,550.56</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **1,844.32**
Grand Total of all Schedules 1B
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