



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

25 JUL 2022 AM 03:22

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: 12/29/2021 to 07/17/2022

1. Committee I.D. Number

C-2021-022

4. Candidate Last Name

SMITH

First Name

ANGELINE

M.I.

2. Committee Name

TEAM ANGELINE SMITH 2022

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

COUNCIL MEMBER, WARD 1, ANN ARBOR

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

5. Committee's Mailing Address

**2616 ARROWWOOD TRAIL
ANN ARBOR, MI 48105**

Area Code and Phone (734) 239-7886
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

**ANGELINE SMITH
2616 ARROWWOOD TRAIL
ANN ARBOR, MI 48105**

Area Code & Phone (734) 239-7886

7. Treasurer's Business Address

**2616 ARROWWOOD TRAIL
ANN ARBOR, MI 48105**

Area Code and Phone (734) 239-7886

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

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/02/2022

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2022

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2022



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2021-022

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name TEAM ANGELINE SMITH 2022

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>13,609.97</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>13,609.97</u>	(18.) \$ <u>13,609.97</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>17.13</u>	(19.) \$ <u>17.13</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>13,627.10</u>	(20.) \$ <u>13,627.10</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>2,115.72</u>	(21.) \$ <u>2,115.72</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>10,918.42</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>10,918.42</u>	(23.) \$ <u>10,918.42</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>13,627.10</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>13,627.10</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>10,918.42</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>2,708.68</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>01/14/2022</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 <u>CARE MANAGER</u> Employer <u>MICHIGAN MEDICINE</u> 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: ROBERT WILLIS 504 DALTON DR WOOLWICH TOWNSHIP, NJ 08085		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ANALYST</u> Employer <u>AMERIHEALTH CARITAS</u> 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>01/20/2022</u> Name & Address: SUSAN WINEBERG 712 E ANN ST ANN ARBOR, MI 48104		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF 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>01/23/2022</u> Name & Address: ANGELINE SMITH 2616 ARROWWOOD TRAIL ANN ARBOR, MI 48105		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>ANGELINE & ASSOCIATES, LLC</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **132.00**

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-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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: JOHN EATON 1606 DICKEN DR ANN ARBOR, MI 48103		\$ <u>500.00</u>	\$ <u>500.00</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>01/26/2022</u>	
Name & Address: EDWARD STEINMAN 621 5TH ST ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</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>01/26/2022</u>	
Name & Address: JESSICA GREENFIELD 188 CASSIN RD NAPERVILLE, IL 60565		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM MANAGER</u> Employer <u>UNIVERSITY OF WASHINGTON</u> Business Address <u>P.O. BOX 59505, SEATTLE, WA 98185</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>01/26/2022</u>	
Name & Address: RITA MITCHEL 621 5TH ST ANN ARBOR, MI 48103		\$ <u>25.00</u>	\$ <u>25.00</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 675.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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: ALI RAMLAWI 428 S 7TH ST ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>314 E LIBERTY 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>01/26/2022</u>	
Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104		\$ <u>103.48</u>	\$ <u>103.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PERSONAL FINANCIAL EDUCATION SERVICES, INC.</u> Business Address <u>621 N MAIN 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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/26/2022</u>	
Name & Address: JAMES DANIEL 2769 ARROWWOOD TRAIL ANN ARBOR, MI 48105		\$ <u>50.00</u>	\$ <u>50.00</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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/26/2022</u>	
Name & Address: DANITA WEDDLE 37968 N LAUREL PARK DR LIVONIA, MI 48152		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>TRINITY HEALTH</u> Business Address <u>36475 FIVE MILE RD, LIVONIA, MI 48154</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **353.48**

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

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line 3a of Summary
Page.



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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/26/2022</u>	
Name & Address: TOMEKA MUNFORD 16690 EASTLAND ST ROSEVILLE, MI 48066		\$ <u>102.00</u>	\$ <u>102.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRAINING CONSULTANT</u> Employer <u>DIMENTIONAL INSIGHT</u> Business Address <u>60 BURLINGTON MALL ROAD, BURLINGTON, MA 01803</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: KIER MCLEMORE 50482 BRECKENRIDGE DR CANTON, MI 48187		\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF 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>01/29/2022</u>	
Name & Address: RYDER COMSTOCK 1911 PONTIAC TRAIL ANN ARBOR, MI 48105		\$ <u>25.26</u>	\$ <u>25.26</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR SPECIAL EVENTS COORDINATOR</u> Employer <u>NATIONAL KIDNEY FOUNDATION</u> 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: SUSAN BASKETT 3 TROWBRIDGE CT ANN ARBOR, MI 48108		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOARD MEMBER</u> Employer <u>ANN ARBOR PUBLIC SCHOOLS</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

1,202.26

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-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>02/05/2022</u> Name & Address: CARMELITA ROBINSON 3565 AUDUBON RD DETROIT, MI 48224		\$ <u>51.99</u>	\$ <u>51.99</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE ASSISTANT</u> Employer <u>WAYNE STATE UNIVERSITY</u> Business Address <u>42 W WARREN AVE, DETROIT, MI 48202</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>02/05/2022</u> Name & Address: CARLETHA CASLIN 8300 COLESVILLE RD SILVER SPRING, MD 20910		\$ <u>50.00</u>	\$ <u>50.00</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>02/05/2022</u> Name & Address: KATHERINE KAHN 515 KRAUSE ST ANN ARBOR, MI 48103		\$ <u>26.25</u>	\$ <u>26.25</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>02/10/2022</u> Name & Address: MICHELLE ALFORD 23504 ROSEWOOD AVE TAYLOR, MI 48180		\$ <u>111.00</u>	\$ <u>111.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SITE MANAGER</u> Employer <u>TEMPLE WELLNESS GLOW</u> Business Address <u>23504 ROSEWOOD AVE, TAYLOR, MI 48180</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 239.24

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-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>02/24/2022</u>	
Name & Address: VIVIENNE N ARMENTROUT 920 VESPER RD ANN ARBOR, MI 48103		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF 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>02/26/2022</u>	
Name & Address: HERB BABCOCK 1890 UPLAND DR ANN ARBOR, MI 48105		\$ <u>51.99</u>	\$ <u>51.99</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>03/13/2022</u>	
Name & Address: KATHY GRISWALD 3563 FOX HUNT DR ANN ARBOR, MI 48105		\$ <u>500.00</u>	\$ <u>500.00</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>03/15/2022</u>	
Name & Address: SCOTT NEWELL 1621 TRAVER RD ANN ARBOR, MI 48105		\$ <u>800.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF 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 **1,376.99**

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

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Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2021-022
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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>03/20/2022</u>	
Name & Address: EDWARD STEINMAN 621 5TH ST ANN ARBOR, MI 48103		\$ <u>100.00</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		Memo Itemization Below	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2022</u>	
Name & Address: TASHA MCINTYRE 34384 MEANS DR CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAID MANAGER</u> Employer <u>OAKLAND SCHOOLS</u> Business Address <u>2111 PONTIAC LAKE RD, WATERFORD TWP, MI 48328</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>03/29/2022</u>	
Name & Address: DEBORAH CHERRIN 2955 BATESON CT ANN ARBOR, MI 48105		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>PLANNED PARENTHOOD MID SOUTH MICHIGAN</u> Business Address <u>3100 PROFESSIONAL DR, 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>03/31/2022</u>	
Name & Address: RYDER COMSTOCK 1911 PONTIAC TRAIL ANN ARBOR, MI 48105		\$ <u>25.00</u>	\$ <u>50.26</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR SPECIAL EVENTS COORDINATOR</u> Employer <u>NATIONAL KIDNEY FOUNDATION</u> Business Address <u>1169 OAK VALLEY 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 250.00

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-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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: DONALD DANYKO 3625 GREEN BRIER BLVD ANN ARBOR, MI 48105		\$ <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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/05/2022</u>	
Name & Address: MICHELLE ALFORD 23504 ROSEWOOD AVE TAYLOR, MI 48180		\$ <u>111.00</u>	\$ <u>222.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SITE MANAGER</u> Employer <u>TEMPLE WELLNESS GLOW</u> Business Address <u>23504 ROSEWOOD AVE, TAYLOR, MI 48180</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Memo Itemization Below	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/07/2022</u>	
Name & Address: CATHERINE RANDLE 18952 WOODLAND ST HARPER WOODS, MI 48225		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>KIDS AVENUE CHRISTIAN SCHOOL</u> Business Address <u>22602 VAN DYKE AVE, WARREN, MI 48089</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>04/09/2022</u>	
Name & Address: DENISE ANDERSON 2620 ARROWWOOD TRAIL ANN ARBOR, MI 48105		\$ <u>25.00</u>	\$ <u>25.00</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 **446.00**

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-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>04/09/2022</u> Name & Address: JOHANNA HESLOP 8964 SUNFLOWER DR WHITMORE LAKE, MI 48189		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN ASSISTANT</u> Employer <u>IEP URGENT CARE</u> Business Address <u>8273 GRAND RIVER AVE, SUITE 140, BRIGHTON, MI 48114</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>04/09/2022</u> Name & Address: MARY UNDERWOOD 1219 TRAVER RD ANN ARBOR, MI 48105		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/09/2022</u> Name & Address: ELIZABETH HUNTER 827 BRUCE ST ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2022</u> Name & Address: TOM STULBERG 1202 TRAVER RD ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>CHAMPION MANAGEMENT, LLC</u> Business Address <u>1202 TRAVER ST, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 375.00

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-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>04/24/2022</u>	
Name & Address: HARLEY SHERMAN 14071 MANHATTAN ST OAK PARK, MI 48237		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>SELF EMPLOYEED</u> 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>04/29/2022</u>	
Name & Address: KIMBERLY SCOTT 3636 W HURON RIVER DR ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>MILLER CANFIELD</u> Business Address <u>101 N MAIN 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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/29/2022</u>	
Name & Address: SUZANNE CAMINO 605 KELLOGG ST ANN ARBOR, MI 48105		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PIANO TEACHER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>605 KELLOGG ST, 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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/01/2022</u>	
Name & Address: JEFF CROCKETT 506 E KINGSLEY ST ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</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 325.00

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-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>05/01/2022</u>	
Name & Address: JOHN EATON 1606 DICKEN DR ANN ARBOR, MI 48103		\$ <u>500.00</u>	\$ <u>1,000.00</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>05/04/2022</u>	
Name & Address: DENNIS DALMANN 300 S THAYER ST ANN ARBOR, MI 48104		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF 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>05/05/2022</u>	
Name & Address: ILENE TYLER 126 N DIVISION ST ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</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>05/11/2022</u>	
Name & Address: ELIZABETH COLLIN 3404 PORTER ST ANN ARBOR, MI 48103		\$ <u>25.00</u>	\$ <u>25.00</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 875.00

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-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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: ELIZABETH NELSON 1319 ARDMOOR AVE ANN ARBOR, MI 48103		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESCHOOL TEACHER</u> Employer <u>TRINITY LUTHERAN CHURCH</u> Business Address <u>1400 W STADIUM BLVD, 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>05/22/2022</u>	
Name & Address: WENDY CARMAN 2340 GEORGETOWN BLVD ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</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>05/24/2022</u>	
Name & Address: PAULA BROWNING WHITE 7929 CHURCHILL WAY DALLAS, TX 75251		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLAIMS MANAGER</u> Employer <u>STATE FARM</u> Business Address <u>1251 STATE ST, RICHARDSON, TX 75082</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>05/26/2022</u>	
Name & Address: WENDY CARMAN 2340 GEORGETOWN BLVD ANN ARBOR, MI 48105		\$ <u>150.00</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			

Page Subtotal 775.00

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-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>05/29/2022</u>	
Name & Address: ERIC LIPSON 1318 ROSEWOOD ST ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</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>05/29/2022</u>	
Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104		\$ <u>30.00</u>	\$ <u>133.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PERSONAL FINANCIAL EDUCATION SERVICES, INC.</u> Business Address <u>612 N MAIN 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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/29/2022</u>	
Name & Address: KATHERINE KAHN 515 KRAUSE ST ANN ARBOR, MI 48103		\$ <u>30.00</u>	\$ <u>56.25</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>05/29/2022</u>	
Name & Address: KAY HOLSINGER 2300 KENT ST ANN ARBOR, MI 48103		\$ <u>200.00</u>	\$ <u>200.00</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 **360.00**

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-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>05/30/2022</u> Name & Address: EDWARD STEINMAN 621 5TH 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>250.00</u>	\$ <u>450.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2022</u> Name & Address: DON LANG 7522 VINTAGE LN WEST BLOOMFIELD TOWNSHIP, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>IT PROJECT MANAGER</u> Employer <u>FORD MOTOR COMPANY</u> Business Address <u>1 AMERICAN RD, DEARBORN, MI 48126</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>50.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2022</u> Name & Address: SUSAN PERRY 1708 FAIR 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>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2022</u> Name & Address: DONALD DANYKO 3625 GREEN BRIER BLVD 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>250.00</u>	\$ <u>500.00</u>

Page Subtotal **650.00**

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

1. Committee I.D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2022</u> Name & Address: JUDITH WILHELME 1405 LUTZ AVE ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <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>06/01/2022</u> Name & Address: JEFFRA ROCKWELL 1517 JONES DR 17 ANN ARBOR, MI 48105		\$ <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>06/03/2022</u> Name & Address: RUTH BEREAN 2141 PONTIAC TRAIL ANN ARBOR, MI 48105		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TUTOR</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>06/05/2022</u> Name & Address: ELLEANOR CROWN 338 E KINGSLEY ST ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address <u>338 E KINGSLEY 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			

Page Subtotal **450.00**

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

1. Committee I.D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>06/06/2022</u>	
Name & Address: TOM STULBERG 1202 TRAVER RD ANN ARBOR, MI 48105		\$ <u>10.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>CHAMPION MANAGEMENT, LLC</u> Business Address <u>1202 TRAVER ST, 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>06/06/2022</u>	
Name & Address: TOM STULBERG 1202 TRAVER RD ANN ARBOR, MI 48105		\$ <u>600.00</u>	\$ <u>710.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>CHAMPION MANAGEMENT, LLC</u> Business Address <u>1202 TRAVER ST, 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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: LESLIE LEMONS 1332 POMONA RD ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING</u> Employer <u>TRENTON CORP</u> Business Address <u>7700 JACKSON RD, 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>06/12/2022</u>	
Name & Address: JULIE A RITTER 920 CATHERINE ST ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF 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 760.00

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

1. Committee I.D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>06/12/2022</u>	
Name & Address: JANET KREGER 1050 WALL ST ANN ARBOR, MI 48105		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>MICHIGAN HISTORIC PRESERVATION NETWORK</u> Business Address <u>313 E GRAND RIVER AVE, EAST LANSING, MI 48823</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/12/2022</u>	
Name & Address: PETER ECKSTEIN 2551 LONDONDERRY RD ANN ARBOR, MI 48104		\$ <u>150.00</u>	\$ <u>150.00</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			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/12/2022</u>	
Name & Address: T. EWING P.O. BOX 7728 ANN ARBOR, MI 48107		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/13/2022</u>	
Name & Address: ANN SNEED SCHRIBER 2116 DORSET RD ANN ARBOR, MI 48104		\$ <u>200.00</u>	\$ <u>200.00</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 checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **800.00**

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

1. Committee I.D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>06/14/2022</u>	
Name & Address: ANGIE VOILES 2600 ARROWWOOD TRAIL ANN ARBOR, MI 48105		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL MANAGER</u> Employer <u>PEOPLE'S FOOD COOP</u> Business Address <u>216 N 4TH AVE, 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>06/14/2022</u>	
Name & Address: DAVID NEWMAN 1310 WRIGHT ST ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPPORT</u> Employer <u>MEDIMAGE</u> Business Address <u>331 METTY DR, 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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/2022</u>	
Name & Address: GWENDOLYN SHANNON 1994 VERNIER RD GROSSE POINTE WOODS, MI 48236		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEAN</u> Employer <u>WAYNE COUNTY COMMUNITY COLLEGE</u> Business Address <u>801 W FORT ST, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/2022</u>	
Name & Address: YOLANDA HARRIS 14394 LONGACRE ST DETROIT, MI 48227		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SURGICAL TECHNICIAN</u> Employer <u>BEAUMONT HOSPITAL</u> Business Address <u>3601 W 13 MILE RD, ROYAL OAK, MI 48073</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **390.00**

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

1. Committee I.D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>06/18/2022</u>	
Name & Address: SUMANGALA KAILASAPATHY 2530 MALLARD CT ANN ARBOR, MI 48105		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/2022</u>	
Name & Address: LORI ARMSTRONG 2475 MERSHON DR ANN ARBOR, MI 48103		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF 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>06/18/2022</u>	
Name & Address: CATHERINE RISENG 236 SUNSET RD ANN ARBOR, MI 48103		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ECOLOGIST</u> Employer <u>UNIVERSITY OF MICHIGAN SCHOOL OF NATURAL RESOURCES</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/2022</u>	
Name & Address: ELIZABETH HUNTER 827 BRUCE ST ANN ARBOR, MI 48103		\$ <u>20.00</u>	\$ <u>70.00</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 checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **110.00**

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

1. Committee I.D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/2022</u>	
Name & Address: SAM COPI 2306 ADARE RD ANN ARBOR, MI 48104		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL MANAGER</u> Employer _____ Business Address <u>COPI PROPERTIES,</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/2022</u>	
Name & Address: LORI SAGINAW 1205 OLIVIA AVE ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/19/2022</u>	
Name & Address: LOUISA ABBOTT 1807 PONTIAC TRAIL ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CUSTOMER SERVICE MARKETING</u> Employer <u>ARBOR TEAS</u> Business Address <u>1342 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/20/2022</u>	
Name & Address: DONALD DANYKO 3625 GREEN BRIER BLVD ANN ARBOR, MI 48105		\$ <u>550.00</u>	\$ <u>1,050.00</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 770.00

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

1. Committee I.D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>06/21/2022</u>	
Name & Address: KAREN DUMAS 1771 BURNS AVE DETROIT, MI 48214		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>IMAGES & IDEAS, INC.</u> Business Address <u>P.O. BOX 14724, DETROIT, MI 48214</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/27/2022</u>	
Name & Address: BABARA SANDERS 3690 NEWBURY PL DR LOGANVILLE, GA 30052		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SOLUTIONS FOR CHANGE</u> Business Address <u>24670 KENOSHA ST, OAK PARK, MI 48237</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>06/28/2022</u>	
Name & Address: MAURITA HOLLAND 2701 LOWELL RD ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</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>06/28/2022</u>	
Name & Address: TOM STULBERG 1202 TRAVER RD ANN ARBOR, MI 48105		\$ <u>150.00</u>	\$ <u>860.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>CHAMPION MANAGEMENT, LLC</u> Business Address <u>1202 TRAVER ST, 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			

Page Subtotal 400.00

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

1. Committee I.D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>06/29/2022</u>	
Name & Address: EDDIE J RANDLE 44031 APPLEWOOD RD CANTON, MI 48188		\$ <u>50.00</u>	\$ <u>50.00</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>07/01/2022</u>	
Name & Address: EDWARD STEINMAN 621 5TH ST ANN ARBOR, MI 48103		\$ <u>250.00</u>	\$ <u>700.00</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>07/04/2022</u>	
Name & Address: ROBERT DASCOLA 1815 BALDWIN AVE ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF 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>07/07/2022</u>	
Name & Address: ROBERT FAGERLUND 1725 CHANDLER RD ANN ARBOR, MI 48105		\$ <u>50.00</u>	\$ <u>50.00</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 450.00

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

1. Committee I.D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>07/10/2022</u>	
Name & Address: CARL JORDAN 49658 MONARCH DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>HENKEL</u> Business Address <u>32100 STEPHENSON HWY, MADISON HEIGHTS, MI 48071</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>07/10/2022</u>	
Name & Address: BILL CHANDLER 109 CHECKERBERRY LN GREENSBORO, NC 27455		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <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>07/11/2022</u>	
Name & Address: JORDAN SIEGAL 1 EMMONS PL CAMBRIDGE, MA 02138		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EDUCATOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>322 E LIBERTY ST, #8, 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>07/12/2022</u>	
Name & Address: FREDA HERSETH 1508 LONGSHORE DR ANN ARBOR, MI 48105		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1100 BAITS 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			

Page Subtotal **325.00**

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

1. Committee I.D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>07/16/2022</u>	
Name & Address: THERESA BELL 2602 ARROWWOOD TRAIL ANN ARBOR, MI 48105		\$ <u>50.00</u>	\$ <u>50.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2022</u>	
Name & Address: KATHY GRISWALD 3563 FOX HUNT DR ANN ARBOR, MI 48105		\$ <u>25.00</u>	\$ <u>525.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2022</u>	
Name & Address: CHRIS RICHARDSON 166 CIRCLE CT SALINE, MI 48176		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MAINTENANCE</u> Employer <u>ARROWWOOD HILLS COOPERATIVE</u> Business Address <u>2566 ARROWWOOD TRAIL, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2022</u>	
Name & Address: TEWSDA PERKINS 2356 ARROWWOOD TRAIL ANN ARBOR, MI 48105		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FARMER</u> Employer <u>ALL ORGANIC GARDENS</u> Business Address <u>400 N 14TH ST, SAGINAW, MI 48601</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **110.00**

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

1. Committee I.D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>07/16/2022</u>	
Name & Address: JEFF CROCKETT 506 E KINGSLEY ST ANN ARBOR, MI 48104		\$ <u>100.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2022</u>	
Name & Address: EDWARD STEINMAN 621 5TH ST ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>800.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2022</u>	
Name & Address: ANGELINE SMITH 2616 ARROWWOOD TRAIL ANN ARBOR, MI 48105		\$ <u>50.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>ANGELINE & ASSOCIATES, LLC</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2022</u>	
Name & Address: JAMES DANIEL 2769 ARROWWOOD TRAIL ANN ARBOR, MI 48105		\$ <u>20.00</u>	\$ <u>70.00</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 checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 270.00

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

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2022</u>	
Name & Address: CHRISTINE CROCKETT 506 E KINGSLEY ST ANN ARBOR, MI 48104		\$ <u>3.00</u>	\$ <u>3.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2022</u>	
Name & Address: BRIAN TRIM 1548 BROADWAY ST ANN ARBOR, MI 48105		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR / PRODUCER</u> Employer <u>SPECTRUM THEATER</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2022</u>	
Name & Address: SAM COPI 2306 ADARE RD ANN ARBOR, MI 48104		\$ <u>20.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL MANAGER</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2022</u>	
Name & Address: LARRY DAVIS 705 HENRY ST ANN ARBOR, MI 48104		\$ <u>15.00</u>	\$ <u>15.00</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 checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **43.00**

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-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>07/16/2022</u>	
Name & Address: SIMONE LIGHTBOOK 2735 ARROWWOOD TRAIL ANN ARBOR, MI 48105		\$ <u>10.00</u>	\$ <u>10.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2022</u>	
Name & Address: RANDY BELL 2602 ARROWWOOD TRAIL ANN ARBOR, MI 48105		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DINING SERVICE REPRESENTATIVE</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/17/2022</u>	
Name & Address: JAMES DANIEL 2769 ARROWWOOD TRAIL ANN ARBOR, MI 48105		\$ <u>10.00</u>	\$ <u>80.00</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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/17/2022</u>	
Name & Address: EMILY ORAVECZ 1206 TRAVER RD ANN ARBOR, MI 48105		\$ <u>17.00</u>	\$ <u>17.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS SPECIALIST</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 47.00

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-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>07/17/2022</u>	
Name & Address: ERIC LIPSON 1318 ROSEWOOD ST ANN ARBOR, MI 48104		\$ <u>25.00</u>	\$ <u>125.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/17/2022</u>	
Name & Address: PETER ECKSTEIN 2551 LONDONDERRY RD ANN ARBOR, MI 48104		\$ <u>100.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/17/2022</u>	
Name & Address: GLENN ZIEGLER 514 KRAUSE ST ANN ARBOR, MI 48103		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/17/2022</u>	
Name & Address: LESTER A WYBORN 1642 TRAVER RD ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEERING SPECIALIST</u> Employer <u>EPA</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 475.00

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-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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>07/17/2022</u>	
Name & Address: EMILY ORAVECZ 1206 TRAVER RD ANN ARBOR, MI 48105		\$ <u>25.00</u>	\$ <u>42.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS SPECIALIST</u> Employer <u>UNIVERSITY OF MICHIGAN</u> 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>07/17/2022</u>	
Name & Address: AMY CHAVASSE 1633 TRAVER RD ANN ARBOR, MI 48105		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSOCIATE PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> 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: KATHERYN A BORIS P.O. BOX 8117 ANN ARBOR, MI 48107		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATIVE ASSISTANT</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
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			

Page Subtotal **175.00**

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

13,609.97

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line 3a of Summary
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**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: PAYPAL 221 N FIRST ST SAN JOSE, CA 95113	Date of Receipt <u>04/03/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <small>CASH BACK BONUS FORM P</small>	\$ <u>0.21</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #2 Name & Address: PAYPAL 2211 N FIRST ST SAN JOSE, CA 95131	Date of Receipt <u>04/17/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <small>CASH BACK BONUS FORM P</small>	\$ <u>2.97</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #3 Name & Address: PAYPAL 2211 N FIRST ST SAN JOSE, CA 95131	Date of Receipt <u>04/24/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <small>CASH BACK BONUS FORM P</small>	\$ <u>3.77</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #4 Name & Address: PAYPAL 2211 N FIRST ST SAN JOSE, CA 95131	Date of Receipt <u>05/01/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <small>CASH BACK BONUS FORM P</small>	\$ <u>2.16</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #5 Name & Address: PAYPAL 2211 N FIRST ST SAN JOSE, CA 95131	Date of Receipt <u>05/29/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <small>CASH BACK BONUS FORM P</small>	\$ <u>0.36</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #6 Name & Address: PAYPAL 2211 N FIRST ST SAN JOSE, CA 95131	Date of Receipt <u>06/05/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <small>CASH BACK BONUS FORM P</small>	\$ <u>0.29</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #7 Name & Address: PAYPAL 2211 N FIRST ST SAN JOSE, CA 95131	Date of Receipt <u>06/26/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <small>CASH BACK BONUS FORM P</small>	\$ <u>1.75</u>
	<input type="checkbox"/> Fund Raiser		

Page Subtotal **11.51**

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

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**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: PAYPAL 2211 N FIRST ST SAN JOSE, CA 95131	Date of Receipt <u>07/03/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <small>CASH BACK BONUS FORM P</small>	\$ <u>1.37</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #2 Name & Address: PAYPAL 2211 N FIRST ST SAN JOSE, CA 95131	Date of Receipt <u>07/10/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <small>CASH BACK BONUS FORM P</small>	\$ <u>1.75</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #3 Name & Address: PAYPAL 2211 N FIRST ST SAN JOSE, CA 95131	Date of Receipt <u>07/17/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <small>CASH BACK BONUS FORM P</small>	\$ <u>2.50</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Page Subtotal			5.62
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			17.13

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number C-2021-022

2. Committee Name TEAM ANGELINE SMITH 2022

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: GRAFAKTRI 1200 N MAIN ST ANN ARBOR, MI 48104 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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 <u>BANNER WITH CAMPAIGN LOGO</u> 5. Date Of Receipt: <u>03/21/2022</u> 6. Vendor Name & Address:	\$ 96.00	\$ 96.00
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ITEMS FOR OLSON DOG PARK EVENT</u> 5. Date Of Receipt: <u>04/04/2022</u> 6. Vendor Name & Address: WALMART 700 E MICHIGAN AVE, SALINE, MI 48176	\$ 16.58	\$ 16.58
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ITEMS FOR OLSON PARK EVENT</u> 5. Date Of Receipt: <u>04/07/2022</u> 6. Vendor Name & Address: COSTCO 771 AIRPORT BLVD, ANN ARBOR, MI 48108	\$ 11.69	\$ 28.27
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **124.27** **96.00**

Grand Total of all Schedules 1-IK
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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C-2021-022

CANDIDATE COMMITTEE

2. Committee Name TEAM ANGELINE SMITH 2022

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: JAMES DANIEL 2769 ARROWWOOD TRAIL ANN ARBOR, MI 48105 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address:	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>COFFEE & COFFEE SUPPLIES</u> 5. Date Of Receipt: <u>04/09/2022</u> 6. Vendor Name & Address: SWEETWATERS COFFEE & TEA 3393 PLYMOUTH RD, ANN ARBOR, MI 48105	\$ 66.78	\$ 66.78
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: JAMES DANIEL 2769 ARROWWOOD TRAIL ANN ARBOR, MI 48105 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address:	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>TABLE CLOTH</u> 5. Date Of Receipt: <u>04/09/2022</u> 6. Vendor Name & Address: PARTY CITY 2677 OAK VALLEY DR, ANN ARBOR, MI 48103	\$ 6.89	\$ 73.67
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: RITA MITCHEL 621 5TH ST ANN ARBOR, MI 48103 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	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 <u>FRUIT</u> 5. Date Of Receipt: <u>04/09/2022</u> 6. Vendor Name & Address: PEOPLE'S FOOD COOP 216 N 4TH AVE, ANN ARBOR, MI 48104	\$ 18.21	\$ 18.21
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

91.88

18.21

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

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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 <u>BROWNIES, COOKIES, BAKED DOG TREATS</u> 5. Date Of Receipt: <u>04/09/2022</u> 6. Vendor Name & Address:	\$ <u>150.00</u>	\$ <u>178.27</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: CHRISTINE CROCKETT 506 E KINGSLEY ST ANN ARBOR, MI 48104 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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 <u>BANANA BREAD</u> 5. Date Of Receipt: <u>04/09/2022</u> 6. Vendor Name & Address:	\$ <u>60.00</u>	\$ <u>60.00</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ITEMS FOR OLSON PARK EVENT</u> 5. Date Of Receipt: <u>04/19/2022</u> 6. Vendor Name & Address: AMAZON 410 TERRY AVE N, SEATTLE, WA 98109	\$ <u>75.80</u>	\$ <u>254.07</u>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **285.80** **0.00**

Grand Total of all Schedules 1-IK
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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number C-2021-022

2. Committee Name TEAM ANGELINE SMITH 2022

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: TOM STULBERG 1202 TRAVER RD ANN ARBOR, MI 48105 If over \$100.00 cumulative, please provide: Occupation: REALTOR Employer Name & Business Address: CHAMPION MANAGEMENT, LLC <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>LUNCH FOR EARTH DAY BOOTH ATTENDEES</u> 5. Date Of Receipt: <u>04/23/2022</u> 6. Vendor Name & Address: TIOS MEXICAN CAGE 401 E LIBERTY ST, ANN ARBOR, MI 48104	\$ 42.40	\$ 42.40
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>PARKING AT DTAA FESTIVAL - HAULING BOOTH ITEMS</u> 5. Date Of Receipt: <u>06/04/2022</u> 6. Vendor Name & Address: REPUBLIC PARKING 324 MAYNARD ST, ANN ARBOR, MI 48104	\$ 19.60	\$ 273.67
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: CHRISTINE CROCKETT 506 E KINGSLEY ST ANN ARBOR, MI 48104 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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 <u>BEVERAGES, SPANAKOPITA, MELON, NUTS</u> 5. Date Of Receipt: <u>06/12/2022</u> 6. Vendor Name & Address:	\$ 50.00	\$ 110.00

Page Subtotal

112.00

152.40

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

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number C-2021-022

2. Committee Name TEAM ANGELINE SMITH 2022

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: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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 <u>BROWNIES AND LEMON ROUND CAKE</u> 5. Date Of Receipt: <u>06/12/2022</u> 6. Vendor Name & Address:	\$ 40.00	\$ 313.67
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ITEMS FOR ELKS CLUB EVENT</u> 5. Date Of Receipt: <u>06/17/2022</u> 6. Vendor Name & Address: MEIJER 3140 ANN ARBOR-SALINE RD, ANN ARBOR, MI 48103	\$ 17.80	\$ 331.47
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ITEMS FOR ELKS EVENT</u> 5. Date Of Receipt: <u>06/17/2022</u> 6. Vendor Name & Address: WALMART 7000 E MICHIGAN AVE, SALINE, MI 48176	\$ 14.46	\$ 345.93
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **72.26** **0.00**

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

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number C-2021-022
2. Committee Name TEAM ANGELINE SMITH 2022

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: BITSY LAMB 1606 DICKEN DR ANN ARBOR, MI 48103 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address:	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>CAMPAIGN T-SHIRTS</u> 5. Date Of Receipt: <u>06/17/2022</u> 6. Vendor Name & Address: HEIKKS 133 W MICHIGAN AVE, YPSILANTI, MI 48197	\$ <u>424.00</u>	\$ <u>424.00</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD FOR ELKS CLUB EVENT</u> 5. Date Of Receipt: <u>06/18/2022</u> 6. Vendor Name & Address: JIMMY JOHNS 2615 PLYMOUTH RD, ANN ARBOR, MI 48105	\$ <u>125.08</u>	\$ <u>471.01</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CASH GRATUITY</u> 5. Date Of Receipt: <u>06/18/2022</u> 6. Vendor Name & Address: GREGORY PEE 601 ELMCREST DR, ANN ARBOR, MI 48103	\$ <u>20.00</u>	\$ <u>491.01</u>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **569.08** **424.00**

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

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **C-2021-022**

2. Committee Name **TEAM ANGELINE SMITH 2022**

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: JAMES DANIEL 2769 ARROWWOOD TRAIL ANN ARBOR, MI 48105 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address:	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 SPACE RENTAL 5. Date Of Receipt: 06/18/2022 6. Vendor Name & Address: JAMES L. CRAWFORD ELKS LODGE 220 SUNSET RD, ANN ARBOR, MI 48103	\$ 200.00	\$ 273.67
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description CANDY AND FLAGS FOR 4TH OF JULY PARADE 5. Date Of Receipt: 06/25/2022 6. Vendor Name & Address: GORDON FOODS 2151 W LIBERTY ST, ANN ARBOR, MI 48103	\$ 48.67	\$ 539.68
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description FOOD AND GROCERY ITEMS FOR COOKOUT 5. Date Of Receipt: 06/29/2022 6. Vendor Name & Address: KROGER 400 S MAPLE RD, ANN ARBOR, MI 48103	\$ 151.00	\$ 690.68
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

399.67

273.67

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C-2021-022

CANDIDATE COMMITTEE

2. Committee Name TEAM ANGELINE SMITH 2022

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: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104 If over \$100.00 cumulative, please provide: Occupation: DIRECTOR Employer Name & Business Address: PERSONAL FINANCIAL EDUCATION SERVICES, INC.	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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 NAME TAGS AND MARKER 5. Date Of Receipt: <u>07/09/2022</u> 6. Vendor Name & Address:	\$ 7.00	\$ 7.00
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description ITEMS FOR ICE CREAM SOCIAL 5. Date Of Receipt: <u>07/14/2022</u> 6. Vendor Name & Address: MEIJER 3825 CARPENTER RD, YPSILANTI, MI 48197	\$ 3.59	\$ 694.27
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description ITEMS FOR ICE CREAM SOCIAL 5. Date Of Receipt: <u>07/14/2022</u> 6. Vendor Name & Address: COSTCO 771 AIRPORT BLVD, ANN ARBOR, MI 48108	\$ 48.29	\$ 742.56
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **58.88** **7.00**

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **C-2021-022**

2. Committee Name **TEAM ANGELINE SMITH 2022**

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: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description ITEMS FOR ICE CREAM SOCIAL 5. Date Of Receipt: 07/14/2022 6. Vendor Name & Address: GORDON FOODS 3800 CARPENTER RD, YPSILANTI, MI 48197	\$ 101.25	\$ 843.81
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description ITEMS FOR ICE CREAM SOCIAL 5. Date Of Receipt: 07/14/2022 6. Vendor Name & Address: AMAZON 410 TERRY AVE N, SEATTLE, WA 98109	\$ 44.39	\$ 888.20
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description ITEMS FOR ICE CREAM SOCIAL 5. Date Of Receipt: 07/16/2022 6. Vendor Name & Address: WALMART 7000 E MICHIGAN AVE, SALINE, MI 48176	\$ 68.86	\$ 957.06
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

214.50

0.00

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

SCHEDULE 1-IK

1. Committee I. D. Number C-2021-022

CANDIDATE COMMITTEE

2. Committee Name TEAM ANGELINE SMITH 2022

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: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED 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 type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ICE CREAM FOR ICE CREAM SOCIAL</u> 5. Date Of Receipt: <u>07/16/2022</u> 6. Vendor Name & Address: WASHTENAW DAIRY 602 S ASHLEY ST, ANN ARBOR, MI 48103	\$ 173.50	\$ 1,130.56
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ITEMS FOR ICE CREAM SOCIAL</u> 5. Date Of Receipt: <u>07/16/2022</u> 6. Vendor Name & Address: WHOLE FOODS 990 W EISENHOWER PKWY, ANN ARBOR, MI 48103	\$ 13.88	\$ 1,144.44
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 **187.38** **1,144.44**

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

1. Committee I. D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PAYPAL Address 2211 N FIRST ST SAN JOSE, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>MERCHANT PROCESSING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/23/2022</u> Date	\$ <u>0.63</u>
Expenditure #2 Name PAYPAL Address 2211 N FIRST ST SAN JOSE, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>MERCHANT PROCESSING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/26/2022</u> Date	\$ <u>39.01</u>
Expenditure #3 Name PAYPAL Address 2211 N FIRST ST SAN JOSE, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>MERCHANT PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/26/2022</u> Date	\$ <u>12.08</u>
Expenditure #4 Name CITY PRINTING, INC. Address P.O. BOX 980333 YPSILANTI, MI 48199 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN BUSINESS CARDS</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>99.64</u>
Expenditure #5 Name BANK OF ANN ARBOR Address 2601 PLYMOUTH RD ANN ARBOR, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK SERVICE CHARGE</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>

Subtotal this page

161.36

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

1. Committee I. D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PAYPAL Address 2211 N FIRST ST SAN JOSE, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>MERCHANT PROCESSING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/13/2022</u> Date	\$ <u>14.94</u>
Expenditure #2 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>FACEBOOK AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/15/2022</u> Date	\$ <u>15.00</u>
Expenditure #3 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>FACEBOOK AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/17/2022</u> Date	\$ <u>15.00</u>
Expenditure #4 Name SEWOLO & 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>03/19/2022</u> Date	\$ <u>1,245.50</u>
Expenditure #5 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL MARKETING SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/20/2022</u> Date	\$ <u>34.00</u>

Subtotal this page **1,324.44**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

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: FACEBOOK AD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2022 Date	\$ 21.00
Expenditure #2 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK AD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/10/2022 Date	\$ 25.00
Expenditure #3 Name ZACHARY SOLOMON Address 2845 BARROW DOWNS ST LAS VEGAS, NV 89135 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAING MANAGER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/11/2022 Date	\$ 550.00
Expenditure #4 Name VANTIV Address 900 CHELMSFORD ST LOWELL, MA 01851 <input type="checkbox"/> Fund Raiser	Purpose: MERCHANT ACCOUNT FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/11/2022 Date	\$ 54.10
Expenditure #5 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK AD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/12/2022 Date	\$ 35.00

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685.10

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

1. Committee I. D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

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: FACEBOOK AD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/15/2022 Date	\$ 187.29
Expenditure #2 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK AD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/15/2022 Date	\$ 50.00
Expenditure #3 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK AD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/21/2022 Date	\$ 75.00
Expenditure #4 Name CITY PRINTING, INC. Address P.O. BOX 980333 YPSILANTI, MI 48199 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING CAMPAIGN LITERATURE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/23/2022 Date	\$ 302.10
Expenditure #5 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD SIXTH FLOOR SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: WEBSITE HOSTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2022 Date	\$ 36.00

Subtotal this page **650.39**
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BANK OF ANN ARBOR Address 2601 PLYMOUTH RD ANN ARBOR, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: BANK SERVICE CHARGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/29/2022 Date	\$ 10.00
Expenditure #2 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD SIXTH FLOOR SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: WEB HOSTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/29/2022 Date	\$ 12.00
Expenditure #3 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK AD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/2022 Date	\$ 43.20
Expenditure #4 Name ZACHARY SOLOMON Address 2845 BARROW DOWNS ST LAS VEGAS, NV 89135 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN MANAGER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/02/2022 Date	\$ 525.00
Expenditure #5 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD SIXTH FLOOR SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: WEB HOSTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/23/2022 Date	\$ 36.00

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626.20

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CITY PRINTING, INC. Address P.O. BOX 980333 YPSILANTI, MI 48199 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING CAMPAIGN LITERATURE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/24/2022</u> Date	\$ <u>842.70</u>
Expenditure #2 Name LAURA MORRIS Address 8831 MELBOURNE DR SALINE, MI 48176 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>REPAYMENT OF LOAN FOR OLSON DOG PARK EVENT</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/2022</u> Date Memo Itemization Below	\$ <u>104.07</u>
Expenditure #3 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD SIXTH FLOOR SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB HOSTING</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>12.00</u>
Expenditure #4 Name BANK OF ANN ARBOR Address 2601 PLYMOUTH RD ANN ARBOR, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK SERVICE CHARGE</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 FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>FACEBOOK AD</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>17.00</u>

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985.77

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name UNIT PACKAGING Address 119 ENTERPRISE DR ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING CAMPAIGN LITERATURE</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>1,626.06</u>
Expenditure #2 Name ANN ARBOR JAYCEES Address P.O. BOX 1866 ANN ARBOR, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>4TH OF JULY PARADE ENTRY</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>51.99</u>
Expenditure #3 Name CITY PRINTING, INC. Address P.O. BOX 980333 YPSILANTI, MI 48199 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING CAMPAIGN LITERATURE</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>251.75</u>
Expenditure #4 Name NAAACP Address P.O. BOX 3399 ANN ARBOR, MI 48106 <input type="checkbox"/> Fund Raiser	Purpose: <u>JUNETEENTH EVENT FEE FOR CANDIDATE</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>25.00</u>
Expenditure #5 Name LAURA MORRIS Address 8831 MELBOURNE DR SALINE, MI 48176 <input type="checkbox"/> Fund Raiser	Purpose: <u>REPAYMENT FOR EXPENSES INCURRED AT AADT FESTIVAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	<u>06/04/2022</u> Date	\$ <u>19.60</u>

Subtotal this page **1,974.40**
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CITY PRINTING, INC. Address P.O. BOX 980333 YPSILANTI, MI 48199 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING CAMPAIGN LITERATURE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/14/2022</u> Date	\$ <u>195.04</u>
Expenditure #2 Name CITY PRINTING, INC. Address P.O. BOX 980333 YPSILANTI, MI 48199 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING CAMPAIGN LITERATURE</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>796.06</u>
Expenditure #3 Name UNIT PACKAGING Address 119 ENTERPRISE DR ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>LITERATURE 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>931.98</u>
Expenditure #4 Name LAURA MORRIS Address 8831 MELBOURNE DR SALINE, MI 48176 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>REPAYMENT OF LOAN FOR ELKS CLUB EVENT</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2022</u> Date	\$ <u>177.34</u>
Expenditure #5 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>FACEBOOK AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/2022</u> Date	\$ <u>175.00</u>

Subtotal this page **2,275.42**
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ACTBLUE SIGN UP FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2022</u> Date	\$ <u>99.00</u>
Expenditure #2 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD SIXTH FLOOR SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB HOSTING</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>36.00</u>
Expenditure #3 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>FACEBOOK AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2022</u> Date	\$ <u>88.91</u>
Expenditure #4 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD SIXTH FLOOR SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBSITE HOSTING</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>12.00</u>
Expenditure #5 Name SOLOMON ZACHARY Address 2845 BARROW DOWNS ST LAS VEGAS, NV 89135 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MANAGER FEE</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>250.00</u>

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485.91

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD SIXTH FLOOR SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: WEB HOSTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2022 Date	\$ 12.00
Expenditure #2 Name ZACHARY SOLOMON Address 2845 BARROW DOWNS ST LAS VEGAS, NV 89135 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN MANAGER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2022 Date	\$ 250.00
Expenditure #3 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK AD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2022 Date	\$ 175.00
Expenditure #4 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK AD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2022 Date	\$ 250.00
Expenditure #5 Name CITY PRINTING, INC. Address P.O. BOX 980333 YPSILANTI, MI 48199 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING CAMPAIGN LITERATURE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2022 Date	\$ 166.16

Subtotal this page

853.16

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

1. Committee I. D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VANTIV Address 900 CHELMSFORD ST LOWELL, MA 01851 <input type="checkbox"/> Fund Raiser	Purpose: <u>MERCHANT PROCESSING FEES</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>18.09</u>
Expenditure #2 Name CITY PRINTING, INC. Address P.O. BOX 980333 YPSILANTI, MI 48199 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING CAMPAIGN LITERATURE</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>224.72</u>
Expenditure #3 Name LAURA MORRIS Address 8831 MELBOURNE DR SALINE, MI 48176 <input type="checkbox"/> Fund Raiser	Purpose: <u>REPAYMENT OF CANDY AND FLAGS FOR 4TH OF JULY PARADE</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/2022</u> Date Memo Itemization Below	\$ <u>48.67</u>
Expenditure #4 Name LAURA MORRIS Address 8831 MELBOURNE DR SALINE, MI 48176 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>LOAN REPAYMENT FOR EVENT PURCHASES</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/17/2022</u> Date Memo Itemization Below	\$ <u>151.00</u>
Expenditure #5 Name LAURA MORRIS Address 8831 MELBOURNE DR SALINE, MI 48176 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>REPAYMENT OF LOAN FOR ITEMS AT ICE CREAM SOCIAL</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/17/2022</u> Date Memo Itemization Below	\$ <u>453.79</u>

Subtotal this page **896.27**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **10,918.42**

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**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 04/09/2022	4. Number of Individuals Attending or Participating (whichever is greater) 15	5. Type of Fund Raising Activity OLSON PARK MEET & GREET W/ YOUR DOG	6. Address and Name (If any) of the place where the activity was held. OLSON PARK 1505 DHU VARREN RD <input type="checkbox"/> ANN ARBOR, MI 48105 Private Residence
---	---	---	--

7. Total Contributions **1,048.88**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,048.88**
10. Total Cost of Event **412.95**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/12/2022	4. Number of Individuals Attending or Participating (whichever is greater) 14	5. Type of Fund Raising Activity CROCKETT'S CANDIDATE MEET & GREET	6. Address and Name (If any) of the place where the activity was held. THE CROCKETT'S HOME 506 E KINGSLEY ST ANN ARBOR, MI 48104 <input checked="checked" type="checkbox"/> Private Residence
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7. Total Contributions **800.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **800.00**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/18/2022	4. Number of Individuals Attending or Participating (whichever is greater) 16	5. Type of Fund Raising Activity ELKS CLUB CANDIDATE MEET & GREET	6. Address and Name (If any) of the place where the activity was held. JAMES L. CRAWFORD ELKS LODGE 220 SUNSET RD ANN ARBOR, MI 48103 <input type="checkbox"/> Private Residence
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7. Total Contributions **550.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **550.00**
10. Total Cost of Event **377.34**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/16/2022	4. Number of Individuals Attending or Participating (whichever is greater) 25	5. Type of Fund Raising Activity ICE CREAM SOCIAL	6. Address and Name (If any) of the place where the activity was held. ARROWWOOD HILLS COMMUNITY CENTER 2566 ARROWWOOD TRAIL ANN ARBOR, MI 48105 <input type="checkbox"/> Private Residence
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7. Total Contributions **443.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **443.00**
10. Total Cost of Event **552.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **C-2021-022**
2. Committee Name **TEAM ANGELINE SMITH 2022**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/17/2022	4. Number of Individuals Attending or Participating (whichever is greater) 17	5. Type of Fund Raising Activity TRAVER STREET CANDIDATE MEET & GREET	6. Address and Name (If any) of the place where the activity was held. STULLBERG RESIDENCE 1220 TRAVER ST ANN ARBOR, MI 48105 <input checked="checked" type="checkbox"/> Private Residence
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7. Total Contributions **677.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **677.00**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.