MICHIGAN DEPAR	RTMENT OF STATE	FILED			
BUREAU OF EI	LECTIONS	25 JUL 2022 AM	03:22		
-	E COMMITTEE R PAGE	WASHTENAW COUNTY ANN ARBOR, MICH	FOR OFF	ICIAL USE ONLY	
Report must be legible, typed or the treasurer (or designated reco	printed in ink and signed by ord keeper) and candidate.	3. This Statement covers From	^{n:} 12/29/2021 to	07/17/2022	
1. Committee I.D. Number		4. Candidate Last Name	First Name	 M.I.	
C-2021-022		SMITH	ANGELINE	-	
0. Committee Nome		4a. Office Sought Including Dis	strict # or Community Served	l (If applicable)	
2. Committee Name		COUNCIL MEMBER, WARD 1, ANN ARBOR			
TEAM ANGELIN	E SMITH 2022	4b. County of Residence WASHTENAW COUNTY			
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address		
2616 ARROWWOOD ⁻	TRAIL	ANGELINE SMITH			
ANN ARBOR, MI 4810	5	2616 ARROWWOO	D TRAIL		
		ANN ARBOR, MI 48	105		
Area Code and Phone (734) 2	239-7886				
If the address in this box is differe mailing address on the Statement	nt from the committee	(704)	000 7000		
be sent to this address by the filing	g official.	Area Code & Phone (734)			
7. Treasurer's Business Address		8. Designated Record keeper Designated Record keeper)	's Name and Mailing Addres	s (If the committee has a	
2616 ARROWWOOD	TRAIL				
ANN ARBOR, MI 4810					
Area Code and Phone (734)	239-7886	Area Code and Phone () -			
	203 7000	Area Code and Phone $\sqrt{1-1}$	9e. Dissolution of Cand	date Committee	
9. TYPE OF STATEMENT		ILY if candidate			
9a. X Pre-Election OR 9b.	Post-Election is not on the current year:			I/We certify any outstanding debt indidate or his or her spouse is here	
Pre-Election or Post-Election State			by discharged and forgive	n, and no longer collectible from	
XPrimary	July Quart	eny	owes no lates fees or has	nittee has no oustanding assets, any oustanding debt.	
General	October G	uarterly	Funthan if the discolution of	ennethe ennented that this he	
Convention			considered a request for th	annot be granted, that this be e Reporting Waiver.	
Special					
		al Statement (.) Coverage Year	Effective date of	dissolution	
School	9d Amend	dment to Campaign Statement			
Caucus	(Comp	lete Item 9a, 9b , 9c or 9e to e which Statement is being	Note: The disposition of re	sidual funds must be reported on	
	amend		Schedule 1B and the Sum		
Date of Election, Convention or	r Caucus				
08/02/2022					
00/02/2022	—				
10. Verification: I\We certify that al my\our knowledge and belief the c			ent and attached schedules	(if any) and to the best of	
Current Treasurer or		,	Submitted electronically signature on file	07/25/2022	
Designated Record keeper	be or Print Name	/ Signature	Date		
		J	Submitted electronically		
Candidate		/	signature on file	0//25/2022	
Ту	pe or Print Name	Signature	2000		



	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.) \$ NOT APPLICABLE		
c. Subtotal of "Contributions"	(3c.) \$_13,609.97	(18.) \$ 13,609.97	
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 17.13	(19.) \$ 17.13	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 13,627.10	(20.) \$ 13,627.10	
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 2,115.72	(21.) \$ 2,115.72	
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00	
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 10,918.42		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 10,918.42	(23.) \$ 10,918.42	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00	
DEBTS AND OBLIGATIONS 12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00		
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00 BALANCE STATEMENT		
	0.00		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) <u>\$</u> 0.00 (14.) + <u>\$</u> 13,627.10	-	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	$(14.) + \frac{13,027.10}{15.} = \frac{13,627.10}{15.027.10}$	-	
 SUBTOTAL Add lines 13 and 14 Amount expended during reporting period 	(15.) = $(16.) - $ $(10.) -$	-	
(Add lines 9 and 11) 17. ENDING BALANCE	0 700 00	-	
(Subtract line 16 from line 15)	(17.) \$ 2,708.68	-	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
	ittee I.D. Number	22
	ittee Name TEAM ANGELI	NE SMITH 2022
Enter contributor's name and address. If contribution is from an individual, enter last na		7. Cumulative for
middle initial. Check box to indicate if contribution is from a Political Committee or an Ir Committee (PAC) Report <u>all</u> contributions regardless of amount.		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/14 Name & Address:	ł/2022	
GREGORY PRATT		
3580 OAKWOOD ST ANN ARBOR, MI 48104	_{27.00} پ	_{\$} 27.00
	<u>\$</u> 27.00	<u>§ = 7100</u>
5. If over \$100.00 cumulative, please provide: Occupation CARE MANAGERMICHIGAN MEDIC	INF	
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/20 Name & Address		
ROBERT WILLIS	50.00	
504 DALTON DR	<u>\$50.00</u>	<u>\$ 50.00</u>
WOOLWICH TOWNSHIP, NJ 08085		
5. If over \$100.00 cumulative, please provide:		
Occupation FINANCIAL ANALYST Employer AMERIHEALTH CAI		
Business Address		
Type of Contribution:	iser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/20	/2022	
SUSAN WINEBERG	50.00	
712 E ANN ST	<u>\$50.00</u>	<u>\$50.00 </u>
ANN ARBOR, MI 48104		
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer		
Business Address Type of Contribution: V Direct Loan from a person Fund Ra		
Name & Address	5/2022	
ANGELINE SMITH		
2616 ARROWWOOD TRAIL ANN ARBOR, MI 48105	_{\$} 5.00	s 5.00
5. If over \$100.00 cumulative, please provide:		
	Memo Itemiz	ation Below
Occupation SELF EIVIFLOTED Employer ANGELINE & ASSO		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person Fund Rai		
	Page Subtotal 132.00	_
Grand Total of (Complete on last	All Schedules 1A page of Schedule)	
Page <u>1</u> of <u>29</u>	Enter this total on line 3a of Summary Page.	1

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	C-2021-02	2
SCHEDULE 1A 1. Committee I.D. Number		NE 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? YES 4. Date of Receipt 01/26/2022 Name & Address: JOHN EATON 1606 DICKEN DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer Business Address	<u>\$ 500.00</u>	<u>₅ 500.00</u>
Type of Contribution: 🖌 Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/26/2022 Name & Address EDWARD STEINMAN 621 5TH ST ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide:	<u>\$ 100.00</u>	<u>\$ 100.00</u>
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/26/2022 Name & Address: JESSICA GREENFIELD 188 CASSIN RD NAPERVILLE, IL 60565 5. If over \$100.00 cumulative, please provide:	<u>\$ 50.00</u>	<u>\$</u> 50.00
Occupation PROGRAM MANAGER Employer UNIVERSITY OF WASHINGTON		
Business Address P.O. BOX 59505, SEATLE, WA 98185 Type of Contribution: Image: Direct Loan from a person Fund Raiser	_	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/26/2022 Name & Address RITA MITCHEL 621 5TH ST ANN ARBOR, MI 48103	_{\$} 25.00	<u>\$</u> 25.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Business Address Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Pageof29	675.00 Enter this total on line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
	lumberC-2021-022
SCHEDULE 1A 1. Committee I.D. No CANDIDATE COMMITTEE 2. Committee Name	TEAM ANGELINE SMITH 2022
Enter contributor's name and address. If contribution is from an individual, enter last name, first na 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.	ame, t t 6. Amount t Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/26/2022 Name & Address: ALI RAMLAWI 428 S 7TH ST 4. Date of Receipt 01/26/2022 428 S 7TH ST ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: 0 0 Occupation SELF EMPLOYED Employer Employer Business Address 314 E LIBERTY ST, ANN ARBOR, MI 48104 Type of Contribution: Virial Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/26/2022 Name & Address ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer PERSONAL FINANCIAL EDUCATION SERVICES, IN COLUMN AND OT AND A DECOD AND 40104	<u>103.48</u> <u>103.48</u>
Business Address 621 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser	_
Type of Contribution: Image: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/26/2022 Name & Address: JAMES DANIEL 2769 ARROWWOOD TRAIL ANN ARBOR, MI 48105 48105	<u></u> \$50.00 \$50.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address Type of Contribution: Image: Direct Loan from a person Fund Raiser	_
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/26/2022 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 DIRECTOR Employer TRINITY HEALTH	
Business Address 36475 FIVE MILE RD, LIVONIA, MI 48154 Type of Contribution: Image: Direct Loan from a person Fund Raiser	
Page S Grand Total of All Schedu (Complete on last page of Sch	

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Page.

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
ITEMIZED CONTRIBUTIONS	umber C-2021-022
SCHEDULE 1A 1. Committee I.D. N	TEAM ANGELINE SMITH 2022
CANDIDATE COMMITTEE 2. Committee Name	;
Enter contributor's name and address. If contribution is from an individual, enter last name, first n middle initial. Check box to indicate if contribution is from a Political Committee or an Independen Committee (PAC) Report <u>all</u> contributions regardless of amount.	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/26/2022 Name & Address: TOMEKA MUNFORD 16690 EASTLAND ST ROSEVILLE, MI 48066 5. If over \$100.00 cumulative, please provide: Occupation TRAINING CONSULTANT Employer DIMENTIONAL INSIGHT Business Address 60 BURLINGTON MALL ROAD, BURLINGTON, MA 0180 Type of Contribution: ✓ Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/29/2022 Name & Address KIER MCLEMORE 50482 BRECKENRIDGE DR YES 4. Date of Receipt 01/29/2022	<u>102.00</u> <u>102.00</u>
CANTON, MI 48187 5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer	<u></u> ,1,000.00 <u></u> ,1,000.00
Business Address Type of Contribution: Image: Contribution in the contributic in the contribution in the contributic in the contribution	_
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/29/2022 Name & Address: RYDER COMSTOCK 1911 PONTIAC TRAIL ANN ARBOR, MI 48105	§25.26 §25.26
5. If over \$100.00 cumulative, please provide:	
OccupationSENIOR SPECIAL EVENTS COORDINATOR Employer NATIONAL KIDNEY FOUNDATI	ON
Business Address Type of Contribution: Image: Direct Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/02/2022 Name & Address SUSAN BASKETT 3 TROWBRIDGE CT ANN ARBOR, MI 48108	<u></u> \$25.00 <u>\$</u> 25.00
5. If over \$100.00 cumulative, please provide: Occupation BOARD MEMBER Employer ANN ARBOR PUBLIC SCHO Business Address	DOLS
Type of Contribution: Direct Loan from a person Fund Raiser	
Grand Total of All Sched (Complete on last page of Sc Pageof	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS	1. Committee I.D. Number	C-2021-02	2
SCHEDULE 1A	TE		NE SMITH 2022
CANDIDATE COMMITTEE			
Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Commit Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt	ot 02/05/2022		
CARMELITA ROBINSON			
3565 AUDUBON RD DETROIT, MI 48224		_{\$} 51.99	_° 51.99
		<u>\$01.00</u>	<u>§ 0 1100</u>
5. If over \$100.00 cumulative, please provide: Occupation OFFICE ASSISTANT Employer WAYNE STA	ATE UNIVERSITY		
Occupation OFFICE ASSISTANT Employer WATNEST			
Type of Contribution:	Fund Raiser		
	t 02/05/2022		
Name & Address			
		50.00	
8300 COLESVILLE RD SILVER SPRING, MD 20910		<u>\$50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide:			
Business Address Type of Contribution: Image: Contribution in the contributication in the contribution in the contris of the contributic	Fund Raiser		
Name & Address:	^{pt} 02/05/2022		
		s 26.25	26.25
515 KRAUSE ST ANN ARBOR, MI 48103		<u>\$</u> 20.20	<u>\$</u> 26.25
5. If over \$100.00 cumulative, please provide:			
Occupation NOT EMPLOYED Employer			
Business Address			
Type of Contribution: 🖌 Direct Loan from a person	Fund Raiser		
	ipt 02/10/2022		
Name & Address			
23504 ROSEWOOD AVE		_{\$} 111.00	_{111.00}
TAYLOR, MI 48180		<u>§ 111.00</u>	<u>\$</u>
5. If over \$100.00 cumulative, please provide:			
Occupation SITE MANAGER Employer TEMPLE V	VELLNESS GLOW		
Business Address 23504 ROSEWOOD AVE, TAYLO	DR, MI 48180		
Type of Contribution: 🖌 Direct	Fund Raiser		
	Page Subtotal	239.24	
	and Total of All Schedules 1A		
(Compl	ete on last page of Schedule)	Enter this total on line 3a of Summary	

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	C-2021-02	2
SCHEDULE 1A 1. Committee I.D. Number		NE SMITH 2022
CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for
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.	e. / income	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/24/2022		
VIVIENNE N ARMENTROUT 920 VESPER RD		
ANN ARBOR, MI 48103	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:	·	
Occupation SELF EMPLOYED Employer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/26/2022		
HERB BABCOCK		54.00
1890 UPLAND DR ANN ARBOR, MI 48105	<u>\$51.99</u>	<u>\$ 51.99</u>
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person 🔲 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/13/2022		
Name & Address:	500.00	
3563 FOX HUNT DR	<u>\$500.00</u>	<u>\$ 500.00</u>
ANN ARBOR, MI 48105		
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer		
Occupation NOTENIPLOTED Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/15/2022		
SCOTT NEWELL		
1621 TRAVER RD ANN ARBOR, MI 48105	00.00s _«	₂ 800.00
5. If over \$100.00 cumulative, please provide:		Ψ
Occupation SELF EMPLOYED Employer		
Business Address Type of Contribution:		
Page Subtotal	1,376.99	I
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	_1
Page_6of_29	Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS	1. Committee I.D. Number	C-2021-022)
SCHEDULE 1A			- IE SMITH 2022
CANDIDATE COMMITTEE			
Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committee Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address:	03/20/2022		
EDWARD STEINMAN			
621 5TH ST ANN ARBOR, MI 48103		_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		Ŷ <u></u>	
Occupation NOT EMPLOYED Employer		Memo Itemiza	ation Below
Business Address			
Type of Contribution:	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt	03/21/2022		
Name & Address			
34384 MEANS DR		_{\$} 100.00	_{\$} 100.00
CLINTON TWP, MI 48035		Ψ	φ
5. If over \$100.00 cumulative, please provide:			
Occupation MEDICAID MANAGER Employer OAKLAND SC			
Business Address 2111 PONTIAC LAKE RD, WATERFORD	TWP, MI 48328		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	03/29/2022		
DEBORAH CHERRIN			
2955 BATESON CT		<u>\$</u> 25.00	_{\$} 25.00
ANN ARBOR, MI 48105			
5. If over \$100.00 cumulative, please provide:			
Occupation ADMINISTRATOR Employer PLANNED PARENTHO			
Business Address 3100 PROFESSIONAL DR, ANN ARBOR			
	Fund Raiser		
Name & Address	t 03/31/2022		
RYDER COMSTOCK 1911 PONTIAC TRAIL		~ ~ ~ ~	
ANN ARBOR, MI 48105		_{\$} 25.00	<u> 50.26 </u>
5. If over \$100.00 cumulative, please provide:			
Occupation SENIOR SPECIAL EVENTS COORDINATOR Employer MATIONAL KI	DNEY FOUNDATION		
Business Address 1169 OAK VALLEY DR, ANN ARB	OR, MI 48108		
Type of Contribution: 🖌 Direct	Fund Raiser		
	Page Subtotal	250.00	
	d Total of All Schedules 1A te on last page of Schedule)		
—	to on last page of Schedule)	Enter this total on line 3a of Summary	
Page 7 of 29		Page.	

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	C-2021-02	2
TC		NE SMITH 2022
	6. Amount	7. Cumulative for
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	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/03/2022		
DONALD DANYKO		
3625 GREEN BRIER BLVD ANN ARBOR, MI 48105	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:	Ψ	¥
Occupation RETIRED Employer		
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/05/2022 Name & Address 9 9 9 9 9		
	111 00	
23504 ROSEWOOD AVE TAYLOR, MI 48180	<u><u></u>111.00</u>	<u><u></u>^{\$} 222.00</u>
5. If over \$100.00 cumulative, please provide:	Memo Itemiza	ation Below
Occupation SITE MANAGER Employer TEMPLE WELLNESS GLOW		
Business Address 23504 ROSEWOOD AVE, TAYLOR, MI 48180		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/07/2022		
Name & Address:		
18952 WOODLAND ST	<u>\$60.00</u>	_{\$} 60.00
HARPER WOODS, MI 48225		
5. If over \$100.00 cumulative, please provide:		
Occupation TEACHER Employer KIDS AVENUE CHRISTIAN SCHOOL		
Business Address 22602 VAN DYKE AVE, WARREN, MI 48089 Type of Contribution: V Direct Loan from a person Fund Raiser		
Name & Address		
2620 ARROWWOOD TRAIL ANN ARBOR, MI 48105	_{\$} 25.00	<u>_25.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation_NOT EMPLOYED Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person Fund Raiser		
Page Subtotal	446.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page of	Enter this total on line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS		C-2021-022	2
SCHEDULE 1A CANDIDATE COMMITTEE			IE SMITH 2022
Enter contributor's name and address. If contribution is from an individual, ent		6. Amount	7. Cumulative for
middle initial. Check box to indicate if contribution is from a Political Committe Committee (PAC) Report <u>all</u> contributions regardless of amount.	e or an Independent		Election Cycle for Each Contributor (Through date of receipt)
Name & Address:	04/09/2022		
JOHANNA HESLOP 8964 SUNFLOWER DR			
WHITMORE LAKE, MI 48189	5	_{\$} 25.00	<u>\$25.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation PHYSICIAN ASSISTANT Employer IEP URGEN			
Business Address 8273 GRAND RIVER AVE, SUITE 140, BRIG	HTON, MI 48114		
	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	04/09/2022		
MARY UNDERWOOD		000.00	
1219 TRAVER RD ANN ARBOR, MI 48105	ŝ	<u>\$200.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation SELF EMPLOYED Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt	04/09/2022		
Name & Address:			
827 BRUCE ST	\$	<u>50.00</u>	_{\$} 50.00
ANN ARBOR, MI 48103			
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer			
Business Address Type of Contribution: Image: Contribution in the problem in the p	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	04/11/2022		
TOM STULBERG			
1202 TRAVER RD ANN ARBOR, MI 48105	9	100.00	_{100.00}
5. If over \$100.00 cumulative, please provide:			Ψ
Occupation REALTOR Employer CHAMPION N	ANAGEMENT. LLC		
Business Address 1202 TRAVER ST, ANN ARBOR, I			
	Fund Raiser		
		75.00	
Gran	d Total of All Schedules 1A	. 0.00	
	e on last page of Schedule) E	Enter this total on	
Page 9 of 29		ine 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
ITEMIZED CONTRIBUTIONS	tee I.D. Number C-2021-022
OUNEDULE IA	TEAM ANGELINE SMITH 2022
CANDIDATE COMMITTEE 2. Commit	
Enter contributor's name and address. If contribution is from an individual, enter last name middle initial. Check box to indicate if contribution is from a Political Committee or an Inc. Committee (PAC) Report <u>all</u> contributions regardless of amount.	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/24, Name & Address:	
HARLEY SHERMAN	
14071 MANHATTAN ST OAK PARK, MI 48237	s 100.00 s 100.00
5. If over \$100.00 cumulative, please provide: Occupation CPA Employer SELF EMPLOYEE)
Business Address Type of Contribution: V Direct Loan from a person Fund Raise	
Type of Contribution: Image: Direct Loan from a person Fund Raise 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/29/2	
Name & Address	2022
KIMBERLY SCOTT	100.00 100.00
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 LAWYER Employer MILLER CANFIELD	
Business Address 101 N MAIN ST, ANN ARBOR, MI 48104	
Type of Contribution:	ser
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/29/	2022
SUZANNE CAMINO	
605 KELLOGG ST	<u>\$25.00</u> <u>\$25.00</u>
ANN ARBOR, MI 48105	
5. If over \$100.00 cumulative, please provide:	
Occupation PIANO TEACHER Employer SELF EMPLOYED	
Business Address 605 KELLOGG ST, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Rai	
Name & Address	/2022
506 E KINGSLEY ST ANN ARBOR, MI 48104	<u>100.00</u> \$100.00
5. If over \$100.00 cumulative, please provide:	
Occupation COTED Employer	
Business Address	
Type of Contribution: 🖌 Direct Loan from a person Fund Rais	
	Page Subtotal 325.00
Grand Total of A (Complete on last p	All Schedules 1A age of Schedule)
Page 10 of 29	Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	C-2021-02	2
SCHEDULE 1A 1. Committee I.D. Number		NE 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? YES 4. Date of Receipt 05/01/2022 Name & Address: JOHN EATON 1606 DICKEN DR ANN ARBOR, MI 48103	<u>\$500.00</u>	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer		
Business Address		
Type of Contribution: Image: Contribution Image: Direct Loan from a person Image: Direct Loan from a person		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/04/2022 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 SELF EMPLOYED Employer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/05/2022 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 NOT EMPLOYED Employer		
Business Address Type of Contribution: 🖌 Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/11/2022 Name & Address ELIZABETH COLLIN 3404 PORTER ST ANN ARBOR, MI 48103	_{\$} 25.00	<u>\$</u> 25.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	875.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) Pageof29	Enter this total on line 3a of Summary Page.	-

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS	1. Committee I.D. Number _	C-2021-02	>
SCHEDULE 1A	TEA		- NE SMITH 2022
	2. Committee Name	1	
Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address:	05/15/2022		
ELIZABETH NELSON			
1319 ARDMOOR AVE ANN ARBOR, MI 48103		s500.00	s 500.00
		<u>\$ 000.00</u>	§ 000100
5. If over \$100.00 cumulative, please provide: Occupation PRESCHOOL TEACHER Employer TRINITY LUT	HERAN CHURCH		
Occupation PRESCHOOL TEACHER Employer MINITEE Business Address 1400 W STADIUM BLVD, ANN ARB			
	Fund Raiser		
Type of Contribution: Image: Direct Loan from a person 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt			
Name & Address	05/22/2022		
WENDY CARMAN		100.00	
2340 GEORGETOWN BLVD		<u>100.00 </u>	<u>\$ 100.00</u>
ANN ARBOR, MI 48105			
5. If over \$100.00 cumulative, please provide:			
Occupation NOT EMPLOYED Employer			
Business Address			
Type of Contribution:	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	05/24/2022		
PAULA BROWNING WHITE			
7929 CHURCHILL WAY		<u>\$25.00</u>	<u>\$ 25.00</u>
DALLAS, TX 75251			
5. If over \$100.00 cumulative, please provide:			
Occupation CLAIMS MANAGER Employer STATE FARM			
Business Address 1251 STATE ST, RICHARDSON, TX 750 Type of Contribution:	Fund Raiser		
Name & Address	ot 05/26/2022		
2340 GEORGETOWN BLVD ANN ARBOR, MI 48105		<u>150.00</u>	<u></u> 250.00
5. If over \$100.00 cumulative, please provide:			
Occupation INOT LIVIT LOTED Employer			
Business Address			
Type of Contribution: 🖌 Direct Loan from a person	Fund Raiser		
	Page Subtotal	775.00	
	nd Total of All Schedules 1A te on last page of Schedule)		
Page 12 of 29	- /	Enter this total on line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS	committee I.D. Number	C-2021-02	>
			- IE SMITH 2022
CANDIDATE COMMITTEE 2. C Enter contributor's name and address. If contribution is from an individual, enter la		6. Amount	7. Cumulative for
middle initial. Check box to indicate if contribution is from a Political Committee or Committee (PAC) Report <u>all</u> contributions regardless of amount.		o. Amount	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 0	5/29/2022		
ERIC LIPSON			
1318 ROSEWOOD ST ANN ARBOR, MI 48104		_s 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		Ψ	ų
Occupation NOT EMPLOYED Employer			
Business Address			
Type of Contribution:	d Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05	/29/2022		
ANNE BANNISTER			
612 N MAIN ST		<u>\$30.00</u>	_{\$} 133.48
ANN ARBOR, MI 48104			
5. If over \$100.00 cumulative, please provide:	TION SERVICES INC		
Occupation DINCOTON Employer			
Business Address 612 N MAIN ST, ANN ARBOR, MI 4810			
	nd Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05	5/29/2022		
KATHERINE KAHN 515 KRAUSE ST		_{\$} 30.00	_{\$} 56.25
ANN ARBOR, MI 48103		<u>\$00.00</u>	_{\$} 30.23
5. If over \$100.00 cumulative, please provide:			
Occupation NOT EMPLOYED Employer			
Business Address			
	nd Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 0	5/29/2022		
KAY HOLSINGER			
2300 KENT ST ANN ARBOR, MI 48103		<u><u></u>200.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation_RETIRED Employer			
Business Address Type of Contribution: Image: Direct Loan from a person	d Raiser		
	Page Subtotal	360.00	
	tal of All Schedules 1A	-	
	last page of Schedule)	Enter this total on	I
Page <u>13 of 29</u>		line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS	Committee I.D. Number	C-2021-022	>
		M ANGELIN	E SMITH 2022
CANDIDATE COMMITTEE 2.1 Enter contributor's name and address. If contribution is from an individual, enter		6. Amount	7. Cumulative for
middle initial. Check box to indicate if contribution is from a Political Committee of Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 0	5/30/2022		
EDWARD STEINMAN			
621 5TH ST ANN ARBOR, MI 48103		_s 250.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide:		Ψ	¥
Occupation NOT EMPLOYED Employer			
Business Address			
Type of Contribution:	nd Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05	5/30/2022		
DON LANG			
7522 VINTAGE LN		_{\$} 50.00	_{\$} 50.00
WEST BLOOMFIELD TOWNSHIP, MI 48322			
5. If over \$100.00 cumulative, please provide:			
Occupation IT PROJECT MANAGER Employer FORD MOTOR			
Business Address 1 AMERICAN RD, DEARBORN, MI 48			
	ind Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>O</u>	5/30/2022		
SUSAN PERRY		_{«100.00}	100.00
1708 FAIR ST ANN ARBOR, MI 48103		<u>§ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation NOT EMPLOYED Employer			
Business Address			
Type of Contribution: 🗹 Direct 🛛 Loan from a person 📄 F	und Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 0	5/31/2022		
DONALD DANYKO			
3625 GREEN BRIER BLVD ANN ARBOR, MI 48105		_{\$} 250.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:			Ψ
DETIDED			
Occupation <u>RETIRED</u> Employer	<u> </u>		
Business Address			
Type of Contribution: 🖌 Direct Loan from a person Fu	nd Raiser Page Subtotal	250.00	
	-	650.00	
	otal of All Schedules 1A n last page of Schedule)	Enter this total on	
Page_14_of_29_		line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	C-2021-02	2
SCHEDULE 1A 1. Committee I.D. Number CANDIDATE COMMITTEE 2. Committee Name	AM ANGELIN	NE 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? YES 4. Date of Receipt 05/31/2022 Name & Address: JUDITH WILHELME 1405 LUTZ AVE 05/31/2022 1405 LUTZ AVE ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: 0 Occupation RETIRED Employer	<u>\$ 100.00</u> <u>\$ 200.00</u>	§ 100.00 § 200.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Business Address Type of Contribution: Image: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/03/2022 Name & Address: RUTH BEREAN 2141 PONTIAC TRAIL ANN ARBOR, MI 48105	<u>\$50.00</u>	<u>\$</u> 50.00
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Image: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/05/2022 Name & Address ELLEANOR CROWN 338 E KINGSLEY ST ANN ARBOR, MI 48104	_{\$} 100.00	<u></u>
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Business Address 338 E KINGSLEY ST, ANN ARBOR, MI 48104 Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page		

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS		C-2021-02	2
SCHEDULE 1A CANDIDATE COMMITTEE			NE SMITH 2022
Enter contributor's name and address. If contribution is from an individual, er		6. Amount	7. Cumulative for
middle initial. Check box to indicate if contribution is from a Political Committe Committee (PAC) Report <u>all</u> contributions regardless of amount.			Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address:	06/06/2022		
TOM STULBERG			
1202 TRAVER RD ANN ARBOR, MI 48105		_{\$} 10.00	_° 110.00
		<u>§</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer CHAMPION M	ANAGEMENT, LLC		
Business Address 1202 TRAVER ST, ANN ARBOR, M			
	Fund Raiser		
	06/06/2022		
Name & Address	00/00/2022		
TOM STULBERG			740.00
1202 TRAVER RD		<u>\$600.00</u>	<u>\$</u> 710.00
ANN ARBOR, MI 48105			
5. If over \$100.00 cumulative, please provide: Occupation REALTOR Employer CHAMPION MAI	NAGEMENT LLC		
Business Address 1202 TRAVER ST, ANN ARBOR, M			
Type of Contribution:	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receip Name & Address:	t 06/08/2022		
LESLIE LEMONS			
1332 POMONA RD		<u>\$50.00</u>	<u>\$ 50.00 </u>
ANN ARBOR, MI 48103			
5. If over \$100.00 cumulative, please provide:			
Occupation MARKETING Employer TRENTON C			
Business Address 7700 JACKSON RD, ANN ARBOR, MI 44 Type of Contribution:	Fund Raiser		
	1		
Name & Address	ot 06/12/2022		
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 SELF EMPLOYED Employer			
Business Address Type of Contribution: Image: Contribution in the problem in th	Fund Raiser		
	Page Subtotal	760.00	
Grai	nd Total of All Schedules 1A	, 00.00	
	te on last page of Schedule)	Enter this total on	J
Page_16_of_29_		line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	C-2021-02	2
TE TE	AM ANGELIN	NE SMITH 2022
CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for
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.		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/12/2022		
JANET KREGER 1050 WALL ST		
ANN ARBOR, MI 48105	<u><u></u>250.00</u>	<u></u> 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR Employer MICHIGAN HISTORIC PRESERVATION NETWORK		
Business Address 313 E GRAND RIVER AVE, EAST LANSING, MI 48823		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/12/2022 Name & Address		
PETER ECKSTEIN		
2551 LONDONDERRY RD	<u>\$150.00</u>	<u>\$ 150.00</u>
ANN ARBOR, MI 48104		
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/12/2022		
Name & Address:		
P.O. BOX 7728	_{\$} 200.00	s 200.00
ANN ARBOR, MI 48107	¥	<u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/13/2022		
ANN SNEED SCHRIBER		
2116 DORSET RD	_{200.00} ،	200.00
ANN ARBOR, MI 48104	§200.00	<u>\$</u> _200.00
5. If over \$100.00 cumulative, please provide:		
Occupation_RETIRED Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person 🖌 Fund Raiser		
Page Subtotal	800.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
17 29	Enter this total on line 3a of Summary	
Pageof	Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
	1. Committee I.D. Number	C-2021-02	2
SCHEDULE 1A CANDIDATE COMMITTEE			NE SMITH 2022
Enter contributor's name and address. If contribution is from an individual, er	nter last name, first name,	6. Amount	7. Cumulative for
middle initial. Check box to indicate if contribution is from a Political Committe Committee (PAC) Report <u>all</u> contributions regardless of amount.	ee or an Independent		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address:	06/14/2022		
ANGIE VOILES 2600 ARROWWOOD TRAIL			
ANN ARBOR, MI 48105		_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		*	
Occupation GENERAL MANAGER Employer PEOPLE'S F	OOD COOP		
Business Address 216 N 4TH AVE, ANN ARBOR, MI 4	8104		
Type of Contribution:	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	06/14/2022		
DAVID NEWMAN			
1310 WRIGHT ST		_{\$} 100.00	_{\$} 100.00
ANN ARBOR, MI 48105			·
5. If over \$100.00 cumulative, please provide:			
Occupation SUPPORT Employer MEDIMAGE	04.00		
Business Address 331 METTY DR, ANN ARBOR, MI 4	8103		
Type of Contribution:	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receip Name & Address:	t 06/18/2022		
GWENDOLYN SHANNON		40.00	40.00
1994 VERNIER RD GROSSE POINTE WOODS, MI 48236		<u>\$40.00</u>	<u>\$</u> 40.00
5. If over \$100.00 cumulative, please provide:			
Occupation DEAN Employer WAYNE COUNTY C	COMMUNITY COLLEGE		
Business Address 801 W FORT ST, DETROIT, MI 48226			
Type of Contribution: V Direct Loan from a person	Fund Raiser		
	ot 06/18/2022		
Name & Address YOLANDA HARRIS			
14394 LONGACRE ST		s50.00	_{\$} 50.00
DETROIT, MI 48227		\$	<u>\$_00100</u>
5. If over \$100.00 cumulative, please provide:			
Occupation SURGICAL TECHNICIAN Employer BEAUMON			
Business Address 3601 W 13 MILE RD, ROYAL OAH	K, MI 48073		
Type of Contribution: 🖌 Direct Loan from a person	Fund Raiser		
	Page Subtotal	390.00	
	nd Total of All Schedules 1A ete on last page of Schedule)		ļ
Page 18 of 29		Enter this total on line 3a of Summary	
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	C-2021-02	2
		NE SMITH 2022
Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for
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.		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/18/2022	_	
SUMANGALA KAILASAPATHY		
2530 MALLARD CT ANN ARBOR, MI 48105	so.00 ،	[°] 20.00
	<u>\$</u>	<u>\$</u>
5. If over \$100.00 cumulative, please provide: Occupation ACCOUNTANT Employer UNIVERSITY OF MICHIGAN		
Business Address		
Type of Contribution: V Direct Loan from a person V Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/2022		
Name & Address		
LORI ARMSTRONG 2475 MERSHON DR	s 20.00	_{\$} 20.00
ANN ARBOR, MI 48103	<u>\$</u> 20.00	<u>\$</u> 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer		
Business Address		
Type of Contribution: Image: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/18/2022		
Name & Address:	_	
236 SUNSET RD	<u>\$20.00</u>	_{\$} 20.00
ANN ARBOR, MI 48103		
5. If over \$100.00 cumulative, please provide:		
Occupation ECOLOGIST Employer UNIVERSITY OF MICHIGAN SCHOOL OF NATURAL RESOURCES		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/18/2022		
Name & Address	-	
ELIZABETH HUNTER 827 BRUCE ST	00.00	70.00
ANN ARBOR, MI 48103	_{\$} 20.00	<u>\$</u> 70.00
5. If over \$100.00 cumulative, please provide:		
Occupation_RETIRED Employer		
Business Address Type of Contribution: Image: Contribution in the second secon		
Page Subtota	^{al} 110.00	
Grand Total of All Schedules 1/	110.00	-
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Page_19_of_29_	line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	C-2021-02	2
SCHEDULE 1A 1. Committee I.D. Number		NE 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? YES 4. Date of Receipt 06/18/2022 Name & Address: SAM COPI 2306 ADARE RD	00.00	
ANN ARBOR, MI 48104	<u>\$</u> 20.00	<u>\$20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation GENERAL MANAGER Employer		
Business Address COPI PROPERTIES,		
Type of Contribution: Image: Direct Loan from a person Image: Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/2022 Name & Address LORI SAGINAW 1205 OLIVIA AVE	_{\$} 100.00	s 100.00
ANN ARBOR, MI 48104	·	·
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person 🖌 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/19/2022 Name & Address: LOUISA ABBOTT 1807 PONTIAC TRAIL	\$100.00	_s 100.00
ANN ARBOR, MI 48105		
5. If over \$100.00 cumulative, please provide:		
Occupation CUSTOMER SERVICE MARKETING Employer ARBOR TEAS		
Business Address 1342 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: V Direct Loan from a person V Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/20/2022 Name & Address DONALD DANYKO 3625 GREEN BRIER BLVD ANN ARBOR, MI 48105	<u>₅550.00</u>	_{\$_} 1,050.00
5. If over \$100.00 cumulative, please provide:		
Occupation <u>RETIRED</u> Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person Fund Raiser		
Page Subtota	1 770.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule		
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS		C-2021-022	>
SCHEDULE 1A	1. Oommace I.D. Number _		- NE SMITH 2022
Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committ Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address: L KAREN DUMAS 1771 BURNS AVE DETROIT, MI 48214 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Business Address P.O. BOX 14724, DETROIT, MI 482 Type of Contribution: Direct Loan from a person Image: Constribution #2 3. Contribution #2 PAC Receipt?		<u>\$ 100.00</u>	<u>\$ 100.00</u>
Name & Address BABARA SANDERS 3690 NEWBURY PL DR LOGANVILLE, GA 30052		<u>\$50.00</u>	<u>\$</u> 50.00
5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Business Address 24670 KENOSHA ST, OAK PARK, N Type of Contribution: ✓ Direct Loan from a person 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 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 NOT EMPLOYED Business Address Type of Contribution: Image: Direct	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Recei Name & Address TOM STULBERG 1202 TRAVER RD ANN ARBOR, MI 48105	pt 06/28/2022	_{\$} 150.00	<u>₅ 860.00</u>
5. If over \$100.00 cumulative, please provide: Occupation REALTOR Business Address 1202 TRAVER ST, ANN ARBOR, Type of Contribution: ✓ Direct	MANAGEMENT, LLC MI 48105 Fund Raiser		
	Page Subtotal nd Total of All Schedules 1A ete on last page of Schedule)	400.00 Enter this total on line 3a of Summary	

Page_	21	of	29
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line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	" C-2021-02	2
SCHEDULE 1A 1. Committee I.D. Numb	ei	NE SMITH 2022
CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for
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	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/29/2022		
EDDIE J RANDLE		
44031 APPLEWOOD RD CANTON, MI 48188	s 50.00	so.00 ،
5. If over \$100.00 cumulative, please provide:	Φ	Ψ
Occupation NOT EMPLOYED Employer		
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/01/2022	_	
Name & Address		
621 5TH ST	_{\$} 250.00	_{\$} 700.00
ANN ARBOR, MI 48103	Ψ	φ
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer		
Business Address		
Type of Contribution: 🔽 Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/04/2022		
ROBERT DASCOLA	_	
1815 BALDWIN AVE	<u>\$100.00</u>	_{\$} 100.00
ANN ARBOR, MI 48104		
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/07/2022		
Name & Address	_	
ROBERT FAGERLUND 1725 CHANDLER RD		
ANN ARBOR, MI 48105	_{\$} 50.00	<u>\$</u> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation_RETIREDEmployer	_	
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
Page Subtr	^{otal} 450.00	i
Grand Total of All Schedules		-
(Complete on last page of Schedu	Énter this total on	J
Page_22 of 29	line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS	1. Committee I.D. Number	C-2021-02	2
			NE SMITH 2022
CANDIDATE COMMITTEE		6. Amount	7. Cumulative for
middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report <u>all</u> contributions regardless of amount.		o. Amount	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: CARL JORDAN 49658 MONARCH DR MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation MANAGER Business Address 32100 STEPHENSON HWY, MADISON HE Type of Contribution: Direct Loan from a person	t 07/10/2022	<u>§100.00</u>	<u>\$ 100.00</u>
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address BILL CHANDLER 109 CHECKERBERRY LN GREENSBORO, NC 27455 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer Business Address	± 07/10/2022	<u>\$ 100.00</u>	<u>\$ 100.00</u>
Type of Contribution: 🖌 Direct 🗌 Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receip Name & Address: JORDAN SIEGAL 1 EMMONS PL CAMBRIDGE, MA 02138	ot 07/11/2022	_{\$} 50.00	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation EDUCATOR Business Address 322 E LIBERTY ST, #8, ANN ARBOR, N Type of Contribution: Direct			
3. Contribution # 4 PAC Receipt? YES 4. Date of Recei Name & Address FREDA HERSETH 1508 LONGSHORE DR ANN ARBOR, MI 48105	pt 07/12/2022	_{\$} 75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide: Occupation PROFESSOR Employer UNIVERSI	TY OF MICHIGAN		
Business Address 1100 BAITS DR, ANN ARBOR, M			
Type of Contribution: V Direct Loan from a person	Fund Raiser		
	Page Subtotal	325.00	
	nd Total of All Schedules 1A ete on last page of Schedule)	Enter this total on line 3a of Summary	

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS	ommittee I.D. Number	C-2021-022	2
			IE SMITH 2022
Enter contributor's name and address. If contribution is from an individual, enter la middle initial. Check box to indicate if contribution is from a Political Committee or Committee (PAC) Report all contributions regardless of amount.	st name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
	7/10/0000		date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07 Name & Address: THERESA BELL	//16/2022		
2602 ARROWWOOD TRAIL ANN ARBOR, MI 48105		_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:			
Occupation NOT EMPLOYED Employer			
Business Address	d Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/	/16/2022		
Name & Address KATHY GRISWALD			
3563 FOX HUNT DR		<u>\$25.00</u>	<u>\$ 525.00</u>
ANN ARBOR, MI 48105			
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer			
Business Address			
Type of Contribution: Direct Loan from a person 🖌 Fun	nd Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07	/16/2022		
CHRIS RICHARDSON		25.00	
166 CIRCLE CT SALINE, MI 48176		<u>\$25.00</u>	<u><u></u>\$25.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation MAINTENANCE Employer ARROWWOOD HILLS	COOPERATIVE		
Business Address 2566 ARROWWOOD TRAIL, ANN ARBOR, I			
Type of Contribution: Image: Direct Loan from a person Image: Fur 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07	nd Raiser		
Name & Address	/10/2022		
TEWSDA PERKINS 2356 ARROWWOOD TRAIL		s10.00 پ	10.00
ANN ARBOR, MI 48105		<u>§ 10.00</u>	<u></u> 10.00
5. If over \$100.00 cumulative, please provide:			
Occupation FARMER Employer ALL ORGANIC			
Business Address 400 N 14TH ST, SAGINAW, MI 4860			
Type of Contribution: 🖌 Direct Loan from a person 🖌 Fund	d Raiser Page Subtotal	110.00	
Grand Tot	tal of All Schedules 1A	110.00	
(Complete on	last page of Schedule)	Enter this total on line 3a of Summary	

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS		C-2021-022	>
	. Committee I.D. Number _		- IE SMITH 2022
Enter contributor's name and address. If contribution is from an individual, ente middle initial. Check box to indicate if contribution is from a Political Committee Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: JEFF CROCKETT	07/16/2022		
506 E KINGSLEY ST ANN ARBOR, MI 48104		s 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer		Ψ	ų
Business Address			
Type of Contribution:	und Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt C)7/16/2022		
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 NOT EMPLOYED Employer			
Business Address			
Type of Contribution: 🔽 Direct Loan from a person 🔽	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt	07/16/2022		
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 SELF EMPLOYED Employer ANGELINE & AS	SOCIATES, LLC		
Business Address Type of Contribution: 🖌 Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt	07/16/2022		
JAMES DANIEL 2769 ARROWWOOD TRAIL		~~ ~~	
ANN ARBOR, MI 48105		<u></u> \$20.00	<u>\$</u> 70.00
5. If over \$100.00 cumulative, please provide:			
Occupation_RETIRED Employer			
Business Address			
Type of Contribution: V Direct Loan from a person V F	und Raiser		
	Page Subtotal	270.00	
	Total of All Schedules 1A on last page of Schedule)	Enter this total on	
Page_25 of 29		line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	C-2021-02	2
		NE SMITH 2022
Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for
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.	o, ,ou.ii	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/16/2022 Name & Address: CHRISTINE CROCKETT		
506 E KINGSLEY ST ANN ARBOR, MI 48104	_{\$} 3.00	_{\$} 3.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer		
Business Address		
Type of Contribution: Image: Direct Loan from a person Image: Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/16/2022		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/16/2022		
BRIAN TRIM	F 00	F 00
1548 BROADWAY ST ANN ARBOR, MI 48105	<u>\$5.00</u>	<u></u> \$.00
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR / PRODUCER Employer SPECTRUM THEATER		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/16/2022		
SAM COPI	20.00	40.00
2306 ADARE RD ANN ARBOR, MI 48104	<u>\$20.00</u>	<u>\$ 40.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation GENERAL MANAGER Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person 🖌 Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/16/2022		
705 HENRY ST ANN ARBOR, MI 48104	<u>15.00</u>	<u>_ 15.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person 🖌 Fund Raiser	-	
Page Subtotal	43.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Fater this to the]
Page_26 of 29	Enter this total on line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
	1. Committee I.D. Number	C-2021-022	2
CANDIDATE COMMITTEE			NE SMITH 2022
Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report <u>all</u> contributions regardless of amount.	ter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address: SIMONE LIGHTBOOK 2735 ARROWWOOD TRAIL ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer Business Address	07/16/2022	<u></u> \$10.00	<u>\$ 10.00</u>
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address RANDY BELL 2602 ARROWWOOD TRAIL ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation DINING SERVICE REPRESENTATIVE Employer UNIVERSITY (<u>\$ 10.00</u>	<u>\$ 10.00</u>
Business Address Type of Contribution: Image: Contribution in the second secon	Fund Raiser		
	07/17/2022	<u>\$10.00</u>	<u>\$80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address Type of Contribution: ✓ Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receip Name & Address EMILY ORAVECZ 1206 TRAVER RD ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide:	t 07/17/2022	_{\$} 17.00	<u></u> 17.00
	Fund Raiser		
	Page Subtotal d Total of All Schedules 1A te on last page of Schedule)	47.00 Enter this total on line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	C-2021-02	2
SCHEDULE 1A 1. Committee I.D. Number CANDIDATE COMMITTEE 2. Committee Name	AM ANGELI	NE 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? YES 4. Date of Receipt 07/17/2022 Name & Address: ERIC LIPSON 1318 ROSEWOOD ST ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	<u></u> \$25.00	\$ <u>125.00</u>
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/17/2022 Name & Address PETER ECKSTEIN 2551 LONDONDERRY RD ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Coccupation RETIRED Employer Employer	<u>\$ 100.00</u>	<u>\$ 250.00</u>
Business Address Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/17/2022 Name & Address: GLENN ZIEGLER 514 KRAUSE ST ANN ARBOR, MI 48103	<u>\$</u> 250.00	<u>\$250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/17/2022 Name & Address LESTER A WYBORNY 1642 TRAVER RD ANN ARBOR, MI 48105	_{\$} 100.00	<u></u> 100.00
5. If over \$100.00 cumulative, please provide: Occupation ENGINEERING SPECIALIST Business Address		
Type of Contribution: 🖌 Direct Loan from a person 🖌 Fund Raiser		-
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of	170.00	_

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	C-2021-02	2
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number		VE 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? YES 4. Date of Receipt 07/17/2022	-	
EMILY ORAVECZ		
1206 TRAVER RD ANN ARBOR, MI 48105	_{25.00} °	_° 42.00
5. If over \$100.00 cumulative, please provide:	⊅	Φ
Occupation COMMUNICATIONS SPECIALIST Employer UNIVERSITY OF MICHIGAN		
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/17/2022		
Name & Address		
AMY CHAVASSE 1633 TRAVER RD	s 50.00	s 50.00
ANN ARBOR, MI 48105	<u>\$</u> 00.00	<u>\$</u> 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation ASSOCIATE PROFESSOR Employer UNIVERSITY OF MICHIGAN		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/17/2022		
Name & Address:	-	
P.O. BOX 8117	_{\$} 100.00	s 100.00
ANN ARBOR, MI 48107		Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation ADMINISTRATIVE ASSISTANT Employer UNIVERSITY OF MICHIGAN		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	_	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtota		1
	170.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	10.000.07	_]
Page_29_of_29_	line 3a of Summary Page.	



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

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

Page

CANDIDATE		2. Com	mittee Name_TEAM ANGELINE	SMITH 2022
3. Name & Address From Whom Received	d 4. Date of Receipt		5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt 04/03/2022		Loan from a Lending Institution	. 0.21
			Interest	<u>\$ 0.21</u>
221 N FIRST ST SAN JOSE, CA 95113			Refund \Rebate	
0, 11 0002, 0, 100110	Fund Raiser		✓ Other (Specify) CASH BACK BONUS FORM P	
Receipt #2 Name & Address:	Date of Receipt 04/17/2022		Loan from a Lending Institution	
PAYPAL 2211 N FIRST ST			Interest	<u>\$</u> 2.97
SAN JOSE, CA 95131			Refund \Rebate	
	Fund Raiser		✓ Other (Specify)	
Receipt #3 Name & Address:	Date of Receipt 04/24/2022		Loan from a Lending Institution	
PAYPAL 2211 N FIRST ST			Interest	<u>\$ 3.77</u>
SAN JOSE, CA 95131			Refund \Rebate	
	Fund Raiser		Cash Back BONUS FORM P	
Receipt #4 Name & Address:	Date of Receipt 05/01/2022		Loan from a Lending Institution	0.10
PAYPAL 2211 N FIRST ST			Interest	<u>\$2.16</u>
SAN JOSE, CA 95131			Refund \Rebate	
	Fund Raiser		✓ Other (Specify)	
Receipt #5 Name & Address:	Date of Receipt 05/29/2022		Loan from a Lending Institution	
PAYPAL			Interest	<u>\$ 0.36</u>
2211 N FIRST ST SAN JOSE, CA 95131			Refund \Rebate	
	Fund Raiser	[Cash Back BONUS FORM P	
Receipt #6 D Name & Address:	Date of Receipt 06/05/2022		Loan from a Lending Institution	
			Interest	<u>\$0.29</u>
2211 N FIRST ST SAN JOSE, CA 95131			Refund \Rebate	
	Fund Raiser		Other (Specify) CASH BACK BONUS FORM P	
Receipt #7 E Name & Address:	Date of Receipt 06/26/2022	-	Loan from a Lending Institution	
PAYPAL				<u></u> \$ <u>1.75</u>
2211 N FIRST ST SAN JOSE, CA 95131				
SAN 300E, OA 33131	—			
	Fund Raiser		Other (Specify) Page Subtota	
			-	11.51
			Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)	
				Enter this total on line 4 of Summary



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

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

line 4 of Summary

Page

CANDIDATE COMMITTEE		2. Committee Name_TEAM ANGELINE SMITH 2022			
3. Name & Address From Whom Receive	ed 4. Date of Receipt	5. Type of Receipt	6. Amount		
Receipt #1 Name & Address:	Date of Receipt 07/03/2022	Loan from a Lending Institution			
PAYPAL		Interest	<u>\$ 1.37</u>		
2211 N FIRST ST SAN JOSE, CA 95131		Refund \Rebate			
·	Fund Raiser	Other (Specify) CASH BACK BONUS FORM P			
Receipt #2 Name & Address:	Date of Receipt 07/10/2022	Loan from a Lending Institution			
PAYPAL		Interest	_{\$} 1.75		
2211 N FIRST ST SAN JOSE, CA 95131		Refund \Rebate			
	Fund Raiser	Cash Back Bonus Form P			
Receipt #3 Name & Address:	Date of Receipt 07/17/2022	Loan from a Lending Institution			
PAYPAL		Interest	<u>\$ 2.50</u>		
2211 N FIRST ST SAN JOSE, CA 95131		Refund \Rebate			
0AN 000E, 0A 00101	—	Cash Back BONUS FORM P			
Receipt #4	L Fund Raiser Date of Receipt				
Name & Address:		Loan from a Lending Institution	\$		
		Interest	Ψ		
		Refund \Rebate Click for	Memo Itemization Type		
	Fund Raiser	Other (Specify)			
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institution			
		Interest	\$		
		Refund \Rebate Click for	Memo Itemization Type		
	Fund Raiser	Other (Specify)			
Receipt #6 Name & Address:	Date of Receipt	Loan from a Lending Institution			
		Interest	\$		
		Refund \Rebate Click for I	Memo Itemization Type		
	Fund Raiser	Other (Specify)			
Receipt #7 Name & Address:	Date of Receipt	Loan from a Lending Institution			
			\$		
		L Interest	Memo Itemization Type		
	_		2 F -		
	Fund Raiser	Other (Specify) Page Sub	total F CO		
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		Grand Total of All Schedules 1 (Complete on last page of Sche	dule) 17.13		
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Page 2 of 2

ITEMIZED IN-KIND CONTF	RIBUTIONS	ſ	2_2021 02	2	
SCHEDULE 1-IK	K 1.	Committee I. D. Number			
CANDIDATE COMM	IITTEE ^{2.}	Committee Name	M ANGE	_INE SMI	TH 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.	5. Date of Receipt	Contribution (Check applicabl	,	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: GRAFAKTRI 1200 N MAIN ST ANN ARBOR, MI 48104 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	Goods Donated Goods or Servic Goods or Servic Description	ces Purchased by Candidate ces Purchased by Candidate NER WITH CAMPA : 03/21/2022	Donated or Others or Others- LOAN	96.00	§ 96.00
Fund Raiser Contribution					
Contribution # 2 PAC Receipt? Yes Name & Address LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176	Goods Donated Goods or Servi	nt or Guarantee of Bank Loar d or Loaned Services I ces Purchased by Candidate ces Purchased by Candidate	Donated or Others	16.58	s <u>16.58</u>
If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:		GAN AVE,	PARK EVENT		
Fund Raiser Contribution					
Contribution #3 PAC Receipt? Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	Goods Donated Goods or Servic Goods or Servic Description	T BLVD,	onated \$ <u>1</u> or Others or Others- LOAN	1.69	\$ <u>28.27</u>
			Daga Subtat	101 07	00.00
			Page Subtota of all Schedules 1-I st page of Schedule	к	

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ITEMIZED IN-KIND CONTRIBUTIONS				
SCHEDULE 1-IK CANDIDATE COMMUTTEE 1. Committee I. D. Number 2. Committee Name TEAM ANGELINE SMITH 2022				
CANDIDATE COMM	ITTEE 2. Committee Name IEAM AN	GEL	INE SMI	TH 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.	 Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services purchased 	s were	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? 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. ☐ Endorsement or Guarantee of Bank Loan Goods Donated or Loaned ☐ Services Donated ✓ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- I Description COFFEE & COFFEE SUPPLII 5. Date Of Receipt: 04/09/2022 6. Vendor Name & Address: SWEETWATERS COFFEE & TEA 3393 PLYMOUTH RD, ANN ABBOB MI 48105 	LOAN	66.78	<u>\$ 66.78</u>
Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address JAMES DANIEL	ANN ARBOR, MI 48105 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated			
2769 ARROWWOOD TRAIL ANN ARBOR, MI 48105	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-		.89	§ 73.67
If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address:	Description TABLE CLOTH 5. Date Of Receipt: 04/09/2022 6. Vendor Name & Address: PARTY CITY			
Fund Raiser Contribution	2677 OAK VALLEY DR, ANN ARBOR, MI 48103			
Contribution #3 PAC Receipt? Yes Name & Address: RITA MITCHEL 621 5TH ST ANN ARBOR, MI 48103	 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-I 		3.21	<u>* 18.21</u>
If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	Description FRUIT 5. Date Of Receipt: 04/09/2022 6. Vendor Name & Address: PEOPLE'S FOOD COOP			
Fund Raiser Contribution	216 N 4TH AVE, ANN ARBOR, MI 48104			
	Page	Subtotal	91.88	18.21
	Grand Total of all Sched (Complete on last page of S			_
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ITEMIZED IN-KIND CONTF	RIBUTIONS
SCHEDULE 1-IK	
CANDIDATE COMM	ITTEE 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? 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. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$150.00 \$178.27 Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description BROWNIES, COOKIES, BAKED DOG TREATS 5. Date Of Receipt: 04/09/2022 6. Vendor Name & Address:
Fund Raiser Contribution Contribution # 2 PAC Receipt? 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. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description BANANA BREAD 5. Date Of Receipt: 04/09/2022 6. Vendor Name & Address:
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address: Fund Raiser Contribution	 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description ITEMS FOR OLSON PARK EVENT 5. Date Of Receipt: 04/19/2022 6. Vendor Name & Address: AMAZON 410 TERRY AVE N, SEATTLE, WA 98109
	Page Subtotal 285.80 0.00 Grand Total of all Schedules 1-IK (Complete on last page of Schedule) Enter this total on line 6 of Summary Page

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ITEMIZED IN-KIND CONTF	
SCHEDULE 1-I	1. Committee I. D. Number C-2021-022
CANDIDATE COMM	ITTEE 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? 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	4. ☐ Endorsement or Guarantee of Bank Loan Goods Donated or Loaned ☐ Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description LUNCH FOR EARTH DAY BOOTH ATTENDEES 5. Date Of Receipt: 04/23/2022 6. Vendor Name & Address: TIOS MEXICAN CAGE 401 E LIBERTY ST, ANN ARBOR, MI 48104
Contribution # 2 PAC Receipt? 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. ☐ Endorsement or Guarantee of Bank Loan Goods Donated or Loaned ☐ Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description PARKING AT DTAA FESTIVAL - HAULING BOOTH ITEMS 5. Date Of Receipt: 06/04/2022 6. Vendor Name & Address: REPUBLIC PARKING 324 MAYNARD ST, ANN ARBOR, MI 48104
Fund Raiser Contribution Contribution #3 PAC Receipt? 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. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated \$ 50.00 \$ 110.00 ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description BEVERAGES, SPANAKOPITA, MELON, NUTS 5. Date Of Receipt: 06/12/2022 6. Vendor Name & Address:
Fund Raiser Contribution	Page Subtotal 112.00 152.40 Grand Total of all Schedules 1-IK (Complete on last page of Schedule) Enter this total
	on line 6 of Summary Page

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ITEMIZED IN-KIND CONTF	RIBUTIONS	2	
SCHEDULE 1-IK	1. Committee I. D. Number <u>C-2021-02</u>		
CANDIDATE COMM	ITTEE 2. Committee Name TEAMANGE	-INE SIVII	TH 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 Receipt6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Business Address:	 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description BROWNIES AND LEMON ROUND CAKE 5. Date Of Receipt: 06/12/2022 6. Vendor Name & Address: 	40.00	<u>\$</u> 313.67
Fund Raiser Contribution			
Contribution # 2 PAC Receipt? 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. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others \$	17.80	\$ <u>331.47</u>
Fund Raiser Contribution	3140 ANN ARBOR-SALINE RD, ANN ARBOR, MI 48103		
Contribution #3 PAC Receipt? 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. ☐ Endorsement or Guarantee of Bank Loan Goods Donated or Loaned ☐ Services Donated \$ Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description ITEMS FOR ELKS EVENT 5. Date Of Receipt: 06/17/2022 6. Vendor Name & Address: WALMART 7000 E MICHIGAN AVE, SALINE, MI 48176 	4.46	<u>\$</u> 345.93
Fund Raiser Contribution		70.00	
	Page Subtota Grand Total of all Schedules 1-I (Complete on last page of Schedule		0.00
		Enter this total on line 6 of Sur Page	

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ITEMIZED IN-KIND CONTRIBUTIONS				
SCHEDULE 1-IK 1. Committee I. D. Number C-2021-022 TEAM ANGELINE SMITH 2022				
CANDIDATE COMM	ITTEE 2. Committee Name IEAM ANG	171	INE SMI	TH 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 Receipt6. Name & Address of Vendor from whom goods or services w purchased	/ere	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? 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. ☐ Endorsement or Guarantee of Bank Loan Goods Donated or Loaned ☐ Services Donated ✓ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LO. Description CAMPAIGN T-SHIRTS 5. Date Of Receipt: 06/17/2022 6. Vendor Name & Address: HEIKKS 133 W MICHIGAN AVE, YPSILANTI, MI 48197 	*	424.00	<u>\$</u> 424.00
Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address: Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others-LC Description FOOD FOR ELKS CLUB EVEN 5. Date Of Receipt: 06/18/2022 6. Vendor Name & Address: JIMMY JOHNS 2615 PLYMOUTH RD, ANN ARBOR, MI 48105	DAN	25.08	\$ 471.01
Contribution #3 PAC Receipt? 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. ☐ Endorsement or Guarantee of Bank Loan Goods Donated or Loaned ☐ Services Donated Goods or Services Purchased by Candidate or Others ✓ Goods or Services Purchased by Candidate or Others- LO Description CASH GRATUITY 5. Date Of Receipt: 06/18/2022 6. Vendor Name & Address: GREGORY PEE 601 ELMCREST DR, ANN ARBOR, MI 48103 	·).00	<u>\$</u> 491.01
Fund Raiser Contribution]		
	Page Su	btotal	569.08	424.00
	Grand Total of all Schedule (Complete on last page of Sche		Enter this total on line 6 of Su Page	

Page <u>6</u> of <u>10</u>

ITEMIZED IN-KIND CONT	C_{-2021}	-022	
SCHEDULE 1-I			
CANDIDATE COMM	11TTEE 2. Committee Name I EAIVI AIV	GELINE SI	MITH 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.	 Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services purchased 	7. Amount Fair Marke Value were	
Contribution # 1 PAC Receipt? 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. ☐ Endorsement or Guarantee of Bank Loan Goods Donated or Loaned ☐ Services Donated ✓ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- L 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 	\$ <u>200.00</u>) \$273.67
Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address: Fund Raiser Contribution	 4. ☐ Endorsement or Guarantee of Bank Loan Goods Donated or Loaned ☐ Services Donated Goods or Services Purchased by Candidate or Others ✓ Goods or Services Purchased by Candidate or Others- I Description <u>CANDY AND FLAGS FOR 4TH OF JULY PAR</u> 5. Date Of Receipt: <u>06/25/2022</u> 6. Vendor Name & Address: GORDON FOODS 2151 W LIBERTY ST, ANN ARBOR, MI 48103 		§ <u>539.68</u>
Contribution #3 PAC Receipt? 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. ☐ Endorsement or Guarantee of Bank Loan Goods Donated or Loaned ☐ Services Donated Goods or Services Purchased by Candidate or Others ✓ Goods or Services Purchased by Candidate or Others-L Description FOOD AND GROCERY ITEMS FOR COOKC 5. Date Of Receipt: 06/29/2022 6. Vendor Name & Address: KROGER 400 S MAPLE RD, ANN ARBOR, MI 48103 		§ 690.68
Fund Raiser Contribution		1	
		Subtotal 399.6	67 273.67
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ITEMIZED IN-KIND CONTF	(IBUTIONS C_2021 02	2
SCHEDULE 1-IK		
CANDIDATE COMM	ITTEE 2. Committee Name IEANIANGE	LINE 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 Receipt6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market8. Cumulative for ElectionValueCycle (Through date in Item 5)
Contribution # 1 PAC Receipt? 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. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description NAME TAGS AND MARKER 5. Date Of Receipt: 07/09/2022 6. Vendor Name & Address: 	7.00 \$7.00
Fund Raiser Contribution		
Contribution # 2 PAC Receipt? 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. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description ITEMS FOR ICE CREAM SOCIAL 5. Date Of Receipt: 07/14/2022 6. Vendor Name & Address: MEIJER 	3.59 <u>\$ 694.27</u>
Fund Raiser Contribution	3825 CARPENTER RD, YPSILANTI, MI 48197	
Contribution #3 PAC Receipt? Yes Name & Address: LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176	Goods or Services Purchased by Candidate or Others	8.29 <u>\$</u> 742.56
If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address:	Description ITEMS FOR ICE CREAM SOCIAL 5. Date Of Receipt: 07/14/2022 6. Vendor Name & Address: COSTCO 771 AIRPORT BLVD, ANN ARBOR, MI 48108	
Fund Raiser Contribution		<u> </u>
	Page Subtota	a 58.88 7.00
	Grand Total of all Schedules 1- (Complete on last page of Schedule	

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ITEMIZED IN-KIND CONTRIBUTIONS				
SCHEDULE 1-IK CANDIDATE COMMUTTEE 1. Committee I. D. Number 2. Committee Name TEAM ANGELINE SMITH 2022				
CANDIDATE COMN		IGEL	INE SIVII	IH 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 Receipt6. Name & Address of Vendor from whom goods or services purchased	s were	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? 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. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-I Description ITEMS FOR ICE CREAM SOCI 5. Date Of Receipt: 07/14/2022 6. Vendor Name & Address: GORDON FOODS 3800 CARPENTER RD, YPSILANTI, MI 48197 		101.25	<u>\$843.81</u>
Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address: Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ✔ Goods or Services Purchased by Candidate or Others- Description ITEMS FOR ICE CREAM SOC 5. Date Of Receipt: 07/14/2022 6. Vendor Name & Address: AMAZON 410 TERRY AVE N, SEATTLE, WA 98109	LOAN	4.39	\$ 888.20
Contribution #3 PAC Receipt? 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. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others ☑ Goods	LOAN	3.86	§ 957.06
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	Page Grand Total of all Sched (Complete on last page of S		Enter this total on line 6 of Su Page	

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ITEMIZED IN-KIND CONTR	IBUTIONS	22
SCHEDULE 1-IK		
CANDIDATE COMM	ITTEE 2. Committee Name IEAM ANG	ELINE 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 Receipt6. Name & Address of Vendor from whom goods or services we purchased	re 7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? 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. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOA Description ICE CREAM FOR ICE CREAM SOCIAL 5. Date Of Receipt: 07/16/2022 6. Vendor Name & Address: WASHTENAW DAIRY 602 S ASHLEY ST, ANN ARBOR, MI 48103 	
Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address LAURA MORRIS 8831 MELBOURNE DR SALINE, MI 48176 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address: Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan	
Contribution #3 PAC Receipt? Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$ Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOA Description	*
Fund Raiser Contribution		
	Page Sub Grand Total of all Schedules (Complete on last page of Sche	^{1-IK} 2 115 72
	Complete on last page of Sche	Enter this total on line 6 of Summary Page

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	Committee I. D. Number C-2021-02	2	
		E 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		01/23/2022	\$ <u>0.63</u>
Address 2211 N FIRST ST SAN JOSE, CA 95131	Purpose: MERCHANT PROCESSING FEE	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name PAYPAL		01/26/2022	\$ 39.01
^{Address} 2211 N FIRST ST SAN JOSE, CA 95131	Purpose: MERCHANT PROCESSING FEE	Date	• <u>33.01</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name PAYPAL		02/26/2022 Date	\$ <u>12.08</u>
Address 2211 N FIRST ST SAN JOSE, CA 95131	Purpose: MERCHANT PROCESSING FEES	Dato	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name CITY PRINTING, INC.	Burnage: CAMPAIGN BUSINESS CARDS	02/28/2022 Date	\$ <u>99.64</u>
P.O. BOX 980333 YPSILANTI, MI 48199	Purpose:		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name BANK OF ANN ARBOR		02/28/2022	\$ 10.00
Address 2601 PLYMOUTH RD ANN ARBOR, MI 48105	Purpose: BANK SERVICE CHARGE	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	otal this page	161.36
	Grand Total of all (Complete on last pag		

	C-2021-02	2	
		E 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	MERCHANT PROCESSING FEE	03/13/2022 Date	\$ <u>14.94</u>
Address 2211 N FIRST ST SAN JOSE, CA 95131	Purpose: MERCHANT PROCESSING FEE	Duto	
SAN 303E, CA 33131			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name FACEBOOK		03/15/2022	. 15 00
Address 1 HACKER WAY MENLO PARK, CA 94025	Purpose: FACEBOOK AD	Date	\$ <u>15.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name FACEBOOK		03/17/2022	\$ 15.00
^{Address} 1 HACKER WAY MENLO PARK, CA 94025	Purpose: FACEBOOK AD	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name SEWOLO & SON		03/19/2022	
Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216	Purpose: YARD SIGNS	Date	\$ <u>1,245.50</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name MAILCHIMP		03/20/2022	\$ 34.00
Address 675 PONCE DE LEON AVE NE ATLANTA, GA 30308	Purpose:	Date	<u> </u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	otal this page	1,324.44
	Grand Total of all (Complete on last page		
		-	Enter this total

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	1. Committee I. D. Number C-2021-022		
		E 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		04/01/2022 Date	\$ <u>21.00</u>
Address 1 HACKER WAY MENLO PARK, CA 94025	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2 Name FACEBOOK	Purpose: FACEBOOK AD	04/10/2022 Date	\$ <u>25.00</u>
Address 1 HACKER WAY MENLO PARK, CA 94025			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name ZACHARY SOLOMON Address 2845 BARROW DOWNS ST	Purpose: CAMPAING MANAGER	04/11/2022 Date	\$ <u>550.00</u>
LAS VEGAS, NV 89135	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name VANTIV Address 900 CHELMSFORD ST LOWELL, MA 01851	Purpose:	04/11/2022 Date	\$ <u>54.10</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 Fund Raiser	Purpose: FACEBOOK AD	04/12/2022 Date	\$ <u>35.00</u>
		otal this page	685.10
	Grand Total of all (Complete on last page	Schedules 1B	000.10

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	1. Committee I. D. Number C-2021-022		
		E 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	Purpose: FACEBOOK AD	04/15/2022 Date	\$ <u>187.2</u> 9
Address 1 HACKER WAY MENLO PARK, CA 94025	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name FACEBOOK		04/15/2022 Date	\$ <u>50.00</u>
Address 1 HACKER WAY MENLO PARK, CA 94025	Purpose: FACEBOOK AD		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name FACEBOOK	Purpose: FACEBOOK AD	04/21/2022 Date	\$ <u>75.00</u>
1 HACKER WAY MENLO PARK, CA 94025	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #4	statement		
Name CITY PRINTING, INC.		04/23/2022 Date	\$ <u>302.10</u>
Address P.O. BOX 980333 YPSILANTI, MI 48199	PRINTING CAMPAIGN LITERATURE Purpose:		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name WIX.COM Address 500 TERRY A FRANCOIS BLVD	Purpose: WEBSITE HOSTING	04/24/2022 Date	\$ <u>36.00</u>
SIXTH FLOOR SF, CA 94158 SF, CA 94158	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	otal this page	650.39
	Grand Total of all (Complete on last page		

	1. Committee I. D. Number C-2021-022		
	ommittee Name TEAM ANGELINE	E 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		04/29/2022 Date	\$ <u>10.00</u>
Address 2601 PLYMOUTH RD	Purpose: BANK SERVICE CHARGE	Duit	
ANN ARBOR, MI 48105			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name WIX.COM		04/29/2022	. 10.00
		Date	\$ <u>12.00</u>
Address	Purpose: WEB HOSTING		
500 TERRY A FRANCOIS BLVD			
SIXTH FLOOR			
SF, CA 94158	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name FACEBOOK		04/30/2022	\$ 43.20
Address	Purpose: FACEBOOK AD	Date	\$ 43.20
1 HACKER WAY			
MENLO PARK, CA 94025			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name ZACHARY SOLOMON		05/00/0000	
ZAONANT OCEOWON		05/02/2022	\$ 525.00
Address	Purpose: CAMPAIGN MANAGER	Date	
2845 BARROW DOWNS ST			
LAS VEGAS, NV 89135			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name WIX.COM		05/23/2022	
Address	Purpose: WEB HOSTING	Date	\$ <u>36.00</u>
500 TERRY A FRANCOIS BLVD		Duit	
SIXTH FLOOR			
<u>SF</u> , CA 94158	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	626.20
	Grand Total of all	Schedules 1B	
	(Complete on last page		

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	1. Committee I. D. Number C-2021-022			
		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	Purpose: PRINTING CAMPAIGN LITERATURE	05/24/2022 Date	\$ <u>842.7</u> 0	
P.O. BOX 980333 YPSILANTI, MI 48199	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #2				
Name LAURA MORRIS Address 8831 MELBOURNE DR	Purpose:	05/29/2022 Date	\$ <u>104.07</u>	
SALINE, MI 48176	Memo	Itemization Bel	ow	
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #3				
	Purpose: WEB HOSTING	05/30/2022 Date	\$ <u>12.00</u>	
500 TERRY A FRANCOIS BLVD SIXTH FLOOR SF, CA 94158 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous			
Expenditure #4	statement			
Name BANK OF ANN ARBOR Address 2601 PLYMOUTH RD ANN ARBOR, MI 48105	Purpose: BANK SERVICE CHARGE	05/31/2022 Date	\$ <u>10.00</u>	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #5				
Name FACEBOOK Address 1 HACKER WAY	Purpose: FACEBOOK AD	05/31/2022 Date	\$ <u>17.00</u>	
MENLO PARK, CA 94025	Check box if this expenditure is payment of debt or obligation reported on previous statement			
	Subto	tal this page	985.77	
	Grand Total of all (Complete on last page			

	ommittee I. D. Number C-2021-02	2	
		E SMITH	2022
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		1	
Name UNIT PACKAGING		05/31/2022 Date	\$ <u>1,626.06</u>
Address 119 ENTERPRISE DR	Purpose: MAILING CAMPAIGN LITERATURE	Dale	
ANN ARBOR, MI 48103			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name ANN ARBOR JAYCEES	4TH OF JULY PARADE ENTRY	06/01/2022 Date	\$ <u>51.99</u>
Address P.O. BOX 1866	Purpose: 4TH OF JULY PARADE ENTRY		
ANN ARBOR, MI 48108			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name CITY PRINTING, INC.		06/01/2022	\$ <u>251.75</u>
Address P.O. BOX 980333	Purpose: PRINTING CAMPAIGN LITERATURE	Date	
YPSILANTI, MI 48199	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name NAAACP		06/01/2022	
Address	JUNETEENTH EVENT FEE FOR CANDIDATE	Date	\$ <u>25.00</u>
P.O. BOX 3399	r uipose		
ANN ARBOR, MI 48106			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name LAURA MORRIS		06/04/2022	\$ 19.60
Address 8831 MELBOURNE DR	PUTPOSE:	Date	10.00
SALINE, MI 48176		Itemization Bel	ow
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	otal this page	1,974.40
	Grand Total of all (Complete on last page		

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	C-2021-02	2	
		E 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.	PRINTING CAMPAIGN LITERATURE	06/14/2022 Date	\$ <u>195.04</u>
Address P.O. BOX 980333	Purpose:	Buit	
YPSILANTI, MI 48199			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name CITY PRINTING, INC.	Purpose:	06/22/2022 Date	\$ <u>796.06</u>
Address P.O. BOX 980333 YPSILANTI, MI 48199	Fuipuse		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name UNIT PACKAGING		06/22/2022 Date	\$ <u>931.98</u>
Address 119 ENTERPRISE DR ANN ARBOR, MI 48103	Purpose: LITERATURE MAILING	Dale	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name LAURA MORRIS	REPAYMENT OF LOAN FOR ELKS CLUB EVENT	06/24/2022 Date	\$ <u>177.34</u>
Address 8831 MELBOURNE DR SALINE, MI 48176	Purpose:		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name FACEBOOK		06/25/2022	\$ 175.00
Address 1 HACKER WAY	Purpose: FACEBOOK AD	Date	* <u>175.00</u>
MENLO PARK, CA 94025	Check box if this expenditure is payment of debt or obligation reported on previous statement		
		otal this page	2 275 10
	Grand Total of all		2,275.42
	(Complete on last pag	e of Schedule)	

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	Committee I. D. Number C-2021-02	2	
		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		06/26/2022 Date	\$ <u>99.00</u>
Address 366 SUMMER ST	Purpose: ACTBLUE SIGN UP FEE	Duit	
SOMERVILLE, MA 02144			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name WIX.COM		06/27/2022	◆ 26 00
Address 500 TERRY A FRANCOIS BLVD	Purpose: WEB HOSTING	Date	\$ <u>36.00</u>
SIXTH FLOOR			
SF, CA 94158	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name FACEBOOK		06/30/2022	\$88.91
Address	Purpose: FACEBOOK AD	Date	
MENLO PARK, CA 94025			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name WIX.COM		07/01/2022	
		Date	\$ <u>12.00</u>
Address 500 TERRY A FRANCOIS BLVD	Purpose: WEBSITE HOSTING		
SIXTH FLOOR			
SF, CA 94158	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name SOLOMON ZACHARY		07/01/2022	
Address	Purpose: CAMPAIGN MANAGER FEE	Date	\$ <u>250.00</u>
2845 BARROW DOWNS ST			
LAS VEGAS, NV 89135	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement	tal this rates	405.04
	Subto	tal this page	485.91
	Grand Total of all (Complete on last page		
	(Complete on last page	e of Schedule)	

	1. Committee I. D. Number C-2021-022		
			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		07/01/2022	\$ 12.00
Address 500 TERRY A FRANCOIS BLVD SIXTH FLOOR	Purpose: WEB HOSTING	Date	
SF, CA 94158	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name ZACHARY SOLOMON		07/01/2022	\$ 250.00
^{Address} 2845 BARROW DOWNS ST LAS VEGAS, NV 89135	Purpose: CAMPAIGN MANAGER	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name FACEBOOK		07/08/2022	\$ 175.00
^{Address} 1 HACKER WAY MENLO PARK, CA 94025	Purpose: FACEBOOK AD	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name FACEBOOK		07/08/2022	\$ 250.00
Address 1 HACKER WAY MENLO PARK, CA 94025	Purpose: FACEBOOK AD	Date	<u></u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name CITY PRINTING, INC.		07/11/2022	\$ 166.16
^{Address} P.O. BOX 980333 YPSILANTI, MI 48199	Purpose: PRINTING CAMPAIGN LITERATURE	Date	* <u>100.10</u>
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	853.16
	Grand Total of all (Complete on last page		
		E	Enter this total

	Committee I. D. Number C-2021-02	2	
	Committee Name TEAM ANGELINE	E 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		07/11/2022 Date	\$ <u>18.09</u>
Address 900 CHELMSFORD ST LOWELL, MA 01851	Purpose: <u>MERCHANT PROCESSING FEES</u> Check box if this expenditure is payment of	Dale	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name CITY PRINTING, INC.		07/13/2022 Date	\$ <u>224.72</u>
^{Address} P.O. BOX 980333 YPSILANTI, MI 48199	PRINTING CAMPAIGN LITERATURE Purpose:	Buto	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name LAURA MORRIS	Purpose:	07/16/2022 Date	\$ <u>48.67</u>
8831 MELBOURNE DR		Itemization Bel	
SALINE, MI 48176	Check box if this expenditure is payment of debt or obligation reported on previous	iternization bei	ow
Expenditure #4	statement		
Name LAURA MORRIS		07/17/2022 Date	s 151.00
Address 8831 MELBOURNE DR	Purpose:		
SALINE, MI 48176		Itemization Bel	ow
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name LAURA MORRIS	REPAYMENT OF LOAN FOR ITEMS AT ICE CREAM SOCIAL	07/17/2022 Date	\$ 453.79
Address 8831 MELBOURNE DR	Purpose:	Date	
SALINE, MI 48176	Check box if this expenditure is payment of	temization Bel	low
Fund Raiser	debt or obligation reported on previous statement		
	Subto	otal this page	896.27
	Grand Total of all (Complete on last pag		10,918.42

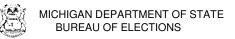
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FUND RAISER SCHEDULE 1F		mmittee I.D. Number C-2021	-022	
		2. Committee Name TEAM ANGELINE SMITH 2022		
	- USE A SEPARATE SH	IEET FOR EACH EVENT -		
3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. OLSON PARK	
04/09/2022	— 15	OLSON PARK MEET & GREET W/ YOUR DOG	1505 DHU VARREN RD ANN ARBOR, MI 48105 Private Residence	
7. Total Contributions	1,048.88			
8. Other Receipts	0.00			
9. Gross Receipts (Add lin	nes 7 and 8) 1,048.88			
10. Total Cost of Event	d Contributions and All Expenditure	s Made For the Event)		
11. Check if event wa	s a joint fund raiser and complete th	e 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.

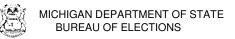
Page 1 of 5



FUND RAISER SCHEDULE 1F		mittee I.D. Number	-022	
CANDIDATE		2. Committee Name TEAM ANGELINE SMITH 2022		
	- USE A SEPARATE SH	EET 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 Private Residence	
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 (Total Cost includes In-Kind C	0.00 Contributions and All Expenditures	Made For the Event		
11. Check if event was a	joint fund raiser and complete the	e following:		
Co-Sponsor(s)	Contribution S (%)	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.

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FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE		1. Committee I.D. Number 2. Committee Name TEAM ANGELINE SMITH 2022			
3. Date Event W		4. Number of Individuals Att or Participating (whichever is greater) 16	s	pe of Fund Raising Activity	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 Private Residence
7. Total Contri	ibutions	550.00			
8. Other Rece	ipts	0.00			
9. Gross Rece	eipts (Add lines 7	and 8) 550.00			
10. Total Cos (Total Cost inc		ntributions and All Exper		For the Event)	
11. 🗌 Checł	k if event was a jo	int fund raiser and comp	lete the follow	ing:	
Co-S	ponsor(s)		oution 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.

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FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE		mittee I.D. Number	-022				
		mittee Name TEAM ANGE	LINE 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	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 Private Residence				
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 (Total Cost includes In-Kind Co	552.00 ntributions and All Expenditures	Made For the Event					
11. Check if event was a jo	int fund raiser and complete the	following:					
Co-Sponsor(s) Contrib		plit	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.

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FUND BAISER	SCHEDULE 1F 1. C	1. Committee I.D. Number		
CANDIDATE COMMITTEE		2. Committee Name TEAM ANGELINE SMITH 2022		
	- USE A SEPARATE S	HEET 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 Private Residence	
7. Total Contributions	677.00			
8. Other Receipts	0.00			
9. Gross Receipts (Add line	s 7 and 8) 677.00			
10. Total Cost of Event (Total Cost includes In-Kind	0.00 I Contributions and All Expenditu	res Made For the Event)		
11. Check if event was	a joint fund raiser and complete	the following:		
Co-Sponsor(s)	Contribution (%)	n 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.

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