



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

07 NOV 2022 PM 08:21

WASHTENAW COUNTY CLERK
ANN ARBOR, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 11/08/2021 to 12/31/2021

1. Committee I.D. Number

C-2021-020

4. Candidate Last Name First Name M.I.

AKMON DHARMA R

2. Committee Name

COMMITTEE TO ELECT DHARMA AKMON

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

COUNCIL MEMBER, WARD 4, ANN ARBOR

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

5. Committee's Mailing Address

**1156 GLEN LEVEN RD.
ANN ARBOR, MI 48103**

Area Code and Phone (734) 492-5866
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**JOAN LOWENSTEIN
502 BURSON PL.
ANN ARBOR, MI 48104**

Area Code & Phone (734) 761-5248

7. Treasurer's Business Address

**502 BURSON PL.
ANN ARBOR, MI 48104**

Area Code and Phone (734) 761-5248

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

Area Code and Phone () -

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☒ Annual Statement (2021)
Coverage Year

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

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/07/2022

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/07/2022



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/09/2021</u>	
Name & Address: HEIDI POSCHER 1204 BROOKLYN AVE ANN ARBOR, MI 48104		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>AHFLP LLC</u> Business Address <u>1204 BROOKLYN AVE, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/09/2021</u>	
Name & Address: AMY PIENTA 1340 MOREHEAD DR ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/11/2021</u>	
Name & Address: CONSTANCE COLTHORP 734 BRAESIDE PL ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/11/2021</u>	
Name & Address: PETER HONEYMAN 113 S FOURTH AVE APT 4 ANN ARBOR, MI 48104		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **625.00**

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

Enter this total on
line 3a of Summary
Page.