



FILED
26 JUL 2024 PM 03:54
WASHTENAW COUNTY CLERK
ANN ARBOR, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 01/01/2024 to 07/21/2024

1. Committee I.D. Number
C-2022-112

2. Committee Name
FRIENDS OF ALYSHIA DYER

4. Candidate Last Name **DYER** First Name **ALYSHIA** M.I. **M**

4a. Office Sought Including District # or Community Served (If applicable)
SHERIFF, WASHTENAW COUNTY

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

5. Committee's Mailing Address
**1606 S HURON STREET
PO BOX972326
YPSILANTI, MI 48197**

Area Code and Phone (734) 395-4581
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
**RYAN YAPLE
1007 E SUMMERFIELD GLEN CIRCLE
ANN ARBOR, MI 48103**

Area Code & Phone (810) 623-5342

7. Treasurer's Business Address
**1007 E SUMMERFIELD GLEN CIRCLE
ANN ARBOR, MI 48103**

Area Code and Phone (810) 623-5342

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
**CHRISTOPHER CAMPBELL
4101 ALBEMARIE ST. NW APR. 605
WASHINGTON, DC 20016**

Area Code and Phone (714) 351-0485

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus
08/06/2024

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

July Quarterly
 October Quarterly

9c. Annual Statement () Coverage Year

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

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

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

Submitted electronically, signature on file Date 07/26/2024

Candidate _____ / _____
Type or Print Name Signature

Submitted electronically, signature on file Date 07/26/2024



1. Committee I.D. Number C-2022-112

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF ALYSHIA DYER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>82,771.76</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>82,771.76</u>	(18.) \$ <u>186,144.73</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>82,771.76</u>	(20.) \$ <u>186,144.73</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>433.52</u>	(21.) \$ <u>6,244.28</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>113,959.70</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>113,959.70</u>	(23.) \$ <u>148,895.76</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>68,436.91</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>82,771.76</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>151,208.67</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>113,959.70</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>37,248.97</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/03/2024</u> Name & Address: MARY BYCE 5939 LAFAYETTE LN ANN ARBOR, MI 48103	\$ 20.24	\$ 170.24
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/04/2024</u> Name & Address: IVAN GUZMAN 3580 PHEASANT RUN CIRCLE DRIVE #5 ANN ARBOR, MI 48108	\$ 25.00	\$ 52.00
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGAL ASSISTANT</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>220 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/04/2024</u> Name & Address: MICHELLE KING 102 MIDDLE DR YPSILANTI, MI 48197	\$ 5.00	\$ 190.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>102 MIDDLE DRIVE, YPSILANTI, MI, USA, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/06/2024</u> Name & Address: TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	\$ 7.00	\$ 246.00
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>U.S. ENVIRONMENTAL PROTECTION AGENCY</u> Business Address <u>2000 TRAVERWOOD DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **57.24**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/07/2024</u> Name & Address: LEAHA DOTSON 190 N WASHINGTON ST YPSILANTI, MI 48197	\$ <u>50.00</u>	\$ <u>296.20</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE DIRECTOR</u> Employer <u>MICHIGAN HOUSE OF REPRESENTATIVES</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/08/2024</u> Name & Address: KATHLEEN CLARK 1327 NOTTINGTON CT ANN ARBOR, MI 48103	\$ <u>100.24</u>	\$ <u>200.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1327 NOTTINGTON CT, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/08/2024</u> Name & Address: SAM PERNICK 2769 ARROWWOOD TRAIL ANN ARBOR, MI 48105	\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2769 ARROWWOOD TRAIL, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/10/2024</u> Name & Address: JEFFERY HARROLD 1393 KING GEORGE BLVD ANN ARBOR, MI 48104	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PASTOR</u> Employer <u>NEW BEGINNINGS COMMUNITY CHURCH</u> Business Address <u>4859 ELLSWORTH RD, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **450.24**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/12/2024</u> Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	\$ 8.00	\$ 390.22
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PERSONAL FINANCE EDUCATION SERVICES INC.</u> Business Address <u>37735 ENTERPRISE CT, FARMINGTON HILLS, MI 48331</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/12/2024</u> Name & Address: KERRI PEPPERMAN 1219 WESTMOORLAND ST YPSILANTI, MI 48197	\$ 100.00	\$ 200.00
5. If over \$100.00 cumulative, please provide: Occupation <u>USER EXPERIENCE ARCHITECT</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/12/2024</u> Name & Address: SAMUEL CONCHURATT 2812 13TH ST NW APT 2 WASHINGTON, DC 20009	\$ 100.00	\$ 300.00
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVELY STAFFER</u> Employer <u>US SENATE</u> Business Address <u>50 CONSTITUTION AVE NE, WASHINGTON, DC 20002</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/12/2024</u> Name & Address: SHARANYA PAI 1648 BLUSHING DR ROCHESTER HILLS, MI 48307	\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **258.00**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/12/2024</u> Name & Address: KRISTA NORDBERG 1411 COLLEGEWOOD ST YPSILANTI, MI 48197	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WASHTENAW HEALTH PLAN</u> Business Address <u>555 TOWNER ST, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/15/2024</u> Name & Address: VALERIE PRZYWARA 15687 SURREY LIVONIA, MI 48154	\$ <u>35.00</u>	\$ <u>115.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>15687 SURREY, LIVONIA, MI 48154</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/16/2024</u> Name & Address: LEIGH GLAZER 1448 E CLARK RD YPSILANTI, MI 48198	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CUSTOMS BROKER</u> Employer <u>THYSSENKRUPP</u> Business Address <u>3331 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/16/2024</u> Name & Address: LEIGH GLAZER 1448 E CLARK RD YPSILANTI, MI 48198	\$ <u>10.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CUSTOMS BROKER</u> Employer <u>THYSSENKRUPP</u> Business Address <u>3331 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **195.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/17/2024</u> Name & Address: WENDY HAWKINS 1007 WRIGHT ST APT 1 ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>POLICY ANALYST</u> Employer <u>RAND</u> Business Address <u>1200 S HAYES ST, ARLINGTON, VA 22202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>27.00</u>	\$ <u>108.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/17/2024</u> Name & Address: MIKE MCDERMOTT 652 FOREST ST WESTLAND, MI 48186 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/17/2024</u> Name & Address: JOSEPH SAUL 5080 ANN ARBOR-SALINE RD ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>PRIVACY AND SECURITY OFFICER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/19/2024</u> Name & Address: DAVID BOHNETT 245 S BEVERLY DR BEVERLY HILLS, CA 90212 5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR</u> Employer <u>BARODA VENTURES LLC</u> Business Address <u>9595 WILSHIRE BLVD, BEVERLY HILLS, CA 90212</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>2,000.00</u>

Page Subtotal **1,227.00**

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/20/2024</u> Name & Address: <u>LARESHA THORNTON</u> <u>8725 LAGOON DR</u> <u>YPSILANTI, MI 48197</u>	<u>\$ 35.00</u>	<u>\$ 139.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>WOMEN'S HURON VALLEY CORRECTIONAL FACILITY</u> Business Address <u>3201 BEMIS RD, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/21/2024</u> Name & Address: <u>FELIZIANA MEYER</u> <u>1308 WATERWAYS DR</u> <u>ANN ARBOR, MI 48108</u>	<u>\$ 25.00</u>	<u>\$ 220.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS MANAGER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/23/2024</u> Name & Address: <u>DEJUAN BLAND</u> <u>4742 MADDIE LN</u> <u>DEARBORN, MI 48126</u>	<u>\$ 25.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY ORGANIZER</u> Employer <u>MOSES</u> Business Address <u>440 BURROUGHS ST, DETROIT, MI 48202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/23/2024</u> Name & Address: <u>CYNTHIA A BODEWES</u> <u>14108 E AUSTIN RD</u> <u>MANCHESTER, MI 48158</u>	<u>\$ 500.00</u>	<u>\$ 1,900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>14108 E AUSTIN RD, MANCHESTER, MI 48158</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **585.00**

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

Enter this total on
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/23/2024</u> Name & Address: SUSAN SHIELDS 1869 SNOWBERRY RIDGE RD ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1869 SNOWBERRY RIDGE ROAD, ANN ARBOR, MI, USA, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/24/2024</u> Name & Address: GINGER CHASE 560 LITTLE LAKE DR UNIT 5 ANN ARBOR, MI 48103	\$ <u>20.24</u>	\$ <u>50.24</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/24/2024</u> Name & Address: LESLIE MCGRAW 6655 JACKSON RD UNIT 831 ANN ARBOR, MI 48103	\$ <u>20.24</u>	\$ <u>99.46</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/25/2024</u> Name & Address: SAM CALLARD 1348 KENSINGTON DR ANN ARBOR, MI 48104	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAMMER/ANALYST</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **240.48**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/25/2024</u> Name & Address: VIRGINIA BOYCE 1570 GLASTONBURY RD ANN ARBOR, MI 48103	\$ 200.00	\$ 450.00
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>WOMEN'S CENTER OF SOUTHEASTERN MICHIGAN</u> Business Address <u>1100 VICTORS WAY, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/26/2024</u> Name & Address: MARK HERGOTT 111 MILES ST YPSILANTI, MI 48198	\$ 27.00	\$ 81.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/26/2024</u> Name & Address: DEBRA OVERBEY 6990 STRAWBERRY LAKE RD DEXTER, MI 48130	\$ 27.00	\$ 27.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/27/2024</u> Name & Address: DAVID SHOUP 720 BROOKS ST ANN ARBOR, MI 48103	\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **304.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/28/2024</u> Name & Address: <u>ROSANITA RATCLIFF</u> <u>2490 PINECREST AVE</u> <u>ANN ARBOR, MI 48104</u>	\$ <u>25.00</u>	\$ <u>352.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2490 PINECREST AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/2024</u> Name & Address: <u>LUKE SHAEFER</u> <u>1515 SHADFORD RD</u> <u>ANN ARBOR, MI 48104</u>	\$ <u>350.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/2024</u> Name & Address: <u>KEYONN WHITFIELD</u> <u>48636 AMERICAN ELM DR</u> <u>MACOMB, MI 48044</u>	\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>7119 N CANAL RD, LANSING, MI 48913</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: <u>RONALD SIMPSON</u> <u>6357 BEAVER CREEK TRAIL</u> <u>ATLANTA, GA 30349</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **525.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: KELLY RICHARDSON 5327 AVENUE R SANTA FE, TX 77510	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: EMMANUEL KAMBEROV 3089 TUSCANY CT ANN ARBOR, MI 48103	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: GREGORY PRATT 3580 OAKWOOD ST ANN ARBOR, MI 48104	\$ <u>100.00</u>	\$ <u>127.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY ORGANIZER/SOCIAL WORKER</u> Employer <u>NONE</u> Business Address <u>3580 OAKWOOD ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: MARY CORDARA 281 FARMER ST PLYMOUTH, MI 48170	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **185.00**

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

1. Committee I.D. Number C-2022-112
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: JEANNE MURABITO 4259 LAKE FOREST DR E ANN ARBOR, MI 48108	\$ <u>20.24</u>	\$ <u>120.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4259 LAKE FOREST DR E, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: KENNETH WHITTAKER 15379 OHIO ST DETROIT, MI 48238	\$ <u>20.24</u>	\$ <u>20.24</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: MICHAEL BRIGGS 3700 BELLA VISTA DR ANN ARBOR, MI 48108	\$ <u>100.00</u>	\$ <u>127.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE MANAGER</u> Employer <u>HILL HARPER CAMPAIGN</u> Business Address <u>19158 LIVERNOIS, DETROIT, MI 48221</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: KRISTA NORDBERG 1411 COLLEGEWOOD ST YPSILANTI, MI 48197	\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WASHTENAW HEALTH PLAN</u> Business Address <u>555 TOWNER ST, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **190.48**

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: ANNA MAULE 727 WESTMORELAND AVE LANSING, MI 48915	\$ 35.00	\$ 35.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: DEMETRIS KNUCKLES 26261 HUNTINGTON ST ROSEVILLE, MI 48066	\$ 35.00	\$ 35.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: BRADLEY PELARSKE 660 GREENLAWN ST APT 1 YPSILANTI, MI 48198	\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: MICHAEL R VILAND 2156 GLENCOE HILLS DR #3 ANN ARBOR, MI 48108	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2156 GLENCOE HILLS DR, #3, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **220.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: ELLEN CLEMENT 2722 RADCLIFFE AVE ANN ARBOR, MI 48104	\$ 35.00	\$ 35.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2722 RADCLIFFE AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: LAURA LEIN 1366 N HURON RIVER DR YPSILANTI, MI 48197	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1366 N HURON RIVER DR, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/2024</u> Name & Address: DALE MAGEE 621 SUNSET RD ANN ARBOR, MI 48103	\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>621 SUNSET RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/01/2024</u> Name & Address: ANTHONY LEGION 13868 BASSWOOD CIR VAN BUREN TWP, MI 48111	\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>WOLFE LAW PLLC</u> Business Address <u>23200 JOHN R RD, HAZEL PARK, MI 48030</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **235.00**

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

1. Committee I.D. Number C-2022-112
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/01/2024</u> Name & Address: BRIANNA DUNT 1647 FOLEY AVE YPSILANTI, MI 48198	<u>\$ 500.00</u>	<u>\$ 1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE MANAGER</u> Employer <u>AAA PARTS</u> Business Address <u>2280 E MICHIGAN AVE, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/02/2024</u> Name & Address: JOE BREESE 27285 LEROY ST ROSEVILLE, MI 48066	<u>\$ 100.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>27285 LEROY ST, ROSEVILLE, MI 48066</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/02/2024</u> Name & Address: HANNAH MESA 5340 PALISADES DR SYLVANIA, OH 43560	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/02/2024</u> Name & Address: RITA MITCHELL 621 5TH ST ANN ARBOR, MI 48103	<u>\$ 100.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>621 5TH ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 750.00

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

1. Committee I.D. Number C-2022-112
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/02/2024</u> Name & Address: JAMES VANSTEEL 1261 ALBANY ST FERNDALE, MI 48220	\$ <u>20.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRANSPORTATION PLANNER</u> Employer <u>MICHIGAN DEPARTMENT OF TRANSPORTATION</u> Business Address <u>1060 W FORT ST, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/03/2024</u> Name & Address: KIMBERLY CLUGSTON 7014 ULRICH ST DEXTER, MI 48130	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>7014 ULRICH ST, DEXTER, MI 48130</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/03/2024</u> Name & Address: JOHN LAIRD 311 WINDYCREST DR ANN ARBOR, MI 48105	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/03/2024</u> Name & Address: JORDAN G SAMES 690 ARCHWOOD DR ANN ARBOR, MI 48103	\$ <u>3.00</u>	\$ <u>13.20</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ICE ARENA MGR</u> Employer <u>ANN ARBOR ICE CUBE</u> Business Address <u>2121 OAK VALLEY DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **323.00**

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

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/03/2024</u> Name & Address: SHARON BELL 1214 ST CLAIR ST DETROIT, MI 48214	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTOMOTIVE</u> Employer <u>GENERAL MOTORS LLC</u> Business Address <u>1214 ST CLAIR ST, DETROIT, MI 48214</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/03/2024</u> Name & Address: DEBRA BERMAN 2741 HOLYOKE LN ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2741 HOLYOKE LN, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/04/2024</u> Name & Address: IVAN GUZMAN 3580 PHEASANT RUN CIRCLE DRIVE #5 ANN ARBOR, MI 48108	\$ <u>25.00</u>	\$ <u>77.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGAL ASSISTANT</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>200 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/04/2024</u> Name & Address: MICHELLE KING 102 MIDDLE DR YPSILANTI, MI 48197	\$ <u>5.00</u>	\$ <u>195.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>102 MIDDLE DRIVE, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **105.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/04/2024</u> Name & Address: <u>ERANE WASHINGTON</u> <u>8409 S HURON RIVER DR</u> <u>YPSILANTI, MI 48197</u>	<u>\$ 100.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>8409 HURON RIVER DR, DEXTER, MI 48130</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/04/2024</u> Name & Address: <u>PORTIA R HEMPHILL</u> <u>302 RALEIGH ST SE</u> <u>WASHINGTON, DC 20032</u>	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM ANALYST</u> Employer <u>FEDERAL GOVERNMENT</u> Business Address <u>3501 FAIRFAX DR, ARLINGTON, VA 22201</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/05/2024</u> Name & Address: <u>SUSAN ANZICEK</u> <u>4952 CANYON OAKS DR</u> <u>BRIGHTON, MI 48114</u>	<u>\$ 50.00</u>	<u>\$ 85.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4952 CANYON OAKS DR, BRIGHTON, MI 48114</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/05/2024</u> Name & Address: <u>ANNE BANNISTER</u> <u>612 N MAIN ST</u> <u>ANN ARBOR, MI 48104</u>	<u>\$ 5.00</u>	<u>\$ 395.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>612 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 205.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/06/2024</u> Name & Address: TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	<u>\$ 7.00</u>	<u>\$ 253.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>U.S. ENVIRONMENTAL PROTECTION AGENCY</u> Business Address <u>2000 TRAVERWOOD DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/07/2024</u> Name & Address: HARVEY SOMERS 2129 AUTUMN HILL DR ANN ARBOR, MI 48103	<u>\$ 50.00</u>	<u>\$ 526.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2129 AUTUMN HILL DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/07/2024</u> Name & Address: DEMARCO JOHNSON 1454 GREGORY ST YPSILANTI, MI 48197	<u>\$ 27.00</u>	<u>\$ 127.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIRE MARSHALL</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1454 GREGORY ST, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/07/2024</u> Name & Address: DENNIS CRAWLEY 418 CHANDLER ST CHELSEA, MI 48118	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL CONTRACTOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>418 CHANDLER ST, CHELSEA, MI 48118</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **134.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/07/2024</u> Name & Address: WAYNE DRIES 1125 HONEY RUN DR ANN ARBOR, MI 48103	\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1125 HONEY RUN DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/07/2024</u> Name & Address: GRETCHEN ROUSTER 466 MARION ST YPSILANTI, MI 48197	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>466 MARION ST, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/08/2024</u> Name & Address: SARAI SHOUP 720 BROOKS ST ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>720 BROOKS ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/08/2024</u> Name & Address: KATHY CLARK 1327 NOTTINGTON CT ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1327 NOTTINGTON CT, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **167.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/08/2024</u> Name & Address: GINA STEFFEY 849 S GROVE ST YPSILANTI, MI 48198	\$ 50.00	\$ 450.00
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>COMMUNITY MENTAL HEALTH</u> Business Address <u>868 S GROVE ST, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/09/2024</u> Name & Address: LEIGH GLAZER 1448 E CLARK RD YPSILANTI, MI 48198	\$ 27.00	\$ 137.00
5. If over \$100.00 cumulative, please provide: Occupation <u>CUSTOMS BROKER</u> Employer <u>THYSSENKRUPP</u> Business Address <u>190 S LASALLE ST, CHICAGO, IL 60603</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/09/2024</u> Name & Address: CATHERINE CAMMANN 2008 CRESTLAND DR ANN ARBOR, MI 48104	\$ 100.00	\$ 350.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2008 CRESTLAND DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/09/2024</u> Name & Address: CATHERINE CAMMANN 2008 CRESTLAND DR ANN ARBOR, MI 48104	\$ 5.00	\$ 355.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2008 CRESTLAND DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **182.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/09/2024</u> Name & Address: MARK HERGOTT 111 MILES ST YPSILANTI, MI 48198	\$ <u>27.00</u>	\$ <u>108.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAB ASSOCIATE</u> Employer <u>WASHTENAW COMMUNITY COLLEGE</u> Business Address <u>4800 E HURON RIVER DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/09/2024</u> Name & Address: JOE LAFERIER 326 RAWSON ST #F1 DUNDEE, MI 48131	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>326 RAWSON ST, #F1, DUNDEE, MI 48131</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/10/2024</u> Name & Address: PARVATHY NAIR 1001 BERKSHIRE RD ANN ARBOR, MI 48104	\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>IHA</u> Business Address <u>1001 BERKSHIRE RD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/10/2024</u> Name & Address: ALICIA PENNINGTON 2120 ROUSE CREEK CT ANN ARBOR, MI 48108	\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS EXECUTIVE</u> Employer <u>LEAR CORPORATION</u> Business Address <u>21557 TELEGRAPH RD, SOUTHFIELD, MI 48033</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **159.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/10/2024</u> Name & Address: <u>LEE BURTON</u> <u>6277 COWELL RD</u> <u>BRIGHTON, MI 48116</u>	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>6277 COWELL RD, BRIGHTON, MI 48116</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/10/2024</u> Name & Address: <u>BOB KING</u> <u>300 S REVENA BLVD</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 100.00</u>	<u>\$ 400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>300 S REVENA BLVD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/11/2024</u> Name & Address: <u>MANDY MITCHELL</u> <u>612 BRIERWOOD CT</u> <u>APT 101</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 50.00</u>	<u>\$ 177.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANALYST</u> Employer <u>CITY OF DETROIT</u> Business Address <u>2 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/11/2024</u> Name & Address: <u>JASON TOWLER</u> <u>643 HILLSDALE ST</u> <u>WHITMORE LAKE, MI 48189</u>	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SPECIAL EDUCATION TEACHER</u> Employer <u>MAQUETTE ISD</u> Business Address <u>318 E OHIO ST, MARQUETTE, MI 49855</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 300.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/11/2024</u> Name & Address: MARY BYCE 5939 LAFAYETTE LN ANN ARBOR, MI 48103	\$ <u>35.00</u>	\$ <u>205.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>TRINITY HEALTH</u> Business Address <u>5938 LAFAYETTE LANE, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/11/2024</u> Name & Address: HARVEY NORWOOD 789 VALLEY CIR DR SALINE, MI 48176	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>MICHIGAN MEDICINE</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/12/2024</u> Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	\$ <u>8.00</u>	\$ <u>403.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PERSONAL FINANCE EDUCATION SERVICES INC.</u> Business Address <u>612 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/12/2024</u> Name & Address: AARON HENDERSON 4307 3RD ST WAYNE, MI 48184	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FACTORY WORKER</u> Employer <u>FORD MOTOR COMPANY</u> Business Address <u>37625 MICHIGAN AVE, WAYNE, MI 48184</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 293.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/13/2024</u> Name & Address: JULIUS GREEN 6386 WOODWALL CT BELLEVILLE, MI 48111	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>EAP</u> Business Address <u>6386 WOODWALL CT, BELLEVILLE, MI 48111</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/13/2024</u> Name & Address: SHARI THOMPSON 312 WESTWOOD AVE ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>77.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>312 WESTWOOD AVE, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/14/2024</u> Name & Address: LAUREN SARGENT 2815 EMBER WAY ANN ARBOR, MI 48104	\$ <u>35.00</u>	\$ <u>285.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2815 EMBER WAY, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/14/2024</u> Name & Address: HILARY ROBINSON 1318 GRANGER AVE ANN ARBOR, MI 48104	\$ <u>20.00</u>	\$ <u>47.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS DEVELOPMENT</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **109.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/14/2024</u> Name & Address: <u>LISA LAVA-KELLAR</u> <u>707 MINER ST</u> <u>ANN ARBOR, MI 48103</u>	\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>YPSILANTI COMMUNITY SCHOOLS</u> Business Address <u>1885 PACKARD ST, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/15/2024</u> Name & Address: <u>MARTEZ GIBBS</u> <u>28144 FORTSON LN</u> <u>INKSTER, MI 48141</u>	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE</u> Employer <u>YPSILANTI POLICE DEPARTMENT</u> Business Address <u>505 W MICHIGAN AVE, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/15/2024</u> Name & Address: <u>KEVIN NAUD</u> <u>353 LAKE PARK LN</u> <u>ANN ARBOR, MI 48103</u>	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STRATEGY ANALYST</u> Employer <u>DETROIT AT WORK</u> Business Address <u>115 ERSKINE ST, DETROIT, MI 48201</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/15/2024</u> Name & Address: <u>FRITZ BELFORT</u> <u>2777 ADRIENNE DR</u> <u>ANN ARBOR, MI 48103</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SYSTEM ENGINEER</u> Employer <u>NCMS</u> Business Address <u>3025 BOARDWALK DR, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **175.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/15/2024</u> Name & Address: LAURA NATHAN 3005 RUMSEY DR ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3005 RUMSEY DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/15/2024</u> Name & Address: JOHN BARNE 1050 PINE TREE DR ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1050 PINE TREE DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/16/2024</u> Name & Address: LEIGH GLAZER 1448 E CLARK RD YPSILANTI, MI 48198	\$ <u>10.00</u>	\$ <u>147.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CUSTOMS BROKER</u> Employer <u>THYSSENKRUPP</u> Business Address <u>190 S LASALLE ST, CHICAGO, IL 60603</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/16/2024</u> Name & Address: LYNN DRICKAMER 1515 GOLDEN AVE ANN ARBOR, MI 48104	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1515 GOLDEN AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 260.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/16/2024</u> Name & Address: PHILIP BIANCO 2125 8TH ST DETROIT, MI 48216	\$ <u>50.00</u>	\$ <u>127.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LABOR RELATIONS</u> Employer <u>MICHIGAN NURSES ASSOCIATION</u> Business Address <u>2310 JOLLY OAK RD, MERIDIAN TWP, MI 48864</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/16/2024</u> Name & Address: CHERYL SIBILSKY 839 BRUCE ST ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>839 BRUCE ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/17/2024</u> Name & Address: WENDY HAWKINS 1007 WRIGHT ST APT 1 ANN ARBOR, MI 48105	\$ <u>27.00</u>	\$ <u>135.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICY ANALYST</u> Employer <u>RAND</u> Business Address <u>1200 S HAYES ST, ARLINGTON, VA 22202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/18/2024</u> Name & Address: WILL GARCIA 40 SANTEE RIVER DR ADRIAN, MI 49221	\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUSTAINABILITY COORDINATOR</u> Employer <u>CITY OF ANN ARBOR</u> Business Address <u>743 CHRISTY AVE, JACKSON, MI 49203</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 202.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/18/2024</u> Name & Address: KEYONN WHITFIELD 48636 AMERICAN ELM DR MACOMB, MI 48044	\$ <u>27.00</u>	\$ <u>327.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>14350 W 10 MILE RD, OAK PARK, MI 48237</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/19/2024</u> Name & Address: APRIL GASBARRE 12719 ROEPKE RD GREGORY, MI 48137	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNDRAISER</u> Employer <u>JDRF</u> Business Address <u>25359 NORTHWESTERN HWY, CLAYTON, MI 49235</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/19/2024</u> Name & Address: VILMA MESA 3665 BRADFORD SQUARE DR ANN ARBOR, MI 48103	\$ <u>45.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>610 E UNIVERSITY AVE, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/19/2024</u> Name & Address: LEONORE GERSTEIN 807 ASA GRAY DR ANN ARBOR, MI 48105	\$ <u>27.00</u>	\$ <u>77.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>807 ASA GRAY DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **109.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/2024</u> Name & Address: ELIZABETH YOUNG 7677 W PARKWAY ST REDFORD TWP, MI 48239	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FEDERAL COMMUNITY DEFENDER OFFICE</u> Business Address <u>613 ABBOTT ST, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/2024</u> Name & Address: RICHARD CHASE 3538 TERHUNE RD ANN ARBOR, MI 48104	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3538 TERHUNE RD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/2024</u> Name & Address: VICTOR LIU 8314 N WARWICK CT YPSILANTI, MI 48198	\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>8314 N WARWICK CT, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/2024</u> Name & Address: VICTORIA MCAREE 8314 N WARWICK CT SUPERIOR TWP, MI 48198	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>8314 N WARWICK CT, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 227.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/2024</u> Name & Address: SANDY CALLARD 1348 KENSINGTON DR ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAMMER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1348 KENSINGTON DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>450.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/2024</u> Name & Address: ELIZABETH NELSON 1319 ARDMOOR AVE ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1319 ARDMOOR AVE, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>1,827.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/2024</u> Name & Address: ELIZABETH NELSON 1319 ARDMOOR AVE ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1319 ARDMOOR AVE, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>1,927.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/21/2024</u> Name & Address: JENNIFER BURRIS 195 BARTON DR ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>SR. PROJECT MANAGER</u> Employer <u>A&D TECHNOLOGY INC</u> Business Address <u>4622 RUNWAY BLVD, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>27.00</u>	\$ <u>77.00</u>

Page Subtotal 277.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/21/2024</u> Name & Address: BRENT BERGERON 1353 MOLNER CT YPSILANTI, MI 48198	\$ <u>50.00</u>	\$ <u>84.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MAINTENANCE</u> Employer <u>WOODBURY MANAGEMENT</u> Business Address <u>1353 MOLNER CT, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/21/2024</u> Name & Address: EMMA JABOUR 728 S MAIN ST ANN ARBOR, MI 48104	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICY ADVISOR</u> Employer <u>CITY OF DETROIT</u> Business Address <u>2 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/21/2024</u> Name & Address: LOU DANNER 32629 MARQUETTE ST GARDEN CITY, MI 48135	\$ <u>25.00</u>	\$ <u>32.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>GOVERNMENT</u> Business Address <u>220 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/21/2024</u> Name & Address: ELANOR SULLIVAN 264 KELTON ST BROOKLINE, MA 02134	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FISCAL POLICY ANALYST</u> Employer <u>COMMONWEALTH OF MASSACHUSETTS</u> Business Address <u>24 BEACON ST, BOSTON, MA 02133</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **145.00**

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/21/2024</u> Name & Address: SARAH TEARE 233 JEFFERSON ST CHELSEA, MI 48118	<u>\$ 75.00</u>	<u>\$ 75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY ENGAGEMENT</u> Employer <u>HABITAT FOR HUMANITY OF HURON VALLEY</u> Business Address <u>950 VICTORS WAY, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/21/2024</u> Name & Address: JOSE BURGOS 28 BROADWAY AVE ECORSE, MI 48229	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MICHIGAN CAMPAIGN COORDINATOR</u> Employer <u>CAMPAIGN FOR THE FAIR SENTENCING OF YOUTH</u> Business Address <u>1319 F ST NW, WASHINGTON, DC 20004</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/21/2024</u> Name & Address: JOHN WAGNER 5375 S ZEEB RD ANN ARBOR, MI 48103	<u>\$ 250.00</u>	<u>\$ 700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTRICAL ENGINEER</u> Employer <u>ON SEMICONDUCTOR</u> Business Address <u>19500 VICTOR PKWY, LIVONIA, MI 48152</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/21/2024</u> Name & Address: ALISON DIVER 600 W HURON ST #620 ANN ARBOR, MI 48103	<u>\$ 25.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>600 W HURON ST, #620, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **450.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/21/2024</u> Name & Address: RONNELL JOHNSON 6655 JACKSON RD UNIT 845 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>6655 JACKSON ROAD, UNIT 845, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/21/2024</u> Name & Address: AVONTE BROWNING 1222 RUSSELL ST YPSILANTI, MI 48198 5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT MANAGER</u> Employer <u>KMG</u> Business Address <u>940 W MICHIGAN AVE, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>5.00</u>	\$ <u>15.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/22/2024</u> Name & Address: JOAN NASSAUER 2769 OAKCLEFT CT ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>PROF</u> Employer <u>U MICH</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/22/2024</u> Name & Address: KAREN HOLMAN 1248 RAMBLING RD YPSILANTI, MI 48198 5. If over \$100.00 cumulative, please provide: Occupation <u>EDITORIAL ASSISTANT</u> Employer <u>DECEMBER MAGAZINE</u> Business Address <u>P.O. BOX 16130, SAINT LOUIS, MO 63105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>27.00</u>	\$ <u>405.00</u>

Page Subtotal **182.00**

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

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/22/2024</u> Name & Address: CAROL GOTTLIEBSEN 2125 NATURE COVE CT ANN ARBOR, MI 48104	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2125 NATURE COVE COURT, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2024</u> Name & Address: DEJUAN BLAND 4742 MADDIE LN DEARBORN, MI 48126	\$ <u>25.00</u>	\$ <u>225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY ORGANIZER</u> Employer <u>MOSES</u> Business Address <u>19321 W CHICAGO, DETROIT, MI 48228</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2024</u> Name & Address: DEREK WIESE 23300 CARLETON WEST RD BELLEVILLE, MI 48111	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>23300 CARLETON WEST RD, BELLEVILLE, MI 48111</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/24/2024</u> Name & Address: ANDRE WATSON 206 W SUMMIT ST ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>WFG LLC</u> Business Address <u>206 W SUMMIT ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **175.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/25/2024</u> Name & Address: SANDY CALLARD 1348 KENSINGTON DR ANN ARBOR, MI 48104	\$ <u>25.00</u>	\$ <u>475.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAMMER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1348 KENSINGTON DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/26/2024</u> Name & Address: BARRY SCHUMER 1311 TIMMINS DR ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1311 TIMMINS DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/26/2024</u> Name & Address: TIMOTHY BYRNES 2300 LESLIE PARK CIR ANN ARBOR, MI 48105	\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2300 LESLIE PARK CIR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/26/2024</u> Name & Address: KYLE LOVE 115 N NORMAL ST APT #2 YPSILANTI, MI 48197	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHING ARTIST</u> Employer <u>KYLE LOVE</u> Business Address <u>115 N NORMAL ST, APT #2, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **90.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/26/2024</u> Name & Address: ELISA GUYTON 408 WAYMARKET DR ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>142.31</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>FRIENDS IN DEED</u> Business Address <u>1246 KENSINGTON DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/27/2024</u> Name & Address: JAMES HILL 175 LAWTON RD RIVERSIDE, IL 60546	\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>175 LAWTON RD, RIVERSIDE, IL 60546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/28/2024</u> Name & Address: ROSANITA RATCLIFF 2490 PINECREST AVE ANN ARBOR, MI 48104	\$ <u>25.00</u>	\$ <u>377.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2490 PINECREST AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/28/2024</u> Name & Address: MARY BYCE 5939 LAFAYETTE LN ANN ARBOR, MI 48103	\$ <u>20.00</u>	\$ <u>225.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>TRINITY HEALTH</u> Business Address <u>5938 LAFAYETTE LN, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **172.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/28/2024</u> Name & Address: MATTHEW HARSHBERGER 2142 SPRING RIDGE DR ANN ARBOR, MI 48103	\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>PITTSFIELD TOWNSHIP</u> Business Address <u>2142 SPRING RIDGE DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/28/2024</u> Name & Address: JOHN LANGMORE 14095 ISLAND LAKE RD CHELSEA, MI 48118	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>14095 ISLAND LAKE RD, CHELSEA, MI 48118</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/29/2024</u> Name & Address: KRISTA NORDBERG 1411 COLLEGEWOOD ST YPSILANTI, MI 48197	\$ <u>50.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WASHTENAW HEALTH PLAN</u> Business Address <u>555 TOWNER ST, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/03/2024</u> Name & Address: CRISTINE F HOWE 835 ASA GRAY DR ANN ARBOR, MI 48105	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>835 ASA GRAY DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **350.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/04/2024</u> Name & Address: IVAN GUZMAN 3580 PHEASANT RUN CIRCLE DRIVE #5 ANN ARBOR, MI 48108	\$ <u>25.00</u>	\$ <u>102.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGAL ASSISTANT</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>200 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2024</u> Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	\$ <u>5.00</u>	\$ <u>408.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PERSONAL FINANCE EDUCATION SERVICES INC.</u> Business Address <u>612 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/06/2024</u> Name & Address: TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	\$ <u>7.00</u>	\$ <u>260.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>U.S. ENVIRONMENTAL PROTECTION AGENCY</u> Business Address <u>2000 TRAVERWOOD DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/07/2024</u> Name & Address: LARESHA THORNTON 8725 LAGOON DR YPSILANTI, MI 48197	\$ <u>27.00</u>	\$ <u>166.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>WOMEN'S HURON VALLEY CORRECTIONAL FACILITY</u> Business Address <u>8723 LAGOON DR, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **64.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/08/2024</u> Name & Address: CYNTHIA A BODEWES 14108 E AUSTIN RD MANCHESTER, MI 48158	\$ <u>27.00</u>	\$ <u>1,927.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>14108 E AUSTIN RD, MANCHESTER, MI 48158</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/08/2024</u> Name & Address: BRIANNA DUNT 2280 E MICHIGAN AVE YPSILANTI, MI 48198	\$ <u>1,000.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>AAA PARTS LLC</u> Business Address <u>2280 E MICHIGAN AVE, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/08/2024</u> Name & Address: CHERYL SIBILSKY 839 BRUCE ST ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>839 BRUCE ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/08/2024</u> Name & Address: VIRGINIA CHASE 560 LITTLE LAKE DR ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>74.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MASSAGE THERAPIST</u> Employer <u>SELF</u> Business Address <u>560 LITTLE LAKE DR, UNIT 5, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 1,104.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/11/2024</u> Name & Address: CHRIS TEBBENS 7726 GREENE FARM DR YPSILANTI TWP, MI 48197	\$ 54.00	\$ 84.00
5. If over \$100.00 cumulative, please provide: Occupation <u>SERVICE MANAGER</u> Employer <u>KLA</u> Business Address <u>7726 GREENE FARM DR, YPSILANTI TWP, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/11/2024</u> Name & Address: TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	\$ 27.00	\$ 287.00
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>U.S. ENVIRONMENTAL PROTECTION AGENCY</u> Business Address <u>2000 TRAVERWOOD DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/11/2024</u> Name & Address: VALERIE FIFER 524 MARLPOOL DR SALINE, MI 48176	\$ 27.00	\$ 27.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>524 MARLPOOL DR, SALINE, MI 48176</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2024</u> Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	\$ 8.00	\$ 416.22
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PERSONAL FINANCE EDUCATION SERVICES INC.</u> Business Address <u>612 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **116.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/13/2024</u> Name & Address: CAROLINE TAYLOR PO BOX 130745 ANN ARBOR, MI 48113	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>PO BOX 130745, ANN ARBOR, MI 48113</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/14/2024</u> Name & Address: BARBARA GRASSESCHI 1083 VINE ST HEALDSBURG, CA 95448	<u>\$ 250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FARMER</u> Employer <u>PUMA SPRINGS VINEYARD</u> Business Address <u>1083 VINE ST, MAILBOX 286, HEALDSBURG, CA 95448</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/16/2024</u> Name & Address: GRETCHEN BERGMAN PO BOX 3644 RANCHO SANTA FE, CA 92067	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FASHION SHOW PRODUCER</u> Employer <u>GRETCHEN PRODUCTIONS</u> Business Address <u>2527 DOUBLETREE RD, SPRING VALLEY, CA 91978</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2024</u> Name & Address: TRISH FISHER 727 LORILLARD CT APT 224 MADISON, WI 53703	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHD STUDENT</u> Employer <u>UW-MADISON</u> Business Address <u>727 LORILLARD CT, APT 224, MADISON, WI 53703</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **450.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/18/2024</u> Name & Address: AMANDA REIMAN 4 LOOKOUT DR UKIAH, CA 95482	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCHER</u> Employer <u>NEW FRONTIER DATA</u> Business Address <u>4 LOOKOUT DR, UKIAH, CA 95482</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2024</u> Name & Address: TIMOTHY BYRNES 2300 LESLIE PARK CIR ANN ARBOR, MI 48105	\$ <u>5.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2300 LESLIE PARK CIR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2024</u> Name & Address: ELIZABETH GUYTON 1246 KENSINGTON DR ANN ARBOR, MI 48104	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>FRIENDS IN DEED</u> Business Address <u>1246 KENSINGTON DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2024</u> Name & Address: BRIANNA DUNT 2280 E MICHIGAN AVE YPSILANTI, MI 48198	\$ <u>1,000.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>AAA PARTS LLC</u> Business Address <u>2280 E MICHIGAN AVE, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,155.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/27/2024</u> Name & Address: VIVIAN KALUMBI 730 1/2 N 1ST ST APT 110B MINNEAPOLIS, MN 55401 5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTHCARE WORKER</u> Employer <u>UNITEDHEALTHCARE</u> Business Address <u>9800 HEALTHCARE LANE, MINNEAPOLIS, MN 55440</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>550.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/27/2024</u> Name & Address: RITA TURNER-SHEERIN 2304 VINEWOOD BLVD ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2305 VINEWOOD BLVD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>250.24</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/28/2024</u> Name & Address: ROSANITA RATCLIFF 2490 PINECREST AVE ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2490 PINECREST AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>402.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/28/2024</u> Name & Address: MARIE KNOERL 9688 TIMBER HILL CT DEXTER, MI 48130 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>9688 TIMBER HILL CT, DEXTER, MI 48130</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **375.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/28/2024</u> Name & Address: LISA TENNENBAUM 4123 S PRIEUR ST NEW ORLEANS, LA 70125	\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTS OFFICER</u> Employer <u>TULANE UNIVERSITY</u> Business Address <u>4123 S PRIEUR ST, NEW ORLEANS, LA 70125</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/28/2024</u> Name & Address: ANGELA TENNENBAUM 3435 PHAROAHS LN SEBASTOPOL, CA 95472	\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation <u>BOOKKEEPER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>3435 PHAROAHS LN, SEBASTOPOL, CA 95472</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/28/2024</u> Name & Address: DIANE GOLDSTEIN 12389 OCEAN TILLER AVE LAS VEGAS, NV 89138	\$ 100.00	\$ 300.00
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>LAW ENFORCEMENT ACTION PARTNERSHIP</u> Business Address <u>100 CUMMINGS CENTER, SUITE 207, BEVERLY, MA 01915</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/28/2024</u> Name & Address: CARL TENNENBAUM 3435 PHAROAHS LANE SEBASTOPOL, CA 95472	\$ 50.00	\$ 717.20
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3435 PHAROAHS LN, SEBASTOPOL, CA 95472</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **250.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/29/2024</u> Name & Address: SUSAN CARES 820 SPRING ST ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>820 SPRING ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/29/2024</u> Name & Address: ANDREW BANKA 3291 ROSEDALE ST ANN ARBOR, MI 48108	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AIRFLOW SCIENCES</u> Business Address <u>12190 HUBBARD ST, LIVONIA, MI 48150</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/29/2024</u> Name & Address: JENNIFER OLMSTEAD 1211 ELDER BLVD ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>ANN ARBOR SPARK</u> Business Address <u>300 E LIBERTY ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/29/2024</u> Name & Address: ALEX THOMAS 1108 BUICK AVE YPSILANTI, MI 48198	\$ <u>27.00</u>	\$ <u>34.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1108 BUICK AVE, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **204.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/29/2024</u> Name & Address: TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	\$ 54.00	\$ 341.00
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>U.S. ENVIRONMENTAL PROTECTION AGENCY</u> Business Address <u>2000 TRAVERWOOD DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/29/2024</u> Name & Address: GINA STEFFEY 849 S GROVE ST YPSILANTI, MI 48198	\$ 27.00	\$ 477.00
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>WASHTENAW COUNTY JUVENILE DRUG TREATMENT COURT</u> Business Address <u>101 E HURON ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2024</u> Name & Address: KEYONN WHITFIELD 48636 AMERICAN ELM DR MACOMB, MI 48044	\$ 100.00	\$ 427.00
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>14350 W 10 MILE RD, OAK PARK, MI 48237</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2024</u> Name & Address: GERALD DAVIS 1047 MARTIN PL ANN ARBOR, MI 48104	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>701 TAPPAN AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **281.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2024</u> Name & Address: DEBORAH BAKKER 411 SOMERSET CT ANN ARBOR, MI 48105	\$ 54.00	\$ 54.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>411 SOMMERSET CT, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2024</u> Name & Address: NEHEMIAH HARMSSEN 2484 LAURELWOOD CIR ANN ARBOR, MI 48108	\$ 40.00	\$ 40.00
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE DESIGNER</u> Employer <u>MENLO INNOVATIONS</u> Business Address <u>339 E LIBERTY ST, SUITE 210, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2024</u> Name & Address: RYAN YAPLE 1007 E SUMMERFIELD GLEN CIR ANN ARBOR, MI 48103	\$ 100.00	\$ 200.00
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>7535 JACKSON RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2024</u> Name & Address: SAMUEL HAYES 8584 DURHAM CT SUPERIOR TWP, MI 48198	\$ 27.00	\$ 42.00
5. If over \$100.00 cumulative, please provide: Occupation <u>CLERK</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>8584 DURHAM CT, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **221.00**

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

1. Committee I.D. Number C-2022-112
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2024</u> Name & Address: JENNIFER CONLIN 435 STEIN RD ANN ARBOR, MI 48105	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REP</u> Employer <u>MICHIGAN HOUSE</u> Business Address <u>435 STEIN RD, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2024</u> Name & Address: DANIEL RIVKIN 435 STEIN RD ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>614 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2024</u> Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	\$ <u>100.00</u>	\$ <u>516.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PERSONAL FINANCE EDUCATION SERVICES INC.</u> Business Address <u>612 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2024</u> Name & Address: SAMUEL HAYES 8584 DURHAM CT SUPERIOR TWP, MI 48198	\$ <u>5.00</u>	\$ <u>47.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLERK</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>8584 DURHAM CT, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 255.00

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2024</u> Name & Address: WILL GARCIA 40 SANTEE RIVER DR ADRIAN, MI 49221	\$ <u>10.00</u>	\$ <u>85.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUSTAINABILITY COORDINATOR</u> Employer <u>CITY OF ANN ARBOR</u> Business Address <u>301 E HURON ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2024</u> Name & Address: ERIKA TEBBENS 7726 GREENE FARM DR YPSILANTI TWP, MI 48197	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS CONSULTANT</u> Employer <u>SELF</u> Business Address <u>7726 GREENE FARM DR, YPSILANTI TWP, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2024</u> Name & Address: MARIE KNOERL 9688 TIMBER HILL CT DEXTER, MI 48130	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>9688 TIMBER HILL CT, DEXTER, MI 48130</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2024</u> Name & Address: SUSAN CARES 820 SPRING ST ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>820 SPRING ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **210.00**

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

1. Committee I.D. Number C-2022-112
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/31/2024</u> Name & Address: KRISTA NORDBERG 1411 COLLEGEWOOD ST YPSILANTI, MI 48197	\$ 50.00	\$ 300.00
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WASHTENAW HEALTH PLAN</u> Business Address <u>555 TOWNER ST, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/31/2024</u> Name & Address: INGRID AULT 2531 MEADE CT ANN ARBOR, MI 48105	\$ 27.00	\$ 54.00
5. If over \$100.00 cumulative, please provide: Occupation <u>GRANTS POLICY MANAGER</u> Employer <u>WITT O???BRIEN???</u> Business Address <u>818 TOWN AND COUNTRY BLVD, HOUSTON, TX 77024</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/01/2024</u> Name & Address: BRIAN FLANAGAN 50387 WOODFORD DR CANTON, MI 48188	\$ 25.00	\$ 25.00
5. If over \$100.00 cumulative, please provide: Occupation <u>EDUCATOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>701 TAPPAN AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/01/2024</u> Name & Address: KARELI GARCIA 5996 VERSAILLES AVE E ANN ARBOR, MI 48103	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation <u>EVENT PLANNER</u> Employer <u>LUNA SOIREE EVENTS</u> Business Address <u>5996 VERSAILLES AVE E, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **202.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/04/2024</u> Name & Address: IVAN GUZMAN 3580 PHEASANT RUN CIRCLE DRIVE #5 ANN ARBOR, MI 48108	\$ <u>25.00</u>	\$ <u>127.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGAL ASSISTANT</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>200 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/04/2024</u> Name & Address: CAROLYN ZALEON 9541 SANDPIPER LN SALINE, MI 48176	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>9541 SANDPIPER LN, SALINE, MI 48176</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/04/2024</u> Name & Address: JAMES VANSTEEL 431 W SARATOGA ST FERNDALE, MI 48220	\$ <u>20.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRANSPORTATION PLANNER</u> Employer <u>MICHIGAN DEPARTMENT OF TRANSPORTATION</u> Business Address <u>18101 W NINE MILE RD, SOUTHFIELD, MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/05/2024</u> Name & Address: WILLIAM JONES 4295 E WILLIS RD MILAN, MI 48160	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SELF EMPLOYED</u> Business Address <u>4295 E WILLIS RD, MILAN, MI 48160</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **105.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/05/2024</u> Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	\$ <u>10.00</u>	\$ <u>526.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PERSONAL FINANCE EDUCATION SERVICES INC.</u> Business Address <u>612 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/06/2024</u> Name & Address: TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	\$ <u>7.00</u>	\$ <u>348.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>U.S. ENVIRONMENTAL PROTECTION AGENCY</u> Business Address <u>2000 TRAVERWOOD DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/08/2024</u> Name & Address: SHARON KULP 40919 KNIGHTSFORD RD TOWNSHIP OF NORTHVILLE, MI 48168	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>40919 KNIGHTSFORD RD, TOWNSHIP OF NORTHVILLE, MI 48168</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/08/2024</u> Name & Address: BRODERICK JOHNSON 5116 ROCKWOOD PKWY NW WASHINGTON, DC 20016	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>COMCAST</u> Business Address <u>5116 ROCKWOOD PKWY NW, WASHINGTON, DC 20016</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 292.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/09/2024</u> Name & Address: RENEE LAFFITTE 16550 WINTHROP ST DETROIT, MI 48235 5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT CONSULTANT</u> Employer <u>BCBSM</u> Business Address <u>600 W LAFAYETTE BLVD, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: ANDY LEVIN 6015 DARRAMoor RD BLOOMFIELD HILLS, MI 48301 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>6015 DARRAMoor RD, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: KAROLINA RAMOS 1263 FIRST ST SE #23 WASHINGTON, DC 20003 5. If over \$100.00 cumulative, please provide: Occupation <u>POLICY PROGRAM MANAGER</u> Employer <u>URBAN INSTITUTE</u> Business Address <u>500 L'ENFANT PLAZA SW, WASHINGTON, DC 20410</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: MICHAEL STEER 420 EIGHTH ST ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>GAME INVENTOR</u> Employer <u>RANDOM GAMES</u> Business Address <u>416 W HURON ST, #12, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal **620.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: ANNA HILL 3021 E HWY 61 GRAND MARAIS, MN 55604	\$ <u>1,175.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3021 E HWY 61, GRAND MARAIS, MN 55604</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/12/2024</u> Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	\$ <u>8.00</u>	\$ <u>534.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PERSONAL FINANCE EDUCATION SERVICES INC.</u> Business Address <u>612 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/12/2024</u> Name & Address: NICHOLAS ROUMEL 4101 THORNOAKS DR ANN ARBOR, MI 48104	\$ <u>250.00</u>	\$ <u>1,150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>NACHT & ROUMEL PC</u> Business Address <u>101 N MAIN, #555, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/12/2024</u> Name & Address: AARON HENDERSON 4307 3RD ST WAYNE, MI 48184	\$ <u>400.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FACTORY WORKER</u> Employer <u>FORD MOTOR COMPANY</u> Business Address <u>37625 MICHIGAN AVE, WAYNE, MI 48184</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,833.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/13/2024</u> Name & Address: RENEE MCCOMBS 8211 TERRA BELLA NORTHVILLE, MI 48168	\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>8211 TERRA BELLA, NORTHVILLE, MI 48168</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/14/2024</u> Name & Address: CASSANDARA RUSSELL 1533 SW 189TH AVE HOLLYWOOD, FL 33029	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1533 SW 189TH AVE, HOLLYWOOD, FL 33029</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/14/2024</u> Name & Address: ELEANORE R EVELETH 1640 NEWPORT RD ANN ARBOR, MI 48103	\$ <u>10.00</u>	\$ <u>62.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NONPROFIT EXECUTIVE DIRECTOR</u> Employer <u>INTERFAITH COUNCIL FOR PEACE & JUSTICE</u> Business Address <u>1414 HILL ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/15/2024</u> Name & Address: ALEXANDER DEATRICK 1260 21ST ST NW WASHINGTON, DC 20036	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICAL CONSULTANT</u> Employer <u>THE BASELINE AGENCY</u> Business Address <u>1835 7TH STREET NW, WASHINGTON, DC 20001</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **140.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/15/2024</u> Name & Address: PAUL TAKESSIAN 585 GLENDALE CIRCLE ANN ARBOR, MI 48103	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>585 GLENDALE CIRCLE, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/15/2024</u> Name & Address: MARY BYCE 5939 LAFAYETTE LN ANN ARBOR, MI 48103	\$ <u>25.00</u>	\$ <u>250.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>TRINITY HEALTH</u> Business Address <u>5938 LAFAYETTE LN, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/15/2024</u> Name & Address: CRISTINE F HOWE 835 ASA GRAY DR ANN ARBOR, MI 48105	\$ <u>250.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>835 ASA GRAY DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/16/2024</u> Name & Address: LEIGH GLAZER 1448 E CLARK RD YPSILANTI, MI 48198	\$ <u>10.00</u>	\$ <u>157.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CUSTOMS BROKER</u> Employer <u>THYSSENKRUPP</u> Business Address <u>190 S LA SALLE ST, CHICAGO, IL 60603</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **295.00**

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/16/2024</u> Name & Address: DAN BEDNAR 3628 BARTON FARM DR ANN ARBOR, MI 48105	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CFO</u> Employer <u>SLR INTERNATIONAL</u> Business Address <u>3628 BARTON FARM DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/17/2024</u> Name & Address: WENDY HAWKINS 1007 WRIGHT ST APT 1 ANN ARBOR, MI 48105	\$ <u>27.00</u>	\$ <u>162.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICY ANALYST</u> Employer <u>RAND</u> Business Address <u>1200 S HAYES ST, ARLINGTON, VA 22202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/17/2024</u> Name & Address: JUDITH STEEH 1313 HENRY ST ANN ARBOR, MI 48104	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1313 HENRY ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/17/2024</u> Name & Address: KERRI PEPPERMAN 1219 WESTMOORLAND ST YPSILANTI, MI 48197	\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>USER EXPERIENCE ARCHITECT</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1219 WESTMOORLAND ST, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 227.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/2024</u> Name & Address: DAVID REYNOLDS 229 MILES ST YPSILANTI, MI 48198	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EDUCATION</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>19000 HUBBARD DR, DEARBORN, MI 48126</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/19/2024</u> Name & Address: ANGEL VANAS 230 CREEKSIDE DR BELLEVILLE, MI 48111	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SMALL BUSINESS OWNER</u> Employer <u>STAR STUDIO</u> Business Address <u>224 W MICHIGAN AVE, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/19/2024</u> Name & Address: CATHERINE CAMMANN 2008 CRESTLAND DR ANN ARBOR, MI 48104	\$ <u>250.00</u>	\$ <u>605.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2008 CRESTLAND DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/21/2024</u> Name & Address: VEENA KULKARNI-RANKIN 2521 KIMBERLEY RD ANN ARBOR, MI 48104	\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MUSICIAN</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2521 KIMBERLEY RD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **360.00**

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

1. Committee I.D. Number C-2022-112
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/21/2024</u> Name & Address: JORDAN G SAMES 690 ARCHWOOD DR ANN ARBOR, MI 48103	\$ <u>3.00</u>	\$ <u>16.20</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ICE ARENA MANAGER</u> Employer <u>ANN ARBOR ICE CUBE</u> Business Address <u>2121 OAK VALLEY DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/22/2024</u> Name & Address: BARBARA KESSLER 12 GEDDES HEIGHTS DR ANN ARBOR, MI 48104	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>12 GEDDES HEIGHTS DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: DEJUAN BLAND 4742 MADDIE LN DEARBORN, MI 48126	\$ <u>25.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY ORGANIZER</u> Employer <u>MOSES</u> Business Address <u>19321 W CHICAGO, DETROIT, MI 48228</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: CARL TENNENBAUM 3435 PHAROAHS LANE SEBASTOPOL, CA 95472	\$ <u>50.00</u>	\$ <u>767.20</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3435 PHAROAHS LN, SEBASTOPOL, CA 95472</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **328.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/23/2024</u> Name & Address: <u>CHERYL SIBILSKY</u> <u>839 BRUCE ST</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 50.00</u>	<u>\$ 400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>839 BRUCE ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/24/2024</u> Name & Address: <u>BARBARA MCMULLEN</u> <u>703 DUNCAN ST</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>QA MANAGER</u> Employer <u>E.L.F. BEAUTY</u> Business Address <u>315 E EISENHOWER PKWY, STE 202, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/24/2024</u> Name & Address: <u>SONYA ALVARADO</u> <u>1193 LEVONA ST</u> <u>YPSILANTI, MI 48198</u>	<u>\$ 50.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNION ORGANIZER</u> Employer <u>AFTMI</u> Business Address <u>1193 LEVONA ST, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/24/2024</u> Name & Address: <u>DEVIN STEELE</u> <u>10535 9 MILE RD</u> <u>WHITMORE LAKE, MI 48189</u>	<u>\$ 5.00</u>	<u>\$ 5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RECORDS SPECIALIST</u> Employer <u>CITY OF DETROIT</u> Business Address <u>900 MERRILL PLAISANCE ST, DETROIT, MI 48203</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **155.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/24/2024</u> Name & Address: KAREN HOLMAN 1248 RAMBLING RD YPSILANTI, MI 48198	<u>\$ 50.00</u>	<u>\$ 455.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EDITORIAL ASSISTANT</u> Employer <u>DECEMBER MAGAZINE</u> Business Address <u>PO BOX 16130, SAINT LOUIS, MO 63105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/25/2024</u> Name & Address: SANDY CALLARD 1348 KENSINGTON DR ANN ARBOR, MI 48104	<u>\$ 25.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAMMER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1348 KENSINGTON DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/25/2024</u> Name & Address: CAROLYN COLE-BROWN 4904 HICKORY POINTE BLVD YPSILANTI, MI 48197	<u>\$ 100.00</u>	<u>\$ 150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTHCARE</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>4904 HICKORY POINTE BLVD, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/26/2024</u> Name & Address: ELISA GUYTON 408 WAYMARKET DR ANN ARBOR, MI 48103	<u>\$ 27.00</u>	<u>\$ 169.31</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>FRIENDS IN DEED</u> Business Address <u>1246 KENSINGTON DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 202.00

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/26/2024</u> Name & Address: TIMOTHY BYRNES 2300 LESLIE PARK CIR ANN ARBOR, MI 48105	\$ <u>5.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2300 LESLIE PARK CIR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/27/2024</u> Name & Address: ANGELO GRAZIANO 18255 CAVANAUGH LAKE RD CHELSEA, MI 48118	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>18255 CAVANAUGH LAKE RD, CHELSEA, MI 48118</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/27/2024</u> Name & Address: CHRIS CARLSON 20248 LONGWOOD CT NORTHVILLE, MI 48167	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>20248 LONGWOOD CT, NORTHVILLE, MI 48167</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/27/2024</u> Name & Address: SUSAN CARES 820 SPRING ST ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>177.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>820 SPRING ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **86.00**

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/27/2024</u> Name & Address: LYNN DRICKAMER 1515 GOLDEN AVE ANN ARBOR, MI 48104	\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1515 GOLDEN AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/28/2024</u> Name & Address: ROSANITA RATCLIFF 2490 PINECREST AVE ANN ARBOR, MI 48104	\$ <u>25.00</u>	\$ <u>427.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2490 PINECREST AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/28/2024</u> Name & Address: BARBARA MCMULLEN 703 DUNCAN ST ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>77.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>QA MANAGER</u> Employer <u>E.L.F. BEAUTY</u> Business Address <u>315 E EISENHOWER PKWY, STE 202, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/28/2024</u> Name & Address: LAURA LEIN 1366 N HURON RIVER DR YPSILANTI, MI 48197	\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1366 N HURON RIVER DR, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **177.00**

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: ANDREW BANKA 3291 ROSEDALE ST ANN ARBOR, MI 48108	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AIRFLOW SCIENCES</u> Business Address <u>12190 HUBBARD ST, LIVONIA, MI 48150</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/30/2024</u> Name & Address: KRISTA NORDBERG 1411 COLLEGEWOOD ST YPSILANTI, MI 48197	\$ <u>50.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WASHTENAW HEALTH PLAN</u> Business Address <u>555 TOWNER ST, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/30/2024</u> Name & Address: FABIANA JOHNSON 5565 N EAGLE CT YPSILANTI, MI 48197	\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTH ADMIN</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>3621 S STATE ST, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/30/2024</u> Name & Address: RANDI FRIEDMAN 599 LIBERTY POINTE DR ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>599 LIBERTY POINTE DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 250.00

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

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/30/2024</u> Name & Address: <u>RAE ANN WEYMOUTH</u> <u>548 3RD ST</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 50.00</u>	<u>\$ 100.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>548 3RD ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/30/2024</u> Name & Address: <u>CRISTINE F HOWE</u> <u>835 ASA GRAY DR</u> <u>ANN ARBOR, MI 48105</u>	<u>\$ 50.00</u>	<u>\$ 350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>835 ASA GRAY DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/30/2024</u> Name & Address: <u>JACQUE TUIE</u> <u>2136 W WEBSTER AVE</u> <u>CHICAGO, IL 60647</u>	<u>\$ 200.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SCHOOL PSYCHOLOGIST</u> Employer <u>CHICAGO PUBLIC SCHOOLS</u> Business Address <u>2136 W WEBSTER AVE, CHICAGO, IL 60647</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/30/2024</u> Name & Address: <u>VICTORIA MCAREE</u> <u>8314 N WARWICK CT</u> <u>SUPERIOR TWP, MI 48198</u>	<u>\$ 50.00</u>	<u>\$ 150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>8314 N WARWICK CT, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 350.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/30/2024</u> Name & Address: VICTOR LIU 8314 N WARWICK CT YPSILANTI, MI 48198	\$ <u>50.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>8314 N WARWICK CT, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/03/2024</u> Name & Address: TRISCHE DUCKWORTH 1033 HAWTHORNE AVE YPSILANTI, MI 48198	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>VALUE BLACK LIVES</u> Business Address <u>1033 HAWTHORNE AVE, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/03/2024</u> Name & Address: VERONICA HARGENRADER 2952 EAGLES CIR YPSILANTI, MI 48197	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLERICAL</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1500 E MEDICAL CENTER DR, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/03/2024</u> Name & Address: ERIC ROBERTS 2835 S WAGNER RD ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2835 S WAGNER RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 200.00

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

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/04/2024</u> Name & Address: IVAN GUZMAN 3580 PHEASANT RUN CIRCLE DRIVE #5 ANN ARBOR, MI 48108	\$ <u>25.00</u>	\$ <u>152.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGAL ASSISTANT</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>200 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/04/2024</u> Name & Address: KEVIN O'BRIEN 5656 BIG PINE DR YPSILANTI, MI 48197	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>5656 BIG PINE DR, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/04/2024</u> Name & Address: JANEY SILVER 2869 SEMINOLE RD ANN ARBOR, MI 48108	\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2869 SEMINOLE RD, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/05/2024</u> Name & Address: WILLIAM JONES 4295 E WILLIS RD MILAN, MI 48160	\$ <u>10.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SELF EMPLOYED</u> Business Address <u>4295 E WILLIS RD, MILAN, MI 48160</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 97.00

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

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/05/2024</u> Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	\$ <u>0.00</u>	\$ <u>534.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PERSONAL FINANCE EDUCATION SERVICES INC.</u> Business Address <u>612 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/05/2024</u> Name & Address: PATRICIA KING 2297 LOCH HIGHLAND DR DEXTER, MI 48130	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2297 LOCH HIGHLAND DR, DEXTER, MI 48130</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/06/2024</u> Name & Address: TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	\$ <u>7.00</u>	\$ <u>355.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>U.S. ENVIRONMENTAL PROTECTION AGENCY</u> Business Address <u>2000 TRAVERWOOD DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/06/2024</u> Name & Address: JENNIFER DEVOR 2338 DICKINSON ST PHILADELPHIA, PA 19146	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2338 DICKINSON ST, PHILADELPHIA, PA 19146</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **157.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/06/2024</u> Name & Address: KEN SCOTT 213 LIVE OAK MANDEY, LA 70488	\$ <u>100.00</u>	\$ <u>107.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC SAFETY</u> Employer <u>ST TAMMANY HOSPITAL</u> Business Address <u>404 TRINITY LN, MANDEVILLE, LA 70471</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/06/2024</u> Name & Address: JOHN ERDEVIG 2475 NOTTINGHAM RD ANN ARBOR, MI 48104	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>2475 NOTTINGHAM RD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/06/2024</u> Name & Address: CRISTINE F HOWE 835 ASA GRAY DR ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>835 ASA GRAY DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: SHANLEY CARLTON 1617 MORRELL ST DETROIT, MI 48209	\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF PARTNERSHIPS</u> Employer <u>CULTUREVERSE</u> Business Address <u>309 S MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 250.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: <u>REBECCA HERRIN</u> <u>215 SHEFFIELD DR</u> <u>SALINE, MI 48176</u>	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>JACKSON PUBLIC SCHOOLS</u> Business Address <u>522 WILDWOOD AVE, JACKSON, MI 49201</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: <u>JAMES HILL</u> <u>175 LAWTON RD</u> <u>RIVERSIDE, IL 60546</u>	\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>175 LAWTON RD, RIVERSIDE, IL 60546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: <u>LEONORE GERSTEIN</u> <u>807 ASA GRAY DR</u> <u>ANN ARBOR, MI 48105</u>	\$ <u>27.00</u>	\$ <u>104.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>807 ASA GRAY DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: <u>LENA KAUFFMAN</u> <u>901 CENTER DR</u> <u>ANN ARBOR, MI 48103</u>	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WRITER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>901 CENTER DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **162.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/08/2024</u> Name & Address: KATHERINE GRISWOLD 3565 FOX HUNT DR ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3565 FOX HUNT DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/08/2024</u> Name & Address: BRIANNA DUNT 2280 E MICHIGAN AVE YPSILANTI, MI 48198	\$ <u>500.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>AAA PARTS LLC</u> Business Address <u>2280 E MICHIGAN AVE, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/08/2024</u> Name & Address: SUSAN ANZICEK 4952 CANYON OAKS DR BRIGHTON, MI 48114	\$ <u>27.00</u>	\$ <u>112.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4952 CANYON OAKS DR, BRIGHTON, MI 48114</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/08/2024</u> Name & Address: SAVANNAH PEAK 2521 S RIDGEWAY AVE #2 CHICAGO, IL 60623	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PEDICAB OPERATOR</u> Employer <u>SECOND CITY TUK TUKS</u> Business Address <u>2521 S RIDGEWAY AVE, #2, CHICAGO, IL 60623</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **827.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/08/2024</u> Name & Address: <u>SAVANNAH PEAK</u> <u>2521 S RIDGEWAY AVE</u> <u>#2</u> <u>CHICAGO, IL 60623</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PEDICAB OPERATOR</u> Employer <u>SECOND CITY TUK TUKS</u> Business Address <u>2521 S RIDGEWAY AVE, #2, CHICAGO, IL 60623</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>27.00</u>	\$ <u>227.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/08/2024</u> Name & Address: <u>GWEN HANDELMAN</u> <u>300 BRIARCREST DR</u> <u>ANN ARBOR, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>300 BRIARCREST DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/09/2024</u> Name & Address: <u>AARON DWORKIN</u> <u>3651 BARTON FARM DR</u> <u>ANN ARBOR, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ARTS LEADER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>3651 BARTON FARM DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>2,000.00</u>	\$ <u>3,775.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/09/2024</u> Name & Address: <u>CHERYL SIBILSKY</u> <u>839 BRUCE ST</u> <u>ANN ARBOR, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>839 BRUCE ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>500.00</u>

Page Subtotal **2,377.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/09/2024</u> Name & Address: KRISTINE FALLON 1169 S PLYMOUTH CT CHICAGO, IL 60605	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1169 S PLYMOUTH CT, CHICAGO, IL 60605</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/09/2024</u> Name & Address: STEVEN SCHWARTZBERG 1870 N BISSELL ST CHICAGO, IL 60614	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1870 N BISSELL ST, CHICAGO, IL 60614</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/09/2024</u> Name & Address: ISAAC TRONCOSO 2373 BROADWAY NEW YORK, NY 10024	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AIDE</u> Employer <u>CITY OF CHICAGO</u> Business Address <u>3000 N SHERIDAN RD, #7F, CHICAGO, IL 60657</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/10/2024</u> Name & Address: RAE ANN WEYMOUTH 548 3RD ST ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>150.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>548 3RD ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **175.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/11/2024</u> Name & Address: ELIZABETH WILSON 19816 IVEY RD CHELSEA, MI 48118	\$ <u>54.00</u>	\$ <u>54.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>19816 IVEY RD, CHELSEA, MI 48118</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/11/2024</u> Name & Address: CYNTHIA A BODEWES 14108 E AUSTIN RD MANCHESTER, MI 48158	\$ <u>100.00</u>	\$ <u>2,027.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>14108 E AUSTIN RD, MANCHESTER, MI 48158</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/11/2024</u> Name & Address: STEVEN SCHWARTZBERG 1870 N BISSELL ST CHICAGO, IL 60614	\$ <u>50.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1870 N BISSELL ST, CHICAGO, IL 60614</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/11/2024</u> Name & Address: JONATHON STAUNTON 744 W GORDON TERRACE CHICAGO, IL 60613	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENERGY CONSULTANT</u> Employer <u>AECOM</u> Business Address <u>303 E WACKER DR, CHICAGO, IL 60601</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **254.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/11/2024</u> Name & Address: DAVID SEMAN 1404 N MOHAWK ST CHICAGO, IL 60610	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>THE PALADIN POLITICAL GROUP</u> Business Address <u>1404 N MOHAWK ST, CHICAGO, IL 60610</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/12/2024</u> Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	\$ <u>8.00</u>	\$ <u>542.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PERSONAL FINANCE EDUCATION SERVICES INC.</u> Business Address <u>612 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/2024</u> Name & Address: TIFFANY NG 644 N 4TH AVE ANN ARBOR, MI 48104	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROF</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>644 N 4TH AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/15/2024</u> Name & Address: ADRIANNE MADIAS 3279 BOLGOS CIR ANN ARBOR, MI 48105	\$ <u>27.00</u>	\$ <u>84.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3279 BOLGOS CIR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 295.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: LEIGH GLAZER 1448 E CLARK RD YPSILANTI, MI 48198	\$ <u>10.00</u>	\$ <u>167.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CUSTOMS BROKER</u> Employer <u>THYSSENKRUPP</u> Business Address <u>190 S LA SALLE ST, CHICAGO, IL 60603</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: IAN ROBINSON 3435 BRENTWOOD CT ANN ARBOR, MI 48108	\$ <u>250.00</u>	\$ <u>277.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FACULTY</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>3435 BRENTWOOD CT, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>05/16/2024</u> Name & Address: PITTSFIELD INTEGRITY 151 E TEXTILE RD ANN ARBOR, MI 48108	\$ <u>4,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/17/2024</u> Name & Address: WENDY HAWKINS 1007 WRIGHT ST APT 1 ANN ARBOR, MI 48105	\$ <u>27.00</u>	\$ <u>189.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICY ANALYST</u> Employer <u>RAND</u> Business Address <u>1200 S HAYES ST, ARLINGTON, VA 22202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **4,287.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/18/2024</u> Name & Address: CHRISTINA M HEMENWAY 2750 E DELHI RD ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MOVIE DIRECTOR</u> Employer <u>DANCINGSTAR PRODUCTIONS</u> Business Address <u>2750 E DELHI RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/18/2024</u> Name & Address: RITA TURNER-SHEERIN 2304 VINEWOOD BLVD ANN ARBOR, MI 48104	\$ <u>27.00</u>	\$ <u>277.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2304 VINEWOOD BLVD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/18/2024</u> Name & Address: SUSAN CIOTTI 5908 QUEBEC AVE ANN ARBOR, MI 48103	\$ <u>250.00</u>	\$ <u>2,923.14</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE PHARMACEUTICAL</u> Employer <u>GATES MRI</u> Business Address <u>1 KENDALL SQUARE, CAMBRIDGE, MA 02139</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/18/2024</u> Name & Address: ANTHONY DEROSA 1358 KING GEORGE BLVD ANN ARBOR, MI 48108	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SMALL BUSINESS OWNER</u> Employer <u>HEARSAY INC</u> Business Address <u>2350 W LIBERTY ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **354.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/18/2024</u> Name & Address: MONICA COLVIN 1711 ORCHARD ST ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>MICHIGAN MEDICINE</u> Business Address <u>1711 ORCHARD ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/18/2024</u> Name & Address: LESLIE MCGRAW 6655 JACKSON RD UNIT 831 ANN ARBOR, MI 48103	\$ <u>10.00</u>	\$ <u>109.46</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL MEDIA STRATEGIST</u> Employer <u>TRU STORY SUCCESS WITH LES</u> Business Address <u>6655 JACKSON RD, UNIT 831, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/18/2024</u> Name & Address: CHRISTINA M HEMENWAY 2750 E DELHI RD ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>54.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MOVIE DIRECTOR</u> Employer <u>DANCINGSTAR PRODUCTIONS</u> Business Address <u>2750 E DELHI RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/18/2024</u> Name & Address: RITA TURNER-SHEERIN 2304 VINEWOOD BLVD ANN ARBOR, MI 48104	\$ <u>27.00</u>	\$ <u>304.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2304 VINEWOOD BLVD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **91.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/18/2024</u> Name & Address: SUSAN CIOTTI 5908 QUEBEC AVE ANN ARBOR, MI 48103	<u>\$ 100.00</u>	<u>\$ 3,023.14</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHARMACEUTICAL SCIENTIST</u> Employer <u>GATES MRI</u> Business Address <u>1 KENDALL SQUARE, CAMBRIDGE, MA 02139</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/18/2024</u> Name & Address: ANTHONY DEROSA 1358 KING GEORGE BLVD ANN ARBOR, MI 48108	<u>\$ 210.00</u>	<u>\$ 260.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SMALL BUSINESS OWNER</u> Employer <u>HEARSAY INC</u> Business Address <u>2350 W LIBERTY ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/18/2024</u> Name & Address: RITA TURNER-SHEERIN 2304 VINEWOOD BLVD ANN ARBOR, MI 48104	<u>\$ 150.00</u>	<u>\$ 454.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2304 VINEWOOD BLVD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/19/2024</u> Name & Address: CYNTHIA A BODEWES 14108 E AUSTIN RD MANCHESTER, MI 48158	<u>\$ 200.00</u>	<u>\$ 2,227.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>14108 E AUSTIN RD, MANCHESTER, MI 48158</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 660.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2024</u> Name & Address: ELISA GUYTON 408 WAYMARKET DR ANN ARBOR, MI 48103	\$ 333.33	\$ 502.64
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>FRIENDS IN DEED</u> Business Address <u>1246 KENSINGTON DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/21/2024</u> Name & Address: DIANNE WIDZINSKI 3000 GLAZIER WAY #230 ANN ARBOR, MI 48105	\$ 250.00	\$ 250.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3000 GLAZIER WAY, #230, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: BILAL SAEED 4961 HIDDEN BROOK LN ANN ARBOR, MI 48105	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING EXEC</u> Employer <u>DETROIT PISTONS</u> Business Address <u>4961 HIDDEN BROOK LN, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: MAHDI CHERAGHCHI 2127 ANNS WAY ANN ARBOR, MI 48105	\$ 27.00	\$ 27.00
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>2260 HAYWARD ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **710.33**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/23/2024</u> Name & Address: <u>DEJUAN BLAND</u> <u>4742 MADDIE LN</u> <u>DEARBORN, MI 48126</u>	\$ <u>25.00</u>	\$ <u>275.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY ORGANIZER</u> Employer <u>MOSES</u> Business Address <u>19321 W CHICAGO, DETROIT, MI 48228</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/24/2024</u> Name & Address: <u>JOHN EATON</u> <u>1606 DICKEN DR</u> <u>ANN ARBOR, MI 48103</u>	\$ <u>100.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1606 DICKEN DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/25/2024</u> Name & Address: <u>SANDY CALLARD</u> <u>1348 KENSINGTON DR</u> <u>ANN ARBOR, MI 48104</u>	\$ <u>25.00</u>	\$ <u>525.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAMMER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1348 KENSINGTON DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/25/2024</u> Name & Address: <u>ANNE FOWLER</u> <u>2050 MCKINLEY AVE</u> <u>YPSILANTI, MI 48197</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGAM MANAGER</u> Employer <u>LEIDOS</u> Business Address <u>N PONTIAC TRAIL, COMMERCE TWP, MI 48390</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 200.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/26/2024</u> Name & Address: TIMOTHY BYRNES 2300 LESLIE PARK CIR ANN ARBOR, MI 48105	\$ <u>5.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2300 LESLIE PARK CIR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/26/2024</u> Name & Address: ELISA GUYTON 408 WAYMARKET DR ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>529.64</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>FRIENDS IN DEED</u> Business Address <u>1246 KENSINGTON DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/26/2024</u> Name & Address: CHRISTINE DAGER 363 SALINE RIVER DR SALINE, MI 48176	\$ <u>27.00</u>	\$ <u>77.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>363 SALINE RIVER DR, SALINE, MI 48176</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2024</u> Name & Address: ROSANITA RATCLIFF 2490 PINECREST AVE ANN ARBOR, MI 48104	\$ <u>25.00</u>	\$ <u>452.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2490 PINECREST AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **84.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2024</u> Name & Address: DEBORAH LABELLE 221 N MAIN ST ANN ARBOR, MI 48104	\$ 500.00	\$ 2,500.00
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LODL</u> Business Address <u>221 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2024</u> Name & Address: ELIZABETH DUREN 1225 BALDWIN AVE ANN ARBOR, MI 48104	\$ 50.00	\$ 754.24
5. If over \$100.00 cumulative, please provide: Occupation <u>DATABASE PROGRAMMER</u> Employer <u>SELF</u> Business Address <u>1225 BALDWIN AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2024</u> Name & Address: AARON MITCHELL 21 STUYVESANT OVAL NEW YORK, NY 10009	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>MSKCC</u> Business Address <u>1275 YORK AVE, NEW YORK, NY 10065</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2024</u> Name & Address: JASON DEBORD 2640 KIMBERLEY RD ANN ARBOR, MI 48104	\$ 30.00	\$ 30.00
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSOCIATE PROFESSOR</u> Employer <u>THE UNIVERSITY OF MICHIGAN</u> Business Address <u>2640 KIMBERLEY RD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **680.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2024</u> Name & Address: VIVIENNE ARMENTROUT 1126 LARIAT LOOP ANN ARBOR, MI 48108	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1126 LARIAT LOOP, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2024</u> Name & Address: MAJID AL-AWAR 1075 COUNTRY CLUB RD ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PINNACLE HOUSE PAINTERS</u> Business Address <u>1075 COUNTRY CLUB RD, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2024</u> Name & Address: DALE MAGEE 621 SUNSET RD ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>621 SUNSET RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2024</u> Name & Address: JASON TOWLER 643 HILLSDALE ST WHITMORE LAKE, MI 48189	\$ <u>27.00</u>	\$ <u>77.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SPECIAL EDUCATION TEACHER</u> Employer <u>MAQUETTE ISD</u> Business Address <u>643 HILLSDALE ST, WHITMORE LAKE, MI 48189</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 227.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2024</u> Name & Address: ROCHELLE IGRISAN 1430 GREENVIEW DR ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1430 GREENVIEW DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: JOHN WAGNER 5375 S ZEEB RD ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTRICAL ENG</u> Employer <u>ON SEMICONDUCTOR</u> Business Address <u>19500 VICTOR PKWY, SUITE 375, LIVONIA, MI 48152</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: DIANE JARA 20699 HIDDEN LAKE DR GREGORY, MI 48137	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>20699 HIDDEN LAKE DR, GREGORY, MI 48137</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: GINA STEFFEY 1711 BROADVIEW LN ANN ARBOR, MI 48105	\$ <u>200.00</u>	\$ <u>677.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>WASHTENAW COUNTY JUVENILE DRUG TREATMENT COURT</u> Business Address <u>101 E HURON ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **827.00**

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

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2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: CHRIS HURLBUT 2123 CASTELLO CIR ANN ARBOR, MI 48108 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2123 CASTELLO CIR, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: KRISTA NORDBERG 1411 COLLEGEWOOD ST YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WASHTENAW HEALTH PLAN</u> Business Address <u>555 TOWNER ST, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>400.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: ANN DOYLE 1607 ARBORVIEW BLVD ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM MANAGER</u> Employer <u>INTERNET2</u> Business Address <u>3520 GREEN CT, SUITE 200, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: JASON DEBORD 200 E LIBERTY ST #8045 ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>ASSOCIATE PROFESSOR</u> Employer <u>THE UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>27.00</u>	\$ <u>57.00</u>

Page Subtotal **177.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: CRHIS NICHOLS 3547 BURNHAM RD ANN ARBOR, MI 48108	\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTING MANAGER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1000 VICTORS WAY, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: WANDA RICHARDSON 15321 STRICKER AVE EASTPOINTE, MI 48021	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>15321 STRICKER AVE, EASTPOINTE, MI 48021</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: LISA TENNENBAUM 4123 S PRIEUR ST NEW ORLEANS, LA 70125	\$ <u>27.00</u>	\$ <u>77.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTS OFFICER</u> Employer <u>TULANE UNIVERSITY</u> Business Address <u>4123 S PRIEUR ST, NEW ORLEANS, LA 70125</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: VALERIE PRZYWARA 15687 SURREY LIVONIA, MI 48154	\$ <u>50.00</u>	\$ <u>165.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>15687 SURREY, LIVONIA, MI 48154</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 204.00

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: MARY BETH MICHAND 14414 EDGEWATER DR GREGORY, MI 48137 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>14414 EDGEWATER DR, GREGORY, MI 48137</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: JOSEPH SAUL 5080 ANN ARBOR-SALINE RD ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>PRIVACY AND SECURITY OFFICER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>5080 ANN ARBOR-SALINE RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>300.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: CATHERINE CAMMANN 2008 CRESTLAND DR ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2008 CRESTLAND DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>855.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: PAVEL MIKHNO 3603 CROWN CT RAPID CITY, SD 57702 5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR PRINCIPAL STAT PROGRAMMER</u> Employer <u>PAREXEL</u> Business Address <u>2520 MERIDIAN PKWY, DURHAM, NC 27713</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>200.00</u>

Page Subtotal 500.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: <u>RAE ANN WEYMOUTH</u> <u>548 3RD ST</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 100.00</u>	<u>\$ 250.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>548 3RD ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: <u>AARON HENDERSON</u> <u>4307 3RD ST</u> <u>WAYNE, MI 48184</u>	<u>\$ 100.00</u>	<u>\$ 700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FACTORY WORKER</u> Employer <u>FORD MOTOR COMPANY</u> Business Address <u>37625 MICHIGAN AVE, WAYNE, MI 48184</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: <u>TAD WYSOR</u> <u>610 N MIAMI AVE</u> <u>YPSILANTI, MI 48198</u>	<u>\$ 27.00</u>	<u>\$ 382.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>U.S. ENVIRONMENTAL PROTECTION AGENCY</u> Business Address <u>2000 TRAVERWOOD DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: <u>TARYN WILLIS</u> <u>2361 W MILLER CIR</u> <u>WESTLAND, MI 48186</u>	<u>\$ 27.00</u>	<u>\$ 54.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETAIL</u> Employer <u>COACH</u> Business Address <u>2361 W MILLER CIR, WESTLAND, MI 48186</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 254.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: MARY BYCE 5939 LAFAYETTE LN ANN ARBOR, MI 48103	\$ <u>22.00</u>	\$ <u>272.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>TRINITY HEALTH</u> Business Address <u>5938 LAFAYETTE LN, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/2024</u> Name & Address: JOSEPHINE ROOD 710 5TH ST ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAREGIVER</u> Employer <u>HAZEL ROOD</u> Business Address <u>710 5TH ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/2024</u> Name & Address: CRAIG ANNAS 27 S HURON ST YPSILANTI, MI 48197	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>CREDIT SERVICES OF MICHIGAN</u> Business Address <u>27 S HURON ST, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/2024</u> Name & Address: REBECCA ARENDS 2787 ARROWWOOD TRAIL ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LICENSED CLINICAL SOCIAL WORKER</u> Employer <u>EXCELSIOR MASSAGE THERAPY</u> Business Address <u>2787 ARROWWOOD TRAIL, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,172.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/02/2024</u> Name & Address: <u>ELIZABETH DUREN</u> <u>1225 BALDWIN AVE</u> <u>ANN ARBOR, MI 48104</u>	\$ <u>100.00</u>	\$ <u>854.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DATABASE PROGRAMMER</u> Employer <u>SELF</u> Business Address <u>1225 BALDWIN AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/02/2024</u> Name & Address: <u>RITA TURNER-SHEERIN</u> <u>2304 VINEWOOD BLVD</u> <u>ANN ARBOR, MI 48104</u>	\$ <u>27.00</u>	\$ <u>481.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2304 VINEWOOD BLVD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/02/2024</u> Name & Address: <u>REBECCA HATTON</u> <u>2035 SUFFOLK AVE</u> <u>ANN ARBOR, MI 48103</u>	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOLOGIST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2035 SUFFOLK AVE, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: <u>JENNIFER CORNELL</u> <u>1402 W WASHINGTON ST</u> <u>ANN ARBOR, MI 48103</u>	\$ <u>50.00</u>	\$ <u>222.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>ANN ARBOR ART ASSOCIATION</u> Business Address <u>1402 W WASHINGTON ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **677.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: LAURA SANDERS 11774 QUIGLEY RD DEXTER, MI 48130	\$ <u>54.00</u>	\$ <u>54.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>THERAPIST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>11774 QUIGLEY RD, DEXTER, MI 48130</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: PITTSFIELD INTEGRITY 151 E TEXTILE RD ANN ARBOR, MI 48108	\$ <u>3,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: MANISH MARZETTI 1911 MILLER AVE ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PASTOR</u> Employer <u>FIRST UNITARIAN UNIVERSALIST CONGREGATION OF ANN A</u> Business Address <u>4001 ANN ARBOR-SALINE RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: DEBORAH MADDOX 2229 HILLDALE DR ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2229 HILLDALE DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **3,254.00**

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: WASHTENAW CITIZENS FOR ACCOUNTABILITY 812 CHARLES ST YPSILANTI, MI 48198	<u>\$ 8,325.00</u>	<u>\$ 8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: IVAN GUZMAN 3580 PHEASANT RUN CIRCLE DRIVE #5 ANN ARBOR, MI 48108	<u>\$ 25.00</u>	<u>\$ 177.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGAL ASSISTANT</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>200 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: LAUREN SARGENT 2815 EMBER WAY ANN ARBOR, MI 48104	<u>\$ 27.00</u>	<u>\$ 312.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2815 EMBER WAY, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: RYAN YAPLE 1007 E SUMMERFIELD GLEN CIR ANN ARBOR, MI 48103	<u>\$ 100.00</u>	<u>\$ 300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>7535 JACKSON RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **8,477.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: GEORGE TSEBELIS 2920 GLAZIER WAY ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>200.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: DANIEL ATKINS 2003 MARRA DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2003 MARRA DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: KATHLEEN BRANT 2534 ROSELAND DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2534 ROSELAND DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: TIMOTHY JOHNSON 200 RIVERVIEW DR ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1500 E MEDICAL CENTER DR, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>150.00</u>

Page Subtotal **500.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: SUSAN SCHREIBER 338 ROCK CREEK CT ANN ARBOR, MI 48104	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>338 ROCK CREEK CT, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: SPENCER THOMAS 1108 BUICK AVENUE YPSILANTI, MI 48198	\$ <u>27.00</u>	\$ <u>277.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1108 BUICK AVE, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: HARVEY SOMERS 2129 AUTUMN HILL DR ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>553.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2129 AUTUMN HILL DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: CYNTHIA LEMPERT 325 ORCHARD HILLS DR ANN ARBOR, MI 48104	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>325 ORCHARD HILLS DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **131.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: SONYA ALVARADO 1193 LEVONA ST YPSILANTI, MI 48198	\$ <u>50.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNION ORGANIZER</u> Employer <u>AFTMI</u> Business Address <u>1193 LEVONA ST, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: GREGORY PRATT 3580 OAKWOOD ST ANN ARBOR, MI 48104	\$ <u>127.00</u>	\$ <u>254.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY ORGANIZER</u> Employer <u>NONE</u> Business Address <u>3580 OAKWOOD ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: KEYONN WHITFIELD 48636 AMERICAN ELM DR MACOMB, MI 48044	\$ <u>100.00</u>	\$ <u>527.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>48636 AMERICAN ELM DR, MACOMB, MI 48044</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/05/2024</u> Name & Address: WILLIAM JONES 4295 E WILLIS RD MILAN, MI 48160	\$ <u>10.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SELF EMPLOYED</u> Business Address <u>4295 E WILLIS RD, MILAN, MI 48160</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **287.00**

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

1. Committee I.D. Number C-2022-112
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/05/2024</u> Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	\$ <u>5.00</u>	\$ <u>547.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PERSONAL FINANCE EDUCATION SERVICES INC.</u> Business Address <u>612 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/05/2024</u> Name & Address: ANDREW BANKA 3291 ROSEDALE ST ANN ARBOR, MI 48108	\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AIRFLOW SCIENCES</u> Business Address <u>12190 HUBBARD ST, LIVONIA, MI 48150</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/05/2024</u> Name & Address: JIM RUSSO 3625 MEADOW GROVE TRAIL ANN ARBOR, MI 48108	\$ <u>27.00</u>	\$ <u>77.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3625 MEADOW GROVE TRAIL, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/05/2024</u> Name & Address: MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WRITER/FARMER</u> Employer <u>VERDANDE/MICHELLE DEATRICK</u> Business Address <u>5630 MEADOW LN, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 232.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/05/2024</u> Name & Address: JANET CANNON 2317 FERNWOOD AVE ANN ARBOR, MI 48104	\$ <u>15.00</u>	\$ <u>112.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER AND MUSICIAN</u> Employer <u>SELF</u> Business Address <u>1516 E PARK PL, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	\$ <u>7.00</u>	\$ <u>389.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>U.S. ENVIRONMENTAL PROTECTION AGENCY</u> Business Address <u>2000 TRAVERWOOD DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: RICHARD STAHLER-SHOLK 1542 SILLER TERRACE ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>EASTERN MICHIGAN UNIVERSITY</u> Business Address <u>601 PRAY HARROLD, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: JENNIFER HAINES 1873 W HURON RIVER DR ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>8,175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1873 W HURON RIVER DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **172.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: JUDY STONE 2300 PACKARD ST ANN ARBOR, MI 48104	\$ <u>65.00</u>	\$ <u>165.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NUTRIONIST</u> Employer <u>CENTER FOR FUNCTIONAL NUTRITION</u> Business Address <u>2312 PACKARD ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: JESSE MILLER 93 OAKWOOD ST YPSILANTI, MI 48197	\$ <u>27.00</u>	\$ <u>47.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDIA CONSULTANT</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: BETSY CARROLL 205 VALLEY DR YPSILANTI, MI 48197	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GRAPHIC DESIGNER</u> Employer <u>TRINITY HEALTH</u> Business Address <u>5301 MCAULEY DR, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: LOIS MAHARG 4730 MIDWAY DR ANN ARBOR, MI 48103	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4730 MIDWAY DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **362.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: VICTOR LIU 8314 N WARWICK CT YPSILANTI, MI 48198	\$ <u>50.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>8314 N WARWICK CT, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: VICTORIA MCAREE 8314 N WARWICK CT SUPERIOR TWP, MI 48198	\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>8314 N WARWICK CT, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: BRIAN SCHICK 4975 SYCAMORE DR YPSILANTI, MI 48197	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TECHNICAL WRITER</u> Employer <u>DOMINO'S</u> Business Address <u>4975 SYCAMORE DR, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: CRISTINE F HOWE 835 ASA GRAY DR ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>835 ASA GRAY DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **300.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: SUE HADDEN 1730 IVYWOOD DR ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>82.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1730 IVYWOOD DRIVE, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: LISA QUERIJERO 2492 OAKDALE DR ANN ARBOR, MI 48108	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2492 OAKDALE DR, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: LAUREN SARGENT 2815 EMBER WAY ANN ARBOR, MI 48104	\$ <u>27.00</u>	\$ <u>339.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2815 EMBER WAY, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: ROSA MANTILLA 2150 PAULINE BLVD APT #202 ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2150 PAULINE BLVD, APT #202, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **108.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: KATHERINE GRISWOLD 3565 FOX HUNT DR ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3565 FOX HUNT DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: SUSAN CAIN 600 W HURON ST APT #426 ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>600 W HURON ST, APT #426, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: MINNIE BLUHM 2930 HEATHER WAY ANN ARBOR, MI 48104	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>EMU</u> Business Address <u>900 OAKWOOD ST, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: SUSAN CIOTTI 5908 QUEBEC AVE ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>3,123.14</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHARMACEUTICAL SCIENTIST</u> Employer <u>GATES MRI</u> Business Address <u>5908 QUEBEC AVE, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 277.00

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

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2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: ANDY LEVIN 6015 DARRAMOOD RD BLOOMFIELD HILLS, MI 48301 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>6015 DARRAMOOD RD, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>1,000.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: KERRI COVEY 3090 GOLFSIDE RD YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR DIRECTOR OF DEVELOPMENT</u> Employer <u>ICIRR</u> Business Address <u>3090 GOLFSIDE RD, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>160.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: BOB KING 300 S REVENA BLVD ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>300 S REVENA BLVD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>650.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: DESIRAE SIMMONS 407 CHARLES ST YPSILANTI, MI 48198 5. If over \$100.00 cumulative, please provide: Occupation <u>NONPROFIT MANAGER</u> Employer <u>INTERFAITH COUNCIL FOR PEACE AND JUSTICE</u> Business Address <u>1414 HILL ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>15.00</u>	\$ <u>242.00</u>

Page Subtotal **815.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: WILL GARCIA 743 CHRISTY AVE JACKSON, MI 49203	\$ <u>27.00</u>	\$ <u>112.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUSTAINABILITY COORDINATOR</u> Employer <u>CITY OF ANN ARBOR</u> Business Address <u>301 E HURON ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: LAUREN SARGENT 2815 EMBER WAY ANN ARBOR, MI 48104	\$ <u>50.00</u>	\$ <u>389.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2815 EMBER WAY, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: KEVIN O'BRIEN 5656 BIG PINE DR YPSILANTI, MI 48197	\$ <u>10.00</u>	\$ <u>37.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>5656 BIG PINE DR, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: KERRI COVEY 3090 GOLFSIDE RD YPSILANTI, MI 48197	\$ <u>100.00</u>	\$ <u>260.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>ICIRR</u> Business Address <u>3090 GOLFSIDE RD, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **187.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: JAMES DANIEL 2769 ARROWWOOD TRAIL ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2769 ARROWWOOD TRAIL, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>30.00</u>	\$ <u>75.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: PETER HEYDON 3562 W HURON RIVER DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>3562 W HURON RIVER DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/07/2024</u> Name & Address: JENNIFER WYATT 1961 CAMP MADRON RD LOT 11 BUCHANAN, MI 49107 5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>PRICE WATERHOUSE COOPERS</u> Business Address <u>1961 CAMP MADRON RD, LOT 11, BUCHANAN, MI 49107</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/07/2024</u> Name & Address: DAVID BOHNETT 9595 WILSHIRE BLVD SUITE 310 BEVERLY HILLS, CA 90212 5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR</u> Employer <u>BARODA VENTURES LLC</u> Business Address <u>9595 WILSHIRE BLVD, SUITE 310, BEVERLY HILLS, CA 90212</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>2,500.00</u>

Page Subtotal **2,530.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/2024</u> Name & Address: SARAH DEFLON 2418 PITTSFIELD BLVD ANN ARBOR, MI 48104	\$ <u>27.00</u>	\$ <u>77.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>MICHIGAN MEDICINE</u> Business Address <u>1500 E MEDICAL CENTER DR, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/2024</u> Name & Address: ADAM PABERZS 2765 HOLYOKE LN ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>255.44</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC HEALTH</u> Employer <u>WASHTENAW COUNTY PUBLIC HEALTH</u> Business Address <u>555 TOWNER ST, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/2024</u> Name & Address: SAMUEL FIRKE 807 HUTCHINS AVE ANN ARBOR, MI 48103	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DATA ANALYST</u> Employer <u>CITY OF ANN ARBOR</u> Business Address <u>301 E HURON ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/2024</u> Name & Address: SUSAN KIELB 1731 HATCHER CRESCENT ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1731 HATCHER CRESCENT, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **404.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/2024</u> Name & Address: RODGER WOLFF 2128 BROCKMAN BLVD ANN ARBOR, MI 48104	\$ 5.00	\$ 5.00
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2128 BROCKMAN BLVD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/2024</u> Name & Address: RODGER WOLFF 2128 BROCKMAN BLVD ANN ARBOR, MI 48104	\$ 250.00	\$ 255.00
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2128 BROCKMAN BLVD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/2024</u> Name & Address: DENISE BAUER 6100 STOFER RD CHELSEA, MI 48118	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE PRACTITIONER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>6100 STOFER RD, CHELSEA, MI 48118</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/09/2024</u> Name & Address: JESSICA RANDALL 205 E MICHIGAN AVE CLINTON, MI 49236	\$ 27.00	\$ 27.00
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE ASSISTANT</u> Employer <u>EVERSIGHT</u> Business Address <u>3985 RESEARCH PARK DR, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **382.00**

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/09/2024</u> Name & Address: SHRUTI LAKSHMANAN 12420 STANLEY RD BELLEVILLE, MI 48111	\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT AFFAIRS MANAGER</u> Employer <u>COLOR OF CHANGE</u> Business Address <u>1349 RIGGS ST NW, WASHINGTON, DC 20009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/09/2024</u> Name & Address: JOHN DYKHOUSE 525 4TH ST ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>GOOGLE</u> Business Address <u>2300 TRAVERWOOD DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/09/2024</u> Name & Address: DENNIS BRYANT 11820 COLLEGE ST DETROIT, MI 48205	\$ <u>27.00</u>	\$ <u>54.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PAYMENTS WORKER</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>4733 CONNER ST, DETROIT, MI 48215</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/09/2024</u> Name & Address: DONALD DANYKO 3582 GREEN BRIER BLVD APT 404C ANN ARBOR, MI 48105	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3582 GREEN BRIER BLVD, APT 404C, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **132.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/09/2024</u> Name & Address: JAMES VANSTEEL 1430 IVYWOOD DR MERIDIAN TWP, MI 48864	\$ <u>15.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PLANNER</u> Employer <u>MICHIGAN DEPARTMENT OF TRANSPORTATION</u> Business Address <u>1261 ALBANY ST, FERNDALE, MI 48220</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/10/2024</u> Name & Address: VICKIE WELLMAN 2461 TOWNER BLVD ANN ARBOR, MI 48104	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2461 TOWNER BLVD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/10/2024</u> Name & Address: ALEXANDER DEATRICK 1260 21ST ST NW WASHINGTON, DC 20036	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICAL CONSULTANT</u> Employer <u>THE BASELINE AGENCY</u> Business Address <u>1835 7TH ST NW, WASHINGTON, DC 20001</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/10/2024</u> Name & Address: ALEXANDER DEATRICK 1260 21ST ST NW WASHINGTON, DC 20036	\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICAL CONSULTANT</u> Employer <u>THE BASELINE AGENCY</u> Business Address <u>1835 7TH ST NW, WASHINGTON, DC 20001</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 265.00

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/10/2024</u> Name & Address: JERRY WALDEN 2805 OVERRIDGE DR ANN ARBOR, MI 48104	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2805 OVERRIDGE DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/10/2024</u> Name & Address: CAROL GAGLIARDI 5131 PARK RD ANN ARBOR, MI 48103	\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>5131 PARK RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/2024</u> Name & Address: DOUG SCOTT 1525 HARDING RD ANN ARBOR, MI 48104	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1525 HARDING RD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/2024</u> Name & Address: CHERYL SIBILSKY 839 BRUCE ST ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>839 BRUCE ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **350.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/12/2024</u> Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	\$ 8.00	\$ 555.22
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PERSONAL FINANCE EDUCATION SERVICES INC.</u> Business Address <u>612 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/12/2024</u> Name & Address: LOUISE GORENFLO 2005 PAULINE CT ANN ARBOR, MI 48103	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2005 PAULINE CT, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/12/2024</u> Name & Address: ALISON PRATT 5901 NORTHRIDGE CIR WATERFORD TWP, MI 48327	\$ 15.00	\$ 15.00
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGAL ASSISTANT</u> Employer <u>OFFIT KURMAN PA</u> Business Address <u>7021 COLUMBIA GATEWAY DR, COLUMBIA, MD 21046</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/12/2024</u> Name & Address: DAVID FOSTER 8608 KINGSTON CT YPSILANTI, MI 48198	\$ 5.00	\$ 55.00
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORK</u> Employer <u>FORCE DETROIT</u> Business Address <u>8608 KINGSTON CT, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **128.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/13/2024</u> Name & Address: LAINIE KATZ 2790 EMBER WAY ANN ARBOR, MI 48104	\$ <u>27.00</u>	\$ <u>77.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2790 EMBER WAY, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/13/2024</u> Name & Address: MARVIN COTTON JR 18800 FENELON ST DETROIT, MI 48234	\$ <u>27.00</u>	\$ <u>107.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>BETTER NOT BROKEN LLC</u> Business Address <u>23295 GRATIOT AVE, #409, EASTPOINTE, MI 48021</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/13/2024</u> Name & Address: ELANOR SULLIVAN 225 SOUTH ST APT #3 JAMAICA PLAIN, MA 02130	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FISCAL POLICY ANALYST</u> Employer <u>COMMONWEALTH OF MASSACHUSETTS</u> Business Address <u>24 BEACON ST, BOSTON, MA 02133</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/13/2024</u> Name & Address: WAYNE DRIES 1125 HONEY RUN DR ANN ARBOR, MI 48103	\$ <u>40.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1125 HONEY RUN DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **144.00**

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

1. Committee I.D. Number C-2022-112
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/13/2024</u> Name & Address: MARK WINE 3468 RICHARD ST ANN ARBOR, MI 48104	\$ <u>250.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>OPUS IVS</u> Business Address <u>7322 NEWMAN BLVD, DEXTER, MI 48130</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/13/2024</u> Name & Address: JOSEPH SAUL 5080 ANN ARBOR-SALINE RD ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRIVACY AND SECURITY OFFICER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>5080 ANN ARBOR-SALINE RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/14/2024</u> Name & Address: KAREN HOLMAN 1248 RAMBLING RD YPSILANTI, MI 48198	\$ <u>50.00</u>	\$ <u>505.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EDITORIAL ASSISTANT</u> Employer <u>DECEMBER MAGAZINE</u> Business Address <u>P.O. BOX 16130, SAINT LOUIS, MO 63105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/14/2024</u> Name & Address: ANNE FOWLER 2050 MCKINLEY AVE YPSILANTI, MI 48197	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGAM MANAGER</u> Employer <u>LEIDOS</u> Business Address <u>2050 MCKINLEY AVE, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **400.00**

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

1. Committee I.D. Number C-2022-112
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/14/2024</u> Name & Address: <u>RONALD SIMPSON</u> <u>504 SUMMER BROOKE LN</u> <u>FAIRBURN, GA 30213</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>EX. VICE PRESIDENT</u> Employer <u>JUSTLEADERSHIPUSA</u> Business Address <u>P.O. BOX 1730, NEW YORK, NY 10037</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>150.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/14/2024</u> Name & Address: <u>ALISON DIVER</u> <u>600 W HURON ST</u> <u>#620</u> <u>ANN ARBOR, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>600 W HURON, #620, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>27.00</u>	\$ <u>77.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/14/2024</u> Name & Address: <u>ARCHER CHRISTIAN</u> <u>8200 PINECROSS LN</u> <u>ANN ARBOR, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>8200 PINECROSS LN, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>150.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/14/2024</u> Name & Address: <u>SAM PERNICK</u> <u>2769 ARROWWOOD TRAIL</u> <u>ANN ARBOR, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2769 ARROWWOOD TRAIL, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>650.00</u>

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/14/2024</u> Name & Address: <u>MICHAEL GRIFFITH</u> <u>630 DUANE CT</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 27.00</u>	<u>\$ 27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>630 DUANE CT, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/15/2024</u> Name & Address: <u>CASEY STOCKTON</u> <u>1465 C STREET</u> <u>#3617</u> <u>SAN DIEGO, CA 92101</u>	<u>\$ 20.00</u>	<u>\$ 20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>AFCHS</u> Business Address <u>1465 C ST, SAN DIEGO, CA 92101</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/15/2024</u> Name & Address: <u>KERRI PEPPERMAN</u> <u>1219 WESTMOORLAND ST</u> <u>YPSILANTI, MI 48197</u>	<u>\$ 150.00</u>	<u>\$ 450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>USER EXPERIENCE ARCHITECT</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1219 WESTMOORLAND ST, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/15/2024</u> Name & Address: <u>GRACE DUREN</u> <u>1225 BALDWIN AVENUE</u> <u>ANN ARBOR, MI 48104</u>	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>1225 BALDWIN AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 297.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/16/2024</u> Name & Address: LEIGH GLAZER 1448 E CLARK RD YPSILANTI, MI 48198	\$ <u>10.00</u>	\$ <u>177.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CUSTOMS BROKER</u> Employer <u>THYSSENKRUPP</u> Business Address <u>190 S LASALLE ST, CHICAGO, IL 60603</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/16/2024</u> Name & Address: BELAL BAYDOUN 52 E MAXLOW AVE HAZEL PARK, MI 48030	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>52 E MAXLOW AVE, HAZEL PARK, MI 48030</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/16/2024</u> Name & Address: GINA STEFFEY 849 S GROVE ST YPSILANTI, MI 48198	\$ <u>50.00</u>	\$ <u>727.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>WASHTENAW COUNTY JUVENILE DRUG TREATMENT COURT</u> Business Address <u>101 E HURON ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/16/2024</u> Name & Address: EDWARD STEINMAN 621 5TH ST ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>621 5TH ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **120.00**

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

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/16/2024</u> Name & Address: TONI KAYUMI 5851 LIMA CENTER RD MANCHESTER, MI 48158	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT AND CEO</u> Employer <u>ANN ARBOR YMCA</u> Business Address <u>400 W WASHINGTON ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/16/2024</u> Name & Address: JOSEPH SAUL 5080 ANN ARBOR-SALINE RD ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRIVACY AND SECURITY OFFICER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>5080 ANN ARBOR-SALINE RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/17/2024</u> Name & Address: WENDY HAWKINS 1007 WRIGHT ST APT 1 ANN ARBOR, MI 48105	\$ <u>27.00</u>	\$ <u>216.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICY ANALYST</u> Employer <u>RAND</u> Business Address <u>1200 S HAYES ST, ARLINGTON, VA 22202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/17/2024</u> Name & Address: DAVID NELSON 1156 SULLIVAN DR ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR - TECHNICAL SUPPORT</u> Employer <u>CLARIVATE</u> Business Address <u>789 E EISENHOWER PKWY, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **177.00**

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

1. Committee I.D. Number C-2022-112
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/2024</u> Name & Address: SUSAN HOOKS-BROWN 7811 GREENE FARM DR YPSILANTI TWP, MI 48197	\$ 50.00	\$ 150.00
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY ENGAGEMENT COORDINATOR</u> Employer <u>COMMUNITY LEARNING PARTNERSHIP</u> Business Address <u>1660 L ST NW, WASHINGTON, DC 20036</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/2024</u> Name & Address: KATHLEEN BRANT 2534 ROSELAND DR ANN ARBOR, MI 48103	\$ 250.00	\$ 350.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2534 ROSELAND DRIVE, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/19/2024</u> Name & Address: DEBRA BERMAN 2741 HOLYOKE LN ANN ARBOR, MI 48103	\$ 50.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2741 HOLYOKE LN, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/19/2024</u> Name & Address: ROBIN WYLIE 8710 LILLY DR YPSILANTI TWP, MI 48197	\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation <u>WEB DEVELOPER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>8710 LILLY DR, YPSILANTI TWP, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **400.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/19/2024</u> Name & Address: DONALD PROUD 4744 SAWGRASS DR E ANN ARBOR, MI 48108	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4744 SAWGRASS DR E, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/19/2024</u> Name & Address: LAURA NATHAN 3005 RUMSEY DR ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3005 RUMSEY DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/19/2024</u> Name & Address: BARBARA BANET 838 HEATHER WAY ANN ARBOR, MI 48104	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>838 HEATHER WAY, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/20/2024</u> Name & Address: MATT HAMPEL 931 LUTZ AVE ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>LOVELAND TECHNOLOGIES</u> Business Address <u>3970 S GREENBROOKE DR SE, KENTWOOD, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **350.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/20/2024</u> Name & Address: HANNAH MESA 5340 PALISADES DR SYLVANIA, OH 43560	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1415 WASHINGTON HEIGHTS, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/20/2024</u> Name & Address: TALLY CRAIG 256 LYN ANNE CT ANN ARBOR, MI 48103	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>256 LYN ANNE CT, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/21/2024</u> Name & Address: THOMAS WEISSKOPF 305 WILTON ST ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>305 WILTON ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/21/2024</u> Name & Address: BARBARA MCMULLEN 703 DUNCAN ST ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>127.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>QA MANAGER</u> Employer <u>E.L.F. BEAUTY</u> Business Address <u>315 E EISENHOWER PKWY, STE 202, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **350.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/22/2024</u> Name & Address: <u>MICHELLE DEATRICK</u> <u>5630 MEADOW LN</u> <u>ANN ARBOR, MI 48105</u>	\$ <u>250.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WRITER/FARMER</u> Employer <u>VERDANDE/MICHELLE DEATRICK</u> Business Address <u>5630 MEADOW LN, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/22/2024</u> Name & Address: <u>JEFFREY ELLISON</u> <u>50044 GRANT ST</u> <u>CANTON, MI 48188</u>	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>50044 GRANT ST, CANTON, MI 48188</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/22/2024</u> Name & Address: <u>ALISON DIVER</u> <u>600 W HURON ST</u> <u>#620</u> <u>ANN ARBOR, MI 48103</u>	\$ <u>27.00</u>	\$ <u>104.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>600 W HURON ST, #620, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/23/2024</u> Name & Address: <u>DEJUAN BLAND</u> <u>4742 MADDIE LN</u> <u>DEARBORN, MI 48126</u>	\$ <u>25.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY ORGANIZER</u> Employer <u>MOSES</u> Business Address <u>19321 W CHICAGO, DETROIT, MI 48228</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **552.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/23/2024</u> Name & Address: PAT CARSON 1256 PEPPERIDGE WAY ANN ARBOR, MI 48105	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1256 PEPPERIDGE WAY, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/23/2024</u> Name & Address: JOYCE STEIN 3012 SIGNATURE BLVD APT G ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>3012 SIGNATURE BLVD, APT G, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/23/2024</u> Name & Address: FRED CHASE 1550 E CLARK RD YPSILANTI, MI 48198	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1550 E CLARK RD, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/24/2024</u> Name & Address: COURTNEY LAMBERT 105 W BENNETT ST SALINE, MI 48176	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NAIL TECH</u> Employer <u>FOXY DAY SPA</u> Business Address <u>105 W BENNETT ST, SALINE, MI 48176</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **97.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/24/2024</u> Name & Address: JAMES THRALL 505 E HURON ST APT #402 ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION</u> Business Address <u>55 FRUIT STEET, BOSTON, MA 02114</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/24/2024</u> Name & Address: SHEL STARK 1716 IVYWOOD DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>MEDIATOR/ARBITRATOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1716 IVYWOOD DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>350.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/24/2024</u> Name & Address: SANDRA JERGENS 600 RIVERSTONE LN CHELSEA, MI 48118 5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>600 RIVERSTONE LN, CHELSEA, MI 48118</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/24/2024</u> Name & Address: KEITH KASTELLA 14230 N LAKE RD GREGORY, MI 48137 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>14230 N LAKE RD, GREGORY, MI 48137</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>25.00</u>

Page Subtotal 250.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2024</u> Name & Address: SANDY CALLARD 1348 KENSINGTON DR ANN ARBOR, MI 48104	\$ <u>25.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAMMER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1348 KENSINGTON DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2024</u> Name & Address: JAMES BATES 3025 E JOY RD ANN ARBOR, MI 48105	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTRICAL CONTRACTOR</u> Employer <u>SELF</u> Business Address <u>5945 PLUM HOLLOW DR, APT 14, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2024</u> Name & Address: JOAN NASSAUER 2769 OAKCLEFT CT ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROF</u> Employer <u>U MICH</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2024</u> Name & Address: MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105	\$ <u>27.00</u>	\$ <u>377.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WRITER/FARMER</u> Employer <u>VERDANDE/MICHELLE DEATRICK</u> Business Address <u>5630 MEADOW LN, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **179.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2024</u> Name & Address: MATTHEW HARSHBERGER 2142 SPRING RIDGE DR ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>PITTSFIELD TOWNSHIP</u> Business Address <u>2142 SPRING RIDGE DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2024</u> Name & Address: MARY BYCE 5939 LAFAYETTE LN ANN ARBOR, MI 48103	\$ <u>22.00</u>	\$ <u>294.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>TRINITY HEALTH</u> Business Address <u>5938 LAFAYETTE LN, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2024</u> Name & Address: PATRICIA STRIHO 2355 DELAWARE DR ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC ADJUSTER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1905 PAULINE BLVD, SUITE 4, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2024</u> Name & Address: JOSHUA KAY 308 ARBANA DR ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>308 ARBANA DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **322.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2024</u> Name & Address: <u>LISA LAVERTY</u> <u>1710 GREGORY ST</u> <u>YPSILANTI, MI 48197</u>	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>AFT</u> Business Address <u>555 NEW JERSEY AVE NW, WASHINGTON, DC 20001</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2024</u> Name & Address: <u>ELISA GUYTON</u> <u>408 WAYMARKET DR</u> <u>ANN ARBOR, MI 48103</u>	\$ <u>27.00</u>	\$ <u>556.64</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>FRIENDS IN DEED</u> Business Address <u>1246 KENSINGTON DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2024</u> Name & Address: <u>TIMOTHY BYRNES</u> <u>2300 LESLIE PARK CIR</u> <u>ANN ARBOR, MI 48105</u>	\$ <u>5.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2300 LESLIE PARK CIR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2024</u> Name & Address: <u>MARK HIGBEE</u> <u>704 HEMPHILL ST</u> <u>YPSILANTI, MI 48198</u>	\$ <u>27.00</u>	\$ <u>127.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR OF HISTORY</u> Employer <u>EASTERN MICHIGAN UNIVERSITY</u> Business Address <u>702 PRAY HAROLD, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **86.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2024</u> Name & Address: <u>NARDA BEAUCHAMP</u> <u>7611 4TH AVE W</u> <u>BRADENTON, FL 34209</u>	<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>7611 4TH AVE W, BRADENTON, FL 34209</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2024</u> Name & Address: <u>DAVID SHOUP</u> <u>720 BROOKS ST</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 50.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>720 BROOKS ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2024</u> Name & Address: <u>JILL WARREN</u> <u>657 W OAKRIDGE ST</u> <u>FERNDAL, MI 48220</u>	<u>\$ 27.00</u>	<u>\$ 27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>657 W OAKRIDGE ST, FERNDAL, MI 48220</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2024</u> Name & Address: <u>JUDY STONE</u> <u>2300 PACKARD ST</u> <u>ANN ARBOR, MI 48104</u>	<u>\$ 10.00</u>	<u>\$ 175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NUTRITIONIST</u> Employer <u>CENTER FOR FUNCTIONAL NUTRITION</u> Business Address <u>2312 PACKARD ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **587.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: ELIZABETH DUREN 1225 BALDWIN AVE ANN ARBOR, MI 48104	\$ <u>100.00</u>	\$ <u>954.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DATABASE PROGRAMMER</u> Employer <u>SELF</u> Business Address <u>1225 BALDWIN AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: JEANNE MURABITO 4259 LAKE FOREST DR E ANN ARBOR, MI 48108	\$ <u>27.00</u>	\$ <u>147.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4259 LAKE FOREST DR E, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: GHANA GOODWIN-DYE 2 NORFOLK TOWNE ST SOUTHFIELD, MI 48075	\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2 NORFOLK TOWNE ST, SOUTHFIELD, MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: JOHN CHAMBERLIN 315 2ND ST #401 ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>315 2ND ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 257.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: CRAIG ANNAS 27 S HURON ST YPSILANTI, MI 48197	\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>CREDIT SERVICES OF MICHIGAN</u> Business Address <u>27 S HURON ST, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: KATHERINE GRISWOLD 3565 FOX HUNT DR ANN ARBOR, MI 48105	\$ <u>50.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3565 FOX HUNT DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: LAUREN SARGENT 2815 EMBER WAY ANN ARBOR, MI 48104	\$ <u>27.00</u>	\$ <u>416.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2815 EMBER WAY, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: MONA WALZ 805 W MIDDLE ST APT 658 CHELSEA, MI 48118	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>805 W MIDDLE ST, APT 658, CHELSEA, MI 48118</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,177.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: CATHERINE CAMMANN 2008 CRESTLAND DR ANN ARBOR, MI 48104	\$ <u>250.00</u>	\$ <u>1,105.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2008 CRESTLAND DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: MOE FITZSIMONS 300 S REVENA BLVD ANN ARBOR, MI 48103	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>SEIU</u> Business Address <u>3031 W GRAND BLVD, DETROIT, MI 48202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: ANNE O'BRIEN 1320 MORNINGSIDE DR ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1320 MORNINGSIDE DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: CAROLE MCCABE 3635 E DELHI RD ANN ARBOR, MI 48103	\$ <u>0.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>WASHTENAW LITERACY</u> Business Address <u>5577 WHITTAKER RD, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 600.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: KAREN HOLMAN 1248 RAMBLING RD YPSILANTI, MI 48198	\$ <u>50.00</u>	\$ <u>555.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EDITORIAL ASSISTANT</u> Employer <u>DECEMBER MAGAZINE</u> Business Address <u>P.O. BOX 16130, SAINT LOUIS, MO 63105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: KATHRYN DOYAL 1255 KENSINGTON DR ANN ARBOR, MI 48104	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>1255 KENSINGTON DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: YOUSEF RABHI 1255 KENSINGTON DR ANN ARBOR, MI 48104	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: PJ ANDERSON PO BOX 7648 ANN ARBOR, MI 48107	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>REALTOR</u> Business Address <u>PO BOX 7648, ANN ARBOR, MI 48107</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **350.00**

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: <u>ROSANITA RATCLIFF</u> <u>2490 PINECREST AVE</u> <u>ANN ARBOR, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2490 PINECREST AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>477.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: <u>ROBERT HOSPADARUK</u> <u>837 DUNCAN ST</u> <u>ANN ARBOR, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>835 DUNCAN ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: <u>STEPHEN BROWN</u> <u>1507 SHADFORD RD</u> <u>ANN ARBOR, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1507 SHADFORD RD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: <u>CHRISTA WILLIAMS</u> <u>841 ASA GRAY DR</u> <u>ANN ARBOR, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>841 ASA GRAY DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal 175.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: VIVIENNE ARMENTROUT 1126 LARIAT LOOP ANN ARBOR, MI 48108	\$ <u>27.00</u>	\$ <u>77.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1126 LARIAT LOOP, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: ELENA WAKEMAN 1135 GLEN LEVEN RD ANN ARBOR, MI 48103	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY COURT CLERK</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>101 E HURON ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: PATRICIA FISHER PO BOX 7757 ANN ARBOR, MI 48107	\$ <u>27.00</u>	\$ <u>92.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>PO BOX 7757, ANN ARBOR, MI 48107</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: AMOS IRWIN 4403 ATWICK RD BALTIMORE, MD 21210	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM DIRECTOR</u> Employer <u>LEAP</u> Business Address <u>100 CUMMINGS CENTER, BEVERLY, MA 01915</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **129.00**

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

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: JOHN WAGNER 5375 S ZEEB RD ANN ARBOR, MI 48103	<u>\$ 100.00</u>	<u>\$ 900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTRICAL ENGINEER</u> Employer <u>ON SEMICONDUCTOR</u> Business Address <u>19500 VICTOR PKWY, SUITE 375, LIVONIA, MI 48152</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/2024</u> Name & Address: PEGGY RABHI 1991 UPLAND DR ANN ARBOR, MI 48105	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCHER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1500 E MEDICAL CENTER DR, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/29/2024</u> Name & Address: STEPHEN GUTIERREZ 411 LINDA VISTA ST ANN ARBOR, MI 48103	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>411 LINDA VISTA ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/29/2024</u> Name & Address: LINDA WALTENBERGER 433 WOODGROVE DR ANN ARBOR, MI 48103	<u>\$ 10.00</u>	<u>\$ 10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>433 WOODGROVE DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 260.00

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

1. Committee I.D. Number C-2022-112
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/29/2024</u> Name & Address: MICHAEL STAEBLER 4 GEDDES HEIGHTS DR ANN ARBOR, MI 48104	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4 GEDDES HEIGHTS DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/29/2024</u> Name & Address: INGRID AULT 2531 MEADE CT ANN ARBOR, MI 48105	\$ <u>25.00</u>	\$ <u>79.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GRANTS POLICY MANAGER</u> Employer <u>WITT O???BRIEN???</u> Business Address <u>818 TOWN AND COUNTRY BLVD, HOUSTON, TX 77024</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/29/2024</u> Name & Address: MATTHEW COLLETTE 208 W RUSSELL ST SALINE, MI 48176	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MCIHIGAN</u> Business Address <u>2600 DRAPER DR, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/29/2024</u> Name & Address: BRUCE KIRCHER 2518 PROUDHON WAY CINCINNATI, OH 45239	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2518 PROUDHON WAY, CINCINNATI, OH 45239</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **425.00**

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

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/29/2024</u> Name & Address: ANN ORTH 8645 ACORNE AVE MILAN, MI 48160	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>8645 ACORNE AVE, MILAN, MI 48160</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/29/2024</u> Name & Address: MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105	<u>\$ 100.00</u>	<u>\$ 477.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WRITER/FARMER</u> Employer <u>VERDANDE/MICHELLE DEATRICK</u> Business Address <u>5630 MEADOW LN, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2024</u> Name & Address: KRISTA NORDBERG 1411 COLLEGEWOOD ST YPSILANTI, MI 48197	<u>\$ 50.00</u>	<u>\$ 450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WASHTENAW HEALTH PLAN</u> Business Address <u>555 TOWNER ST, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2024</u> Name & Address: DANIELLE HOOVER 15 DIVISION ST MILAN, MI 48160	<u>\$ 27.00</u>	<u>\$ 27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>2140 E ELLSWORTH RD, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 277.00

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

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2024</u> Name & Address: ANDREW SEILER 1961 UPLAND DR ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>LIBERTY PEDIATRICS</u> Business Address <u>3200 W LIBERTY RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2024</u> Name & Address: JANE PENDERGRASS 715 DWIGHT ST YPSILANTI, MI 48198	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TITLE UNDERWRITER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>715 DWIGHT ST, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2024</u> Name & Address: JANE PENDERGRASS 715 DWIGHT ST YPSILANTI, MI 48198	\$ <u>10.00</u>	\$ <u>37.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TITLE UNDERWRITER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>715 DWIGHT ST, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2024</u> Name & Address: BARBARA SALEM 1535 HATCHER CRESCENT ANN ARBOR, MI 48103	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCH DEVELOPER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **157.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2024</u> Name & Address: ELLEN NIELSEN 447 EXETER CT SALINE, MI 48176	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>447 EXETER CT, SALINE, MI 48176</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2024</u> Name & Address: PAUL SCHUTT 218 W KINGSLEY ST #309 ANN ARBOR, MI 48103	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>IMG</u> Business Address <u>218 W KINGSLEY ST, #309, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2024</u> Name & Address: KATHLEEN KNOL 1778 SNOWBERRY RIDGE RD ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1778 SNOWBERRY RIDGE RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2024</u> Name & Address: ELLEN NIELSEN 447 EXETER CT SALINE, MI 48176	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>447 EXETER CT, SALINE, MI 48176</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **450.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/01/2024</u> Name & Address: VICTOR LIU 8314 N WARWICK CT YPSILANTI, MI 48198	<u>\$ 100.00</u>	<u>\$ 400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>8314 N WARWICK CT, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/01/2024</u> Name & Address: VICTORIA MCAREE 8314 N WARWICK CT SUPERIOR TWP, MI 48198	<u>\$ 100.00</u>	<u>\$ 300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>8314 N WARWICK CT, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>07/01/2024</u> Name & Address: WASHTENAW CITIZENS FOR ACCOUNTABILITY 812 CHARLES ST YPSILANTI, MI 48198	<u>\$ 3,776.99</u>	<u>\$ 12,101.99</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/02/2024</u> Name & Address: JANICE ALVADO STEWART 387 N HEWITT RD YPSILANTI, MI 48197	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STUDENT SUPPORT COORDINATOR</u> Employer <u>WALDORF SCHOOL</u> Business Address <u>387 N HEWITT RD, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **4,026.99**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/02/2024</u> Name & Address: LOIS GANNON 3050 MERRITT RD YPSILANTI, MI 48197	\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3050 MERRITT RD, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/02/2024</u> Name & Address: VERONICA LAWRENCE 14075 EDGEWATER DR GREGORY, MI 48137	\$ 25.00	\$ 25.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>14075 EDGEWATER DR, GREGORY, MI 48137</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/02/2024</u> Name & Address: MARYLOU JENKINS 639 ECHO CT SALINE, MI 48176	\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>639 ECHO CT, SALINE, MI 48176</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/02/2024</u> Name & Address: SHARON SEITZ 6655 JACKSON RD LOT 639 ANN ARBOR, MI 48103	\$ 10.00	\$ 10.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>6655 JACKSON RD, LOT 639, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **135.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/02/2024</u> Name & Address: <u>RAE ANN WEYMOUTH</u> <u>548 3RD ST</u> <u>ANN ARBOR, MI 48103</u>	\$ <u>100.00</u>	\$ <u>350.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>548 3RD ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/02/2024</u> Name & Address: <u>DAN BEDNAR</u> <u>3628 BARTON FARM DR</u> <u>ANN ARBOR, MI 48105</u>	\$ <u>27.00</u>	\$ <u>177.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CFO</u> Employer <u>SLR INTERNATIONAL</u> Business Address <u>3628 BARTON FARM DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/03/2024</u> Name & Address: <u>MATTHEW HARSHBERGER</u> <u>2142 SPRING RIDGE DR</u> <u>ANN ARBOR, MI 48103</u>	\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>PITTSFIELD TOWNSHIP</u> Business Address <u>2142 SPRING RIDGE DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/05/2024</u> Name & Address: <u>ANNE BANNISTER</u> <u>612 N MAIN ST</u> <u>ANN ARBOR, MI 48104</u>	\$ <u>5.00</u>	\$ <u>560.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PERSONAL FINANCE EDUCATION SERVICES INC.</u> Business Address <u>612 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 232.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/05/2024</u> Name & Address: WILLIAM JONES 4295 E WILLIS RD MILAN, MI 48160	\$ <u>10.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SELF EMPLOYED</u> Business Address <u>4295 E WILLIS RD, MILAN, MI 48160</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/05/2024</u> Name & Address: KEYONN WHITFIELD 48636 AMERICAN ELM DR MACOMB, MI 48044	\$ <u>100.00</u>	\$ <u>627.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>48636 AMERICAN ELM DR, MACOMB, MI 48044</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/05/2024</u> Name & Address: LUCAS HOLT 4254 CLOVERLANE DR YPSILANTI, MI 48197	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAMMER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>3003 S STATE ST, SUITE 8000, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/05/2024</u> Name & Address: HARVEY SOMERS 2129 AUTUMN HILL DR ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>653.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2129 AUTUMN HILL DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 220.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/05/2024</u> Name & Address: JOE RIVERS 1807 N HURON RIVER DR YPSILANTI, MI 48197	<u>\$ 200.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHEF/OWNER</u> Employer <u>SYLVIA NOLASCO</u> Business Address <u>1807 N HURON RIVER DR, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/05/2024</u> Name & Address: PAUL COURANT 1045 CEDAR BEND DR ANN ARBOR, MI 48105	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1045 CEDAR BEND DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/05/2024</u> Name & Address: LAUREN SARGENT 2815 EMBER WAY ANN ARBOR, MI 48104	<u>\$ 54.00</u>	<u>\$ 470.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2815 EMBER WAY, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	<u>\$ 7.00</u>	<u>\$ 396.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>U.S. ENVIRONMENTAL PROTECTION AGENCY</u> Business Address <u>2000 TRAVERWOOD DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **311.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: KEVIN O'BRIEN 5656 BIG PINE DR YPSILANTI, MI 48197	\$ <u>10.00</u>	\$ <u>47.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>5656 BIG PINE DR, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: SUSAN CIOTTI 5908 QUEBEC AVE ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>3,223.14</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHARMACEUTICAL SCIENTIST</u> Employer <u>GATES MRI</u> Business Address <u>5908 QUEBEC AVE, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: RENEE QUINN-JENNINGS 348 OHIO ST YPSILANTI, MI 48198	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SURGICAL SERVICES ADMINISTRATION</u> Employer <u>HENRY FORD HEALTH</u> Business Address <u>6799 W GRAND BLVD, DETROIT, MI 48209</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: ARTHUR MEISSNER SILVER MAPLES DR CHELSEA, MI 48118	\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1113 SILVER MAPLES DRIVE, CHELSEA, MI 48118</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 237.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: JAMES DANIEL 2769 ARROWWOOD TRAIL ANN ARBOR, MI 48105	\$ <u>30.00</u>	\$ <u>105.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2769 ARROWWOOD TRAIL, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: JEFFERY HARROLD 1393 KING GEORGE BLVD ANN ARBOR, MI 48104	\$ <u>27.00</u>	\$ <u>127.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PASTOR</u> Employer <u>NEW BEGINNINGS COMMUNITY CHURCH</u> Business Address <u>4859 ELLSWORTH RD, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: LOIS MAHARG 4730 MIDWAY DR ANN ARBOR, MI 48103	\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4730 MIDWAY DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105	\$ <u>500.00</u>	\$ <u>977.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WRITER/FARMER</u> Employer <u>VERDANDE/MICHELLE DEATRICK</u> Business Address <u>5630 MEADOW LN, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **807.00**

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

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: WILL GARCIA 40 SANTEE RIVER DR ADRIAN, MI 49221	\$ <u>250.00</u>	\$ <u>362.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUSTAINABILITY COORDINATOR</u> Employer <u>CITY OF ANN ARBOR</u> Business Address <u>301 E HURON ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: GREGORY PRATT 3580 OAKWOOD ST ANN ARBOR, MI 48104	\$ <u>100.00</u>	\$ <u>354.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY ORGANIZER/SOCIAL WORKER</u> Employer <u>NONE</u> Business Address <u>3580 OAKWOOD ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: ANNA TAYLOR-MCCANTS 7128 MAPLELAWN DR YPSILANTI TWP, MI 48197	\$ <u>100.00</u>	\$ <u>127.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE PASTOR</u> Employer <u>FEDUP MINISTIRES</u> Business Address <u>7128 MAPLELAWN DR, YPSILANTI TWP, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: KATHLEEN MACDONALD 2531 ESSEX RD ANN ARBOR, MI 48104	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>THE MACDONALD GROUP</u> Business Address <u>115 E ANN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **550.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: MARY CAMPBELL 17253 PENNSYLVANIA HEIGHTS DR BROWNSTOWN TWP, MI 48174	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT TECH</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>110 N 4TH AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: IAN SANDLER-BOWEN 453 E MARSHALL ST FERNDALE, MI 48220	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DESIGN LEAD</u> Employer <u>WINDFALL STRATEGIES</u> Business Address <u>720 N STATE ST, CHICAGO, IL 60654</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2024</u> Name & Address: PJ ANDERSON PO BOX 7648 ANN ARBOR, MI 48107	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>REALTOR</u> Business Address <u>PO BOX 7648, ANN ARBOR, MI 48107</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/07/2024</u> Name & Address: RICHARD STAHLER-SHOLK 1542 SILLER TERRACE ANN ARBOR, MI 48103	\$ <u>54.00</u>	\$ <u>104.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>EASTERN MICHIGAN UNIVERSITY</u> Business Address <u>601 PRAY HARROLD, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **231.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/07/2024</u> Name & Address: <u>LINDSEY THATCHER</u> <u>818 W LIBERTY ST</u> <u>ANN ARBOR, MI 48103</u>	\$ <u>25.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>818 W LIBERTY ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/07/2024</u> Name & Address: <u>DOUG SCOTT</u> <u>1525 HARDING RD</u> <u>ANN ARBOR, MI 48104</u>	\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1525 HARDING RD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/07/2024</u> Name & Address: <u>SANDY CALLARD</u> <u>1348 KENSINGTON DR</u> <u>ANN ARBOR, MI 48104</u>	\$ <u>100.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAMMER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1348 KENSINGTON DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/07/2024</u> Name & Address: <u>DONALD DEATRICK</u> <u>4879 LONE OAK CT</u> <u>ANN ARBOR, MI 48108</u>	\$ <u>54.00</u>	\$ <u>54.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4879 LONE OAK CT, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 279.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/07/2024</u> Name & Address: KATHLEEN BRANT 2534 ROSELAND DR ANN ARBOR, MI 48103	<u>\$ 100.00</u>	<u>\$ 450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2534 ROSELAND DRIVE, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/07/2024</u> Name & Address: TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	<u>\$ 10.00</u>	<u>\$ 406.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>U.S. ENVIRONMENTAL PROTECTION AGENCY</u> Business Address <u>2000 TRAVERWOOD DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/07/2024</u> Name & Address: REBECCA ARENDS 2787 ARROWWOOD TRAIL ANN ARBOR, MI 48105	<u>\$ 50.00</u>	<u>\$ 150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LICENSED CLINICAL SOCIAL WORKER</u> Employer <u>EXCELSIOR MASSAGE THERAPY</u> Business Address <u>2787 ARROWWOOD TRAIL, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/07/2024</u> Name & Address: KAITLYN MIN 1260 21ST ST NW WASHINGTON, DC 20036	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCH ASSOCIATE</u> Employer <u>AMERICAN BRIDGE 21ST CENTURY</u> Business Address <u>56 PARFIELD DR, TORONTO, ON M2J 1C3</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 260.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: REBECCA HATTON 2035 SUFFOLK AVE ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOLOGIST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2035 SUFFOLK AVE, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>1,000.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: ALISON DIVER 600 W HURON ST #620 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>600 W HURON ST, #620, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>30.00</u>	\$ <u>134.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: NIGEL MCGUGAN 333 HILLDALE DR ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>333 HILLDALE DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: CATHERINE DALIGGA 1530 GREGORY ST YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide: Occupation <u>TECH SUPPORT</u> Employer <u>TRINET</u> Business Address <u>1 PARK PL, SUITE 600, DUBLIN, CA 94568</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>27.00</u>	\$ <u>27.00</u>

Page Subtotal **657.00**

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: CRISTINE F HOWE 835 ASA GRAY DR ANN ARBOR, MI 48105	<u>\$ 100.00</u>	<u>\$ 650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>835 ASA GRAY DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: RITA TURNER-SHEERIN 2304 VINEWOOD BLVD ANN ARBOR, MI 48104	<u>\$ 100.00</u>	<u>\$ 581.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2304 VINEWOOD BLVD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: ELIZABETH GIESSNER 3053 BARCLAY WAY ANN ARBOR, MI 48105	<u>\$ 27.00</u>	<u>\$ 27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3053 BARCLAY WAY, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: NICK MEIER 1848 3RD ST NW WASHINGTON, DC 20001	<u>\$ 27.00</u>	<u>\$ 27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COORDINATED CAMPAIGN DIRECTOR</u> Employer <u>MARYLAND DEMOCRATIC PARTY</u> Business Address <u>1848 3RD ST NW, WASHINGTON, DC 20001</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **254.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: CHERYL SIBILSKY 839 BRUCE ST ANN ARBOR, MI 48103	\$ 50.00	\$ 600.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>839 BRUCE ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: CAROL JACOBSEN 2104 PAULINE BLVD #306 ANN ARBOR, MI 48103	\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation <u>ARTIST</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: NICK MEIER 1848 3RD ST NW WASHINGTON, DC 20001	\$ 27.00	\$ 54.00
5. If over \$100.00 cumulative, please provide: Occupation <u>COORDINATED CAMPAIGN DIRECTOR</u> Employer <u>MARYLAND DEMOCRATIC PARTY</u> Business Address <u>1848 3RD ST NW, WASHINGTON, DC 20001</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: PETER HEYDON 3562 W HURON RIVER DR ANN ARBOR, MI 48103	\$ 1,000.00	\$ 2,500.00
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>3562 W HURON RIVER DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,127.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2024</u> Name & Address: HARRY COHEN 546 HIGHLAND RD CHELSEA, MI 48118	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT OWNER</u> Employer <u>BLACK PEARL</u> Business Address <u>302 S MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: CONNOR FARRELL 919 FLORIDA AVE NW WASHINGTON, DC 20001	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>THE BASELINE AGENCY</u> Business Address <u>1835 7TH ST NW, STE 203, WASHINGTON, DC 20001</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: DAWN HINES 5122 GREEN KNOLLS LN ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>HINES INDUSTRIES</u> Business Address <u>301 SCIO VILLAGE CT, UNIT 266, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: VICTOR LIU 8314 N WARWICK CT YPSILANTI, MI 48198	\$ <u>50.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>8314 N WARWICK CT, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **677.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: VICTORIA MCAREE 8314 N WARWICK CT SUPERIOR TWP, MI 48198 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>8314 N WARWICK CT, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>350.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: RANDI FRIEDMAN 599 LIBERTY POINTE DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>599 LIBERTY POINTE DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>35.00</u>	\$ <u>160.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: SUSAN BAITY 202 WESTWOOD AVE ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>WEB DESIGNER</u> Employer <u>SUSAN BAITY</u> Business Address <u>202 WESTWOOD AVE, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>15.00</u>	\$ <u>15.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: LAUREN SARGENT 2815 EMBER WAY ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2815 EMBER WAY, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>27.00</u>	\$ <u>497.00</u>

Page Subtotal **127.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: MARY BYCE 5939 LAFAYETTE LN ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>321.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>TRINITY HEALTH</u> Business Address <u>5938 LAFAYETTE LN, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: BETSY CARROLL 205 VALLEY DR YPSILANTI, MI 48197	\$ <u>50.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GRAPHIC DESIGNER</u> Employer <u>TRINITY HEALTH</u> Business Address <u>5301 MCAULEY DR, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: JILL WARREN 657 W OAKRIDGE ST FERNDALE, MI 48220	\$ <u>27.00</u>	\$ <u>54.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>657 W OAKRIDGE ST, FERNDALE, MI 48220</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: MIKE GATTO 3095 LAKEWOOD DR ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSOCIATE DIRECTOR OF CX</u> Employer <u>X BY 2</u> Business Address <u>35055 W 12 MILE RD, FARMINGTON HILLS, MI 48331</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 204.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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1. Committee I.D. Number C-2022-112
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: <u>ELIZABETH HUNTER</u> <u>827 BRUCE ST</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 100.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>827 BRUCE ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: <u>ADAM PABERZS</u> <u>2765 HOLYOKE LN</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 100.00</u>	<u>\$ 355.44</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC HEALTH</u> Employer <u>WASHTENAW COUNTY PUBLIC HEALTH</u> Business Address <u>810 CHARLES ST, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: <u>KATHLEEN SINGER</u> <u>1352 MARLBOROUGH DR</u> <u>ANN ARBOR, MI 48104</u>	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1352 MARLBOROUGH DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: <u>ROBERT JOSEPH</u> <u>6563 HORNCLIFFE DR</u> <u>CLARKSTON VLG, MI 48346</u>	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DATA DIRECTOR</u> Employer <u>MOVEMENT LABS</u> Business Address <u>1652 PARK RD NW, WASHINGTON, DC 20010</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **350.00**

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: ALEXANDER DEATRICK 1260 21ST ST NW WASHINGTON, DC 20036 5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICAL CONSULTANT</u> Employer <u>THE BASELINE AGENCY</u> Business Address <u>1835 7TH ST NW, WASHINGTON, DC 20001</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>350.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: PHILIP BIANCO 2125 8TH ST DETROIT, MI 48216 5. If over \$100.00 cumulative, please provide: Occupation <u>LABOR RELATIONS REPRESENTATIVE</u> Employer <u>MICHIGAN NURSES ASSOCIATION</u> Business Address <u>2310 JOLLY OAK RD, MERIDIAN TWP, MI 48864</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>177.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: DYLAN WEGELA 6909 WHITBY ST GARDEN CITY, MI 48135 5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>6909 WHITBY ST, GARDEN CITY, MI 48135</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>27.00</u>	\$ <u>27.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: LAYLA TAHA 37426 FOUNTAIN PARK CIR #362 WESTLAND, MI 48185 5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS MANAGER</u> Employer <u>RASHIDA TLAIB FOR CONGRESS</u> Business Address <u>PO BOX 32777, DETROIT, MI 48232</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal 227.00

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: YOUSEF RABHI 1255 KENSINGTON DR ANN ARBOR, MI 48104	\$ <u>75.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: LAUREN SARGENT 2815 EMBER WAY ANN ARBOR, MI 48104	\$ <u>75.00</u>	\$ <u>572.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2815 EMBER WAY, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: HARVEY SOMERS 2129 AUTUMN HILL DR ANN ARBOR, MI 48103	\$ <u>50.00</u>	\$ <u>703.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2129 AUTUMN HILL DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: PHILIP BIANCO 2125 8TH ST DETROIT, MI 48216	\$ <u>25.00</u>	\$ <u>202.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LABOR RELATIONS REPRESENTATIVE</u> Employer <u>MICHIGAN NURSES ASSOCIATION</u> Business Address <u>2310 JOLLY OAK RD, MERIDIAN TWP, MI 48864</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 225.00

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

1. Committee I.D. Number C-2022-112
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: <u>IAN SANDLER-BOWEN</u> <u>453 E MARSHALL ST</u> <u>FERNDALE, MI 48220</u>	\$ <u>27.00</u>	\$ <u>54.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DESIGN LEAD</u> Employer <u>WINDFALL STRATEGIES</u> Business Address <u>720 N STATE ST, CHICAGO, IL 60654</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: <u>DYLAN WEGELA</u> <u>6909 WHITBY ST</u> <u>GARDEN CITY, MI 48135</u>	\$ <u>75.00</u>	\$ <u>102.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>6909 WHITBY ST, GARDEN CITY, MI 48135</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: <u>RICHARD STAHLER-SHOLK</u> <u>1542 SILLER TERRACE</u> <u>ANN ARBOR, MI 48103</u>	\$ <u>50.00</u>	\$ <u>154.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>EASTERN MICHIGAN UNIVERSITY</u> Business Address <u>601 PRAY HARROLD, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: <u>LAYLA TAHA</u> <u>37426 FOUNTAIN PARK CIR</u> <u>#362</u> <u>WESTLAND, MI 48185</u>	\$ <u>75.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS MANAGER</u> Employer <u>RASHIDA TLAIB FOR CONGRESS</u> Business Address <u>PO BOX 32777, DETROIT, MI 48232</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 227.00

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

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: JOE RIVERS 1807 N HURON RIVER DR YPSILANTI, MI 48197	\$ <u>75.00</u>	\$ <u>275.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHEF/OWNER</u> Employer <u>SYLVIA NOLASCO</u> Business Address <u>1807 N HURON RIVER DR, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: SAM NELSON 319 W SHIAWASSEE ST LANSING, MI 48933	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE STAFFER</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: ELIZABETH GIESSNER 3053 BARCLAY WAY ANN ARBOR, MI 48105	\$ <u>100.00</u>	\$ <u>127.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3053 BARCLAY WAY, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: DAWN HINES 5122 GREEN KNOLLS LN ANN ARBOR, MI 48103	\$ <u>75.00</u>	\$ <u>102.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>HINES INDUSTRIES</u> Business Address <u>301 SCIO VILLAGE CT, UNIT 266, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 277.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: <u>RITA TURNER-SHEERIN</u> <u>2304 VINEWOOD BLVD</u> <u>ANN ARBOR, MI 48104</u>	\$ <u>75.00</u>	\$ <u>656.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2304 VINEWOOD BLVD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: <u>BRODERICK CLAIRE</u> <u>712 HEMPHILL ST</u> <u>YPSILANTI, MI 48198</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HAIR STYLIST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>712 HEMPHILL ST, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: <u>BRUCE KIRCHER</u> <u>2518 PROUDHON WAY</u> <u>CINCINNATI, OH 45239</u>	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2518 PROUDHON WAY, CINCINNATI, OH 45239</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/10/2024</u> Name & Address: <u>JAMES PAUL</u> <u>3600 SCHMITZ RD</u> <u>CHELSEA, MI 48118</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3600 SCHMITZ RD, CHELSEA, MI 48118</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 275.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/10/2024</u> Name & Address: DANIEL ATKINS 2003 MARRA DR ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2003 MARRA DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/10/2024</u> Name & Address: BRIANNA DUNT 1647 FOLEY AVE YPSILANTI, MI 48198	\$ <u>1,000.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE MANAGER</u> Employer <u>AAA PARTS</u> Business Address <u>2280 E MICHIGAN AVE, SUPERIOR TWP, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/10/2024</u> Name & Address: JEANNETTE JACKSON 1207 GARDNER AVE ANN ARBOR, MI 48104	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM MANAGER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>333 PACKARD ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/10/2024</u> Name & Address: CHRISTIAN ALVARADO 11464 MONA CT PLYMOUTH, MI 48170	\$ <u>30.00</u>	\$ <u>102.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>DETROIT ACTION</u> Business Address <u>11464 MONA CT, PLYMOUTH, MI 48170</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,230.00**

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

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/10/2024</u> Name & Address: <u>ARATI KREIBICH</u> <u>574 DOREMUS AVE</u> <u>GLEN ROCK, NJ 07452</u>	<u>\$ 30.00</u>	<u>\$ 30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>ARATI KREIBICH</u> Business Address <u>574 DOREMUS AVE, GLEN ROCK, NJ 07452</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/10/2024</u> Name & Address: <u>MARY HARRINGTON</u> <u>5672 ARBOR CHASE DR</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 1,000.00</u>	<u>\$ 1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>5672 ARBOR CHASE DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/10/2024</u> Name & Address: <u>JERRY WALDEN</u> <u>2805 OVERRIDGE DR</u> <u>ANN ARBOR, MI 48104</u>	<u>\$ 100.00</u>	<u>\$ 150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2805 OVERRIDGE DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/2024</u> Name & Address: <u>TAMARA MERGES</u> <u>4531 SONGBIRD SPRINGS</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 27.00</u>	<u>\$ 27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4531 SONGBIRD SPRINGS, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,157.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/2024</u> Name & Address: LUCAS HOLT 4254 CLOVERLANE DR YPSILANTI, MI 48197	\$ <u>25.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAMMER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>3003 S STATE ST, SUITE 8000, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/2024</u> Name & Address: WILLIAM ROUSTER 466 MARION ST YPSILANTI, MI 48197	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSTRUCTOR</u> Employer <u>OAKLAND UNIVERSITY</u> Business Address <u>318 MEADOW BROOK RD, ROCHESTER, MI 48309</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/2024</u> Name & Address: CRISTINE F HOWE 835 ASA GRAY DR ANN ARBOR, MI 48105	\$ <u>50.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>835 ASA GRAY DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/2024</u> Name & Address: MIKE SILBERMAN 5100 JAMES AVE S MINNEAPOLIS, MN 55419	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>5100 JAMES AVE S, MINNEAPOLIS, MN 55419</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **122.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/2024</u> Name & Address: AARON HENDERSON 4307 3RD ST WAYNE, MI 48184	<u>\$ 500.00</u>	<u>\$ 1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FACTORY WORKER</u> Employer <u>FORD MOTOR COMPANY</u> Business Address <u>37625 MICHIGAN AVE, WAYNE, MI 48184</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/2024</u> Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	<u>\$ 8.00</u>	<u>\$ 568.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PERSONAL FINANCE EDUCATION SERVICES INC.</u> Business Address <u>612 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/2024</u> Name & Address: COLLEEN KENNEDY 805 CHARLES ST YPSILANTI, MI 48198	<u>\$ 27.00</u>	<u>\$ 27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE BROKER</u> Employer <u>INVESTORS REALTY GROUP</u> Business Address <u>10 N WASHINGTON ST, #108, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/2024</u> Name & Address: JENNIFER WYATT 1961 CAMP MADRON RD LOT 11 BUCHANAN, MI 49107	<u>\$ 500.00</u>	<u>\$ 1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>PRICE WATERHOUSE COOPERS</u> Business Address <u>1961 CAMP MADRON RD, LOT 11, BUCHANAN, MI 49107</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **1,035.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/2024</u> Name & Address: FABIANA JOHNSON 5565 N EAGLE CT YPSILANTI, MI 48197	\$ 250.00	\$ 850.00
5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTH ADMIN</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>3621 S STATE ST, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/2024</u> Name & Address: JUDY BONNELL-WENZEL 2771 BRAEBURN CIR ANN ARBOR, MI 48108	\$ 10.00	\$ 10.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2771 BRAEBURN CIR, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/2024</u> Name & Address: GAIL ALTENBURG 4101 THORNOAKS DR ANN ARBOR, MI 48104	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>4101 THORNOAKS DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/13/2024</u> Name & Address: DIANE BOUIS 1905 E STADIUM BLVD ANN ARBOR, MI 48104	\$ 200.00	\$ 770.24
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR US PROGRAM</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1905 E STADIUM BLVD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **560.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/13/2024</u> Name & Address: LARRY FRANK 3162 BOLGOS CIR ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3162 BOLGOS CIR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/14/2024</u> Name & Address: IAN ROBINSON 3435 BRENTWOOD CT ANN ARBOR, MI 48108 5. If over \$100.00 cumulative, please provide: Occupation <u>FACULTY</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>3435 BRENTWOOD CT, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>377.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/14/2024</u> Name & Address: RAE ANN WEYMOUTH 548 3RD ST ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>548 3RD ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>400.24</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/14/2024</u> Name & Address: STEVEN PRZYBYLSKI 5630 MEADOW LN ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL CONSULTANT</u> Employer <u>VERDANDE</u> Business Address <u>5630 MEADOW LN, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>125.00</u>	\$ <u>625.00</u>

Page Subtotal **375.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/15/2024</u> Name & Address: <u>ARIKA LYCAN</u> <u>1127 N CONGRESS ST</u> <u>YPSILANTI, MI 48197</u>	<u>\$ 27.00</u>	<u>\$ 27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEMBER ENGAGEMENT MANAGER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>503 THOMPSON ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/15/2024</u> Name & Address: <u>KAYLA CONRAD</u> <u>309 WESLEY ST</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 100.00</u>	<u>\$ 115.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>309 WESLEY ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/16/2024</u> Name & Address: <u>LEIGH GLAZER</u> <u>1448 E CLARK RD</u> <u>YPSILANTI, MI 48198</u>	<u>\$ 10.00</u>	<u>\$ 187.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CUSTOMS BROKER</u> Employer <u>THYSSENKRUPP</u> Business Address <u>190 S LASALLE ST, CHICAGO, IL 60603</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/16/2024</u> Name & Address: <u>KATHERINE KAHN</u> <u>515 KRAUSE ST</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 34.00</u>	<u>\$ 34.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>515 KRAUSE ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 171.00

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/16/2024</u> Name & Address: <u>ELISA GUYTON</u> <u>408 WAYMARKET DR</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 34.00</u>	<u>\$ 590.64</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>FRIENDS IN DEED</u> Business Address <u>1246 KENSINGTON DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: <u>WENDY HAWKINS</u> <u>1007 WRIGHT ST</u> <u>APT 1</u> <u>ANN ARBOR, MI 48105</u>	<u>\$ 27.00</u>	<u>\$ 243.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICY ANALYST</u> Employer <u>RAND</u> Business Address <u>1200 S HAYES ST, ARLINGTON, VA 22202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: <u>ROBERTA FULLER</u> <u>3020 N MAPLE RD</u> <u>ANN ARBOR, MI 48103</u>	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR EMERITA</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>3020 N MAPLE RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: <u>ELIZABETH DUREN</u> <u>1225 BALDWIN AVE</u> <u>ANN ARBOR, MI 48104</u>	<u>\$ 50.00</u>	<u>\$ 1,004.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DATABASE PROGRAMMER</u> Employer <u>SELF</u> Business Address <u>1225 BALDWIN AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **161.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: CYNTHIA LEMPERT 325 ORCHARD HILLS DR ANN ARBOR, MI 48104	\$ 34.00	\$ 61.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>325 ORCHARD HILLS DR, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: ANTHONY DEROSA 1358 KING GEORGE BLVD ANN ARBOR, MI 48108	\$ 100.00	\$ 360.00
5. If over \$100.00 cumulative, please provide: Occupation <u>SMALL BUSINESS OWNER</u> Employer <u>HEARSAY INC</u> Business Address <u>2350 W LIBERTY ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: LAURA SANDERS 11774 QUIGLEY RD DEXTER, MI 48130	\$ 34.00	\$ 88.00
5. If over \$100.00 cumulative, please provide: Occupation <u>THERAPIST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>11774 QUIGLEY RD, DEXTER, MI 48130</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: MATTHEW HARSHBERGER 2142 SPRING RIDGE DR ANN ARBOR, MI 48103	\$ 100.00	\$ 700.00
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>PITTSFIELD TOWNSHIP</u> Business Address <u>2142 SPRING RIDGE DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **268.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: MONICA COLVIN 1711 ORCHARD ST ANN ARBOR, MI 48103	\$ <u>34.00</u>	\$ <u>61.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>MICHIGAN MEDICINE</u> Business Address <u>1711 ORCHARD ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: JULIA BROWN 1934 HARMON AVE YPSILANTI, MI 48198	\$ <u>34.00</u>	\$ <u>61.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EDUCATOR</u> Employer <u>JULIA BROWN</u> Business Address <u>1934 HARMON AVE, YPSILANTI, MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/2024</u> Name & Address: FELECIA TYSON-WATERS 5594 PERRYTOWN DR WEST BLOOMFIELD TOWNSHIP, MI 48322	\$ <u>34.00</u>	\$ <u>34.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>5594 PERRYTOWN DR, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/2024</u> Name & Address: ERIC ROBERTS 2835 S WAGNER RD ANN ARBOR, MI 48103	\$ <u>34.00</u>	\$ <u>84.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2835 S WAGNER RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **136.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/2024</u> Name & Address: ANDREW SEILER 1961 UPLAND DR ANN ARBOR, MI 48105	\$ <u>27.00</u>	\$ <u>127.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>LIBERTY PEDIATRICS</u> Business Address <u>3200 W LIBERTY RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/2024</u> Name & Address: STEPHEN BROWN 1507 SHADFORD RD ANN ARBOR, MI 48104	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1507 SHADFORD RD, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/2024</u> Name & Address: BRUCE KIRCHER 2518 PROUDHON WAY CINCINNATI, OH 45239	\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2518 PROUDHON WAY, CINCINNATI, OH 45239</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/2024</u> Name & Address: CHRIS TEBBENS 7726 GREENE FARM DR YPSILANTI TWP, MI 48197	\$ <u>34.00</u>	\$ <u>118.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SERVICE MANAGER</u> Employer <u>KLA</u> Business Address <u>7726 GREENE FARM DR, YPSILANTI TWP, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 211.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: <u>GINGER CHASE</u> <u>560 LITTLE LAKE DR</u> <u>UNIT 5</u> <u>ANN ARBOR, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>MASSAGE THERAPIST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>560 LITTLE LAKE DR, UNIT 5, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>3.00</u>	\$ <u>53.24</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: <u>TAD WYSOR</u> <u>610 N MIAMI AVE</u> <u>YPSILANTI, MI 48198</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>U.S. ENVIRONMENTAL PROTECTION AGENCY</u> Business Address <u>2000 TRAVERWOOD DR, ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>10.00</u>	\$ <u>416.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2024</u> Name & Address: <u>CHRISTINA LIRONES</u> <u>151 E TEXTILE RD</u> <u>ANN ARBOR, MI 48108</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CAREGIVER</u> Employer <u>AMERICAN CARE LLC</u> Business Address <u>1477 BALMORAL DR, DETROIT, MI 48203</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>234.22</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2024</u> Name & Address: <u>ELAINE LANDE</u> <u>577 LAKEVIEW AVE</u> <u>ANN ARBOR, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>LECTURER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>577 LAKEVIEW AVE, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>34.00</u>	\$ <u>34.00</u>

Page Subtotal **147.00**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2024</u> Name & Address: LINDSEY THATCHER 818 W LIBERTY ST ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>82.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>818 W LIBERTY ST, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2024</u> Name & Address: CARRIE HATCHER-KAY 308 ARBANA DR ANN ARBOR, MI 48103	\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOLOGIST</u> Employer <u>SELF</u> Business Address <u>308 ARBANA DR, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2024</u> Name & Address: DONALD DEATRICK 4879 LONE OAK CT ANN ARBOR, MI 48108	\$ <u>27.00</u>	\$ <u>81.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4879 LONE OAK CT, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2024</u> Name & Address: TRACY ONEILL 5086 ABINGDON CIR ANN ARBOR, MI 48108	\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>FORD MOTOR COMPANY</u> Business Address <u>16800 EXECUTIVE PLAZA DR, DEARBORN, MI 48126</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **181.00**

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

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2024</u> Name & Address: JEANNE MURABITO 4259 LAKE FOREST DR E ANN ARBOR, MI 48108	\$ <u>27.00</u>	\$ <u>174.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4259 LAKE FOREST DR E, ANN ARBOR, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2024</u> Name & Address: ELIZABETH DUREN 1225 BALDWIN AVE ANN ARBOR, MI 48104	\$ <u>50.00</u>	\$ <u>1,054.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DATABASE PROGRAMMER</u> Employer <u>SELF</u> Business Address <u>1225 BALDWIN AVE, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2024</u> Name & Address: ANDREW SEILER 1961 UPLAND DR ANN ARBOR, MI 48105	\$ <u>34.00</u>	\$ <u>161.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>LIBERTY PEDIATRICS</u> Business Address <u>3200 W LIBERTY RD, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2024</u> Name & Address: ARIKA LYCAN 1127 N CONGRESS ST YPSILANTI, MI 48197	\$ <u>34.00</u>	\$ <u>61.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEMBER ENGAGEMENT MANAGER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>503 THOMPSON ST, ANN ARBOR, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **145.00**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2024</u> Name & Address: BEN JENKINS 2649 BERNICE AVE ANN ARBOR, MI 48103	\$ 250.00	\$ 250.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2649 BERNICE AVE, ANN ARBOR, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **250.00**

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

82,771.76

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line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: PITTSFIELD INTEGRITY 151 E TEXTILE RD ANN ARBOR, MI 48108 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>SHARE OF WIX WEBSITE</u> 5. Date Of Receipt: <u>06/20/2024</u> 6. Vendor Name & Address: WIX 500 TERRY A FRANCOIS BLVD, SF, CA 94158	\$ 37.72	\$ 7,037.72
Contribution # 2 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: PITTSFIELD INTEGRITY 151 E TEXTILE RD ANN ARBOR, MI 48108 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>SHARE OF DOMAIN NAME REGISTRATION</u> 5. Date Of Receipt: <u>06/20/2024</u> 6. Vendor Name & Address: GODADDY 2155 E GODADDY WAY, TEMPE, AZ 85284	\$ 6.48	\$ 7,044.20
Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: PITTSFIELD INTEGRITY 151 E TEXTILE RD ANN ARBOR, MI 48108 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>MATERIALS</u> 5. Date Of Receipt: <u>07/15/2024</u> 6. Vendor Name & Address: MILLCRAFT 2815 BOARDWALK DR, ANN ARBOR, MI 48104	\$ 17.39	\$ 7,061.59

Page Subtotal **61.59** **0.00**

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

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: PITTSFIELD INTEGRITY 151 E TEXTILE RD ANN ARBOR, MI 48108 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>STAMPS</u> 5. Date Of Receipt: <u>07/15/2024</u> 6. Vendor Name & Address: USPS 108 N MAPLE RD, SALINE, MI 48176	\$ <u>53.54</u>	\$ <u>7,115.13</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: CHRISTINA LIRONES 151 E TEXTILE RD ANN ARBOR, MI 48108 If over \$100.00 cumulative, please provide: Occupation: CAREGIVER Employer Name & Address: AMERICAN CARE LLC 1477 BALMORAL DR, DETROIT, MI 48203 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>STAMPS</u> 5. Date Of Receipt: <u>07/16/2024</u> 6. Vendor Name & Address: USPS 108 N MAPLE RD, SALINE, MI 48176	\$ <u>73.00</u>	\$ <u>134.22</u>
Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: PITTSFIELD INTEGRITY 151 E TEXTILE RD ANN ARBOR, MI 48108 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>PRINTING SERVICE</u> 5. Date Of Receipt: <u>07/16/2024</u> 6. Vendor Name & Address: MESSENGER PRINTING SERVICE, INC. 20136 ECORSE RD, TAYLOR, MI 48180	\$ <u>245.39</u>	\$ <u>7,360.52</u>

Page Subtotal **371.93** **7,494.74**

Grand Total of all Schedules 1-IK (Complete on last page of Schedule) **433.52**

Enter this total on line 6 of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GOOGLE ADS Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/02/2024</u> Date	\$ <u>114.30</u>
Expenditure #2 Name UNBREAKABLE TOON CONSULTING Address 2150 PAULINE BLVD APT 202 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/02/2024</u> Date	\$ <u>500.00</u>
Expenditure #3 Name CAMPAIGN VERIFY Address 1215 31ST ST NW WASHINGTON, DC 20007 <input type="checkbox"/> Fund Raiser	Purpose: <u>TEXTING SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/02/2024</u> Date	\$ <u>95.00</u>
Expenditure #4 Name PDI Address PO BOX 59570 NORWALK, CA 90652 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/03/2024</u> Date	\$ <u>250.00</u>
Expenditure #5 Name PDI Address PO BOX 59570 NORWALK, CA 90652 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/10/2024</u> Date	\$ <u>93.06</u>

Subtotal this page **1,052.36**

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

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BROWZED SOL DATA Address 555 W GRANADA BLVD ORMOND BEACH, FL 32174 <input type="checkbox"/> Fund Raiser	Purpose: <u>DATA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/16/2024</u> Date	\$ <u>125.00</u>
Expenditure #2 Name CARRIE RHEINGANS FOR STATE REP Address 124 N CAPITOL AVE LANSING, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>CARRIE RHEINGANS FOR STATE REP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/21/2024</u> Date	\$ <u>100.00</u>
Expenditure #3 Name STANFORD CAMPAIGNS Address 3400 OAK GROVE AVE DALLAS, TX 75204 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/23/2024</u> Date	\$ <u>7,500.00</u>
Expenditure #4 Name NAME CHEAP Address 4600 E WASHINGTON ST PHOENIX, AZ 85034 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/24/2024</u> Date	\$ <u>6.16</u>
Expenditure #5 Name USPS Address 1606 HURON ST YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>POST OFFICE BOX</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/26/2024</u> Date	\$ <u>150.00</u>

Subtotal this page **7,881.16**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CANVA Address 3212 E CESAR CHAVEZ ST AUSTIN, TX 78702 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/26/2024</u> Date	\$ <u>14.99</u>
Expenditure #2 Name CHARLOTTE SMITH PHOTOGRAPHY Address 3907 E DELHI RD ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>PHOTOGRAPHY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/29/2024</u> Date	\$ <u>550.00</u>
Expenditure #3 Name ELISA GUYTON Address 408 WAYMARKET DR ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/29/2024</u> Date	\$ <u>400.00</u>
Expenditure #4 Name UNBREAKABLE TOON CONSULTING Address 2150 PAULINE BLVD APT 202 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/29/2024</u> Date	\$ <u>300.00</u>
Expenditure #5 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD FLOOR 6 SAN FRANCISCO, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/29/2024</u> Date	\$ <u>34.00</u>

Subtotal this page **1,298.99**
Grand Total of all Schedules 1B
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Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KAPWING Address 601 VAN NESS AVE SAN FRANCISCO, CA 94102 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/30/2024</u> Date	\$ <u>24.00</u>
Expenditure #2 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ACTBLUE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/31/2024</u> Date	\$ <u>69.83</u>
Expenditure #3 Name TOSKR Address 9450 SW GEMINI DR BEAVERTON, OR 97008 <input type="checkbox"/> Fund Raiser	Purpose: <u>PHONE BANKING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/01/2024</u> Date	\$ <u>100.00</u>
Expenditure #4 Name SAWARIMEDIA LLC Address 28529 RED LEAF LN SOUTHFIELD, MI 48076 <input type="checkbox"/> Fund Raiser	Purpose: <u>DYER CAMPAIGN ART COMMITTEE FORMATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/02/2024</u> Date	\$ <u>500.00</u>
Expenditure #5 Name GOOGLE ADS Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/02/2024</u> Date	\$ <u>129.68</u>

Subtotal this page **823.51**

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

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PDI Address PO BOX 59570 NORWALK, CA 90652 <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER CONTACT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/05/2024</u> Date	\$ <u>375.00</u>
Expenditure #2 Name CLIPPING MAGIC Address 2500 SHADYWOOD RD EXCELSIOR, MN 55331 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/05/2024</u> Date	\$ <u>3.99</u>
Expenditure #3 Name GOODMAN CAMPAIGNS Address 211 E 7TH ST AUSTIN, TX 78701 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/07/2024</u> Date	\$ <u>656.14</u>
Expenditure #4 Name SWITCHBOARD Address PO BOX 33485 WASHINGTON, DC 20033 <input type="checkbox"/> Fund Raiser	Purpose: <u>TEXTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/08/2024</u> Date	\$ <u>20.49</u>
Expenditure #5 Name AUBREES Address 8031 MAIN ST DEXTER, MI 48130 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/08/2024</u> Date	\$ <u>418.50</u>

Subtotal this page **1,474.12**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name RAYGUN LLC Address 505 E GRAND AVE DES MOINES, IA 50309 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB STORE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/14/2024</u> Date	\$ <u>50.00</u>
Expenditure #2 Name EMY DESHOTEL Address 330 CHIDESTER ST YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/15/2024</u> Date	\$ <u>100.00</u>
Expenditure #3 Name ALL PRO COLOR Address 20750 CHESLEY DR FARMINGTON, MI 48336 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/16/2024</u> Date	\$ <u>548.00</u>
Expenditure #4 Name ALL PRO COLOR Address 20750 CHESLEY DR FARMINGTON, MI 48336 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/16/2024</u> Date	\$ <u>70.84</u>
Expenditure #5 Name CHARLOTTE SMITH PHOTOGRAPHY Address 3907 E DELHI RD ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>PHOTOGRAPHY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/20/2024</u> Date	\$ <u>325.00</u>

Subtotal this page **1,093.84**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FRASIER Address 200 SPECTRUM CENTER DR IRVINE, CA 92618 <input type="checkbox"/> Fund Raiser	Purpose: <u>DATA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/20/2024</u> Date	\$ <u>77.17</u>
Expenditure #2 Name FRAISER Address 200 SPECTRUM CENTER DR IRVINE, CA 92618 <input type="checkbox"/> Fund Raiser	Purpose: <u>DAA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/20/2024</u> Date	\$ <u>23.15</u>
Expenditure #3 Name HAYSTAQ DNA Address 907 N ST NW STE C1 WASHINGTON, DC 20001 <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION DATA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/21/2024</u> Date	\$ <u>4,050.00</u>
Expenditure #4 Name UNBREAKABLE TOON STUDIOS Address 2150 PAULINE BLVD APT 202 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/21/2024</u> Date	\$ <u>350.00</u>
Expenditure #5 Name ALL PRO COLOR Address 20750 CHESLEY DR FARMINGTON, MI 48336 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/21/2024</u> Date	\$ <u>45.58</u>

Subtotal this page **4,545.90**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name EMY DESHOTEL Address 330 CHIDESTER ST YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/22/2024</u> Date	\$ <u>7.00</u>
Expenditure #2 Name MAILCHIMP Address 405 N ANGIER AVE NE ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/23/2024</u> Date	\$ <u>340.00</u>
Expenditure #3 Name EMY DESHOTEL Address 330 CHIDESTER ST YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/23/2024</u> Date	\$ <u>100.00</u>
Expenditure #4 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD FLOOR 6 SAN FRANCISCO, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/26/2024</u> Date	\$ <u>34.00</u>
Expenditure #5 Name CANVA Address 3212 E CESAR CHAVEZ ST AUSTIN, TX 78702 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/26/2024</u> Date	\$ <u>14.99</u>

Subtotal this page **495.99**

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

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KAPWING Address 601 VAN NESS AVE SAN FRANCISCO, CA 94102 <input type="checkbox"/> Fund Raiser	Purpose: <u>VIDEO SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/29/2024</u> Date	\$ <u>24.00</u>
Expenditure #2 Name EMPOWER Address PO BOX 288 MC FARLAND, WI 53558 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/29/2024</u> Date	\$ <u>10.00</u>
Expenditure #3 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ACT BLUE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/29/2024</u> Date	\$ <u>331.41</u>
Expenditure #4 Name GOOGLE ADS Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/01/2024</u> Date	\$ <u>131.68</u>
Expenditure #5 Name STANFORD CAMPAIGNS Address 3400 OAK GROVE AVE DALLAS, TX 75204 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/04/2024</u> Date	\$ <u>8,023.44</u>

Subtotal this page **8,520.53**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PDI Address PO BOX 59570 NORWALK, CA 90652 <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER CONTACT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/04/2024</u> Date	\$ <u>375.00</u>
Expenditure #2 Name ELISA GUYTON Address 408 WAYMARKET DR ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/04/2024</u> Date	\$ <u>200.00</u>
Expenditure #3 Name AMANI SAWARI Address P.O. BOX 760504 SOUTHFIELD, MI 48076 <input type="checkbox"/> Fund Raiser	Purpose: <u>INTERN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/04/2024</u> Date	\$ <u>500.00</u>
Expenditure #4 Name JAMES L CRAWFORD ELKS Address 220 SUNSET RD ANN ARBOR, MI 48103 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER AT JAMES L CRAWFORD ELKS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/06/2024</u> Date	\$ <u>400.00</u>
Expenditure #5 Name SWITCHBOARD Address PO BOX 33485 WASHINGTON, DC 20033 <input type="checkbox"/> Fund Raiser	Purpose: <u>TEXT MESSAGING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/07/2024</u> Date	\$ <u>171.16</u>

Subtotal this page **1,646.16**

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

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name EMY DESHOTEL Address 76 N HURON ST YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/10/2024</u> Date	\$ <u>75.00</u>
Expenditure #2 Name ALAMY Address 49 FLATBUSH AVE FORT GREENE, NY 11217 <input type="checkbox"/> Fund Raiser	Purpose: <u>STOCK PHOTOGRAPHY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/11/2024</u> Date	\$ <u>19.00</u>
Expenditure #3 Name WILLIAM TAYLOR Address 709 COLLEGEWOOD ST YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/16/2024</u> Date	\$ <u>300.00</u>
Expenditure #4 Name NAME CHEAP Address 4600 E WASHINGTON ST PHOENIX, AZ 85034 <input type="checkbox"/> Fund Raiser	Purpose: <u>DOMAIN NAME</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/19/2024</u> Date	\$ <u>14.88</u>
Expenditure #5 Name UNBREAKABLE TOON CONSULTING Address 2150 PAULINE BLVD APT 202 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/24/2024</u> Date	\$ <u>250.00</u>

Subtotal this page **658.88**

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

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MINUTEMAN PRESS Address 1249 N CLYBOURN AVE CHICAGO, IL 60610 <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/25/2024</u> Date	<u>\$ 1,466.40</u>
Expenditure #2 Name MINUTEMAN PRESS Address 1249 N CLYBOURN AVE CHICAGO, IL 60610 <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/25/2024</u> Date	<u>\$ 1,500.00</u>
Expenditure #3 Name CANVA Address 3212 E CESAR CHAVEZ ST AUSTIN, TX 78702 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/26/2024</u> Date	<u>\$ 14.99</u>
Expenditure #4 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD FLOOR 6 SAN FRANCISCO, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/26/2024</u> Date	<u>\$ 34.00</u>
Expenditure #5 Name EMPOWER Address PO BOX 288 MC FARLAND, WI 53558 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/29/2024</u> Date	<u>\$ 10.00</u>

Subtotal this page **3,025.39**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ACTBLUE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/31/2024</u> Date	\$ <u>114.47</u>
Expenditure #2 Name JAMES VAKILPOUR Address 105 S STATE ST ANN ARBOR, MI 48109 <input type="checkbox"/> Fund Raiser	Purpose: <u>INTERN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/31/2024</u> Date	\$ <u>292.50</u>
Expenditure #3 Name THREE LYONS CREATIVE Address 1950 TRUMBULL #31/405 DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>VIDEO SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/01/2024</u> Date	\$ <u>1,737.50</u>
Expenditure #4 Name KAPWING Address 601 VAN NESS AVE SAN FRANCISCO, CA 94102 <input type="checkbox"/> Fund Raiser	Purpose: <u>VIDEO SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/01/2024</u> Date	\$ <u>24.00</u>
Expenditure #5 Name GOOGLE ADS Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/01/2024</u> Date	\$ <u>150.48</u>

Subtotal this page **2,318.95**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMANI SAWARI Address P.O. BOX 760504 SOUTHFIELD, MI 48076 <input type="checkbox"/> Fund Raiser	Purpose: <u>INTERN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/02/2024</u> Date	\$ <u>500.00</u>
Expenditure #2 Name AMANI SAWARI Address P.O. BOX 760504 SOUTHFIELD, MI 48076 <input type="checkbox"/> Fund Raiser	Purpose: <u>INTERN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/02/2024</u> Date	\$ <u>30.89</u>
Expenditure #3 Name PDI Address PO BOX 59570 NORWALK, CA 90652 <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER CONTACT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/03/2024</u> Date	\$ <u>375.00</u>
Expenditure #4 Name SHARITA KERENE MORRE FOR JUDGE Address PO BOX 131671 ANN ARBOR, MI 48113 <input type="checkbox"/> Fund Raiser	Purpose: <u>LAUNCH</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/07/2024</u> Date	\$ <u>100.00</u>
Expenditure #5 Name COTTAGE INN Address 1767 S HURON ST YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANVASSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/08/2024</u> Date	\$ <u>102.76</u>

Subtotal this page **1,108.65**

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

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAURIEL HEARN Address 3222 WILLIAMSBURG RD ANN ARBOR, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>INTERN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/08/2024</u> Date	\$ <u>75.00</u>
Expenditure #2 Name SWITCHBOARD Address PO BOX 33485 WASHINGTON, DC 20033 <input type="checkbox"/> Fund Raiser	Purpose: <u>TEXTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/09/2024</u> Date	\$ <u>275.91</u>
Expenditure #3 Name BLUE RAVEN CAMPAIGNS Address 3000 N SHERIDAN RD CHICAGO, IL 60657 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/11/2024</u> Date	\$ <u>1,214.49</u>
Expenditure #4 Name THREE LYONS CREATIVE Address 1950 TRUMBULL #31/405 DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>VIDEO SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/2024</u> Date	\$ <u>2,137.50</u>
Expenditure #5 Name P.E.A.C.E Address 2345 TYLER RD YPSILANTI TWP, MI 48198 <input type="checkbox"/> Fund Raiser	Purpose: <u>EVENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/2024</u> Date	\$ <u>50.00</u>

Subtotal this page **3,752.90**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ALL PRO COLOR Address 20750 CHESLEY DR FARMINGTON, MI 48336 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/2024</u> Date	\$ <u>222.53</u>
Expenditure #2 Name UNBREAKABLE TOON CONSULTING Address 2150 PAULINE BLVD APT 202 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/17/2024</u> Date	\$ <u>200.00</u>
Expenditure #3 Name ANN ARBOR FOR PUBLIC POWER Address 2119 JACKSON AVE ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>EVENT TICKET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/2024</u> Date	\$ <u>30.00</u>
Expenditure #4 Name EMY DESHOTEL Address 76 N HURON ST YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/2024</u> Date	\$ <u>75.00</u>
Expenditure #5 Name BLUE BONNET Address 50 KENT ST SOMERVILLE, MA 02143 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/26/2024</u> Date	\$ <u>600.00</u>

Subtotal this page **1,127.53**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CANVA Address 3212 E CESAR CHAVEZ ST AUSTIN, TX 78702 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/26/2024</u> Date	\$ <u>14.99</u>
Expenditure #2 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD FLOOR 6 SAN FRANCISCO, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/26/2024</u> Date	\$ <u>34.00</u>
Expenditure #3 Name BLUE RAVEN CAMPAIGNS Address 3000 N SHERIDAN RD CHICAGO, IL 60657 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/2024</u> Date	\$ <u>1,055.50</u>
Expenditure #4 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/2024</u> Date	\$ <u>12.93</u>
Expenditure #5 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/2024</u> Date	\$ <u>35.00</u>

Subtotal this page **1,152.42**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name EMPOWER Address PO BOX 288 MC FARLAND, WI 53558 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/2024</u> Date	\$ <u>10.00</u>
Expenditure #2 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2024</u> Date	\$ <u>35.00</u>
Expenditure #3 Name KAPWING Address 601 VAN NESS AVE SAN FRANCISCO, CA 94102 <input type="checkbox"/> Fund Raiser	Purpose: <u>VIDEO SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2024</u> Date	\$ <u>24.00</u>
Expenditure #4 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ACTBLUE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2024</u> Date	\$ <u>83.96</u>
Expenditure #5 Name GOOGLE ADS Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	\$ <u>151.92</u>

Subtotal this page **304.88**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HYATT REGENCY Address 151 E WACKER DR CHICAGO, IL 60601 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>LODGING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	\$ <u>1,141.20</u>
Expenditure #2 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	\$ <u>35.00</u>
Expenditure #3 Name AMTRAK Address 1 MASSACHUSETTS AVE NW WASHINGTON, DC 20001 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/02/2024</u> Date	\$ <u>135.00</u>
Expenditure #4 Name AMTRAK Address 1 MASSACHUSETTS AVE NW WASHINGTON, DC 20001 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/02/2024</u> Date	\$ <u>131.00</u>
Expenditure #5 Name ELISA GUYTON Address 408 WAYMARKET DR ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/02/2024</u> Date	\$ <u>200.00</u>

Subtotal this page **1,642.20**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMANI SAWARI Address P.O. BOX 760504 SOUTHFIELD, MI 48076 <input type="checkbox"/> Fund Raiser	Purpose: <u>INTERN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/02/2024</u> Date	\$ <u>500.00</u>
Expenditure #2 Name PDI Address PO BOX 59570 NORWALK, CA 90652 <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER CONTACT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/03/2024</u> Date	\$ <u>575.00</u>
Expenditure #3 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/03/2024</u> Date	\$ <u>35.00</u>
Expenditure #4 Name JAMES VAKILPOUR Address 105 S STATE ST ANN ARBOR, MI 48109 <input type="checkbox"/> Fund Raiser	Purpose: <u>INTERN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/04/2024</u> Date	\$ <u>45.00</u>
Expenditure #5 Name ASHA JORDAN Address 6655 JACKSON RD UNIT 391 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>INTERN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/05/2024</u> Date	\$ <u>250.00</u>

Subtotal this page **1,405.00**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/06/2024</u> Date	<u>\$ 35.00</u>
Expenditure #2 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/06/2024</u> Date	<u>\$ 35.00</u>
Expenditure #3 Name MIDDLE SEAT CONSULTING Address 420 LEXINGTON AVE ROOM 300 NEW YORK, NY 10170 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/08/2024</u> Date	<u>\$ 1,000.00</u>
Expenditure #4 Name SWITCHBOARD Address PO BOX 33485 WASHINGTON, DC 20033 <input type="checkbox"/> Fund Raiser	Purpose: <u>TEXT MESSAGING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/09/2024</u> Date	<u>\$ 799.59</u>
Expenditure #5 Name GRASSROOT ANALYTICS Address 806 7TH ST NW WASHINGTON, DC 20001 <input type="checkbox"/> Fund Raiser	Purpose: <u>DATA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/09/2024</u> Date	<u>\$ 4,000.00</u>

Subtotal this page **5,869.59**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/10/2024</u> Date	\$ <u>50.00</u>
Expenditure #2 Name CURB MOBILITY Address 38-11 34TH ST LIC, NY 11101 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>TRANSPORTATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2024</u> Date	\$ <u>44.38</u>
Expenditure #3 Name MINGHIN CUISINE Address 2168 S ARCHER AVE CHICAGO, IL 60616 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2024</u> Date	\$ <u>69.90</u>
Expenditure #4 Name LYFT TRANSPORTATION Address 185 BERRY ST SF, CA 94107 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>TRANSPORTATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2024</u> Date	\$ <u>16.99</u>
Expenditure #5 Name MINGHIN CUISINE Address 2168 S ARCHER AVE CHICAGO, IL 60616 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2024</u> Date	\$ <u>13.98</u>

Subtotal this page **195.25**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HYATT REGENCY Address 151 E WACKER DR CHICAGO, IL 60601 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2024</u> Date	\$ <u>14.10</u>
Expenditure #2 Name TACO BELL Address 178 N WABASH AVE CHICAGO, IL 60601 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2024</u> Date	\$ <u>34.01</u>
Expenditure #3 Name BOCKWINKELS CHICAGO Address 222 N COLUMBUS DR CHICAGO, IL 60601 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2024</u> Date	\$ <u>11.07</u>
Expenditure #4 Name MCDONALDS Address 225 S CANAL ST CHICAGO, IL 60606 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/12/2024</u> Date	\$ <u>15.83</u>
Expenditure #5 Name HYATT REGENCY Address 151 E WACKER DR CHICAGO, IL 60601 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>LODGING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/12/2024</u> Date	\$ <u>131.72</u>

Subtotal this page **206.73**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HYATT REGENCY Address 151 E WACKER DR CHICAGO, IL 60601 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>LODGING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/12/2024</u> Date	\$ <u>104.25</u>
Expenditure #2 Name CURB MOBILITY Address 46-11 34TH AVE LIC, NY 11101 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>TRANSPORTATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/12/2024</u> Date	\$ <u>12.00</u>
Expenditure #3 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/13/2024</u> Date	\$ <u>50.00</u>
Expenditure #4 Name UNBREAKABLE TOON CONSULTING Address 2150 PAULINE BLVD APT 202 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/14/2024</u> Date	\$ <u>150.00</u>
Expenditure #5 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/16/2024</u> Date	\$ <u>50.00</u>

Subtotal this page **366.25**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GWENYTH HAYES Address 4964 LAKERIDGE DR UNIT 2B YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>INTERN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/19/2024</u> Date	\$ <u>150.00</u>
Expenditure #2 Name HEARSAY Address 2350 W LIBERTY ST ANN ARBOR, MI 48103 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISING EVENT SPACE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/20/2024</u> Date	\$ <u>500.00</u>
Expenditure #3 Name LIQUID HAYES Address 120 E LIBERTY ST 300A ANN ARBOR, MI 48104 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER ENTERTAINMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/20/2024</u> Date	\$ <u>300.00</u>
Expenditure #4 Name BLUE RAVEN CAMPAIGNS Address 3000 N SHERIDAN RD CHICAGO, IL 60657 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MANAGEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/21/2024</u> Date	\$ <u>2,172.00</u>
Expenditure #5 Name UNBREAKABLE TOON CONSULTING Address 2150 PAULINE BLVD APT 202 ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/22/2024</u> Date	\$ <u>350.00</u>

Subtotal this page **3,472.00**

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

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name YOUTUBE Address 901 CHERRY AVE SAN BRUNO, CA 94066 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/24/2024</u> Date	\$ <u>13.99</u>
Expenditure #2 Name AMANI SAWARI Address P.O. BOX 760504 SOUTHFIELD, MI 48076 <input type="checkbox"/> Fund Raiser	Purpose: <u>INTERN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/24/2024</u> Date	\$ <u>250.00</u>
Expenditure #3 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD FLOOR 6 SAN FRANCISCO, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/28/2024</u> Date	\$ <u>34.00</u>
Expenditure #4 Name CANVA Address 3212 E CESAR CHAVEZ ST AUSTIN, TX 78702 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/28/2024</u> Date	\$ <u>14.99</u>
Expenditure #5 Name GLOO FACTORY Address 238 E 26TH ST TUCSON, AZ 85713 <input type="checkbox"/> Fund Raiser	Purpose: <u>BUTTONS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/28/2024</u> Date	\$ <u>62.50</u>

Subtotal this page **375.48**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/28/2024</u> Date	\$ <u>6.25</u>
Expenditure #2 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ACTBLUE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/31/2024</u> Date	\$ <u>152.20</u>
Expenditure #3 Name MIDDLE SEAT CONSULTING Address 420 LEXINGTON AVE ROOM 300 NEW YORK, NY 10170 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/31/2024</u> Date	\$ <u>10,000.00</u>
Expenditure #4 Name PDI Address PO BOX 59570 NORWALK, CA 90652 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>575.00</u>
Expenditure #5 Name SURVIVORS SPEAK Address 122 SOUTH ST BELLEVILLE, MI 48111 <input type="checkbox"/> Fund Raiser	Purpose: <u>VENDOR TABLE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>250.00</u>

Subtotal this page **10,983.45**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ALL PRO COLOR Address 20750 CHESLEY DR FARMINGTON, MI 48336 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/04/2024</u> Date	\$ <u>847.53</u>
Expenditure #2 Name LEAH MILLS CHAPMAN FOR COUNTY COMMISSIONER Address PO BOX 970981 YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN KICKOFF</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/06/2024</u> Date	\$ <u>100.00</u>
Expenditure #3 Name ELISA GUYTON Address 408 WAYMARKET DR ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/06/2024</u> Date	\$ <u>200.00</u>
Expenditure #4 Name JAMES VAKILPOUR Address 105 S STATE ST ANN ARBOR, MI 48109 <input type="checkbox"/> Fund Raiser	Purpose: <u>INTERN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/09/2024</u> Date	\$ <u>105.00</u>
Expenditure #5 Name JERUSALEM GARDEN Address 314 E LIBERTY ST ANN ARBOR, MI 48104 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISING FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/10/2024</u> Date	\$ <u>356.72</u>

Subtotal this page **1,609.25**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name TOARMINAS PIZZA Address 2145 W STADIUM BLVD ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANVASSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/10/2024</u> Date	\$ <u>106.03</u>
Expenditure #2 Name ANN ARBOR JAYCEES Address 331 MAYNARD ST ANN ARBOR, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>PARADE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/11/2024</u> Date	\$ <u>50.00</u>
Expenditure #3 Name MIDDLE SEAT CONSULTING Address 420 LEXINGTON AVE ROOM 300 NEW YORK, NY 10170 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/14/2024</u> Date	\$ <u>2,000.00</u>
Expenditure #4 Name DOMINOS Address 25 JACKSON INDUSTRIAL DR ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANVASSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/2024</u> Date	\$ <u>24.88</u>
Expenditure #5 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/2024</u> Date	\$ <u>75.00</u>

Subtotal this page **2,255.91**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name EMY DESHOTEL Address 330 CHIDESTER ST YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/2024</u> Date	\$ <u>75.00</u>
Expenditure #2 Name BLUE RAVEN CAMPAIGNS Address 3000 N SHERIDAN RD CHICAGO, IL 60657 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MANAGEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2024</u> Date	\$ <u>1,850.00</u>
Expenditure #3 Name THE BASELINE AGENCY Address 1835 7TH ST NW STE 203 WASHINGTON, DC 20001 <input type="checkbox"/> Fund Raiser	Purpose: <u>DIRECT MAIL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2024</u> Date	\$ <u>20,362.40</u>
Expenditure #4 Name SPENCER THOMAS Address 1108 BUICK AVE YPSILANTI, MI 48198 <input type="checkbox"/> Fund Raiser	Purpose: <u>EVENT COORDINATING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2024</u> Date	\$ <u>500.00</u>
Expenditure #5 Name SWITCHBOARD Address PO BOX 33485 WASHINGTON, DC 20033 <input type="checkbox"/> Fund Raiser	Purpose: <u>TEXTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2024</u> Date	\$ <u>488.65</u>

Subtotal this page **23,276.05**

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

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2024</u> Date	\$ <u>75.00</u>
Expenditure #2 Name SLATE DIGITAL Address 3330 CAHUENGA BLVD LOS ANGELES, CA 90068 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2024</u> Date	\$ <u>37.09</u>
Expenditure #3 Name YOUTUBE Address 901 CHERRY AVE SAN BRUNO, CA 94066 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2024</u> Date	\$ <u>13.99</u>
Expenditure #4 Name MAIA HUDSON Address 2161 STIEBER ST WESTLAND, MI 48186 <input type="checkbox"/> Fund Raiser	Purpose: <u>INTERN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2024</u> Date	\$ <u>350.00</u>
Expenditure #5 Name SLYNUMBER Address 4 FANEUIL HALL SQ BOSTON, MA 02109 <input type="checkbox"/> Fund Raiser	Purpose: <u>PHONE NUMBER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/2024</u> Date	\$ <u>8.99</u>

Subtotal this page **485.07**

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

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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ENVATO Address S STATE ST SALT LAKE CITY, UT 84111 <input type="checkbox"/> Fund Raiser	Purpose: <u>MUSIC LICENSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/2024</u> Date	\$ <u>53.00</u>
Expenditure #2 Name NGP VAN/EVERYACTION Address 655 15TH ST NW #650 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER CONTACT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2024</u> Date	\$ <u>900.00</u>
Expenditure #3 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD FLOOR 6 SAN FRANCISCO, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/27/2024</u> Date	\$ <u>34.00</u>
Expenditure #4 Name MINUTEMAN PRESS Address 1249 N CLYBOURN AVE CHICAGO, IL 60610 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MAIL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2024</u> Date	\$ <u>1,295.76</u>
Expenditure #5 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2024</u> Date	\$ <u>75.00</u>

Subtotal this page **2,357.76**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2024</u> Date	\$ <u>8.84</u>
Expenditure #2 Name ELISA GUYTON Address 408 WAYMARKET DR ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/2024</u> Date	\$ <u>500.00</u>
Expenditure #3 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ACTBLUE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2024</u> Date	\$ <u>247.17</u>
Expenditure #4 Name MEIJER Address 5645 JACKSON RD ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2024</u> Date	\$ <u>15.33</u>
Expenditure #5 Name NGP VAN/EVERYACTION Address 655 15TH ST NW #650 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER CONTACT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2024</u> Date	\$ <u>493.40</u>

Subtotal this page **1,264.74**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CANVA Address 3212 E CESAR CHAVEZ ST AUSTIN, TX 78702 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2024</u> Date	\$ <u>14.99</u>
Expenditure #2 Name MIDDLE SEAT CONSULTING Address 420 LEXINGTON AVE ROOM 300 NEW YORK, NY 10170 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2024</u> Date	\$ <u>10,000.00</u>
Expenditure #3 Name KEEP KYRA HARRIS BALDEN FOR JUSTICE Address PO BOX 251651 WEST BLOOMFIELD, MI 48325 <input type="checkbox"/> Fund Raiser	Purpose: <u>EVENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2024</u> Date	\$ <u>100.00</u>
Expenditure #4 Name MAURIEL HEARN Address 3222 WILLIAMSBURG RD ANN ARBOR, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>INTERN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2024</u> Date	\$ <u>75.00</u>
Expenditure #5 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2024</u> Date	\$ <u>75.00</u>

Subtotal this page **10,264.99**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEIJER Address 5645 JACKSON RD ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>PARADE SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/2024</u> Date	\$ <u>220.28</u>
Expenditure #2 Name NGP VAN/EVERYACTION Address 655 15TH ST NW #650 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER CONTACT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/2024</u> Date	\$ <u>446.95</u>
Expenditure #3 Name ALL PRO COLOR Address 20750 CHESLEY DR FARMINGTON, MI 48336 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/2024</u> Date	\$ <u>536.01</u>
Expenditure #4 Name PDI Address PO BOX 59570 NORWALK, CA 90652 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/2024</u> Date	\$ <u>425.00</u>
Expenditure #5 Name MANCINOS Address 1332 E MICHIGAN AVE YPSILANTI, MI 48198 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANVASSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2024</u> Date	\$ <u>67.83</u>

Subtotal this page **1,696.07**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2024</u> Date	\$ <u>75.00</u>
Expenditure #2 Name ALL PRO COLOR Address 20750 CHESLEY DR FARMINGTON, MI 48336 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2024</u> Date	\$ <u>412.82</u>
Expenditure #3 Name NGP VAN/EVERYACTION Address 655 15TH ST NW #650 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER CONTACT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/12/2024</u> Date	\$ <u>121.71</u>
Expenditure #4 Name VIRGINIA CHASE Address 560 LITTLE LAKE DR ANN ARBOR, MI 48103 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/13/2024</u> Date	\$ <u>15.27</u>
Expenditure #5 Name OFFICE MAX Address 1515 BOARDMAN RD JACKSON, MI 49202 <input type="checkbox"/> Fund Raiser	Purpose: <u>COPIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date	\$ <u>4.39</u>

Subtotal this page **629.19**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FAMILY DOLLAR Address 216 E MICHIGAN AVE YPSILANTI, MI 48198 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANVASSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date	\$ <u>25.36</u>
Expenditure #2 Name TOARMINAS PIZZA Address 2145 W STADIUM BLVD ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANVASSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date	\$ <u>43.09</u>
Expenditure #3 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date	\$ <u>75.00</u>
Expenditure #4 Name MAMA PIZZA Address 5 N HAMILTON ST YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANVASSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date	\$ <u>76.20</u>
Expenditure #5 Name GLOO FACTORY Address 238 E 26TH ST TUCSON, AZ 85713 <input type="checkbox"/> Fund Raiser	Purpose: <u>BUTTONS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/2024</u> Date	\$ <u>95.00</u>

Subtotal this page **314.65**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ELISA GUYTON Address 408 WAYMARKET DR ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/2024</u> Date	\$ <u>500.00</u>
Expenditure #2 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/18/2024</u> Date	\$ <u>75.00</u>
Expenditure #3 Name 734 BREWING COMPANY Address 15 E CROSS ST YPSILANTI, MI 48198 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/18/2024</u> Date	\$ <u>159.00</u>
Expenditure #4 Name BLUE RAVEN CAMPAIGNS Address 3000 N SHERIDAN RD CHICAGO, IL 60657 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2024</u> Date	\$ <u>2,050.00</u>
Expenditure #5 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ACTBLUE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/2024</u> Date	\$ <u>223.91</u>

Subtotal this page **3,007.91**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **113,959.70**

Enter this total on line 8a of Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>02/07/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u>	5. Type of Fund Raising Activity <u>MEET AND GREET</u>	6. Address and Name (If any) of the place where the activity was held. AUBREES PIZZERIA 8031 MAIN ST #101 DEXTER, MI 48130 <input type="checkbox"/> Private Residence
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7. Total Contributions 127.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 127.00

10. Total Cost of Event 418.50
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>02/15/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>10</u>	5. Type of Fund Raising Activity <u>MEET AND GREET</u>	6. Address and Name (If any) of the place where the activity was held. <u>PERSONAL HOME</u> <u>2008 CRESTLAND DR</u> <u>ANN ARBOR, MI 48104</u> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions 120.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 120.00

10. Total Cost of Event 0.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **C-2022-112**
2. Committee Name **FRIENDS OF ALYSHIA DYER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 03/28/2024	4. Number of Individuals Attending or Participating (whichever is greater) 12	5. Type of Fund Raising Activity VIRTUAL FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. VIRTUAL FUNDRAISER PO BOX 972326 YPSILANTI, MI 48197 <input type="checkbox"/> Private Residence
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7. Total Contributions 750.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 750.00

10. Total Cost of Event 0.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>03/30/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>65</u>	5. Type of Fund Raising Activity <u>FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>ANN ARBOR ELKS</u> <u>220 SUNSET RD</u> <u>ANN ARBOR, MI 48103</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 4,671.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 4,671.00

10. Total Cost of Event 400.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>05/11/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u>	5. Type of Fund Raising Activity <u>CHICAGO FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>BOB GALLY PHOTOS</u> <u>3009 N BROADWAY</u> <input type="checkbox"/> <u>CHICAGO, IL 60657</u> Private Residence
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7. Total Contributions 975.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 975.00

10. Total Cost of Event 0.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>05/18/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>35</u>	5. Type of Fund Raising Activity <u>ARTS COMMITTEE EVENT</u>	6. Address and Name (If any) of the place where the activity was held. <u>HEAR.SAY BREWING AND THEATER</u> <u>2350 W LIBERTY ST</u> <u>ANN ARBOR, MI 48103</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 3,382.33

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 3,382.33

10. Total Cost of Event 500.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **C-2022-112**
2. Committee Name **FRIENDS OF ALYSHIA DYER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/06/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>75</u>	5. Type of Fund Raising Activity IBEW HALL FUNDRAISER / PRIMARY	6. Address and Name (If any) of the place where the activity was held. IBEW HALL 7920 JACKSON RD ANN ARBOR, MI 48103 <input type="checkbox"/> Private Residence
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7. Total Contributions 4,089.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 4,089.00
10. Total Cost of Event 812.75
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2022-112
2. Committee Name FRIENDS OF ALYSHIA DYER

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>07/09/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>30</u>	5. Type of Fund Raising Activity <u>FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>HOME OF SONIA KAUFMAN</u> <u>5519 GREAT HAWK CIR</u> <u>ANN ARBOR, MI 48105</u> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions 2,048.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 2,048.00

10. Total Cost of Event 0.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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