

CANDIDATE COMMITTEE

FILED 26 JUL 2024 PM 03:54

WASHTENAW COUNTY CLERK ANN ARBOR, MICHIGAN

FOR OFFICIAL USE ONLY

COVER PAGE

Pre-Election or Post-Election Statement relates to:			by the committee to the candidate or his or her spouse by discharged and forgiven, and no longer collectible f	
			by the committee to the candidate or his or her spouse	is here
FIE-Election On 9b. 1 con Election	current year:			ucbi
9a. X Pre-Election OR 9b. Post-Election	Required ON is not on the	ILY if candidate ballot for the	By checking this item I/We certify any outstanding	debt
9. TYPE OF STATEMENT	Poguired ON	II V if condidate	9e. Dissolution of Candidate Committee	
		Area Code and Phone 171	•	
Area Code and Phone (810) 623-5342		Area Code and Phone (71	4) 351-0485	
(2.1.2) 222 72.12				
			200.0	
		WASHINGTON, DC	20016	
		_		
7 (1 (1 7 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4101 ALBEMANIE ST. NW AFN. 605			
ANN ARBOR, MI 48103		4101 ALBEMARIE S	ST. NW APR. 605	
ANN ARBOR, MI 48103				
	NOLL	CHRISTOPHER CA	MPBELL	
	RCLE	CHRISTOPHER CA	MPBFII	
1007 E SUMMERFIELD GLEN CI	RCLE	OUDICTORUED OA	MDDELL	
1007 E CLIMMEDEIELD CLEN CU	DCL E	3		
		Designated Record Reeper)		
		Designated Record keeper)	· ·	
7. Treasurer & Business Address			5 Name and Walling Address (II the seminate has a	
7. Treasurer's Business Address			's Name and Mailing Address (If the committee has a	
7. Treasurer's Business Address		8. Designated Record keeper	's Name and Mailing Address (If the committee has a	
7 Treasurer's Business Address		8 Designated Record keeper	's Name and Mailing Address (If the committee has a	
7. Treasurer's Business Address		8. Designated Record keeper	's Name and Mailing Address (If the committee has a	
7. Treasurer's Business Address			's Name and Mailing Address (If the committee has a	
		Designated Record Reeper)		
	DOLE			
1007 E SUMMERFIELD GLEN CI	RCL F			
1007 E SUMMERFIELD GLEN CI	RCLE	CHRISTOPHER CA	MPRELI	
		CHRISTOPHER CA	MPBELL	
ANN ARBOR, MI 48103				
AININ AITDOIT, IVII 40103		4101 ALBEMARIE S	ST. NW APR. 605	
,		4 IU I ALDEMARIE S	DI. NW APR. 603	
		_		
		I WASHINGTON. DC	20016	
		Witter invarion, bo	20010	
(010) 600 5040		(74	4) 0F1 040F	
Avec Code and Phone (810) 623-5342		A 112 C 2 d 2 2 d Dh 2 12 (71)	4) 351-0485	
Area Code and Phone (OTU) 623-3342		Area Code and Phone (71	4) 331-0483	
Area Code and Phone (OTO) OZO OCTZ		Area Code and Phone 171	1) 001 0100	
Area Code and Friorie (1 - 1) - 1 - 1		Area Code and Frione	•	
		,	On Dissolution of Candidate Committee	
		I	9e. Dissolution of Candidate Committee	
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee	
9. TIPE OF STATEMENT	Required ON	II Y if candidate		
On IVI IVI Dook Floorier			December 15 to 15	.1 . 1. 4
9a. X Pre-Flection OR 9b. Post-Election	is not on the	ballot for the	By checking this item I/We certify any outstanding	debt
Pre-Election OR 9b. Post-Election	is not on the	ballot for the	By checking this item i/we certify any outstanding	aept
The Lieution on 30.				GODE
	current year.			
	current vear:			
			by the committee to the candidate or his or her spouse	is here
			1 '	
Pre-Election or Post-Election Statement relates to:			1 '	
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven, and no longer collectible f	rom
			1 '	rom
	July Quarte		by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass	rom
			by discharged and forgiven, and no longer collectible f	rom
⊠Primary	July Quart	erly	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass	rom
		erly	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt.	rom ets,
⊠Primary	July Quart	erly	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b	rom ets,
⊠Primary ☐General	July Quart	erly	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b	rom ets,
⊠Primary	July Quart	erly	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt.	rom ets,
⊠Primary ☐General	July Quart	erly	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b	rom ets,
☑Primary ☐General ☐Convention	July Quart	erly uarterly	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b	rom ets,
⊠Primary ☐General	July Quart	erly uarterly	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b	rom ets,
☑Primary ☐General ☐Convention	July Quart	erly	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver.	rom ets,
☑Primary ☐General ☐Convention ☐Special	July Quart	erly uarterly al Statement (.)	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b	rom ets,
☑Primary ☐General ☐Convention	July Quart	erly uarterly	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver.	rom ets,
☑Primary ☐General ☐Convention ☐Special	July Quarte October Q 9c. Annua	erly uarterly al Statement (.) Coverage Year	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver.	rom ets,
	July Quarte October Q 9c. Annua	uarterly al Statement () Coverage Year dment to Campaign Statement	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver.	rom ets,
☑Primary ☐General ☐Convention ☐Special	July Quarte October Q 9c. Annua	uarterly al Statement () Coverage Year dment to Campaign Statement	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver.	rom ets,
	July Quarte October Q 9c. Annua 9d. Amenc	uarterly al Statement (.) Coverage Year dment to Campaign Statement lete Item 9a, 9b, 9c or 9e to	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution	rom ets, e
	July Quarte October Q 9c. Annua 9d. Amenc	uarterly al Statement () Coverage Year dment to Campaign Statement	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported.	rom ets, e
	July Quarte October Q 9c. Annua Amence (Comp) indicate	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported.	rom ets, e
	July Quarte October Q 9c. Annua 9d. Amenc	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution	rom ets, e
	July Quarte October Q 9c. Annua Amence (Comp) indicate	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported.	rom ets, e
✓ Primary✓ General✓ Convention✓ Special✓ School✓ Caucus	July Quarte October Q 9c. Annua Amence (Comp) indicate	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported.	rom ets, e
✓ Primary✓ General✓ Convention✓ Special✓ School✓ Caucus	July Quarte October Q 9c. Annua Amence (Comp) indicate	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported.	rom ets, e
	July Quarte October Q 9c. Annua Amence (Comp) indicate	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported.	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus	July Quarte October Q 9c. Annua Amence (Comp) indicate	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported.	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus	July Quarte October Q 9c. Annua Amence (Comp) indicate	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported.	rom ets, e
✓ Primary✓ General✓ Convention✓ Special✓ School✓ Caucus	July Quarte October Q 9c. Annua Amence (Comp) indicate	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b., 9c or 9e to e which Statement is being	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported.	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus	July Quarte October Q 9c. Annua Amence (Comp) indicate	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b., 9c or 9e to e which Statement is being	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported.	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus	July Quarte October Q 9c. Annua Amence (Comp) indicate	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b., 9c or 9e to e which Statement is being	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported.	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus	July Quarte October Q 9c. Annua Amence (Comp) indicate	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b., 9c or 9e to e which Statement is being	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported.	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus 08/06/2024	July Quarte October Q 9c. Annua 9d. Amenc (Comp) indicate amend	erly uarterly al Statement (.) Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being ed.)	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution ———— Note: The disposition of residual funds must be reported Schedule 1B and the Summary Page.	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus 08/06/2024	July Quarte October Q 9c. Annua 9d. Amenc (Comp) indicate amend	erly uarterly al Statement (.) Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being ed.)	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution ———— Note: The disposition of residual funds must be reported Schedule 1B and the Summary Page.	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus 08/06/2024	July Quarte October Q 9c. Annua 9d. Amenc (Comp) indicate amend	erly uarterly al Statement (.) Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being ed.)	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported.	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus 08/06/2024	July Quarte October Q 9c. Annua 9d. Amenc (Comp) indicate amend	erly uarterly al Statement (.) Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being ed.)	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution ———— Note: The disposition of residual funds must be reported Schedule 1B and the Summary Page.	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus 08/06/2024	July Quarte October Q 9c. Annua 9d. Amenc (Comp) indicate amend	erly uarterly al Statement (.) Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being ed.)	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution ————— Note: The disposition of residual funds must be reported Schedule 1B and the Summary Page. ent and attached schedules (if any) and to the best of	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus	July Quarte October Q 9c. Annua 9d. Amenc (Comp) indicate amend	erly uarterly al Statement (.) Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being ed.)	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution ————— Note: The disposition of residual funds must be reported Schedule 1B and the Summary Page. ent and attached schedules (if any) and to the best of Submitted electronically,	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus	July Quarte October Q 9c. Annua 9d. Amenc (Comp) indicate amend	erly uarterly al Statement (.) Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being ed.)	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution ————— Note: The disposition of residual funds must be reported Schedule 1B and the Summary Page. ent and attached schedules (if any) and to the best of Submitted electronically,	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus	July Quarte October Q 9c. Annua 9d. Amenc (Comp) indicate amend	erly uarterly al Statement (.) Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being ed.)	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution ————— Note: The disposition of residual funds must be reported Schedule 1B and the Summary Page. ent and attached schedules (if any) and to the best of Submitted electronically, signature on file 07/26/2024	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus 08/06/2024 IO. Verification: I\We certify that all reasonable diligency on the contents are true, and the contents	July Quarte October Q 9c. Annua 9d. Amenc (Comp) indicate amend	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being ed.) in the preparation of this statem omplete.	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution ————— Note: The disposition of residual funds must be reported Schedule 1B and the Summary Page. ent and attached schedules (if any) and to the best of Submitted electronically,	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus	July Quarte October Q 9c. Annua 9d. Amenc (Comp) indicate amend	erly uarterly al Statement (.) Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being ed.)	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution ————— Note: The disposition of residual funds must be reported Schedule 1B and the Summary Page. ent and attached schedules (if any) and to the best of Submitted electronically, signature on file 07/26/2024	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus 08/06/2024 IO. Verification: I\We certify that all reasonable diligency on the contents are true, and the contents	July Quarte October Q 9c. Annua 9d. Amenc (Comp) indicate amend	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being ed.) in the preparation of this statem omplete.	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution ————— Note: The disposition of residual funds must be reported Schedule 1B and the Summary Page. ent and attached schedules (if any) and to the best of Submitted electronically, signature on file 07/26/2024	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus 08/06/2024 IO. Verification: I\We certify that all reasonable diligency on the contents are true, and the contents	July Quarte October Q 9c. Annua 9d. Amenc (Comp) indicate amend	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being ed.) in the preparation of this statem omplete.	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported. Schedule 1B and the Summary Page. ent and attached schedules (if any) and to the best of Submitted electronically, signature on file Date 07/26/2024	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus 08/06/2024 IO. Verification: I\We certify that all reasonable diligency on the contents are true, and the contents	July Quarte October Q 9c. Annua 9d. Amenc (Comp) indicate amend	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being ed.) in the preparation of this statem omplete.	by discharged and forgiven, and no longer collectible f the committee. The committee has no oustanding ass owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this b considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported. Schedule 1B and the Summary Page. ent and attached schedules (if any) and to the best of Submitted electronically, signature on file Date 07/26/2024	rom ets, e
Primary General Convention Special School Caucus Date of Election, Convention or Caucus 08/06/2024 IO. Verification: I\We certify that all reasonable diligency on the contents are true, and the contents	July Quarte October Q 9c. Annua 9d. Amenc (Comp) indicate amend	erly uarterly al Statement () Coverage Year dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being ed.) in the preparation of this statem omplete.	by discharged and forgiven, and no longer collectible of the committee. The committee has no oustanding assowes no lates fees or has any oustanding 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 Schedule 1B and the Summary Page. ent and attached schedules (if any) and to the best of Submitted electronically, signature on file Date 07/26/2024	rom ets, e

Signature

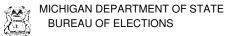
Type or Print Name

1. Committee I.D. Number <u>C-2022-112</u>

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name FRIENDS OF ALYSHIA DYER

RECEIPTS	Column I	Column II
	This Period	Cumulative this election cycle
3. Contributions	(3a.) \$ 82,771.76	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>02,771.70</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	100 111 70
c. Subtotal of "Contributions"	(3c.) \$ 82,771.76	(18.) \$ 186,144.73
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 82,771.76	(20.) \$ 186,144.73
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 433.52	(21.) \$ 6,244.28
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 113,959.70	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _113,959.70	(23.) \$ 148,895.76
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations	0.00	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.) Amount received during reporting period	BALANCE STATEMENT (13.) \$ 68,436.91 (14.) + \$ 82,771.76	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_151,208.67	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 113,959.70	
17. ÈNDING BALANCÉ	27.040.07	
(Subtract line 16 from line 15)	(17.) \$ <u>37,248.97</u> *	



CANDIDATE COMMITTEE 2.

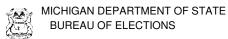
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/03/2024 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: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/04/2024 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 LEGAL ASSISTANT Employer WASHTENAW COUNTY		
Business Address 220 N MAIN ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 01/04/2024 Name & Address: MICHELLE KING		
102 MIDDLE DR	_{\$} 5.00	_{\$} 190.00
YPSILANTI, MI 48197		
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 102 MIDDLE DRIVE, YPSILANTI, MI, USA, YPSILANTI, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/06/2024		
Name & Address TAD WYSOR 610 N MIAMI AVE	_{\$} 7.00	246.00
YPSILANTI, MI 48198	\$ 7.00	\$ 210.00
5. If over \$100.00 cumulative, please provide:		
Occupation ENGINEER U.S. ENVIRONMENTAL PROTECTION AGENCY		
Business Address 2000 TRAVERWOOD DR, ANN ARBOR, MI 48105		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	57.24	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	_



CANDIDATE COMMITTEE

2. Committee Name

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



C-2022-112

2. Committee Name

1. Committee I.D. Number

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



CANDIDATE COMMITTEE

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

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/12/2024 Name & Address: KRISTA NORDBERG 1411 COLLEGEWOOD ST YPSILANTI, MI 48197	_{\$} 50.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WASHTENAW HEALTH PLAN		
Business Address 555 TOWNER ST, YPSILANTI, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/15/2024	-	
Name & Address		
VALERIE PRZYWARA 15687 SURREY	_{\$} 35.00	_s 115.00
LIVONIA, MI 48154	\$ <u>00:00</u>	<u>\$ 110.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 15687 SURREY, LIVONIA, MI 48154		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/16/2024 Name & Address:		
LEIGH GLAZER	400.00	
1448 E CLARK RD	_{\$} 100.00	_{\$} 100.00
YPSILANTI, MI 48198		
5. If over \$100.00 cumulative, please provide:		
Occupation CUSTOMS BROKER Employer THYSSENKRUPP		
Business Address 3331 W BIG BEAVER RD, TROY, MI 48084 Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/16/2024		
Name & Address		
LEIGH GLAZER 1448 E CLARK RD	10.00	110.00
YPSILANTI, MI 48198	_{\$} 10.00	_{\$_} 110.00
5. If over \$100.00 cumulative, please provide:		
Occupation CUSTOMS BROKER Employer THYSSENKRUPP		
Business Address 3331 W BIG BEAVER RD, TROY, MI 48084		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	195.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	J
Page 4 of 176	line 3a of Summary Page.	

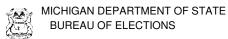


Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/17/2024 Name & Address: WENDY HAWKINS 1007 WRIGHT ST APT 1 ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation POLICY ANALYST Employer RAND Business Address 1200 S HAYES ST, ARLINGTON, VA 22202 Type of Contribution: Direct Loan from a person Fund Raiser	\$27.00	_{\$} 108.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/17/2024 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: Direct Loan from a person Fund Raiser	\$ 50.00	\$ 50.00
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/17/2024 Name & Address: JOSEPH SAUL 5080 ANN ARBOR-SALINE RD ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide:	_{\$} 150.00	_{\$} 250.00
Occupation PRIVACY AND SECURITY OFFICER Employer UNIVERSITY OF MICHIGAN		
Business Address 500 S STATE ST, ANN ARBOR, MI 48109 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/19/2024 Name & Address DAVID BOHNETT 245 S BEVERLY DR BEVERLY HILLS, CA 90212	_{\$} 1,000.00	_{\$_} 2,000.00
5. If over \$100.00 cumulative, please provide: Occupation INVESTOR Employer BARODA VENTURES LLC		
Business Address 9595 WILSHIRE BLVD, BEVERLY HILLS, CA 90212 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 5 of 176	1,227.00 Enter this total on line 3a of Summary	



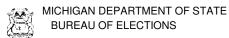
2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/20/2024 Name & Address: LARESHA THORNTON 8725 LAGOON DR YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide:	_{\$} 35.00	_{\$} 139.00
Occupation TEACHER Employer WOMEN'S HURON VALLEY CORRECTIONAL FACILITY		
Business Address 3201 BEMIS RD, YPSILANTI, MI 48197 Type of Contribution: Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/21/2024		
Name & Address FELIZIANA MEYER 1308 WATERWAYS DR ANN ARBOR, MI 48108	_{\$} 25.00	§ 220.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS MANAGER Employer UNIVERSITY OF MICHIGAN		
Business Address 500 S STATE ST, ANN ARBOR, MI 48109		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/23/2024 Name & Address: DEJUAN BLAND 4742 MADDIE LN DEARBORN, MI 48126	_{\$} 25.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation COMMUNITY ORGANIZER Employer MOSES		
Business Address 440 BURROUGHS ST, DETROIT, MI 48202		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/23/2024 Name & Address CYNTHIA A BODEWES 14108 E AUSTIN RD MANCHESTER, MI 48158	_{\$} 500.00	_{\$} 1,900.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMLOYED Employer NOT EMPLOYED		
Business Address 14108 E AUSTIN RD, MANCHESTER, MI 48158 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 6 of 176	Enter this total on line 3a of Summary	-



CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/23/2024 Name & Address: SUSAN SHIELDS 1869 SNOWBERRY RIDGE RD ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 1869 SNOWBERRY RIDGE ROAD, ANN ARBOR, MI, USA, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/24/2024 Name & Address GINGER CHASE 560 LITTLE LAKE DR UNIT 5 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide:	_{\$} 20.24	_{\$} 50.24
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/24/2024 Name & Address: LESLIE MCGRAW 6655 JACKSON RD UNIT 831 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide:	_{\$} 20.24	_{\$} 99.46
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/25/2024 Name & Address SAM CALLARD 1348 KENSINGTON DR ANN ARBOR, MI 48104	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation PROGRAMMER/ANALYST Employer UNIVERSITY OF MICHIGAN		
Business Address 500 S STATE ST, ANN ARBOR, MI 48109 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	240.48	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

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

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/25/2024 Name & Address: VIRGINIA BOYCE 1570 GLASTONBURY RD ANN ARBOR, MI 48103	_{\$} 200.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide: Occupation SOCIAL WORKER Employer WOMEN'S CENTER OF SOUTHEASTERN MICHIGAN Business Address 1100 VICTORS WAY, ANN ARBOR, MI 48108		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/26/2024 Name & Address MARK HERGOTT 111 MILES ST	_{\$} 27.00	_{\$} 81.00
YPSILANTI, MI 48198	·	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/26/2024 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 Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/27/2024 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:		
Page Subtota	304.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule		

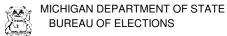


1. Committee I.D. Number

C-2022-112

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/28/2024 Name & Address: ROSANITA RATCLIFF 2490 PINECREST AVE		
ANN ARBOR, MI 48104	_s 25.00	_s 352.00
5. If over \$100.00 cumulative, please provide:	Ψ	<u>*</u>
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2490 PINECREST AVE, ANN ARBOR, MI 48104		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/30/2024		
Name & Address LUKE SHAEFER		
1515 SHADFORD RD	°350.00	_{\$} 450.00
ANN ARBOR, MI 48104	\$ 223.33	\$
5. If over \$100.00 cumulative, please provide:		
Occupation PROFESSOR Employer UNIVERSITY OF MICHIGAN		
Business Address 500 S STATE ST, ANN ARBOR, MI 48109		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/30/2024 Name & Address:		
KEYONN WHITFIELD 48636 AMERICAN ELM DR	_s 100.00	_{\$} 300.00
MACOMB, MI 48044	\$	\$ 000.00
5. If over \$100.00 cumulative, please provide:		
Occupation POLICE OFFICER Employer STATE OF MICHIGAN		
Business Address 7119 N CANAL RD, LANSING, MI 48913		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/31/2024 Name & Address		
RONALD SIMPSON		
6357 BEAVER CREEK TRAIL	§ 50.00	£ 50.00
ATLANTA, GA 30349	\$	\$
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	525.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	- ,
Page 9 of 176	Page.	

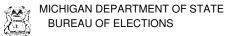


1. Committee I.D. Number

C-2022-112

Committee Nar

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/31/2024 Name & Address: KELLY RICHARDSON 5327 AVENUE R SANTA FE, TX 77510 5. If over \$100.00 cumulative, please provide:	_{\$} 10.00	_{\$} 10.00
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/31/2024		
EMMANUEL KAMBEROV 3089 TUSCANY CT ANN ARBOR, MI 48103	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/31/2024 Name & Address: GREGORY PRATT 3580 OAKWOOD ST ANN ARBOR, MI 48104	\$ 100.00	_{\$} 127.00
5. If over \$100.00 cumulative, please provide:		
Occupation COMMUNITY ORGANIZER/SOCIAL WORKER Employer NONE		
Business Address 3580 OAKWOOD ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		_
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/31/2024 Name & Address MARY CORDARA 281 FARMER ST PLYMOUTH, MI 48170	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	185.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page	Page.	



CANDIDATE COMMITTEE 2. Committee N

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

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? YES 4. Date of Receipt 01/31/2024 Name & Address: JEANNE MURABITO 4259 LAKE FOREST DR E ANN ARBOR, MI 48108	_{\$} 20.24	_{\$} 120.24
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 4259 LAKE FOREST DR E, ANN ARBOR, MI 48108 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/31/2024		
Name & Address KENNETH WHITTAKER 15379 OHIO ST DETROIT, MI 48238	§ 20.24	_{\$} 20.24
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 01/31/2024 Name & Address: MICHAEL BRIGGS 3700 BELLA VISTA DR ANN ARBOR, MI 48108	_{\$} 100.00	_{\$} 127.00
5. If over \$100.00 cumulative, please provide:		
Occupation FINANCE MANAGER Employer HILL HARPER CAMPAIGN Business Address 19158 LIVERNOIS, DETROIT, MI 48221 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/31/2024 Name & Address KRISTA NORDBERG 1411 COLLEGEWOOD ST YPSILANTI, MI 48197	_{\$} 50.00	_{\$_} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WASHTENAW HEALTH PLAN		
Business Address 555 TOWNER ST, YPSILANTI, MI 48198		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	190.48	
Grand Total of All Schedules 1A	-	-
(Complete on last page of Schedule)	L	_l

Page 11 of 176

Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE 2. Committee N

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/31/2024 Name & Address: ANNA MAULE 727 WESTMORELAND AVE	05.00	05.00
LANSING, MI 48915	_{\$} 35.00	_{\$} 35.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/31/2024 Name & Address		
DEMETRIS KNUCKLES	05.00	0= 00
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: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 01/31/2024 Name & Address: BRADLEY PELARSKE 660 GREENLAWN ST APT 1 YPSILANTI, MI 48198 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/31/2024 Name & Address MICHAEL R VILAND 2156 GLENCOE HILLS DR #3 ANN ARBOR, MI 48108 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED	_{\$} 100.00	_{\$} 100.00
Business Address 2156 GLENCOE HILLS DR, #3, ANN ARBOR, MI 48108		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	220.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
40 4=0	Enter this total on	

Page 12 of 176

Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

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

ommittee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/31/2024 Name & Address: ELLEN CLEMENT 2722 RADCLIFFE AVE	_{\$} 35.00	_{\$} 35.00
ANN ARBOR, MI 48104	\$ 33.00	\$ 00.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2722 RADCLIFFE AVE, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/31/2024 Name & Address		
LAURA LEIN		
1366 N HURON RIVER DR	_{\$} 100.00	_{\$} 100.00
YPSILANTI, MI 48197	,	·
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1366 N HURON RIVER DR, YPSILANTI, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/31/2024 Name & Address:	_	
DALE MAGEE 621 SUNSET RD	_{\$} 50.00	_s 50.00
ANN ARBOR, MI 48103	Ψ	\$ <u>00100</u>
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 621 SUNSET RD, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/01/2024		
Name & Address ———————————————————————————————————	-	
13868 BASSWOOD CIR	50.00	50.00
VAN BUREN TWP, MI 48111	_{\$} 50.00	_{\$_} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation PARALEGAL Employer WOLFE LAW PLLC		
Business Address 23200 JOHN R RD, HAZEL PARK, MI 48030		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	al 235.00	
Grand Total of All Schedules 1		-
(Complete on last page of Schedule		_l
Page 13 of 176	line 3a of Summary Page.	



CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/01/2024 Name & Address: BRIANNA DUNT 1647 FOLEY AVE YPSILANTI, MI 48198	_{\$} 500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation OFFICE MANAGER Employer AAA PARTS Business Address 2280 E MICHIGAN AVE, SUPERIOR TWP, MI 48198 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/02/2024 Name & Address JOE BREESE 27285 LEROY ST ROSEVILLE, MI 48066	\$ 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 27285 LEROY ST, ROSEVILLE, MI 48066 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/02/2024 Name & Address: HANNAH MESA 5340 PALISADES DR SYLVANIA, OH 43560	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation PROJECT MANAGER Employer UNIVERSITY OF MICHIGAN Business Address 500 S STATE ST, ANN ARBOR, MI 48109 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/02/2024 Name & Address RITA MITCHELL 621 5TH ST ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 621 5TH ST, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 14 of 176	750.00 Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE 2. Committee Na

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/02/2024 Name & Address: JAMES VANSTEEL 1261 ALBANY ST FERNDALE, MI 48220 5. If over \$100.00 cumulative, please provide:	_{\$} 20.00	_{\$} 35.00
Occupation TRANSPORTATION PLANNER Employer MICHIGAN DEPARTMENT OF TRANSPORTATION Business Address 1060 W FORT ST, DETROIT, MI 48226 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/03/2024 Name & Address KIMBERLY CLUGSTON 7014 ULRICH ST DEXTER, MI 48130	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 7014 ULRICH ST, DEXTER, MI 48130 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/03/2024 Name & Address: JOHN LAIRD 311 WINDYCREST DR ANN ARBOR, MI 48105	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation PROFESSOR Employer UNIVERSITY OF MICHIGAN Business Address 500 S STATE ST, ANN ARBOR, MI 48109 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/03/2024 Name & Address JORDAN G SAMES 690 ARCHWOOD DR ANN ARBOR, MI 48103	_{\$} 3.00	_{\$_} 13.20
5. If over \$100.00 cumulative, please provide: Occupation ICE ARENA MGR Employer ANN ARBOR ICE CUBE Business Address 2121 OAK VALLEY DR, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 15 of 176	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/03/2024 Name & Address: SHARON BELL 1214 ST CLAIR ST DETROIT, MI 48214 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 25.00
Occupation AUTOMOTIVE Employer GENERAL MOTORS LLC Business Address 1214 ST CLAIR ST, DETROIT, MI 48214 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/03/2024 Name & Address DEBRA BERMAN 2741 HOLYOKE LN ANN ARBOR, MI 48103	\$ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2741 HOLYOKE LN, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/04/2024 Name & Address: IVAN GUZMAN 3580 PHEASANT RUN CIRCLE DRIVE #5 ANN ARBOR, MI 48108	§ 25.00	_{\$} 77.00
5. If over \$100.00 cumulative, please provide: Occupation LEGAL ASSISTANT Employer WASHTENAW COUNTY Business Address 200 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/04/2024 Name & Address MICHELLE KING 102 MIDDLE DR YPSILANTI, MI 48197	_{\$} 5.00	_{\$} 195.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 102 MIDDLE DRIVE, YPSILANTI, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

2. Committee Name

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



1. Committee I.D. Number

C-2022-112

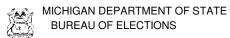
Committee Nar

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/06/2024 Name & Address: TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	_{\$} 7.00	_{\$} 253.00
5. If over \$100.00 cumulative, please provide:		
Occupation ENGINEER U.S. ENVIRONMENTAL PROTECTION AGENCY		
Business Address 2000 TRAVERWOOD DR, ANN ARBOR, MI 48105		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/07/2024 Name & Address		
HARVEY SOMERS		
2129 AUTUMN HILL DR	_{\$} 50.00	_{\$} 526.24
ANN ARBOR, MI 48103		
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2129 AUTUMN HILL DR, ANN ARBOR, MI 48103		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/07/2024 Name & Address: DEMARCO JOHNSON 1454 GREGORY ST	_{\$} 27.00	_{\$} 127.00
YPSILANTI, MI 48197		
5. If over \$100.00 cumulative, please provide: Occupation FIRE MARSHALL Employer SELF EMPLOYED		
Business Address 1454 GREGORY ST, YPSILANTI, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/07/2024		_
Name & Address DENNIS CRAWLEY 418 CHANDLER ST CHELSEA, MI 48118	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation GENERAL CONTRACTOR Employer SELF EMPLOYED		
Business Address 418 CHANDLER ST, CHELSEA, MI 48118		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	134.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	_	
Page 18 of 176	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/07/2024 Name & Address: WAYNE DRIES 1125 HONEY RUN DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide:	_{\$} 40.00	_{\$} 40.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 1125 HONEY RUN DR, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/07/2024 Name & Address GRETCHEN ROUSTER 466 MARION ST	50.00	50.00
YPSILANTI, MI 48197	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation SOCIAL WORKER Employer SELF EMPLOYED Business Address 466 MARION ST, YPSILANTI, MI 48197 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/08/2024		
Name & Address: SARAI SHOUP 720 BROOKS ST ANN ARBOR, MI 48103	\$ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONSULTANT Employer SELF		
Business Address 720 BROOKS ST, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/08/2024 Name & Address KATHY CLARK 1327 NOTTINGTON CT ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1327 NOTTINGTON CT, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
19 of 176	Page.	



1. Committee I.D. Number

C-2022-112

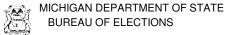
2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/08/2024 Name & Address: GINA STEFFEY 849 S GROVE ST YPSILANTI, MI 48198	_{\$} 50.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide: Occupation SUPERVISOR Employer COMMUNITY MENTAL HEALTH OCCUPATION OF THE PROPERTY OF THE PROP		
Business Address Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/09/2024 Name & Address		
LEIGH GLAZER 1448 E CLARK RD YPSILANTI, MI 48198	_{\$} 27.00	_{\$} 137.00
5. If over \$100.00 cumulative, please provide: Occupation CUSTOMS BROKER Employer THYSSENKRUPP		
Business Address 190 S LASALLE ST, CHICAGO, IL 60603		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/09/2024 Name & Address: CATHERINE CAMMANN 2008 CRESTLAND DR ANN ARBOR, MI 48104	_{\$} 100.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2008 CRESTLAND DR, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/09/2024 Name & Address CATHERINE CAMMANN	-	
2008 CRESTLAND DR ANN ARBOR, MI 48104	_{\$} 5.00	_{\$} 355.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2008 CRESTLAND DR, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtot	al 182.00	
Grand Total of All Schedules 1/ (Complete on last page of Schedule		
Page	Page.	



2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/09/2024 Name & Address: MARK HERGOTT 111 MILES ST YPSILANTI, MI 48198 5. If over \$100.00 cumulative, please provide:	_{\$} 27.00	_{\$} 108.00
Occupation LAB ASSOCIATE Employer WASHTENAW COMMUNITY COLLEGE Business Address 4800 E HURON RIVER DR, ANN ARBOR, MI 48105		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/09/2024 Name & Address JOE LAFERIER 326 RAWSON ST #F1 DUNDEE, MI 48131 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 326 RAWSON ST, #F1, DUNDEE, MI 48131 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 27.00	_{\$} 27.00
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/10/2024 Name & Address: PARVATHY NAIR 1001 BERKSHIRE RD ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide:	\$ 5.00	_{\$} 5.00
Occupation PHYSICIAN Employer IHA		
Business Address 1001 BERKSHIRE RD, ANN ARBOR, MI 48104		
Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/10/2024 Name & Address ALICIA PENNINGTON 2120 ROUSE CREEK CT ANN ARBOR, MI 48108	_{\$} 100.00	_{\$} _200.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS EXECUTIVE Employer LEAR CORPORATION Business Address 21557 TELEGRAPH RD, SOUTHFIELD, MI 48033 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 21 of 176	Enter this total on line 3a of Summary	-

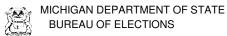


1. Committee I.D. Number

C-2022-112

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/10/2024 Name & Address: LEE BURTON 6277 COWELL RD BRIGHTON, MI 48116 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Occupation NOT EMPLOYED Business Address 6277 COWELL RD, BRIGHTON, MI 48116 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/10/2024 Name & Address BOB KING 300 S REVENA BLVD ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 300 S REVENA BLVD, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/11/2024 Name & Address: MANDY MITCHELL 612 BRIERWOOD CT APT 101 ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 177.00
5. If over \$100.00 cumulative, please provide: Occupation ANALYST Employer CITY OF DETROIT Business Address 2 WOODWARD AVE, DETROIT, MI 48226 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/11/2024 Name & Address JASON TOWLER 643 HILLSDALE ST WHITMORE LAKE, MI 48189	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation SPECIAL EDUCATION TEACHER Employer MAQUETTE ISD		
Business Address 318 E OHIO ST, MARQUETTE, MI 49855 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	

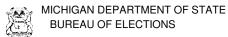


1. Committee I.D. Number

C-2022-112

Committee Name

3. Contribution # 1 PAC Receipt?	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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Type of Contribution:	Name & Address: MARY BYCE 5939 LAFAYETTE LN ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide:	_{\$} 35.00	_{\$} 205.24
Name & Address HARVEY NORWOOD 789 VALLEY CIR DR SALINE, MI 48176 5. If over \$100.00 cumulative, please provide: Occupation REGISTERED NURSE Employer MICHIGAN MEDICINE Business Address 500 S STATE ST, ANN ARBOR, MI 48109 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/12/2024 NANNARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer PERSONAL FINANCE EDUCATION SERVICES INC. Business Address 612 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Michigan Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/12/2024 NARBOR, MI 48184 5. If over \$100.00 cumulative, please provide: Occupation FACTORY WORKER Employer FORD MOTOR COMPANY Business Address 37625 MICHIGAN AVE, WAYNE, MI 48184 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtlotal Grand Total of All Schedule) Find Raiser Page Subtlotal Find Raiser Page Subtlotal Finder this total on line 3a of Summary			
Cocupation REGISTERED NURSE_Employer MICHIGAN MEDICINE Business Address 500 S STATE ST, ANN ARBOR, MI 48109 Type of Contribution:	Name & Address HARVEY NORWOOD 789 VALLEY CIR DR	_{\$} 50.00	_{\$} 150.00
Business Address 500 S STATE ST, ANN ARBOR, MI 48109 Type of Contribution: Pipret Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/12/2024 ANNE BANNISTER F12 N MAIN ST S12 N MAIN ST S14 N MARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer PERSONAL FINANCE EDUCATION SERVICES INC. Business Address 612 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Pipret Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/12/2024 AARON HENDERSON 4307 3RD ST WAYNE, MI 48184 5. If over \$100.00 cumulative, please provide: Occupation FACTORY WORKER Employer FORD MOTOR COMPANY Business Address 37625 MICHIGAN AVE, WAYNE, MI 48184 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 293.00 Enter this total on line 3a of Summary			
Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer PERSONAL FINANCE EDUCATION SERVICES INC. Business Address 612 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/12/2024 AARON HENDERSON 4307 3RD ST WAYNE, MI 48184 5. If over \$100.00 cumulative, please provide: Occupation FACTORY WORKER Employer FORD MOTOR COMPANY Business Address 37625 MICHIGAN AVE, WAYNE, MI 48184 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Einter this total on line 3a of Summary	Business Address 500 S STATE ST, ANN ARBOR, MI 48109		
DIRECTOR Business Address 612 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/12/2024 Name & Address AARON HENDERSON 4307 3RD ST WAYNE, MI 48184 5. If over \$100.00 cumulative, please provide: Occupation FACTORY WORKER Employer FORD MOTOR COMPANY Business Address 37625 MICHIGAN AVE, WAYNE, MI 48184 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Name & Address: ANNE BANNISTER 612 N MAIN ST	<u>\$8.00</u>	_{\$} 403.22
Name & Address AARON HENDERSON 4307 3RD ST WAYNE, MI 48184 5. If over \$100.00 cumulative, please provide: Occupation FACTORY WORKER Employer FORD MOTOR COMPANY Business Address 37625 MICHIGAN AVE, WAYNE, MI 48184 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Complete on last page of Schedule) Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Occupation DIRECTOR Employer PERSONAL FINANCE EDUCATION SERVICES INC. Business Address 612 N MAIN ST, ANN ARBOR, MI 48104		
Occupation FACTORY WORKER Employer FORD MOTOR COMPANY Business Address 37625 MICHIGAN AVE, WAYNE, MI 48184 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Complete on last page of Schedule) Complete on last page of Schedule) Enter this total on line 3a of Summary	AARON HENDERSON 4307 3RD ST	_{\$} 200.00	_{\$} 200.00
Business Address 37625 MICHIGAN AVE, WAYNE, MI 48184 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 293.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	· · · · · · · · · · · · · · · · · · ·		
Type of Contribution: Direct			
Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary			
(Complete on last page of Schedule) Enter this total on line 3a of Summary	Page Subtotal	293.00	
	(Complete on last page of Schedule) 23 176		



C-2022-112

CANDIDATE COMMITTEE

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/13/2024 Name & Address: JULIUS GREEN 6386 WOODWALL CT	07.00	07.00
BELLEVILLE, MI 48111	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide:		
Occupation MANAGER Employer EAP		
Business Address 6386 WOODWALL CT, BELLEVILLE, MI 48111		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/13/2024		
Name & Address SHARI THOMPSON		
312 WESTWOOD AVE	_{\$} 27.00	_{\$} 77.00
ANN ARBOR, MI 48103	Ψ	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 312 WESTWOOD AVE, ANN ARBOR, MI 48103		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/14/2024		
Name & Address: <u>52, 1 1, 232 1</u> LAUREN SARGENT		
2815 EMBER WAY	_{\$} 35.00	_{\$} 285.00
ANN ARBOR, MI 48104	Ψ	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2815 EMBER WAY, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/14/2024		
Name & Address HILARY ROBINSON		
1318 GRANGER AVE	20.00	47.00
ANN ARBOR, MI 48104	_{\$} 20.00	_{\$_} 47.00
5. If over \$100.00 cumulative, please provide:		
Occupation_BUSINESS DEVELOPMENT Employer UNIVERSITY OF MICHIGAN		
Business Address 500 S STATE ST, ANN ARBOR, MI 48109		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	109.00	
Grand Total of All Schedules 1A	103.00	
(Complete on last page of Schedule)	Enter this total on	J
Page 24 of 176	line 3a of Summary Page.	

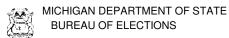


1. Committee I.D. Number

C-2022-112

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/14/2024 Name & Address: LISA LAVA-KELLAR 707 MINER ST ANN ARBOR, MI 48103	_{\$} 25.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation TEACHER Employer YPSILANTI COMMUNITY SCHOOLS Business Address 1885 PACKARD ST, YPSILANTI, MI 48197 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/15/2024 Name & Address MARTEZ GIBBS 28144 FORTSON LN INKSTER, MI 48141	_{\$} 50.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation POLICE Employer YPSILANTI POLICE DEPARTMENT Business Address 505 W MICHIGAN AVE, YPSILANTI, MI 48197 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/15/2024 Name & Address: KEVIN NAUD 353 LAKE PARK LN ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation STRATEGY ANALYST Employer DETROIT AT WORK Business Address 115 ERSKINE ST, DETROIT, MI 48201 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/15/2024 Name & Address FRITZ BELFORT 2777 ADRIENNE DR ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation SYSTEM ENGINEER Employer NCMS		
Business Address 3025 BOARDWALK DR, ANN ARBOR, MI 48108 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	175.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 25 of 176	line 3a of Summary Page.	



2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/15/2024 Name & Address: LAURA NATHAN 3005 RUMSEY DR	100.00	150.00
ANN ARBOR, MI 48105	_{\$} 100.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 3005 RUMSEY DR, ANN ARBOR, MI 48105		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/15/2024 Name & Address		
JOHN BARNE		
1050 PINE TREE DR	_{\$} 50.00	_{\$} 50.00
ANN ARBOR, MI 48103		
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1050 PINE TREE DR, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/16/2024 Name & Address: LEIGH GLAZER		
1448 E CLARK RD YPSILANTI, MI 48198	_{\$} 10.00	<u>\$ 147.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation CUSTOMS BROKER Employer THYSSENKRUPP		
Business Address 190 S LASALLE ST, CHICAGO, IL 60603		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/16/2024 Name & Address		
LYNN DRICKAMER		
1515 GOLDEN AVE	_{\$} 100.00	. 100.00
ANN ARBOR, MI 48104	\$	\$
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1515 GOLDEN AVE, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	260.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	.1
Page 26 of 176	line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE 2. Committee N

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/16/2024 Name & Address: PHILIP BIANCO 2125 8TH ST DETROIT, MI 48216	_{\$} 50.00	_{\$} 127.00
5. If over \$100.00 cumulative, please provide: Occupation LABOR RELATIONS Employer MICHIGAN NURSES ASSOCIATION Business Address 2310 JOLLY OAK RD, MERIDIAN TWP, MI 48864 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/16/2024 Name & Address CHERYL SIBILSKY 839 BRUCE ST ANN ARBOR, MI 48103	_{\$} 50.00	§ 300.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 839 BRUCE ST, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/17/2024 WENDY HAWKINS 1007 WRIGHT ST APT 1 ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide:	_{\$} 27.00	_{\$} 135.00
Occupation POLICY ANALYST Employer RAND Business Address 1200 S HAYES ST, ARLINGTON, VA 22202 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/18/2024 Name & Address WILL GARCIA 40 SANTEE RIVER DR ADRIAN, MI 49221	_{\$} 75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide: Occupation SUSTAINABILITY COORDINATOR Employer CITY OF ANN ARBOR Business Address 743 CHRISTY AVE, JACKSON, MI 49203		
Type of Contribution: Direct Loan from a person Fund Raiser	loop oo	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	

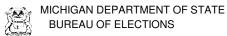


1. Committee I.D. Number

C-2022-112

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/18/2024 Name & Address: KEYONN WHITFIELD 48636 AMERICAN ELM DR MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide:	_{\$} 27.00	_{\$} 327.00
Occupation POLICE OFFICER Employer STATE OF MICHIGAN Business Address 14350 W 10 MILE RD, OAK PARK, MI 48237		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/19/2024 Name & Address APRIL GASBARRE 12719 ROEPKE RD GREGORY, MI 48137	\$ 10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation FUNDRAISER Employer JDRF		
Business Address 25359 NORTHWESTERN HWY, CLAYTON, MI 49235		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/19/2024 Name & Address: VILMA MESA 3665 BRADFORD SQUARE DR ANN ARBOR, MI 48103	_{\$} 45.00	_{\$} 55.00
5. If over \$100.00 cumulative, please provide:		
Occupation PROFESSOR Employer UNIVERSITY OF MICHIGAN		
Business Address 610 E UNIVERSITY AVE, ANN ARBOR, MI 48109		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/19/2024 Name & Address LEONORE GERSTEIN 807 ASA GRAY DR ANN ARBOR, MI 48105	_{\$} 27.00	_{\$} 77.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 807 ASA GRAY DR, ANN ARBOR, MI 48105		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	109.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page	Enter this total on line 3a of Summary Page.	



C-2022-112

1. Committee I.D. Number

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/20/2024 Name & Address: ELIZABETH YOUNG 7677 W PARKWAY ST REDFORD TWP, MI 48239 5. If over \$100.00 cumulative, please provide:	_{\$} 27.00	_{\$} 27.00
Occupation ATTORNEY Employer FEDERAL COMMUNITY DEFENDER OFFICE		
Business Address 613 ABBOTT ST, DETROIT, MI 48226 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/20/2024 Name & Address		
RICHARD CHASE 3538 TERHUNE RD ANN ARBOR, MI 48104	<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 3538 TERHUNE RD, ANN ARBOR, MI 48104		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/20/2024 Name & Address: VICTOR LIU 8314 N WARWICK CT YPSILANTI, MI 48198	_{\$} 50.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 8314 N WARWICK CT, SUPERIOR TWP, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/20/2024 Name & Address VICTORIA MCAREE 8314 N WARWICK CT SUPERIOR TWP, MI 48198	_{\$} 50.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 8314 N WARWICK CT, SUPERIOR TWP, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser	007.00	Г
Page Subtotal Grand Total of All Schedules 1A	227.00	
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	ļ

Page 29 of 1/6

Page.



1. Committee I.D. Number

C-2022-112

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/20/2024 Name & Address: SANDY CALLARD 1348 KENSINGTON DR ANN ARBOR, MI 48104	_{\$} 50.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide: Occupation PROGRAMMER Employer UNIVERSITY OF MICHIGAN Business Address 1348 KENSINGTON DR, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/20/2024 Name & Address ELIZABETH NELSON 1319 ARDMOOR AVE ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 1,827.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 1319 ARDMOOR AVE, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/20/2024 Name & Address: ELIZABETH NELSON 1319 ARDMOOR AVE ANN ARBOR, MI 48103	\$ 100.00	_{\$_} 1,927.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 1319 ARDMOOR AVE, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/21/2024 Name & Address JENNIFER BURRIS 195 BARTON DR ANN ARBOR, MI 48105	_{\$} 27.00	_{\$} 77.00
5. If over \$100.00 cumulative, please provide: Occupation SR. PROJECT MANAGER Employer A&D TECHNOLOGY INC Business Address 4622 RUNWAY BLVD, ANN ARBOR, MI 48108 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	-



C-2022-112

2. Committee Name

1. Committee I.D. Number

Enter contributor's name and address. If contribution is from an individual, enter la middle initial. Check box to indicate if contribution is from a Political Committee or Committee (PAC) Report <u>all</u> contributions regardless of amount.	, ,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02 Name & Address: BRENT BERGERON 1353 MOLNER CT YPSILANTI, MI 48198	2/21/2024	_{\$} 50.00	_{\$} 84.22
5. If over \$100.00 cumulative, please provide: Occupation MAINTENANCE Employer WOODBURY MAINTENANCE Business Address 1353 MOLNER CT, YPSILANTI, MI 481	98		
2000.110.110.110.110.110.110.110.110.110	Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02 Name & Address EMMA JABOUR 728 S MAIN ST ANN ARBOR, MI 48104	/21/2024	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:			
Occupation POLICY ADVISOR Employer CITY OF DETRO	<u>IT</u>		
Business Address 2 WOODWARD AVE, DETROIT, MI 482	226		
Type of Contribution: Direct Loan from a person Fur	nd Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02 Name & Address: LOU DANNER 32629 MARQUETTE ST GARDEN CITY, MI 48135	/21/2024	_{\$} 25.00	_{\$} 32.22
,			
5. If over \$100.00 cumulative, please provide: Occupation LAWYER Employer GOVERNMENT			
Occupation LAWYER Employer GOVERNMENT Business Address 220 N MAIN ST, ANN ARBOR, MI 48104			
	nd Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02			
Name & Address ELANOR SULLIVAN 264 KELTON ST BROOKLINE, MA 02134		_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:			
Occupation FISCAL POLICY ANALYST Employer COMMONWEALTH C	F MASSACHUSETTS		
Business Address 24 BEACON ST, BOSTON, MA 0213	3		
	d Raiser		
	Page Subtotal	145.00	
(Complete on	tal of All Schedules 1A last page of Schedule)	Enter this total on line 3a of Summary	
Page 31 of 176		Page.	



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE 2. Committee I

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/21/2024 Name & Address: SARAH TEARE 233 JEFFERSON ST CHELSEA, MI 48118 5. If over \$100.00 cumulative, please provide:	_{\$} 75.00	_{\$} 75.00
Occupation COMMUNITY ENGAGEMENT Employer HABITAT FOR HUMANITY OF HURON VALLEY		
Business Address 950 VICTORS WAY, ANN ARBOR, MI 48108 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/21/2024 Name & Address JOSE BURGOS		
28 BROADWAY AVE ECORSE, MI 48229	\$ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation MICHIGAN CAMPAIGN COORDINATOR Employer CAMPAIGN FOR THE FAIR SENTENCING OF YOUTH		
Business Address 1319 F ST NW, WASHINGTON, DC 20004		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/21/2024 Name & Address: JOHN WAGNER 5375 S ZEEB RD ANN ARBOR, MI 48103	_{\$} 250.00	_{\$} 700.00
5. If over \$100.00 cumulative, please provide:		
Occupation ELECTRICAL ENGINEER Employer ON SEMICONDUCTOR		
Business Address 19500 VICTOR PKWY, LIVONIA, MI 48152		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/21/2024 Name & Address ALISON DIVER 600 W HURON ST #620 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 50.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 600 W HURON ST, #620, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	450.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 32 of 176	Page.	



C-2022-112

Committee Name

1. Committee I.D. Number

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/21/2024 Name & Address: RONNELL JOHNSON 6655 JACKSON RD UNIT 845 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 6655 JACKSON ROAD, UNIT 845, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 50.00	_{\$} 250.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/21/2024 Name & Address AVONTE BROWNING 1222 RUSSELL ST YPSILANTI, MI 48198 5. If over \$100.00 cumulative, please provide:	_{\$} 5.00	_{\$} 15.00
Occupation ASSISTANT MANAGER Employer KMG Business Address 940 W MICHIGAN AVE, YPSILANTI, MI 48197 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/22/2024 JOAN NASSAUER 2769 OAKCLEFT CT ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation PROF Employer U MICH Business Address 500 S STATE ST, ANN ARBOR, MI 48109 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/22/2024 Name & Address KAREN HOLMAN 1248 RAMBLING RD YPSILANTI, MI 48198	_{\$} 27.00	_{\$} 405.00
5. If over \$100.00 cumulative, please provide: Occupation EDITORIAL ASSISTANT Employer DECEMBER MAGAZINE		
Business Address P.O. BOX 16130, SAINT LOUIS, MO 63105 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 33 of 176	Enter this total on line 3a of Summary Page.	



2. Committee Name

FRIENDS OF ALYSHIA DYER

CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/22/2024 Name & Address: CAROL GOTTLIEBSEN 2125 NATURE COVE CT ANN ARBOR, MI 48104	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2125 NATURE COVE COURT, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/23/2024 Name & Address DEJUAN BLAND 4742 MADDIE LN DEARBORN, MI 48126	_{\$} 25.00	_{\$} 225.00
5. If over \$100.00 cumulative, please provide: Occupation COMMUNITY ORGANIZER MOSES Business Address 19321 W CHICAGO, DETROIT, MI 48228 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/23/2024 Name & Address: DEREK WIESE 23300 CARLETON WEST RD BELLEVILLE, MI 48111	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 23300 CARLETON WEST RD, BELLEVILLE, MI 48111 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/24/2024 Name & Address ANDRE WATSON 206 W SUMMIT ST ANN ARBOR, MI 48103	_{\$} 50.00	_{\$_} 200.00
5. If over \$100.00 cumulative, please provide: Occupation REAL ESTATE Employer WFG LLC 206 W SUMMUT ST ANN APPOR MI 49103		
Business Address 206 W SUMMIT ST, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		1
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	-



C-2022-112

2. Committee Name

1. Committee I.D. Number

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/25/2024 Name & Address: SANDY CALLARD 1348 KENSINGTON DR ANN ARBOR, MI 48104	_{\$} 25.00	_{\$} 475.00
5. If over \$100.00 cumulative, please provide: Occupation PROGRAMMER Employer UNIVERSITY OF MICHIGAN Business Address 1348 KENSINGTON DR, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/26/2024 Name & Address BARRY SCHUMER 1311 TIMMINS DR ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 1311 TIMMINS DR, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/26/2024 Name & Address: TIMOTHY BYRNES 2300 LESLIE PARK CIR ANN ARBOR, MI 48105	_{\$} 5.00	_{\$} 5.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2300 LESLIE PARK CIR, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/26/2024 Name & Address KYLE LOVE 115 N NORMAL ST APT #2 YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide:	_{\$} 10.00	_{\$} _10.00
Occupation TEACHING ARTIST Employer KYLE LOVE Business Address 115 N NORMAL ST, APT #2, YPSILANTI, MI 48197 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE 2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/26/2024 Name & Address: ELISA GUYTON 408 WAYMARKET DR ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 142.31
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer FRIENDS IN DEED Business Address 1246 KENSINGTON DR, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address		
JAMES HILL 175 LAWTON RD RIVERSIDE, IL 60546	\$ 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 175 LAWTON RD, RIVERSIDE, IL 60546		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/28/2024 ROSANITA RATCLIFF 2490 PINECREST AVE ANN ARBOR, MI 48104	_{\$} 25.00	_{\$} 377.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2490 PINECREST AVE, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/28/2024 Name & Address MARY BYCE 5939 LAFAYETTE LN ANN ARBOR, MI 48103	_{\$} 20.00	_{\$} 225.24
5. If over \$100.00 cumulative, please provide:		
Occupation REGISTERED NURSE Employer TRINITY HEALTH		
Business Address 5938 LAFAYETTE LN, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	172.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number U-20

C-2022-112

Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/28/2024 Name & Address: MATTHEW HARSHBERGER 2142 SPRING RIDGE DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation POLICE OFFICER Employer PITTSFIELD TOWNSHIP Business Address 2142 SPRING RIDGE DR, ANN ARBOR, MI 48103	_{\$} 200.00	_{\$} 400.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/28/2024 Name & Address JOHN LANGMORE 14095 ISLAND LAKE RD CHELSEA, MI 48118 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 14095 ISLAND LAKE RD, CHELSEA, MI 48118		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/29/2024 Name & Address: KRISTA NORDBERG 1411 COLLEGEWOOD ST YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 250.00
Occupation ATTORNEY Employer WASHTENAW HEALTH PLAN		
Business Address 555 TOWNER ST, YPSILANTI, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/03/2024 Name & Address CRISTINE F HOWE 835 ASA GRAY DR ANN ARBOR, MI 48105	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 835 ASA GRAY DR, ANN ARBOR, MI 48105		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 37 176	Enter this total on line 3a of Summary	
Page of	Page.	

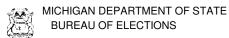


1. Committee I.D. Number

C-2022-112

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/04/2024 Name & Address: IVAN GUZMAN 3580 PHEASANT RUN CIRCLE DRIVE #5 ANN ARBOR, MI 48108	_{\$} 25.00	_{\$} 102.00
5. If over \$100.00 cumulative, please provide: Occupation LEGAL ASSISTANT Employer WASHTENAW COUNTY Business Address 200 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/05/2024 Name & Address ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	_{\$} 5.00	_{\$} 408.22
5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer PERSONAL FINANCE EDUCATION SERVICES INC. Business Address 612 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/06/2024 Name & Address: TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	_{\$} 7.00	_{\$} 260.00
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer U.S. ENVIRONMENTAL PROTECTION AGENCY Business Address 2000 TRAVERWOOD DR, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/07/2024 Name & Address LARESHA THORNTON 8725 LAGOON DR YPSILANTI, MI 48197	_{\$} 27.00	_{\$} 166.00
5. If over \$100.00 cumulative, please provide: Occupation TEACHER Employer WOMEN'S HURON VALLEY CORRECTIONAL FACILITY Business Address 8723 LAGOON DR, YPSILANTI, MI 48197 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

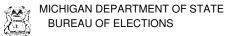
CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 03/08/2024 Name & Address: CYNTHIA A BODEWES 14108 E AUSTIN RD MANCHESTER, MI 48158 5. If over \$100.00 cumulative, please provide:	_{\$} 27.00	_{\$} 1,927.00
Occupation NOT EMLOYED Employer NOT EMPLOYED Business Address 14108 E AUSTIN RD, MANCHESTER, MI 48158		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/08/2024 Name & Address		
BRIANNA DUNT 2280 E MICHIGAN AVE YPSILANTI, MI 48198	_{\$} _1,000.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation ACCOUNTANT Employer AAA PARTS LLC		
Business Address 2280 E MICHIGAN AVE, SUPERIOR TWP, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/08/2024 Name & Address: CHERYL SIBILSKY 839 BRUCE ST ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 839 BRUCE ST, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/08/2024 Name & Address VIRGINIA CHASE 560 LITTLE LAKE DR ANN ARBOR, MI 48103	_{\$} 27.00	_{\$_} 74.00
5. If over \$100.00 cumulative, please provide:		
Occupation MASSAGE THERAPIST Employer SELF		
Business Address 560 LITTLE LAKE DR, UNIT 5, ANN ARBOR, MI 48103		
Type of Contribution: Loan from a person Fund Raiser		T.
Page Subtotal	1,104.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	J
39 176	line 3a of Summary	

Page 39 of 1/6

Page.



CANDIDATE COMMITTEE

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

2. Committee Name

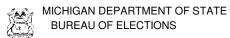
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/11/2024 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 SERVICE MANAGER Employer KLA		
Business Address 7726 GREENE FARM DR, YPSILANTI TWP, MI 48197 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/11/2024 Name & Address TAD WYSOR		
610 N MIAMI AVE YPSILANTI, MI 48198	_{\$} 27.00	<u>\$ 287.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation ENGINEER Employer U.S. ENVIRONMENTAL PROTECTION AGENCY		
Business Address 2000 TRAVERWOOD DR, ANN ARBOR, MI 48105 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/11/2024		
VALERIE FIFER 524 MARLPOOL DR SALINE, MI 48176	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 524 MARLPOOL DR, SALINE, MI 48176		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/12/2024		
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 DIRECTOR Employer PERSONAL FINANCE EDUCATION SERVICES INC.		
Business Address 612 N MAIN ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	116.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Findam Alaka Asak A	J
Page 40 of 176	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE 2. Co

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/13/2024 Name & Address: CAROLINE TAYLOR PO BOX 130745 ANN ARBOR, MI 48113	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address PO BOX 130745, ANN ARBOR, MI 48113 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/14/2024		
Name & Address BARBARA GRASSESCHI 1083 VINE ST HEALDSBURG, CA 95448	\$ 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation FARMER PUMA SPRINGS VINEYARD		
Business Address 1083 VINE ST, MAILBOX 286, HEALDSBURG, CA 95448		
Type of Contribution: U Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: GRETCHEN BERGMAN PO BOX 3644 RANCHO SANTA FE, CA 92067	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation FASHION SHOW PRODUCER Employer GRETCHEN PRODUCTIONS		
Business Address 2527 DOUBLETREE RD, SPRING VALLEY, CA 91978		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/17/2024 Name & Address TRISH FISHER 727 LORILLARD CT APT 224 MADISON, WI 53703 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation PHD STUDENT Employer UW-MADISON		
Business Address 727 LORILLARD CT, APT 224, MADISON, WI 53703		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	450.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 41 of 176	line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

Committee Na

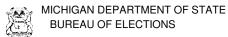
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/18/2024 Name & Address: AMANDA REIMAN 4 LOOKOUT DR UKIAH, CA 95482 5. If over \$100.00 cumulative, please provide: Occupation RESEARCHER Employer NEW FRONTIER DATA Business Address 4 LOOKOUT DR, UKIAH, CA 95482	_{\$} 100.00	_{\$} 100.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/26/2024 Name & Address TIMOTHY BYRNES 2300 LESLIE PARK CIR ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide:	\$ 5.00	_{\$} 10.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2300 LESLIE PARK CIR, ANN ARBOR, MI 48105		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/26/2024 Name & Address: ELIZABETH GUYTON 1246 KENSINGTON DR ANN ARBOR, MI 48104	_{\$} 50.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR Employer FRIENDS IN DEED		
Business Address 1246 KENSINGTON DR, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/26/2024 Name & Address		
BRIANNA DUNT 2280 E MICHIGAN AVE YPSILANTI, MI 48198	_{\$} 1,000.00	_{\$} 2,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation ACCOUNTANT Employer AAA PARTS LLC		
Business Address 2280 E MICHIGAN AVE, SUPERIOR TWP, MI 48198 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	1,155.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 42 of 176	Enter this total on line 3a of Summary Page.	J



Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/27/2024 Name & Address: VIVIAN KALUMBI 730 1/2 N 1ST ST APT 110B MINNEAPOLIS, MN 55401 5. If over \$100.00 cumulative, please provide: Occupation HEALTHCARE WORKER Employer UNITEDHEALTHCARE Business Address 9800 HEALTHCARE LANE, MINNEAPOLIS, MN 55440 Type of Contribution: Direct Loan from a person Fund Raiser	\$ 200.00	_{\$} 550.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/2024 Name & Address RITA TURNER-SHEERIN 2304 VINEWOOD BLVD ANN ARBOR, MI 48104	_{\$} 50.00	_{\$} 250.24
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2305 VINEWOOD BLVD, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/28/2024 Name & Address: ROSANITA RATCLIFF 2490 PINECREST AVE ANN ARBOR, MI 48104	_{\$} 25.00	_{\$} 402.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2490 PINECREST AVE, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/28/2024 Name & Address MARIE KNOERL 9688 TIMBER HILL CT DEXTER, MI 48130	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Business Address 9688 TIMBER HILL CT, DEXTER, MI 48130 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 176	Enter this total on line 3a of Summary Page.	



Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/28/2024 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 CONTRACTS OFFICER Employer TULANE UNIVERSITY Business Address 4123 S PRIEUR ST, NEW ORLEANS, LA 70125 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/28/2024 Name & Address ANGELA TENNENBAUM 3435 PHAROAHS LN SEBASTOPOL, CA 95472	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation BOOKKEEPER Employer SELF EMPLOYED Business Address 3435 PHAROAHS LN, SEBASTOPOL, CA 95472 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/28/2024 Name & Address: DIANE GOLDSTEIN 12389 OCEAN TILLER AVE LAS VEGAS, NV 89138	<u>\$ 100.00</u>	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE DIRECTOR Employer LAW ENFORCEMENT ACTION PARTNERSHIP Business Address 100 CUMMINGS CENTER, SUITE 207, BEVERLY, MA 01915 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/28/2024 Name & Address CARL TENNENBAUM 3435 PHAROAHS LANE SEBASTOPOL, CA 95472	_{\$} 50.00	_{\$} 717.20
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 3435 PHAROAHS LN, SEBASTOPOL, CA 95472 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 44 of 176	Enter this total on line 3a of Summary Page.	-



C-2022-112

1. Committee I.D. Number FRIENDS OF ALYSHIA DYER CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) PAC Receipt? 3. Contribution # 1 YES 4. Date of Receipt 03/29/2024 Name & Address: SUSAN CARES 820 SPRING ST £ 100.00 £ 100.00 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: _ Employer NOT EMPLOYED Occupation NOT EMPLOYED Business Address 820 SPRING ST, ANN ARBOR, MI 48103 **Fund Raiser** Loan from a person 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/29/2024 Name & Address ANDREW BANKA \$ 50.00 \$ 100.00 3291 ROSEDALE ST ANN ARBOR, MI 48108 5. If over \$100.00 cumulative, please provide: Employer AIRFLOW SCIENCES Occupation ENGINEER Business Address 12190 HUBBARD ST, LIVONIA, MI 48150 **Fund Raiser** Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 03/29/2024 YES Name & Address: JENNIFER OLMSTEAD _{\$}27.00 27.00 1211 ELDER BLVD ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR **Employer ANN ARBOR SPARK**

Business Address 300 E LIBERTY ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? 4. Date of Receipt 03/29/2024 Name & Address **ALEX THOMAS**

YPSILANTI, MI 48198 5. If over \$100.00 cumulative, please provide:

_{\$} 27.00 _{\$} 34.22

Employer NOT EMPLOYED Occupation NOT EMPLOYED

Business Address 1108 BUICK AVE, YPSILANTI, MI 48198

Type of Contribution: | Direct Fund Raiser Loan from a person

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

Page Subtotal

204.00

Enter this total on line 3a of Summary Page.

1108 BUICK AVE



2. Committee Name

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



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE 2. Committee N

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/30/2024 Name & Address: DEBORAH BAKKER 411 SOMERSET CT ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 411 SOMMERSET CT, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 54.00	_{\$} 54.00
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/30/2024	1	
Name & Address NEHEMIAH HARMSEN 2484 LAURELWOOD CIR ANN ARBOR, MI 48108	_{\$} 40.00	<u>\$ 40.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation SOFTWARE DESIGNER Employer MENLO INNOVATIONS Business Address 339 E LIBERTY ST, SUITE 210, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/30/2024 RYAN YAPLE 1007 E SUMMERFIELD GLEN CIR ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF EMPLOYED Business Address 7535 JACKSON RD, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/30/2024 Name & Address SAMUEL HAYES 8584 DURHAM CT SUPERIOR TWP, MI 48198	_{\$} 27.00	_{\$} _42.00
5. If over \$100.00 cumulative, please provide:		
Occupation CLERK Employer WASHTENAW COUNTY		
Business Address 8584 DURHAM CT, SUPERIOR TWP, MI 48198 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	221.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 47 of 176	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

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

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/30/2024 Name & Address: JENNIFER CONLIN 435 STEIN RD ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 100.00
Occupation STATE REP Employer MICHIGAN HOUSE Business Address 435 STEIN RD, ANN ARBOR, MI 48105		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/30/2024		
Name & Address DANIEL RIVKIN 435 STEIN RD ANN ARBOR, MI 48105	\$ 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation COMMUNICATIONS Employer UNIVERSITY OF MICHIGAN		
Business Address 614 S STATE ST, ANN ARBOR, MI 48109		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/30/2024 Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	_{\$} 100.00	_{\$} 516.22
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR Employer PERSONAL FINANCE EDUCATION SERVICES INC.		
Business Address 612 N MAIN ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/30/2024 Name & Address SAMUEL HAYES 8584 DURHAM CT SUPERIOR TWP, MI 48198	_{\$} 5.00	_{\$_} 47.00
5. If over \$100.00 cumulative, please provide:		
Occupation CLERK Employer WASHTENAW COUNTY		
Business Address 8584 DURHAM CT, SUPERIOR TWP, MI 48198		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	255.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 48 of 176	line 3a of Summary Page.	



CANDIDATE COMMITTEE 2. Comm

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

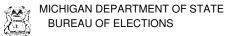
2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/30/2024 Name & Address: WILL GARCIA 40 SANTEE RIVER DR ADRIAN, MI 49221 5. If over \$100.00 cumulative, please provide: Occupation SUSTAINABILITY COORDINATOR Employer CITY OF ANN ARBOR Business Address 301 E HURON ST, ANN ARBOR, MI 48104	_{\$} 10.00	_{\$} 85.00
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/30/2024 Name & Address ERIKA TEBBENS 7726 GREENE FARM DR YPSILANTI TWP, MI 48197	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS CONSULTANT Employer SELF		
Business Address 7726 GREENE FARM DR, YPSILANTI TWP, MI 48197 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/30/2024 Name & Address: MARIE KNOERL 9688 TIMBER HILL CT DEXTER, MI 48130	_{\$} 50.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 9688 TIMBER HILL CT, DEXTER, MI 48130 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/30/2024 Name & Address SUSAN CARES 820 SPRING ST ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 820 SPRING ST, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A	210.00	
(Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	J



CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/31/2024 Name & Address: KRISTA NORDBERG 1411 COLLEGEWOOD ST YPSILANTI, MI 48197	_{\$} 50.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WASHTENAW HEALTH PLAN Business Address 555 TOWNER ST, YPSILANTI, MI 48198 Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/31/2024 Name & Address INGRID AULT 2531 MEADE CT ANN ARBOR, MI 48105	_{\$} 27.00	_{\$} 54.00
5. If over \$100.00 cumulative, please provide: Occupation GRANTS POLICY MANAGER Employer WITT O???BRIEN???S		
Business Address 818 TOWN AND COUNTRY BLVD, HOUSTON, TX 77024		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/01/2024 Name & Address: BRIAN FLANAGAN 50387 WOODFORD DR CANTON, MI 48188	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation EDUCATOR Employer UNIVERSITY OF MICHIGAN Business Address 701 TAPPAN AVE, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/01/2024 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 EVENT PLANNER Employer LUNA SOIREE EVENTS		
Business Address 5996 VERSAILLES AVE E, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	202.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	

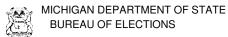


1. Committee I.D. Number

C-2022-112

Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/04/2024 Name & Address: IVAN GUZMAN 3580 PHEASANT RUN CIRCLE DRIVE #5 ANN ARBOR, MI 48108 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 127.00
Occupation LEGAL ASSISTANT Employer WASHTENAW COUNTY Business Address 200 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/04/2024 Name & Address CAROLYN ZALEON 9541 SANDPIPER LN SALINE, MI 48176	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 9541 SANDPIPER LN, SALINE, MI 48176 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/04/2024 Name & Address: JAMES VANSTEEL 431 W SARATOGA ST FERNDALE, MI 48220	_{\$} 20.00	_{\$} 55.00
5. If over \$100.00 cumulative, please provide: Occupation TRANSPORTATION PLANNER Employer MICHIGAN DEPARTMENT OF TRANSPORTATION Business Address 18101 W NINE MILE RD, SOUTHFIELD, MI 48075 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/05/2024 Name & Address WILLIAM JONES 4295 E WILLIS RD MILAN, MI 48160	_{\$} 10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please provide: Occupation CONSTRUCTION Employer SELF EMPLOYED Business Address 4295 E WILLIS RD, MILAN, MI 48160 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 51 of 176	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/05/2024 Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	_{\$} 10.00	_{\$} 526.22
5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer PERSONAL FINANCE EDUCATION SERVICES INC.		
Business Address 612 N MAIN ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/06/2024 Name & Address TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	_{\$} 7.00	_{\$} 348.00
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer U.S. ENVIRONMENTAL PROTECTION AGENCY		
Business Address 2000 TRAVERWOOD DR, ANN ARBOR, MI 48105		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/08/2024 Name & Address: SHARON KULP 40919 KNIGHTSFORD RD TOWNSHIP OF NORTHVILLE, MI 48168	<u>\$</u> 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 40919 KNIGHTSFORD RD, TOWNSHIP OF NORTHVILLE, MI 48168		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/08/2024 Name & Address BRODERICK JOHNSON 5116 ROCKWOOD PKWY NW WASHINGTON, DC 20016	_{\$} 250.00	_{\$} _250.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer COMCAST		
Business Address 5116 ROCKWOOD PKWY NW, WASHINGTON, DC 20016		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 52 of 176	Enter this total on line 3a of Summary	



CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/09/2024 Name & Address: RENEE LAFFITTE 16550 WINTHROP ST DETROIT, MI 48235	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation PROJECT CONSULTANT Employer BCBSM Business Address 600 W LAFAYETTE BLVD, DETROIT, MI 48226 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/10/2024 Name & Address ANDY LEVIN 6015 DARRAMOOR RD BLOOMFIELD HILLS, MI 48301	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer SELF		
Business Address 6015 DARRAMOOR RD, BLOOMFIELD HILLS, MI 48301		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/10/2024 Name & Address: KAROLINA RAMOS 1263 FIRST ST SE #23 WASHINGTON, DC 20003 5. If over \$100.00 cumulative, please provide:	\$20.00	_{\$} 20.00
Occupation POLICY PROGRAM MANAGER Employer URBAN INSTITUTE		
Business Address 500 L'ENFANT PLAZA SW, WASHINGTON, DC 20410 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/10/2024 Name & Address MICHAEL STEER 420 EIGHTH ST ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation GAME INVENTOR Employer RANDOM GAMES		
Business Address 416 W HURON ST, #12, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	620.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 53 of 176	Page.	



CANDIDATE COMMITTEE

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

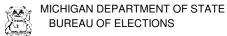
2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/11/2024 Name & Address: ANNA HILL 3021 E HWY 61 GRAND MARAIS, MN 55604	_{\$} 1,175.00	_{\$} 8,325.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 3021 E HWY 61, GRAND MARAIS, MN 55604 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/12/2024		
ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	_{\$} 8.00	_{\$} 534.22
5. If over \$100.00 cumulative, please provide: PERSONAL FINANCE EDUCATION SERVICES INC.		
Occupation DINECTOR Employer		
Business Address 612 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: NICHOLAS ROUMEL 4101 THORNOAKS DR ANN ARBOR, MI 48104	_{\$} 250.00	_{\$} 1,150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer NACHT & ROUMEL PC		
Business Address 101 N MAIN, #555, ANN ARBOR, MI 48108 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/12/2024		
Name & Address AARON HENDERSON 4307 3RD ST WAYNE, MI 48184	§400.00	_{\$} 600.00
5. If over \$100.00 cumulative, please provide:		
Occupation FACTORY WORKER Employer FORD MOTOR COMPANY		
Business Address 37625 MICHIGAN AVE, WAYNE, MI 48184		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,833.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 54 of 176	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/13/2024 Name & Address: RENEE MCCOMBS 8211 TERRA BELLA	20.00	20.00
NORTHVILLE, MI 48168	_{\$} 30.00	_{\$} 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 8211 TERRA BELLA, NORTHVILLE, MI 48168		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/14/2024 Name & Address		
CASSANDARA RUSSELL		
1533 SW 189TH AVE	_{\$} 50.00	_{\$} 50.00
HOLLYWOOD, FL 33029		
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1533 SW 189TH AVE, HOLLYWOOD, FL 33029		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/14/2024 Name & Address: ELEANORE R EVELETH 1640 NEWPORT RD ANN ARBOR, MI 48103	_{\$} 10.00	_{\$} 62.00
5. If over \$100.00 cumulative, please provide: Occupation NONPROFIT EXECUTIVE DIRECTOR Employer INTERFAITH COUNCIL FOR PEACE & JUSTICE		
Business Address 1414 HILL ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/15/2024		
Name & Address ALEXANDER DEATRICK 1260 21ST ST NW WASHINGTON, DC 20036	_{\$} 50.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation POLITICAL CONSULTANT Employer THE BASELINE AGENCY		
Business Address 1835 7TH STREET NW, WASHINGTON, DC 20001		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	140.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	l
Page 55 of 176	line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/15/2024 Name & Address: PAUL TAKESSIAN 585 GLENDALE CIRCLE ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 585 GLENDALE CIRCLE, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser	\$ 10.00	_{\$} 10.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/15/2024 Name & Address MARY BYCE 5939 LAFAYETTE LN ANN ARBOR, MI 48103	_{\$} 25.00	_{\$} 250.24
5. If over \$100.00 cumulative, please provide: Occupation REGISTERED NURSE_Employer TRINITY HEALTH Business Address 5938 LAFAYETTE LN, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/15/2024 CRISTINE F HOWE 835 ASA GRAY DR ANN ARBOR, MI 48105	_{\$} 250.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 835 ASA GRAY DR, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/16/2024 Name & Address LEIGH GLAZER 1448 E CLARK RD YPSILANTI, MI 48198	_{\$} 10.00	_{\$} 157.00
5. If over \$100.00 cumulative, please provide: Occupation CUSTOMS BROKER Employer THYSSENKRUPP Business Address 190 S LA SALLE ST, CHICAGO, IL 60603		
Type of Contribution: Direct Loan from a person Fund Raiser		ı
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



•

Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/16/2024 Name & Address: DAN BEDNAR 3628 BARTON FARM DR ANN ARBOR, MI 48105	_{\$} 50.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation CFO Employer SLR INTERNATIONAL Business Address 3628 BARTON FARM DR, ANN ARBOR, MI 48105		
3. Contribution: PAC Receipt? YES 4. Date of Receipt 04/17/2024		
Name & Address		
WENDY HAWKINS 1007 WRIGHT ST APT 1	_{\$} 27.00	_{\$} 162.00
ANN ARBOR, MI 48105		
5. If over \$100.00 cumulative, please provide: Occupation POLICY ANALYST Employer RAND		
Business Address 1200 S HAYES ST, ARLINGTON, VA 22202		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/17/2024		
Name & Address: JUDITH STEEH 1313 HENRY ST ANN ARBOR, MI 48104	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1313 HENRY ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/17/2024 Name & Address KERRI PEPPERMAN 1219 WESTMOORLAND ST	_{\$} 100.00	300.00
YPSILANTI, MI 48197	9	\$
5. If over \$100.00 cumulative, please provide: Occupation USER EXPERIENCE ARCHITECT Employer UNIVERSITY OF MICHIGAN		
Business Address 1219 WESTMOORLAND ST, YPSILANTI, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	227.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 57 of 176	line 3a of Summary Page.	



Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/18/2024 Name & Address: DAVID REYNOLDS 229 MILES ST YPSILANTI, MI 48198	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation EDUCATION Employer UNIVERSITY OF MICHIGAN Business Address 19000 HUBBARD DR, DEARBORN, MI 48126 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/19/2024 Name & Address ANGEL VANAS 230 CREEKSIDE DR BELLEVILLE, MI 48111	_{\$} 10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please provide: Occupation SMALL BUSINESS OWNER Employer STAR STUDIO		
Business Address 224 W MICHIGAN AVE, YPSILANTI, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/19/2024 Name & Address: CATHERINE CAMMANN 2008 CRESTLAND DR ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide:	_{\$} 250.00	_{\$} 605.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2008 CRESTLAND DR, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/21/2024 Name & Address VEENA KULKARNI-RANKIN 2521 KIMBERLEY RD ANN ARBOR, MI 48104	_{\$} 75.00	_{\$_} 75.00
5. If over \$100.00 cumulative, please provide:		
Occupation MUSICIAN Employer SELF EMPLOYED		
Business Address 2521 KIMBERLEY RD, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	360.00 Enter this total on line 3a of Summary	
Page of	Page.	



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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/21/2024 Name & Address: JORDAN G SAMES 690 ARCHWOOD DR ANN ARBOR, MI 48103	_{\$} 3.00	_{\$} 16.20
5. If over \$100.00 cumulative, please provide: Occupation ICE ARENA MANAGER Employer ANN ARBOR ICE CUBE Business Address 2121 OAK VALLEY DR, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/22/2024 Name & Address BARBARA KESSLER 12 GEDDES HEIGHTS DR ANN ARBOR, MI 48104	\$ 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 12 GEDDES HEIGHTS DR, ANN ARBOR, MI 48104 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/23/2024 Name & Address: DEJUAN BLAND 4742 MADDIE LN DEARBORN, MI 48126	_{\$} 25.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation COMMUNITY ORGANIZER Employer MOSES Business Address 19321 W CHICAGO, DETROIT, MI 48228 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/23/2024 Name & Address CARL TENNENBAUM 3435 PHAROAHS LANE SEBASTOPOL, CA 95472	_{\$} 50.00	_{\$_} 767.20
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 3435 PHAROAHS LN, SEBASTOPOL, CA 95472 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 59 of 176	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/23/2024 Name & Address: CHERYL SIBILSKY 839 BRUCE ST ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 839 BRUCE ST, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/24/2024 Name & Address BARBARA MCMULLEN 703 DUNCAN ST ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation QA MANAGER Employer E.L.F. BEAUTY Business Address 315 E EISENHOWER PKWY, STE 202, ANN ARBOR, MI 48108 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/24/2024 Name & Address: SONYA ALVARADO 1193 LEVONA ST YPSILANTI, MI 48198	_{\$} 50.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation UNION ORGANIZER Employer AFTMI Business Address 1193 LEVONA ST, YPSILANTI, MI 48198 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/24/2024 Name & Address DEVIN STEELE 10535 9 MILE RD WHITMORE LAKE, MI 48189	_{\$} 5.00	_{\$} 5.00
5. If over \$100.00 cumulative, please provide: Occupation RECORDS SPECIALIST Employer CITY OF DETROIT		
Business Address 900 MERRILL PLAISANCE ST, DETROIT, MI 48203 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 60 of 176	Enter this total on line 3a of Summary Page.	



SCHEDULE 1A

1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE 2. Committee N

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/24/2024 Name & Address: KAREN HOLMAN 1248 RAMBLING RD YPSILANTI, MI 48198	_{\$} 50.00	_{\$} 455.00
5. If over \$100.00 cumulative, please provide: Occupation EDITORIAL ASSISTANT Employer DECEMBER MAGAZINE Business Address PO BOX 16130, SAINT LOUIS, MO 63105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/25/2024 Name & Address SANDY CALLARD 1348 KENSINGTON DR ANN ARBOR, MI 48104	_{\$} 25.00	§ 500.00
5. If over \$100.00 cumulative, please provide: Occupation PROGRAMMER Employer UNIVERSITY OF MICHIGAN Business Address 1348 KENSINGTON DR, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/25/2024 Name & Address: CAROLYN COLE-BROWN 4904 HICKORY POINTE BLVD YPSILANTI, MI 48197	<u>\$ 100.00</u>	_{\$} _150.00_
5. If over \$100.00 cumulative, please provide: Occupation HEALTHCARE Employer UNIVERSITY OF MICHIGAN Business Address 4904 HICKORY POINTE BLVD, YPSILANTI, MI 48197 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/26/2024 Name & Address ELISA GUYTON 408 WAYMARKET DR ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 169.31
5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer FRIENDS IN DEED		
Business Address 1246 KENSINGTON DR, ANN ARBOR, MI 48104 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 61 of 176	Enter this total on line 3a of Summary Page.	_

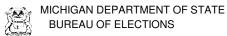


1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE 2. Committee N

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/26/2024 Name & Address: TIMOTHY BYRNES 2300 LESLIE PARK CIR ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2300 LESLIE PARK CIR, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 5.00	_{\$} 15.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/27/2024 Name & Address		
ANGELO GRAZIANO 18255 CAVANAUGH LAKE RD CHELSEA, MI 48118	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 18255 CAVANAUGH LAKE RD, CHELSEA, MI 48118 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/27/2024 Name & Address: CHRIS CARLSON 20248 LONGWOOD CT NORTHVILLE, MI 48167	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 20248 LONGWOOD CT, NORTHVILLE, MI 48167 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/27/2024 Name & Address SUSAN CARES 820 SPRING ST ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 177.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 820 SPRING ST, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 62 of 176	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE 2. Committee N

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/27/2024 Name & Address: LYNN DRICKAMER 1515 GOLDEN AVE ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 125.00
Occupation NOT EMPLOYED Business Address 1515 GOLDEN AVE, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/28/2024		
Name & Address ROSANITA RATCLIFF 2490 PINECREST AVE ANN ARBOR, MI 48104	§ 25.00	_{\$} 427.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2490 PINECREST AVE, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: BARBARA MCMULLEN 703 DUNCAN ST ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 77.00
5. If over \$100.00 cumulative, please provide:		
Occupation QA MANAGER Employer E.L.F. BEAUTY		
Business Address 315 E EISENHOWER PKWY, STE 202, ANN ARBOR, MI 48108		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/28/2024 Name & Address LAURA LEIN 1366 N HURON RIVER DR YPSILANTI, MI 48197	_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1366 N HURON RIVER DR, YPSILANTI, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	177.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 63 of 176	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/29/2024 Name & Address: ANDREW BANKA		
3291 ROSEDALE ST	FO 00	150.00
ANN ARBOR, MI 48108	_{\$} 50.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ENGINEER Employer AIRFLOW SCIENCES		
Business Address 12190 HUBBARD ST, LIVONIA, MI 48150		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/30/2024		
Name & Address		
KRISTA NORDBERG 1411 COLLEGEWOOD ST	_{\$} 50.00	350.00
YPSILANTI, MI 48197	\$ 30.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WASHTENAW HEALTH PLAN		
Business Address 555 TOWNER ST, YPSILANTI, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/30/2024 Name & Address:		
FABIANA JOHNSON		
5565 N EAGLE CT	_{\$} 100.00	_s 600.00
YPSILANTI, MI 48197	·	φ
5. If over \$100.00 cumulative, please provide:		
Occupation HEALTH ADMIN Employer UNIVERSITY OF MICHIGAN		
Business Address 3621 S STATE ST, ANN ARBOR, MI 48108		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/30/2024		
Name & Address ———————————————————————————————————		
599 LIBERTY POINTE DR	E0 00	105.00
ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 599 LIBERTY POINTE DR, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	250.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	
Page 64 of 176	line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/30/2024 Name & Address: RAE ANN WEYMOUTH 548 3RD ST ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 100.24
Occupation RETIRED Employer NOT EMPLOYED		
Business Address 548 3RD ST, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/30/2024 Name & Address		
CRISTINE F HOWE 835 ASA GRAY DR ANN ARBOR, MI 48105	_{\$} 50.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 835 ASA GRAY DR, ANN ARBOR, MI 48105		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/30/2024 Name & Address: JACQUE TUITE 2136 W WEBSTER AVE CHICAGO, IL 60647	<u>\$</u> 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation SCHOOL PSYCHOLOGIST Employer CHICAGO PUBLIC SCHOOLS Business Address 2136 W WEBSTER AVE, CHICAGO, IL 60647 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/30/2024 Name & Address VICTORIA MCAREE 8314 N WARWICK CT SUPERIOR TWP, MI 48198	_{\$} 50.00	_{\$} _150.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 8314 N WARWICK CT, SUPERIOR TWP, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	350.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) 65 176	Enter this total on line 3a of Summary	

Page 65 of 1/6

Page.



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 04/30/2024 Name & Address: VICTOR LIU 8314 N WARWICK CT YPSILANTI, MI 48198	_{\$} 50.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 8314 N WARWICK CT, SUPERIOR TWP, MI 48198 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/03/2024 Name & Address TRISCHE DUCKWORTH 1033 HAWTHORNE AVE YPSILANTI, MI 48198	_{\$} 50.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ORGANIZER Employer VALUE BLACK LIVES Business Address 1033 HAWTHORNE AVE, YPSILANTI, MI 48198 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/03/2024 VERONICA HARGENRADER 2952 EAGLES CIR YPSILANTI, MI 48197	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation CLERICAL Employer UNIVERSITY OF MICHIGAN Business Address 1500 E MEDICAL CENTER DR, ANN ARBOR, MI 48109 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/03/2024 Name & Address ERIC ROBERTS 2835 S WAGNER RD ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2835 S WAGNER RD, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 66 176	Enter this total on line 3a of Summary	-

Page of ____

Page.



CANDIDATE COMMITTEE

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

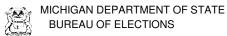
2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/04/2024 Name & Address: IVAN GUZMAN 3580 PHEASANT RUN CIRCLE DRIVE #5 ANN ARBOR, MI 48108	_{\$} 25.00	_{\$} 152.00
5. If over \$100.00 cumulative, please provide: Occupation LEGAL ASSISTANT Employer WASHTENAW COUNTY Business Address 200 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/04/2024 Name & Address KEVIN O'BRIEN 5656 BIG PINE DR YPSILANTI, MI 48197	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 5656 BIG PINE DR, YPSILANTI, MI 48197 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/04/2024 Name & Address: JANEY SILVER 2869 SEMINOLE RD ANN ARBOR, MI 48108	§ 35.00	_{\$} 35.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 2869 SEMINOLE RD, ANN ARBOR, MI 48108 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/05/2024 Name & Address WILLIAM JONES 4295 E WILLIS RD MILAN, MI 48160	_{\$} 10.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide: Occupation CONSTRUCTION Employer SELF EMPLOYED Business Address 4295 E WILLIS RD, MILAN, MI 48160		
Type of Contribution: Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of	97.00 Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/05/2024 Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	_{\$} 0.00	_{\$} 534.22
5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer PERSONAL FINANCE EDUCATION SERVICES INC. Business Address 612 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/05/2024 Name & Address PATRICIA KING 2297 LOCH HIGHLAND DR DEXTER, MI 48130	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2297 LOCH HIGHLAND DR, DEXTER, MI 48130 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/06/2024 Name & Address: TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	_{\$} 7.00	§ 355.00
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer U.S. ENVIRONMENTAL PROTECTION AGENCY Business Address 2000 TRAVERWOOD DR, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/06/2024 Name & Address JENNIFER DEVOR 2338 DICKINSON ST PHILADELPHIA, PA 19146	_{\$} 50.00	_{\$} _50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2338 DICKINSON ST, PHILADELPHIA, PA 19146 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 68 of 176	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE 2. Commi

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/06/2024 Name & Address: KEN SCOTT 213 LIVE OAK MANDEY, LA 70488 5. If over \$100.00 cumulative, please provide: Occupation PUBLIC SAFETY Employer ST TAMMANY HOSPITAL Business Address 404 TRINITY LN, MANDEVILLE, LA 70471	_{\$} 100.00	_{\$} 107.22
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/06/2024 Name & Address JOHN ERDEVIG 2475 NOTTINGHAM RD ANN ARBOR, MI 48104	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF		
Business Address 2475 NOTTINGHAM RD, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/06/2024 Name & Address: CRISTINE F HOWE 835 ASA GRAY DR ANN ARBOR, MI 48105	_{\$} 100.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 835 ASA GRAY DR, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/07/2024 Name & Address SHANLEY CARLTON 1617 MORRELL ST DETROIT, MI 48209	_{\$} 30.00	_{\$} 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR OF PARTNERSHIPS Employer CULTUREVERSE		
Business Address 309 S MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	250.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page69of176	Enter this total on line 3a of Summary Page.	



C-2022-112

CANDIDATE COMMITTEE

1. Committee I.D. Number

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/07/2024 Name & Address: REBECCA HERRIN 215 SHEFFIELD DR SALINE, MI 48176	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation TEACHER Employer JACKSON PUBLIC SCHOOLS Business Address 522 WILDWOOD AVE, JACKSON, MI 49201 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/07/2024 Name & Address JAMES HILL 175 LAWTON RD RIVERSIDE, IL 60546	_{\$} 100.00	§ 300.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 175 LAWTON RD, RIVERSIDE, IL 60546 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/07/2024 Name & Address: LEONORE GERSTEIN 807 ASA GRAY DR ANN ARBOR, MI 48105	_{\$} 27.00	_{\$} 104.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 807 ASA GRAY DR, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/07/2024 Name & Address LENA KAUFFMAN 901 CENTER DR ANN ARBOR, MI 48103	_{\$} 10.00	_{\$_} 10.00
5. If over \$100.00 cumulative, please provide: Occupation WRITER Employer SELF EMPLOYED		
Business Address 901 CENTER DR, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 70 of 176	Enter this total on line 3a of Summary Page.	-

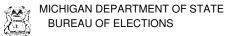


1. Committee I.D. Number

C-2022-112

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/08/2024 Name & Address: KATHERINE GRISWOLD 3565 FOX HUNT DR ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 3565 FOX HUNT DR, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 100.00	_{\$} 400.00
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/08/2024		
Name & Address BRIANNA DUNT 2280 E MICHIGAN AVE YPSILANTI, MI 48198	_{\$} 500.00	_{\$} 3,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation ACCOUNTANT Employer AAA PARTS LLC Business Address 2280 E MICHIGAN AVE, SUPERIOR TWP, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/08/2024 SUSAN ANZICEK 4952 CANYON OAKS DR BRIGHTON, MI 48114	_{\$} 27.00	_{\$} 112.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 4952 CANYON OAKS DR, BRIGHTON, MI 48114 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/08/2024 Name & Address SAVANNAH PEAK 2521 S RIDGEWAY AVE #2 CHICAGO, IL 60623 5. If over \$100.00 cumulative, please provide:	_{\$} 200.00	_{\$} 200.00
Occupation PEDICAB OPERATOR Employer SECOND CITY TUK TUKS		
Business Address 2521 S RIDGEWAY AVE, #2, CHICAGO, IL 60623 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	827.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 71 of 176	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

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

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/08/2024 Name & Address: SAVANNAH PEAK 2521 S RIDGEWAY AVE #2 CHICAGO, IL 60623 5. If over \$100.00 cumulative, please provide: Occupation PEDICAB OPERATOR Employer SECOND CITY TUK TUKS Business Address 2521 S RIDGEWAY AVE, #2, CHICAGO, IL 60623 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 27.00	_{\$} 227.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/08/2024 Name & Address GWEN HANDELMAN 300 BRIARCREST DR ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide:	_{\$} 250.00	_{\$} 250.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 300 BRIARCREST DR, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/09/2024 AARON DWORKIN 3651 BARTON FARM DR ANN ARBOR, MI 48105	_{\$} 2,000.00	_{\$} 3,775.00
5. If over \$100.00 cumulative, please provide: Occupation ARTS LEADER Employer UNIVERSITY OF MICHIGAN Business Address 3651 BARTON FARM DR, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/09/2024 Name & Address CHERYL SIBILSKY 839 BRUCE ST ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 839 BRUCE ST, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	2,377.00 Enter this total on line 3a of Summary Page.	-

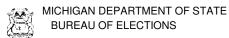


1. Committee I.D. Number

C-2022-112

EE 2. Committee Na

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/09/2024 Name & Address: KRISTINE FALLON 1169 S PLYMOUTH CT CHICAGO, IL 60605 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED	_{\$} 50.00	_{\$} 50.00
Business Address 1169 S PLYMOUTH CT, CHICAGO, IL 60605 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/09/2024 Name & Address STEVEN SCHWARTZBERG 1870 N BISSELL ST CHICAGO, IL 60614	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1870 N BISSELL ST, CHICAGO, IL 60614 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/09/2024 Name & Address: ISAAC TRONCOSO 2373 BROADWAY NEW YORK, NY 10024	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation AIDE Employer CITY OF CHICAGO Business Address 3000 N SHERIDAN RD, #7F, CHICAGO, IL 60657 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/10/2024 Name & Address RAE ANN WEYMOUTH 548 3RD ST ANN ARBOR, MI 48103	_{\$} 50.00	_{\$_} 150.24
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 548 3RD ST, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	175.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 73 of 176	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

C-2022-112

1. Committee I.D. Number

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/11/2024 Name & Address: ELIZABETH WILSON 19816 IVEY RD	54.00	_، 54.00
CHELSEA, MI 48118	_{\$} 54.00	§ 34.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 19816 IVEY RD, CHELSEA, MI 48118		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/11/2024 Name & Address		
CYNTHIA A BODEWES	400.00	
14108 E AUSTIN RD	_{\$} 100.00	_{\$} 2,027.00
MANCHESTER, MI 48158		
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMLOYED Employer NOT EMPLOYED		
Business Address 14108 E AUSTIN RD, MANCHESTER, MI 48158		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/11/2024 STEVEN SCHWARTZBERG 1870 N BISSELL ST CHICAGO, IL 60614	_{\$} 50.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1870 N BISSELL ST, CHICAGO, IL 60614		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/11/2024		
JONATHON STAUNTON 744 W GORDON TERRACE CHICAGO, IL 60613	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation ENERGY CONSULTANT Employer AECOM		
Business Address 303 E WACKER DR, CHICAGO, IL 60601		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	254.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
74 of 176	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/11/2024 Name & Address: DAVID SEMAN 1404 N MOHAWK ST CHICAGO, IL 60610	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer THE PALADIN POLITICAL GROUP Business Address 1404 N MOHAWK ST, CHICAGO, IL 60610 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/12/2024 Name & Address ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	_{\$} 8.00	_{\$} 542.22
5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer PERSONAL FINANCE EDUCATION SERVICES INC. Business Address 612 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address: TIFFANY NG 644 N 4TH AVE ANN ARBOR, MI 48104	_{\$} 10.00	_{\$} _10.00
5. If over \$100.00 cumulative, please provide: Occupation PROF Employer UNIVERSITY OF MICHIGAN Business Address 644 N 4TH AVE, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/15/2024 Name & Address ADRIANNE MADIAS 3279 BOLGOS CIR ANN ARBOR, MI 48105	_{\$} 27.00	_{\$} 84.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 3279 BOLGOS CIR, ANN ARBOR, MI 48105		
Type of Contribution: Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A	295.00	-
(Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

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

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? YES 4. Date of Receipt 05/16/2024 Name & Address: LEIGH GLAZER 1448 E CLARK RD YPSILANTI, MI 48198	_{\$} 10.00	_{\$} 167.00
5. If over \$100.00 cumulative, please provide: Occupation CUSTOMS BROKER Employer THYSSENKRUPP		
Business Address 190 S LA SALLE ST, CHICAGO, IL 60603		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/16/2024		
Name & Address IAN ROBINSON		
3435 BRENTWOOD CT	_{\$} 250.00	_{\$} 277.00
ANN ARBOR, MI 48108	Ψ	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation FACULTY Employer UNIVERSITY OF MICHIGAN		
Business Address 3435 BRENTWOOD CT, ANN ARBOR, MI 48108		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? VES 4. Date of Receipt 05/16/2024 Name & Address: PITTSFIELD INTEGRITY 151 E TEXTILE RD ANN ARBOR, MI 48108	_{\$} 4,000.00	_{\$} 4,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/17/2024 Name & Address WENDY HAWKINS 1007 WRIGHT ST APT 1	_{\$} 27.00	_{\$} 189.00
ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide:		
Occupation POLICY ANALYST Employer RAND		
Business Address 1200 S HAYES ST, ARLINGTON, VA 22202		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	4,287.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) 76 176	Enter this total on line 3a of Summary	J

Page / O of ...

Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number C-20

C-2022-112

Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/18/2024 Name & Address: CHRISTINA M HEMENWAY 2750 E DELHI RD ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide:	_{\$} 27.00	_{\$} 27.00
Occupation MOVIE DIRECTOR Employer DANCINGSTAR PRODUCTIONS Business Address 2750 E DELHI RD, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/18/2024 Name & Address RITA TURNER-SHEERIN 2304 VINEWOOD BLVD ANN ARBOR, MI 48104	_{\$} 27.00	_{\$} 277.24
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2304 VINEWOOD BLVD, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/18/2024 Name & Address: SUSAN CIOTTI 5908 QUEBEC AVE ANN ARBOR, MI 48103	_{\$} 250.00	_{\$} 2,923.14
5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE PHARMACEUTICAL Employer GATES MRI Business Address 1 KENDALL SQUARE, CAMBRIDGE, MA 02139 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/18/2024 Name & Address ANTHONY DEROSA 1358 KING GEORGE BLVD ANN ARBOR, MI 48108	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation SMALL BUSINESS OWNER Employer HEARSAY INC		
Business Address 2350 W LIBERTY ST, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 77 of 176	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/18/2024 Name & Address: MONICA COLVIN 1711 ORCHARD ST ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide: Occupation PHYSICIAN Employer MICHIGAN MEDICINE		
Business Address 1711 ORCHARD ST, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/18/2024 Name & Address LESLIE MCGRAW		
6655 JACKSON RD UNIT 831 ANN ARBOR, MI 48103	_{\$} 10.00	_{\$} 109.46
5. If over \$100.00 cumulative, please provide: Occupation SOCIAL MEDIA STRATEGIST Employer TRU STORY SUCCESS WITH LES		
Business Address 6655 JACKSON RD, UNIT 831, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/18/2024 CHRISTINA M HEMENWAY 2750 E DELHI RD ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 54.00
5. If over \$100.00 cumulative, please provide: Occupation MOVIE DIRECTOR Employer DANCINGSTAR PRODUCTIONS Business Address 2750 E DELHI RD, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/18/2024 Name & Address RITA TURNER-SHEERIN 2304 VINEWOOD BLVD ANN ARBOR, MI 48104	_{\$} 27.00	_{\$} 304.24
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2304 VINEWOOD BLVD, ANN ARBOR, MI 48104 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	91.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 78 of 176	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE 2. Cor

. Committee Name FRII

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/18/2024 Name & Address: SUSAN CIOTTI 5908 QUEBEC AVE ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 3,023.14
5. If over \$100.00 cumulative, please provide: Occupation PHARMACEUTICAL SCIENTIST Employer GATES MRI Business Address 1 KENDALL SQUARE, CAMBRIDGE, MA 02139 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/18/2024 Name & Address ANTHONY DEROSA 1358 KING GEORGE BLVD ANN ARBOR, MI 48108	_{\$} 210.00	_{\$} 260.00
5. If over \$100.00 cumulative, please provide: Occupation SMALL BUSINESS OWNER Employer HEARSAY INC		
Business Address 2350 W LIBERTY ST, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/18/2024 Name & Address: RITA TURNER-SHEERIN 2304 VINEWOOD BLVD ANN ARBOR, MI 48104	_{\$} 150.00	_{\$} 454.24
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2304 VINEWOOD BLVD, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/19/2024 Name & Address CYNTHIA A BODEWES 14108 E AUSTIN RD MANCHESTER, MI 48158	_{\$} 200.00	_{\$_} 2,227.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMLOYED Employer NOT EMPLOYED		
Business Address 14108 E AUSTIN RD, MANCHESTER, MI 48158 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	660.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/20/2024 Name & Address: ELISA GUYTON 408 WAYMARKET DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer FRIENDS IN DEED	_{\$} 333.33	_{\$} 502.64
Business Address 1246 KENSINGTON DR, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/21/2024 Name & Address DIANNE WIDZINSKI 3000 GLAZIER WAY #230 ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 3000 GLAZIER WAY, #230, ANN ARBOR, MI 48105	_{\$} 250.00	_{\$} 250.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/22/2024 Name & Address: BILAL SAEED 4961 HIDDEN BROOK LN ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Occupation MARKETING EXEC Employer DETROIT PISTONS		
Business Address 4961 HIDDEN BROOK LN, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/22/2024 Name & Address MAHDI CHERAGHCHI 2127 ANNS WAY ANN ARBOR, MI 48105	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide: Occupation PROFESSOR Employer UNIVERSITY OF MICHIGAN		
Business Address 2260 HAYWARD ST, ANN ARBOR, MI 48109 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 80 of 176	710.33 Enter this total on line 3a of Summary Page.	-

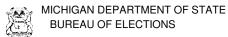


CANDIDATE COMMITTEE 2.

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

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/23/2024 Name & Address: DEJUAN BLAND 4742 MADDIE LN DEARBORN, MI 48126 5. If over \$100.00 cumulative, please provide: Occupation COMMUNITY ORGANIZER Employer MOSES	_{\$} 25.00	_{\$} 275.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/24/2024 Name & Address JOHN EATON 1606 DICKEN DR ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 1606 DICKEN DR, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/25/2024 Name & Address: SANDY CALLARD 1348 KENSINGTON DR ANN ARBOR, MI 48104	_{\$} 25.00	_{\$} 525.00
5. If over \$100.00 cumulative, please provide: Occupation PROGRAMMER Employer UNIVERSITY OF MICHIGAN Business Address 1348 KENSINGTON DR, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/25/2024 Name & Address ANNE FOWLER 2050 MCKINLEY AVE YPSILANTI, MI 48197	_{\$} 50.00	_{\$} _50.00
5. If over \$100.00 cumulative, please provide: Occupation PROGAM MANAGER Employer LEIDOS		
Business Address N PONTIAC TRAIL, COMMERCE TWP, MI 48390 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 81 of 176	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE 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? YES 4. Date of Receipt 05/26/2024 Name & Address: TIMOTHY BYRNES 2300 LESLIE PARK CIR ANN ARBOR, MI 48105	_{\$} 5.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2300 LESLIE PARK CIR, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/26/2024 Name & Address ELISA GUYTON 408 WAYMARKET DR ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 529.64
5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer FRIENDS IN DEED Business Address 1246 KENSINGTON DR, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/26/2024 Name & Address: CHRISTINE DAGER 363 SALINE RIVER DR SALINE, MI 48176	_{\$} 27.00	_{\$} 77.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 363 SALINE RIVER DR, SALINE, MI 48176 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/28/2024 Name & Address ROSANITA RATCLIFF 2490 PINECREST AVE ANN ARBOR, MI 48104	_{\$} 25.00	_{\$} 452.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2490 PINECREST AVE, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 82 176	Enter this total on line 3a of Summary	

Page of ___

Page.



1. Committee I.D. Number

C-2022-112

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/28/2024 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 ATTORNEY Employer LODL Business Address 221 N MAIN ST, ANN ARBOR, MI 48104	_	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/28/2024	_	
Name & Address ELIZABETH DUREN 1225 BALDWIN AVE ANN ARBOR, MI 48104	§ 50.00	_{\$} 754.24
5. If over \$100.00 cumulative, please provide:		
Occupation DATABASE PROGRAMMER Employer SELF Business Address 1225 BALDWIN AVE, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/28/2024		
AARON MITCHELL 21 STUYVESANT OVAL NEW YORK, NY 10009	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation PHYSICAN Employer MSKCC		
Business Address 1275 YORK AVE, NEW YORK, NY 10065 Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/28/2024	ī	
JASON DEBORD 2640 KIMBERLEY RD ANN ARBOR, MI 48104	_{\$} 30.00	_{\$_} 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation ASSOCIATE PROFESSOR Employer THE UNIVERSITY OF MICHIGA	AN	
Business Address 2640 KIMBERLEY RD, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subt	000.00	-
Grand Total of All Schedules (Complete on last page of Schedules)	ule) Enter this total on	
Page 83 of 176	line 3a of Summary Page.	

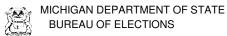


1. Committee I.D. Number

C-2022-112

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/28/2024 Name & Address: VIVIENNE ARMENTROUT 1126 LARIAT LOOP ANN ARBOR, MI 48108 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 1126 LARIAT LOOP, ANN ARBOR, MI 48108 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/29/2024 Name & Address MAJID AL-AWAR 1075 COUNTRY CLUB RD ANN ARBOR, MI 48105	_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer PINNACLE HOUSE PAINTERS Business Address 1075 COUNTRY CLUB RD, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/29/2024 DALE MAGEE 621 SUNSET RD ANN ARBOR, MI 48103	§ 50.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 621 SUNSET RD, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/29/2024 Name & Address JASON TOWLER 643 HILLSDALE ST WHITMORE LAKE, MI 48189	_{\$} 27.00	_{\$} 77.00
5. If over \$100.00 cumulative, please provide: Occupation SPECIAL EDUCATION TEACHER Employer MAQUETTE ISD Business Address 643 HILLSDALE ST, WHITMORE LAKE, MI 48189 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 84 of 176	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

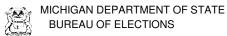
CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 05/29/2024 Name & Address: ROCHELLE IGRISAN 1430 GREENVIEW DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide:	_{\$} 27.00	_{\$} 27.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1430 GREENVIEW DR, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/30/2024 Name & Address		
JOHN WAGNER 5375 S ZEEB RD ANN ARBOR, MI 48103	§ 100.00	<u>\$ 800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation ELECTRICAL ENG Employer ON SEMICONDUCTOR		
Business Address 19500 VICTOR PKWY, SUITE 375, LIVONIA, MI 48152		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/30/2024 Name & Address: DIANE JARA 20699 HIDDEN LAKE DR GREGORY, MI 48137	\$500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 20699 HIDDEN LAKE DR, GREGORY, MI 48137 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/30/2024 Name & Address GINA STEFFEY 1711 BROADVIEW LN ANN ARBOR, MI 48105	_{\$} 200.00	_{\$} _677.00
5. If over \$100.00 cumulative, please provide: Occupation SUPERVISOR Employer WASHTENAW COUNTY JUVENILE DRUG TREATMENT COURT		
Business Address 101 E HURON ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser	T	1
Page Subtotal	827.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	J
95 176	line 3a of Summary	

Page 85 of 176

Page.



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE 2. Committee N

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/30/2024 Name & Address: CHRIS HURLBUT 2123 CASTELLO CIR	50.00	50.00 پ
ANN ARBOR, MI 48108	_{\$} 50.00	\$ 30.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2123 CASTELLO CIR, ANN ARBOR, MI 48108		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/31/2024		
Name & Address		
KRISTA NORDBERG	E0 00	400.00
1411 COLLEGEWOOD ST YPSILANTI, MI 48197	_{\$} 50.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WASHTENAW HEALTH PLAN		
Business Address 555 TOWNER ST, YPSILANTI, MI 48198		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/31/2024		
Name & Address:		
ANN DOYLE 1607 ARBORVIEW BLVD	_{\$} 50.00	_{\$} 50.00
ANN ARBOR, MI 48103	Ψ	\$ <u>00.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation PROGRAM MANAGER Employer INTERNET2		
Business Address 3520 GREEN CT, SUITE 200, ANN ARBOR, MI 48105		
Type of Contribution: Direct Loan from a person Fund Raiser	1	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/31/2024 Name & Address		
JASON DEBORD		
200 E LIBERTY ST #8045	_{\$} 27.00	° 57.00
ANN ARBOR, MI 48104	<u> </u>	\$
5. If over \$100.00 cumulative, please provide:		
Occupation ASSOCIATE PROFESSOR Employer THE UNIVERSITY OF MICHIGAN		
Business Address 500 S STATE ST, ANN ARBOR, MI 48109		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	177.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	-
Page 86 of 176	Page.	



CANDIDATE COMMITTEE 2. Committee N

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? YES 4. Date of Receipt 05/31/2024 Name & Address: CRHIS NICHOLS 3547 BURNHAM RD ANN ARBOR, MI 48108	_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation ACCOUNTING MANAGER Employer UNIVERSITY OF MICHIGAN Business Address 1000 VICTORS WAY, ANN ARBOR, MI 48108 Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/31/2024		
Name & Address WANDA RICHARDSON 15321 STRICKER AVE EASTPOINTE, MI 48021	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 15321 STRICKER AVE, EASTPOINTE, MI 48021		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/31/2024 Name & Address: LISA TENNENBAUM 4123 S PRIEUR ST NEW ORLEANS, LA 70125	_{\$} 27.00	_{\$} 77.00
5. If over \$100.00 cumulative, please provide: Occupation CONTRACTS OFFICER Employer TULANE UNIVERSITY Business Address 4123 S PRIEUR ST, NEW ORLEANS, LA 70125 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/31/2024 Name & Address VALERIE PRZYWARA 15687 SURREY LIVONIA, MI 48154	_{\$} 50.00	_{\$_} 165.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 15687 SURREY, LIVONIA, MI 48154		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	^{al} 204.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule	e)	
Page 87 of 176	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/31/2024 Name & Address: MARY BETH MICHAND 14414 EDGEWATER DR GREGORY, MI 48137	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 14414 EDGEWATER DR, GREGORY, MI 48137		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/31/2024 Name & Address		
JOSEPH SAUL 5080 ANN ARBOR-SALINE RD ANN ARBOR, MI 48103	\$ 50.00	§ 300.00
5. If over \$100.00 cumulative, please provide: Occupation PRIVACY AND SECURITY OFFICER Employer UNIVERSITY OF MICHIGAN Business Address 5080 ANN ARBOR-SALINE RD, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/31/2024 CATHERINE CAMMANN 2008 CRESTLAND DR ANN ARBOR, MI 48104	_{\$} 250.00	_{\$} 855.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2008 CRESTLAND DR, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/31/2024 Name & Address PAVEL MIKHNO 3603 CROWN CT RAPID CITY, SD 57702	_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation Senior Principal Stat Programmer Employer PAREXEL		
Business Address 2520 MERIDIAN PKWY, DURHAM, NC 27713		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	E00.00	
Grand Total of All Schedules 1A	500.00	-
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	- 9

Page 88 of 176

Page.



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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/31/2024 Name & Address: RAE ANN WEYMOUTH 548 3RD ST ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 250.24
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 548 3RD ST, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/31/2024 Name & Address AARON HENDERSON 4307 3RD ST WAYNE, MI 48184	_{\$} 100.00	_{\$} 700.00
5. If over \$100.00 cumulative, please provide: Occupation FACTORY WORKER Employer FORD MOTOR COMPANY Business Address 37625 MICHIGAN AVE, WAYNE, MI 48184 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/31/2024 Name & Address: TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	_{\$} 27.00	_{\$} 382.00
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer U.S. ENVIRONMENTAL PROTECTION AGENCY Business Address 2000 TRAVERWOOD DR, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/31/2024 Name & Address TARYN WILLIS 2361 W MILLER CIR WESTLAND, MI 48186	_{\$} 27.00	_{\$} 54.00
5. If over \$100.00 cumulative, please provide: Occupation RETAIL Employer COACH		
Business Address 2361 W MILLER CIR, WESTLAND, MI 48186 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 89 of 176	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/31/2024 Name & Address: MARY BYCE 5939 LAFAYETTE LN		0=0.04
ANN ARBOR, MI 48103	_{\$} 22.00	_{\$} 272.24
5. If over \$100.00 cumulative, please provide:		
Occupation REGISTERED NURSE Employer TRINITY HEALTH		
Business Address 5938 LAFAYETTE LN, ANN ARBOR, MI 48103		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/01/2024 Name & Address		
JOSEPHINE ROOD		
710 5TH ST	_{\$} 50.00	_s 50.00
ANN ARBOR, MI 48103		·
5. If over \$100.00 cumulative, please provide:		
Occupation CAREGIVER Employer HAZEL ROOD		
Business Address 710 5TH ST, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/01/2024 CRAIG ANNAS		
27 S HURON ST	_{\$} 1,000.00	_{\$} 1,000.00
YPSILANTI, MI 48197	т	\$
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer CREDIT SERVICES OF MICHIGAN		
Business Address 27 S HURON ST, YPSILANTI, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/01/2024 Name & Address REBECCA ARENDS		
2787 ARROWWOOD TRAIL	100.00	100.00
ANN ARBOR, MI 48105	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation LICENSED CLINICAL SOCIAL WORKER Employer EXCELSIOR MASSAGE THERAPY		
Business Address 2787 ARROWWOOD TRAIL, ANN ARBOR, MI 48105		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,172.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
90 of 176	Enter this total on line 3a of Summary	



C-2022-112

2. Committee Name

1. Committee I.D. Number

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/02/2024 Name & Address: ELIZABETH DUREN 1225 BALDWIN AVE ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation DATABASE PROGRAMMER Employer SELF Business Address 1225 BALDWIN AVE, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 100.00	_{\$} 854.24
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/02/2024 Name & Address		
RITA TURNER-SHEERIN 2304 VINEWOOD BLVD ANN ARBOR, MI 48104	_{\$} 27.00	_{\$} 481.24
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2304 VINEWOOD BLVD, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/02/2024 Name & Address: REBECCA HATTON 2035 SUFFOLK AVE ANN ARBOR, MI 48103	\$500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation PSYCHOLOGIST Employer SELF EMPLOYED Business Address 2035 SUFFOLK AVE, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/03/2024 Name & Address JENNIFER CORNELL 1402 W WASHINGTON ST ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 222.00
5. If over \$100.00 cumulative, please provide: Occupation CEO Employer ANN ARBOR ART ASSOCIATION		
Business Address 1402 W WASHINGTON ST, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 91 of 176	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/03/2024 Name & Address: LAURA SANDERS 11774 QUIGLEY RD DEXTER, MI 48130 5. If over \$100.00 cumulative, please provide:	_{\$} 54.00	_{\$} 54.00
Occupation THERAPIST Employer SELF EMPLOYED Business Address 11774 QUIGLEY RD, DEXTER, MI 48130 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/03/2024 Name & Address PITTSFIELD INTEGRITY 151 E TEXTILE RD ANN ARBOR, MI 48108 5. If over \$100.00 cumulative, please provide:	_{\$} 3,000.00	_{\$} 7,000.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/03/2024 MANISH MARZETTI 1911 MILLER AVE ANN ARBOR, MI 48103	<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation PASTOR Employer FIRST UNITARIAN UNIVERSALIST CONGREGATION OF ANN A		
Business Address 4001 ANN ARBOR-SALINE RD, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/03/2024 Name & Address DEBORAH MADDOX 2229 HILLDALE DR ANN ARBOR, MI 48105	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 2229 HILLDALE DR, ANN ARBOR, MI 48105		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3,254.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 92 of 176	Page.	



CANDIDATE COMMITTEE

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

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? YES 4. Date of Receipt 06/03/2024 Name & Address: WASHTENAW CITIZENS FOR ACCOUNTABILITY 812 CHARLES ST YPSILANTI, MI 48198	_{\$} 8,325.00	_{\$} 8,325.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/04/2024 Name & Address IVAN GUZMAN 3580 PHEASANT RUN CIRCLE DRIVE #5 ANN ARBOR, MI 48108	_{\$} 25.00	_{\$} 177.00
5. If over \$100.00 cumulative, please provide: Occupation LEGAL ASSISTANT Employer WASHTENAW COUNTY Business Address 200 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/04/2024 Name & Address: LAUREN SARGENT 2815 EMBER WAY ANN ARBOR, MI 48104	_{\$} 27.00	_{\$} 312.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2815 EMBER WAY, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/04/2024 Name & Address RYAN YAPLE 1007 E SUMMERFIELD GLEN CIR ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT SELF EMPLOYED Business Address 7535 JACKSON RD, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	8,477.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	J

Page 93 of 176

Page.



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/04/2024 Name & Address: GEORGE TSEBELIS 2920 GLAZIER WAY ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 200.00
Occupation PROFESSOR Employer UNIVERSITY OF MICHIGAN Business Address 500 S STATE ST, ANN ARBOR, MI 48109		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/04/2024 Name & Address DANIEL ATKINS 2003 MARRA DR ANN ARBOR, MI 48103	\$ 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2003 MARRA DR, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/04/2024 Name & Address: KATHLEEN BRANT 2534 ROSELAND DR ANN ARBOR, MI 48103	<u>\$ 100.00</u>	_{\$} _100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2534 ROSELAND DR, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/04/2024 Name & Address TIMOTHY JOHNSON 200 RIVERVIEW DR ANN ARBOR, MI 48104	_{\$} 50.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide: Occupation PROFESSOR Employer UNIVERSITY OF MICHIGAN Business Address 1500 E MEDICAL CENTER DR, ANN ARBOR, MI 48109 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	500.00 Enter this total on line 3a of Summary	-

Page 94 of 1/6

Page.



C-2022-112

2. Committee Name

1. Committee I.D. Number

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/04/2024 Name & Address: SUSAN SCHREIBER 338 ROCK CREEK CT ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 100.00
Occupation NOT EMPLOYED Business Address Type of Contribution: NOT EMPLOYED Employer NOT EMPLOYED Loan from a person Fund Raiser	,	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/04/2024 Name & Address SPENCER THOMAS 1108 BUICK AVENUE YPSILANTI, MI 48198	_{\$} 27.00	_{\$} 277.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 1108 BUICK AVE, YPSILANTI, MI 48198 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/04/2024 Name & Address: HARVEY SOMERS 2129 AUTUMN HILL DR ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 553.24
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2129 AUTUMN HILL DR, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/04/2024 Name & Address CYNTHIA LEMPERT 325 ORCHARD HILLS DR ANN ARBOR, MI 48104	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 325 ORCHARD HILLS DR, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

2. Committee Name

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



2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/05/2024 Name & Address: ANNE BANNISTER 612 N MAIN ST ANN ARBOR, MI 48104	_{\$} 5.00	_{\$} 547.22
5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer PERSONAL FINANCE EDUCATION SERVICES INC.		
Business Address 612 N MAIN ST, ANN ARBOR, MI 48104		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/05/2024		
Name & Address		
ANDREW BANKA	100.00	050.00
3291 ROSEDALE ST ANN ARBOR, MI 48108	\$ 100.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer AIRFLOW SCIENCES		
Business Address 12190 HUBBARD ST, LIVONIA, MI 48150		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/05/2024 Name & Address: JIM RUSSO 3625 MEADOW GROVE TRAIL ANN ARBOR, MI 48108	_{\$} 27.00	_{\$_} 77.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 3625 MEADOW GROVE TRAIL, ANN ARBOR, MI 48108		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/05/2024 Name & Address MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation WRITER/FARMER Employer VERDANDE/MICHELLE DEATRICK		
Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	232.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	232.00	-



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE

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



1. Committee I.D. Number

C-2022-112

2. Committee Na

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



CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address: VICTOR LIU 8314 N WARWICK CT YPSILANTI, MI 48198	_{\$} 50.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 8314 N WARWICK CT, SUPERIOR TWP, MI 48198 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address VICTORIA MCAREE 8314 N WARWICK CT SUPERIOR TWP, MI 48198	\$ 50.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 8314 N WARWICK CT, SUPERIOR TWP, MI 48198		
Type of Contribution:		_
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/06/2024 BRIAN SCHICK 4975 SYCAMORE DR YPSILANTI, MI 48197	<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation TECHNICAL WRITER Employer DOMINO'S		
Business Address 4975 SYCAMORE DR, YPSILANTI, MI 48197 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address CRISTINE F HOWE 835 ASA GRAY DR ANN ARBOR, MI 48105	_{\$} 100.00	_{\$} 550.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 835 ASA GRAY DR, ANN ARBOR, MI 48105		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	300.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Farmable to 1	J
100 176 Page of	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE

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 all contributions regardless of amount.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address: SUE HADDEN		
1730 IVYWOOD DR	27.00	_{\$} 82.00
ANN ARBOR, MI 48103	_{\$} 27.00	§ 02.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED	_	
Business Address 1730 IVYWOOD DRIVE, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2024	<u> </u>	
Name & Address LISA QUERIJERO		
2492 OAKDALE DR	_{\$} 27.00	_{\$} 27.00
ANN ARBOR, MI 48108	\$ <u></u> 27.00	\$ = 7 :00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2492 OAKDALE DR, ANN ARBOR, MI 48108		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/06/2024		
Name & Address:		
2815 EMBER WAY	_{\$} 27.00	_{\$} 339.00
ANN ARBOR, MI 48104	<u> </u>	\$ <u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2815 EMBER WAY, ANN ARBOR, MI 48104		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/06/2024		-
Name & Address ———————————————————————————————————	<u> </u>	
ROSA MANTILLA 2150 PAULINE BLVD	07.00	07.00
APT #202	_{\$} 27.00	_{\$} 27.00
ANN ARBOR, MI 48103		*
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2150 PAULINE BLVD, APT #202, ANN ARBOR, MI 48103		
Type of Contribution:		
Page Subf	total 108.00	
Grand Total of All Schedules		
(Complete on last page of Sched	Enter this total on	J
101 176 Pageof	line 3a of Summary Page.	



CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address: KATHERINE GRISWOLD 3565 FOX HUNT DR ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED	_{\$} 100.00	_{\$} 500.00
Business Address Type of Contribution: State Contribution Contribution		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address SUSAN CAIN 600 W HURON ST APT #426 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 600 W HURON ST, APT #426, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 27.00	_{\$} 27.00
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/06/2024 MINNIE BLUHM 2930 HEATHER WAY ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 100.00
Occupation PROFESSOR Employer EMU Business Address 900 OAKWOOD ST, YPSILANTI, MI 48197 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address SUSAN CIOTTI 5908 QUEBEC AVE ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 3,123.14
5. If over \$100.00 cumulative, please provide: Occupation PHARMACEUTICAL SCIENTIST Employer GATES MRI Business Address 5908 QUEBEC AVE, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 102 176	Enter this total on line 3a of Summary	



Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address: ANDY LEVIN 6015 DARRAMOOR RD BLOOMFIELD HILLS, MI 48301 5. If over \$100.00 cumulative, please provide:	_{\$} 500.00	_{\$} 1,000.00
Occupation CONSULTANT Employer SELF Business Address 6015 DARRAMOOR RD, BLOOMFIELD HILLS, MI 48301		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address KERRI COVEY 3090 GOLFSIDE RD YPSILANTI, MI 48197	_{\$} 50.00	_{\$} _160.00
5. If over \$100.00 cumulative, please provide: Occupation SENIOR DIRECTOR OF DEVELOPMENT Employer ICIRR		
Business Address 3090 GOLFSIDE RD, YPSILANTI, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address: BOB KING 300 S REVENA BLVD ANN ARBOR, MI 48103	_{\$} 250.00	_{\$} 650.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 300 S REVENA BLVD, ANN ARBOR, MI 48103		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address DESIRAE SIMMONS 407 CHARLES ST YPSILANTI, MI 48198	_{\$} 15.00	_{\$_} 242.00
5. If over \$100.00 cumulative, please provide: Occupation NONPROFIT MANAGER Employer INTERFAITH COUNCIL FOR PEACE AND JUSTICE		
Business Address 1414 HILL ST, ANN ARBOR, MI 48104 Type of Contribution: Loan from a person Fund Raiser		
	815.00 Enter this total on line 3a of Summary Page.	



2. Committee Name

middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address: WILL GARCIA 743 CHRISTY AVE JACKSON, MI 49203	_{\$} 27.00	_{\$} 112.00
5. If over \$100.00 cumulative, please provide: Occupation SUSTAINABILITY COORDINATOR Employer CITY OF ANN ARBOR		
Business Address 301 E HURON ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address		
LAUREN SARGENT 2815 EMBER WAY ANN ARBOR, MI 48104	_{\$} 50.00	\$ 389.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2815 EMBER WAY, ANN ARBOR, MI 48104		
Type of Contribution:		
3. Contribution #3 Name & Address: KEVIN O'BRIEN 5656 BIG PINE DR YPSILANTI, MI 48197	_{\$} 10.00	_{\$} 37.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 5656 BIG PINE DR, YPSILANTI, MI 48197 Type of Contribution: Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/06/2024		
Name & Address KERRI COVEY 3090 GOLFSIDE RD YPSILANTI, MI 48197	_{\$} 100.00	_{\$_} 260.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONSULTANT Employer ICIRR		
Business Address 3090 GOLFSIDE RD, YPSILANTI, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	187.00	-
104 176	Enter this total on line 3a of Summary Page.	

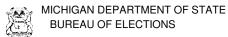


Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address: JAMES DANIEL 2769 ARROWWOOD TRAIL ANN ARBOR, MI 48105	_{\$} 30.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2769 ARROWWOOD TRAIL, ANN ARBOR, MI 48105		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2024		_
PETER HEYDON 3562 W HURON RIVER DR ANN ARBOR, MI 48103	\$ 1,500.00	_{\$_} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 3562 W HURON RIVER DR, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/07/2024 Name & Address: JENNIFER WYATT 1961 CAMP MADRON RD LOT 11 BUCHANAN, MI 49107 5. If over \$100.00 cumulative, please provide:	_{\$} 500.00	_{\$} 500.00
Occupation ACCOUNTANT Employer PRICE WATERHOUSE COOPERS		
Business Address 1961 CAMP MADRON RD, LOT 11, BUCHANAN, MI 49107		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/07/2024 Name & Address DAVID BOHNETT 9595 WILSHIRE BLVD SUITE 310 BEVERLY HILLS, CA 90212 5. If over \$100.00 cumulative, please provide:	_{\$} 500.00	_{\$} 2,500.00
Occupation INVESTOR Employer BARODA VENTURES LLC		
Business Address 9595 WILSHIRE BLVD, SUITE 310, BEVERLY HILLS, CA 90212 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	2,530.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) 105 176	Enter this total on line 3a of Summary Page.	



2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/08/2024 Name & Address: SARAH DEFLON 2418 PITTSFIELD BLVD ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide:	_{\$} 27.00	_{\$} 77.00
Occupation REGISTERED NURSE Employer MICHIGAN MEDICINE		
Business Address 1500 E MEDICAL CENTER DR, ANN ARBOR, MI 48109		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/08/2024		
Name & Address ADAM PABERZS 2765 HOLYOKE LN ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 255.44
5. If over \$100.00 cumulative, please provide:		
Occupation PUBLIC HEALTH Employer WASHTENAW COUNTY PUBLIC HEALTH		
Business Address 555 TOWNER ST, YPSILANTI, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/08/2024 Name & Address: SAMUEL FIRKE 807 HUTCHINS AVE ANN ARBOR, MI 48103	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation DATA ANALYST Employer CITY OF ANN ARBOR		
Business Address 301 E HURON ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/08/2024 Name & Address SUSAN KIELB 1731 HATCHER CRESCENT ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1731 HATCHER CRESCENT, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	404.00	
Grand Total of All Schedules 1A		-[
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	_1



CANDIDATE COMMITTEE

2. Committee Name

3. Contribution # 1	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)
Occupation FINANCIAL ADVISOR Employer SELF EMPLOYED Business Address 2128 BROCKMAN BLVD, ANN ARBOR, MI 48104 Type of Contribution: Pack Direct Loan from a person Fund Raiser 2. Centribution #2 PAC Receipt? YES 4. Date of Receipt 06/08/2024 Name & Address RODGER WOLFF 2128 BROCKMAN BLVD ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation FINANCIAL ADVISOR Employer SELF EMPLOYED Business Address 2128 BROCKMAN BLVD, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser 3. Centribution #3 PAC Receipt? YES 4. Date of Receipt 06/08/2024 Business Address: DENISE BAUER 6100 STOFER RD CHELSEA, MI 48118 5. If over \$100.00 cumulative, please provide: Occupation NURSE PRACTITIONER Employer UNIVERSITY OF MICHIGAN Business Address 5100 STOFER RD, CHELSEA, MI 48118 Type of Contribution: Direct Loan from a person Fund Raiser 3. Centribution #3 PAC Receipt? YES 4. Date of Receipt 06/09/2024 Business Address 5100 STOFER RD, CHELSEA, MI 48118 Type of Contribution: Direct Loan from a person Fund Raiser 3. Centribution #4 PAC Receipt? YES 4. Date of Receipt 06/09/2024 JESSICA RANDALL 205 E MICHIGAN AVE CLINTON, MI 49236 5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE ASSISTANT Employer EVERSIGHT Business Address 3985 RESEARCH PARK DR, ANN ARBOR, MI 48108 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Sa2.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Entiret this total on line 2a of Summany	Name & Address: RODGER WOLFF 2128 BROCKMAN BLVD	_{\$} 5.00	_{\$} 5.00
Name & Address RODGER WOLFF 2128 BROCKMAN BLVD ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation FINANCIAL ADVISOREmployer SELF EMPLOYED Business Address 2128 BROCKMAN BLVD, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/08/2024 DENISE BAUER 6100 STOFER RD CHELSEA, MI 48118 5. If over \$100.00 cumulative, please provide: Occupation NURSE PRACTITIONER Employer UNIVERSITY OF MICHIGAN Business Address 6100 STOFER RD, CHELSEA, MI 48118 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 06/09/2024 Name & Address JESSICA RANDALL 205 E MICHIGAN AVE CLINTON, MI 49236 5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE ASSISTANT Employer EVERSIGHT Business Address 3985 RESEARCH PARK DR, ANN ARBOR, MI 48108 Type of Contribution: Direct Loan from a person Fund Raiser AGrand Total of All Schedule) Enter this total on line 3a of Summary	Occupation FINANCIAL ADVISOR Employer SELF EMPLOYED Business Address 2128 BROCKMAN BLVD, ANN ARBOR, MI 48104		
Cocupation FINANCIAL ADVISOREmployer SELF EMPLOYED Business Address 2128 BROCKMAN BLVD, ANN ARBOR, MI 48104 Type of Contribution: Piret Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/08/2024 DENISE BAUER 6100 STOFER RD CHELSEA, MI 48118 5. If over \$100.00 cumulative, please provide: Cocupation NURSE PRACTITIONER Employer UNIVERSITY OF MICHIGAN Business Address 6100 STOFER RD, CHELSEA, MI 48118 Type of Contribution: Piret Loan from a person Fund Raiser 3. Contribution # PAC Receipt? YES 4. Date of Receipt 06/09/2024 Name & Address JESSICA RANDALL 205 E MICHIGAN AVE CLINTON, MI 49236 5. If over \$100.00 cumulative, please provide: Cocupation EXECUTIVE ASSISTANT Employer EVERSIGHT Business Address 3985 RESEARCH PARK DR, ANN ARBOR, MI 48108 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal S82.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Name & Address RODGER WOLFF 2128 BROCKMAN BLVD	_{\$} 250.00	_{\$} 255.00
Business Address 2128 BROCKMAN BLVD, ANN ARBOR, MI 48104 Type of Contribution: Direct			
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 Name & Address: DENISE BAUER 6100 STOFER RD CHELSEA, MI 48118 5. If over \$100.00 cumulative, please provide: Occupation NURSE PRACTITIONER Employer UNIVERSITY OF MICHIGAN Business Address 6100 STOFER RD, CHELSEA, MI 48118 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/09/2024 Name & Address JESSICA RANDALL 205 E MICHIGAN AVE CLINTON, MI 49236 5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE ASSISTANT Employer EVERSIGHT Business Address 3985 RESEARCH PARK DR, ANN ARBOR, MI 48108 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary			
Name & Address: DENISE BAUER 6100 STOFER RD CHELSEA, MI 48118 5. If over \$100.00 cumulative, please provide: Occupation NURSE PRACTITIONER Employer UNIVERSITY OF MICHIGAN Business Address 6100 STOFER RD, CHELSEA, MI 48118 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 Name & Address JESSICA RANDALL 205 E MICHIGAN AVE CLINTON, MI 49236 5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE ASSISTANT Employer EVERSIGHT Business Address 3985 RESEARCH PARK DR, ANN ARBOR, MI 48108 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary			
Occupation NURSE PRACTITIONER Employer UNIVERSITY OF MICHIGAN Business Address 6100 STOFER RD, CHELSEA, MI 48118 Type of Contribution:	Name & Address: DENISE BAUER 6100 STOFER RD	_{\$} 100.00	_{\$} _100.00
Name & Address JESSICA RANDALL 205 E MICHIGAN AVE CLINTON, MI 49236 5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE ASSISTANT Employer EVERSIGHT Business Address 3985 RESEARCH PARK DR, ANN ARBOR, MI 48108 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Occupation NURSE PRACTITIONER Employer UNIVERSITY OF MICHIGAN Business Address 6100 STOFER RD, CHELSEA, MI 48118		
Occupation EXECUTIVE ASSISTANT Employer EVERSIGHT Business Address 3985 RESEARCH PARK DR, ANN ARBOR, MI 48108 Type of Contribution: Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Name & Address JESSICA RANDALL 205 E MICHIGAN AVE	_{\$} 27.00	_{\$} _27.00
Business Address Type of Contribution: Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary			
Type of Contribution: Loan from a person Fund Raiser Page Subtotal Stand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Occupation EXECUTIVE ASSISTANT Employer EVERSIGHT		
Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary			
(Complete on last page of Schedule) Enter this total on line 3a of Summary	Page Subtotal	382.00	
Page of	(Complete on last page of Schedule) 107 176	line 3a of Summary	



1. Committee I.D. Number

C-2022-112

2. Committee Name

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



CANDIDATE COMMITTEE 2. C

Committee Name

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

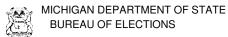


CANDIDATE COMMITTEE

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

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/10/2024 Name & Address: JERRY WALDEN 2805 OVERRIDGE DR ANN ARBOR, MI 48104	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2805 OVERRIDGE DR, ANN ARBOR, MI 48104		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/10/2024		
Name & Address CAROL GAGLIARDI 5131 PARK RD ANN ARBOR, MI 48103	\$ 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 5131 PARK RD, ANN ARBOR, MI 48103		
Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/11/2024		
3. Contribution #3 Name & Address: DOUG SCOTT 1525 HARDING RD ANN ARBOR, MI 48104	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1525 HARDING RD, ANN ARBOR, MI 48104 Type of Contribution:		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/11/2024		
Name & Address CHERYL SIBILSKY 839 BRUCE ST ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 550.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 839 BRUCE ST, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	350.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)]
110 176 Page of	Enter this total on line 3a of Summary Page.	



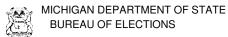
CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/12/2024 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 DIRECTOR Employer PERSONAL FINANCE EDUCATION SERVICES INC. Business Address 612 N MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address LOUISE GORENFLO 2005 PAULINE CT ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2005 PAULINE CT, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address: ALISON PRATT 5901 NORTHRIDGE CIR WATERFORD TWP, MI 48327	_{\$} 15.00	_{\$} 15.00
5. If over \$100.00 cumulative, please provide: Occupation LEGAL ASSISTANT Employer OFFIT KURMAN PA Business Address 7021 COLUMBIA GATEWAY DR, COLUMBIA, MD 21046 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address DAVID FOSTER 8608 KINGSTON CT YPSILANTI, MI 48198	_{\$} 5.00	_{\$} 55.00
5. If over \$100.00 cumulative, please provide: Occupation SOCIAL WORK FORCE DETROIT Business Address 8608 KINGSTON CT, SUPERIOR TWP, MI 48198 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 111 176 Page of	128.00 Enter this total on line 3a of Summary Page.	-



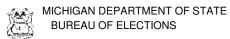
Committee Nam

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/13/2024 Name & Address: LAINIE KATZ 2790 EMBER WAY	07.00	77.00
ANN ARBOR, MI 48104	_{\$} 27.00	_{\$} 77.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2790 EMBER WAY, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/13/2024		
Name & Address MARVIN COTTON JR		
18800 FENELON ST	_{\$} 27.00	§ 107.24
DETROIT, MI 48234	\$ <u></u>	\$ <u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer BETTER NOT BROKEN LLC		
Business Address 23295 GRATIOT AVE, #409, EASTPOINTE, MI 48021		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/13/2024		
Name & Address:		
225 SOUTH ST	_{\$} 50.00	_s 100.00
APT #3 JAMAICA PLAIN, MA 02130		Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation FISCAL POLICY ANALYST Employer COMMONWEALTH OF MASSACHUSETTS		
Business Address 24 BEACON ST, BOSTON, MA 02133		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/13/2024 Name & Address		
WAYNE DRIES		
1125 HONEY RUN DR	¢40.00	. 80.00
ANN ARBOR, MI 48103	\$ 10100	\$_00.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1125 HONEY RUN DR, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	144.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	J
112 176	line 3a of Summary	



Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/13/2024 Name & Address: MARK WINE 3468 RICHARD ST ANN ARBOR, MI 48104	_{\$} 250.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer OPUS IVS Business Address 7322 NEWMAN BLVD, DEXTER, MI 48130 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/13/2024 Name & Address JOSEPH SAUL 5080 ANN ARBOR-SALINE RD ANN ARBOR, MI 48103	\$ 50.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation PRIVACY AND SECURITY OFFICER Employer UNIVERSITY OF MICHIGAN Business Address 5080 ANN ARBOR-SALINE RD, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/14/2024 Name & Address: KAREN HOLMAN 1248 RAMBLING RD YPSILANTI, MI 48198 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 505.00
Occupation EDITORIAL ASSISTANT Employer DECEMBER MAGAZINE Business Address P.O. BOX 16130, SAINT LOUIS, MO 63105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/14/2024 Name & Address ANNE FOWLER 2050 MCKINLEY AVE YPSILANTI, MI 48197	_{\$} 50.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation PROGAM MANAGER Employer LEIDOS		
Business Address 2050 MCKINLEY AVE, YPSILANTI, MI 48197 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

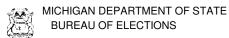
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/14/2024 Name & Address: RONALD SIMPSON 504 SUMMER BROOKE LN FAIRBURN, GA 30213 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 150.00
Occupation EX. VICE PRESIDENT Employer JUSTLEADERSHIPUSA Business Address P.O. BOX 1730, NEW YORK, NY 10037		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/14/2024		
Name & Address ALISON DIVER 600 W HURON ST #620 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide:	_{\$} 27.00	_{\$} 77.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 600 W HURON, #620, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/14/2024 Name & Address: ARCHER CHRISTIAN 8200 PINECROSS LN ANN ARBOR, MI 48103	_{\$} 150.00	_{\$} _150.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 8200 PINECROSS LN, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/14/2024 Name & Address SAM PERNICK 2769 ARROWWOOD TRAIL ANN ARBOR, MI 48105	_{\$} 150.00	_{\$} 650.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF EMPLOYED		
Business Address 2769 ARROWWOOD TRAIL, ANN ARBOR, MI 48105 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 114 176	Enter this total on line 3a of Summary	



CANDIDATE COMMITTEE 2. Commit

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/14/2024 Name & Address: MICHAEL GRIFFITH 630 DUANE CT		
ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 630 DUANE CT, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/15/2024		
Name & Address CASEY STOCKTON		
1465 C STREET	_{\$} 20.00	_{\$} 20.00
#3617 SAN DIEGO, CA 92101	φ	\$ — 0 : 0
5. If over \$100.00 cumulative, please provide:		
Occupation TEACHER Employer AFCHS		
Business Address 1465 C ST, SAN DIEGO, CA 92101		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/15/2024 Name & Address: KERRI PEPPERMAN	450.00	
1219 WESTMOORLAND ST YPSILANTI, MI 48197	§ 150.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide:		
Occupation USER EXPERIENCE ARCHITECT Employer UNIVERSITY OF MICHIGAN		
Business Address 1219 WESTMOORLAND ST, YPSILANTI, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/15/2024 Name & Address GRACE DUREN		
1225 BALDWIN AVENUE	£100.00	° 100.00
ANN ARBOR, MI 48104	§ 100.00	\$
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 1225 BALDWIN AVE, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	297.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	-



2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/16/2024 Name & Address: LEIGH GLAZER 1448 E CLARK RD YPSILANTI, MI 48198	_{\$} 10.00	_{\$} 177.00
5. If over \$100.00 cumulative, please provide: Occupation CUSTOMS BROKER Employer THYSSENKRUPP Business Address 190 S LASALLE ST, CHICAGO, IL 60603 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/16/2024 Name & Address BELAL BAYDOUN 52 E MAXLOW AVE HAZEL PARK, MI 48030	_{\$} 10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 52 E MAXLOW AVE, HAZEL PARK, MI 48030 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/16/2024 Name & Address: GINA STEFFEY 849 S GROVE ST YPSILANTI, MI 48198 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 727.00
Occupation SUPERVISOR Employer WASHTENAW COUNTY JUVENILE DRUG TREATMENT COURT Business Address 101 E HURON ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/16/2024 Name & Address EDWARD STEINMAN 621 5TH ST ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 650.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 621 5TH ST, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser	120.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS

SCHEDULE 1A	1. Committee I.D. Number _	C-2022-11	
CANDIDATE COMMITTEE	2. Committee Name FR	IENDS OF A	ALYSHIA DYER
Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: TONI KAYUMI 5851 LIMA CENTER RD MANCHESTER, MI 48158	06/16/2024	_{\$} 50.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT AND CEO Employer ANN ARBOI Business Address 400 W WASHINGTON ST, ANN ARE Type of Contribution: Direct Loan from a person			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address JOSEPH SAUL 5080 ANN ARBOR-SALINE RD ANN ARBOR, MI 48103	06/16/2024	_{\$} 50.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide: Occupation PRIVACY AND SECURITY OFFICER Employer UNIVERSITY Business Address 5080 ANN ARBOR-SALINE RD, ANN AF Type of Contribution: Direct Loan from a person			
WENDY HAWKINS 1007 WRIGHT ST APT 1	t <u>06/17/2024</u>	_{\$} 27.00	_{\$} 216.00
ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation POLICY ANALYST Employer RAND Business Address 1200 S HAYES ST, ARLINGTON, VA 22: Type of Contribution: Direct Loan from a person	202 Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt YES 4. Date of Receipt YES 4. Date of Receipt PAVID NELSON 1156 SULLIVAN DR ANN ARBOR, MI 48103	ot 06/17/2024	_{\$} 50.00	_{\$_} 50.00
5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR - TECHNICAL SUPPORT Employer CLARIVAT Business Address 789 E EISENHOWER PKWY, ANN AR			

Page Subtotal 177.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on

Fund Raiser

Loan from a person

line 3a of Summary Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number C-202

C-2022-112

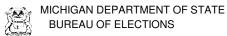
2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/18/2024 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 COMMUNITY ENGAGEMENT COORDINATOR Employer COMMUNITY LEARNING PARTNERSHIP Business Address 1660 L ST NW, WASHINGTON, DC 20036		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/2024		
Name & Address KATHLEEN BRANT 2534 ROSELAND DR ANN ARBOR, MI 48103	\$ 250.00	§ 350.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2534 ROSELAND DRIVE, ANN ARBOR, MI 48103		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/19/2024 DEBRA BERMAN 2741 HOLYOKE LN ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2741 HOLYOKE LN, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/19/2024 Name & Address ROBIN WYLIE 8710 LILLY DR YPSILANTI TWP, MI 48197	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation WEB DEVELOPER Employer UNIVERSITY OF MICHIGAN		
Business Address 8710 LILLY DR, YPSILANTI TWP, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	400.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
118 176 Pageof	line 3a of Summary Page.	



CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/19/2024 Name & Address: DONALD PROUD 4744 SAWGRASS DR E ANN ARBOR, MI 48108 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 4744 SAWGRASS DR E, ANN ARBOR, MI 48108	_{\$} 100.00	_{\$} 100.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/19/2024 Name & Address LAURA NATHAN 3005 RUMSEY DR ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 3005 RUMSEY DR, ANN ARBOR, MI 48105	\$ 100.00	_{\$} 250.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/19/2024 Name & Address: BARBARA BANET 838 HEATHER WAY ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation RETIRED Employer RETIRED Business Address 838 HEATHER WAY, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/20/2024 Name & Address MATT HAMPEL 931 LUTZ AVE ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation MANAGER Employer LOVELAND TECHNOLOGIES		
Business Address 3970 S GREENBROOKE DR SE, KENTWOOD, MI 49512 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 119 of	Enter this total on line 3a of Summary	-



1. Committee I.D. Number

C-2022-112

2. Committee Name

		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/20/2024 Name & Address: HANNAH MESA 5340 PALISADES DR SYLVANIA, OH 43560	_{\$} 50.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation PROJECT MANAGER Employer UNIVERSITY OF MICHIGAN Business Address 1415 WASHINGTON HEIGHTS, ANN ARBOR, MI 48109		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/20/2024 Name & Address TALLY CRAIG 256 LYN ANNE CT ANN ARBOR, MI 48103	\$ <u>200.00</u>	_{\$_} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 256 LYN ANNE CT, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/21/2024 Name & Address: THOMAS WEISSKOPF 305 WILTON ST ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 305 WILTON ST, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/21/2024 Name & Address BARBARA MCMULLEN 703 DUNCAN ST ANN ARBOR, MI 48103	_{\$} 50.00	_{\$_} 127.00
5. If over \$100.00 cumulative, please provide:		
Occupation QA MANAGER Employer E.L.F. BEAUTY		
Business Address 315 E EISENHOWER PKWY, STE 202, ANN ARBOR, MI 48108		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtota	350.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) 120 176 Page of		



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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/22/2024 Name & Address: MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide:	_{\$} 250.00	_{\$} 350.00
Occupation WRITER/FARMER Employer VERDANDE/MICHELLE DEATRICK Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/22/2024 Name & Address JEFFREY ELLISON 50044 GRANT ST CANTON, MI 48188 5. If over \$100.00 cumulative, please provide: Occupation LAWYER Employer SELF EMPLOYED	_{\$} 250.00	_{\$} 250.00
Business Address 50044 GRANT ST, CANTON, MI 48188 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/22/2024 Name & Address: ALISON DIVER 600 W HURON ST #620 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide:	_{\$} 27.00	_{\$} 104.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 600 W HURON ST, #620, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/23/2024 Name & Address DEJUAN BLAND 4742 MADDIE LN DEARBORN, MI 48126	_{\$} 25.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation COMMUNITY ORGANIZER Employer MOSES		
Business Address 19321 W CHICAGO, DETROIT, MI 48228 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 121 176 Page of	Enter this total on line 3a of Summary Page.	-



1. Committee I.D. Number

C-2022-112

2. Committee Name

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



CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/24/2024 Name & Address: JAMES THRALL 505 E HURON ST APT #402 ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation PHYSICIAN Employer MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION Business Address 55 FRUIT STEET, BOSTON, MA 02114 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 100.00	_{\$} 100.00
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/24/2024 Name & Address SHEL STARK 1716 IVYWOOD DR ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation MEDIATOR/ARBITRATOR_Employer_SELF EMPLOYED Business Address 1716 IVYWOOD DR, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/24/2024 Name & Address: SANDRA JERGENS 600 RIVERSTONE LN CHELSEA, MI 48118	§ 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation SOCIAL WORKER Employer SELF EMPLOYED Business Address 600 RIVERSTONE LN, CHELSEA, MI 48118 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/24/2024 Name & Address KEITH KASTELLA 14230 N LAKE RD GREGORY, MI 48137	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address 14230 N LAKE RD, GREGORY, MI 48137 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Pageof	Enter this total on line 3a of Summary Page.	



Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/25/2024 Name & Address: SANDY CALLARD 1348 KENSINGTON DR ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 550.00
Occupation PROGRAMMER Employer UNIVERSITY OF MICHIGAN Business Address 1348 KENSINGTON DR, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/25/2024 Name & Address JAMES BATES 3025 E JOY RD ANN ARBOR, MI 48105	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide: Occupation ELECTRICAL CONTRACTOR Employer SELF Business Address 5945 PLUM HOLLOW DR, APT 14, YPSILANTI, MI 48197 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/25/2024 Name & Address: JOAN NASSAUER 2769 OAKCLEFT CT ANN ARBOR, MI 48103	\$ 100.00	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation PROF Employer U MICH Business Address 500 S STATE ST, ANN ARBOR, MI 48109 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/25/2024 Name & Address MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105	_{\$} 27.00	_{\$} 377.00
5. If over \$100.00 cumulative, please provide: Occupation WRITER/FARMER Employer VERDANDE/MICHELLE DEATRICK Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 124 176	Enter this total on line 3a of Summary	



Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/25/2024 Name & Address: MATTHEW HARSHBERGER 2142 SPRING RIDGE DR ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation POLICE OFFICER Employer PITTSFIELD TOWNSHIP Business Address 2142 SPRING RIDGE DR, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/25/2024 Name & Address MARY BYCE 5939 LAFAYETTE LN ANN ARBOR, MI 48103	_{\$} 22.00	_{\$} 294.24
5. If over \$100.00 cumulative, please provide: Occupation REGISTERED NURSE Employer TRINITY HEALTH Business Address 5938 LAFAYETTE LN, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/25/2024 PATRICIA STRIHO 2355 DELAWARE DR ANN ARBOR, MI 48103	<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation PUBLIC ADJUSTER Employer SELF EMPLOYED Business Address 1905 PAULINE BLVD, SUITE 4, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/25/2024 Name & Address JOSHUA KAY 308 ARBANA DR ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation PROFESSOR Employer UNIVERSITY OF MICHIGAN		
Business Address 308 ARBANA DR, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	322.00 Enter this total on line 3a of Summary Page.	-



CANDIDATE COMMITTEE

1. Committee I.D. Number C-202

C-2022-112

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/25/2024 Name & Address: LISA LAVERTY 1710 GREGORY ST YPSILANTI, MI 48197	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide: Occupation ORGANIZER Employer AFT		
Business Address 555 NEW JERSEY AVE NW, WASHINGTON, DC 20001 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/26/2024 Name & Address ELISA GUYTON 408 WAYMARKET DR ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 556.64
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer FRIENDS IN DEED Business Address 1246 KENSINGTON DR, ANN ARBOR, MI 48104 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/26/2024 Name & Address: TIMOTHY BYRNES 2300 LESLIE PARK CIR ANN ARBOR, MI 48105	_{\$} 5.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2300 LESLIE PARK CIR, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/26/2024 Name & Address MARK HIGBEE 704 HEMPHILL ST YPSILANTI, MI 48198	_{\$} 27.00	_{\$} _127.00
5. If over \$100.00 cumulative, please provide: Occupation PROFESSOR OF HISTORY Employer EASTERN MICHIGAN UNIVERSITY		
Business Address 702 PRAY HAROLD, YPSILANTI, MI 48197 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE 2.

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/26/2024 NARDA BEAUCHAMP 7611 4TH AVE W BRADENTON, FL 34209	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 7611 4TH AVE W, BRADENTON, FL 34209 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/26/2024 Name & Address DAVID SHOUP 720 BROOKS ST ANN ARBOR, MI 48103	\$ 50.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 720 BROOKS ST, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/26/2024 Name & Address: JILL WARREN 657 W OAKRIDGE ST FERNDALE, MI 48220	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 657 W OAKRIDGE ST, FERNDALE, MI 48220 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/26/2024 Name & Address JUDY STONE 2300 PACKARD ST ANN ARBOR, MI 48104	_{\$} 10.00	_{\$} 175.00
5. If over \$100.00 cumulative, please provide: Occupation NUTRITIONIST Employer CENTER FOR FUNCTIONAL NUTRITION		
Business Address 2312 PACKARD ST, ANN ARBOR, MI 48104 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: ELIZABETH DUREN 1225 BALDWIN AVE ANN ARBOR, MI 48104	06/27/2024	_{\$} 100.00	_{\$} 954.24
5. If over \$100.00 cumulative, please provide: Occupation DATABASE PROGRAMMER Employer SELF Business Address 1225 BALDWIN AVE, ANN ARBOR,			
Type of Contribution: Direct Loan from a person 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address JEANNE MURABITO 4259 LAKE FOREST DR E ANN ARBOR, MI 48108	06/27/2024	<u>\$</u> 27.00	_{\$} 147.24
5. If over \$100.00 cumulative, please provide:	/ED		
Occupation NOT EMPLOYED Employer NOT EMPLOY			
Business Address 4259 LAKE FOREST DR E, ANN ARE	BOR, MI 48108		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: GHANA GOODWIN-DYE 2 NORFOLK TOWNE ST	06/27/2024	_{\$} 30.00	_{\$} 30.00
SOUTHFIELD, MI 48075		<u> </u>	\$ <u> </u>
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLO Business Address 2 NORFOLK TOWNE ST, SOUTHFIELD Type of Contribution: Direct Loan from a person			
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	t 06/27/2024		
JOHN CHAMBERLIN 315 2ND ST #401 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide:		_{\$} 100.00	<u>\$ 100.00</u>
Occupation NOT EMPLOYED Employer NOT EMPL	OYED		
Business Address 315 2ND ST, ANN ARBOR, MI 48			
Type of Contribution: Loan from a person	Fund Raiser		
	Page Subtotal	257.00	
	d Total of All Schedules 1A te on last page of Schedule)	Enter this total on	
128 176 Page of		line 3a of Summary Page.	



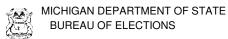
1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last nam middle initial. Check box to indicate if contribution is from a Political Committee or an Inde Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/27/Name & Address: CRAIG ANNAS 27 S HURON ST YPSILANTI, MI 48197	/2024	_{\$} 1,000.00	_{\$} 2,000.00
5. If over \$100.00 cumulative, please provide: Occupation CEO Employer CREDIT SERVICES OF Note that the sum of the sum o	MICHIGAN		
Type of Contribution: Direct Loan from a person Fund Raise	er		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/27/2	2024		
KATHERINE GRISWOLD 3565 FOX HUNT DR ANN ARBOR, MI 48105		\$ 50.00	_{\$} 550.00
5. If over \$100.00 cumulative, please provide:			
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 3565 FOX HUNT DR, ANN ARBOR, MI 4810	05		
Type of Contribution: Direct Loan from a person Fund Rais			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/27/2	2024		
LAUREN SARGENT 2815 EMBER WAY ANN ARBOR, MI 48104		_{\$} 27.00	_{\$} 416.00
5. If over \$100.00 cumulative, please provide:			
Occupation NOT EMPLOYED Employer NOT EMPLOYED			
Business Address 2815 EMBER WAY, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Rais	ser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/27/			
Name & Address MONA WALZ 805 W MIDDLE ST APT 658 CHELSEA, MI 48118 5. If over \$100.00 cumulative, please provide:		_{\$} 100.00	<u>\$ 100.00</u>
Occupation NOT EMPLOYED Employer NOT EMPLOYED			
Business Address 805 W MIDDLE ST, APT 658, CHELSEA, MI	l 48118		
Type of Contribution: Direct Loan from a person Fund Raise			
	Page Subtotal	1,177.00	
Grand Total of A (Complete on last pa		Enter this total on	
129 176 Page of		line 3a of Summary Page.	



Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/27/2024 Name & Address: CATHERINE CAMMANN 2008 CRESTLAND DR ANN ARBOR, MI 48104	_{\$} 250.00	_{\$} 1,105.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2008 CRESTLAND DR, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/27/2024		
MOE FITZSIMONS 300 S REVENA BLVD ANN ARBOR, MI 48103	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation ORGANIZER Employer SEIU		
Business Address 3031 W GRAND BLVD, DETROIT, MI 48202		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address: ANNE O'BRIEN 1320 MORNINGSIDE DR ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1320 MORNINGSIDE DR, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/27/2024 Name & Address CAROLE MCCABE 3635 E DELHI RD ANN ARBOR, MI 48103	_{\$} 0.00	_{\$_} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation SOCIAL WORKER Employer WASHTENAW LITERACY		
Business Address 5577 WHITTAKER RD, YPSILANTI, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	600.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
130 176	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/27/2024 Name & Address: KAREN HOLMAN 1248 RAMBLING RD		FFF 00
YPSILANTI, MI 48198	_{\$} 50.00	_{\$} 555.00
5. If over \$100.00 cumulative, please provide:		
Occupation EDITORIAL ASSISTANT Employer DECEMBER MAGAZINE		
Business Address P.O. BOX 16130, SAINT LOUIS, MO 63105		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/27/2024 Name & Address		
KATHRYN DOYAL		
1255 KENSINGTON DR	_{\$} 100.00	_{\$} 100.00
ANN ARBOR, MI 48104	Ψ	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 1255 KENSINGTON DR, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/27/2024 Name & Address:		
YOUSEF RABHI 1255 KENSINGTON DR	_s 100.00	_s 100.00
ANN ARBOR, MI 48104	Ψ	\$ 100100
5. If over \$100.00 cumulative, please provide:		
Occupation COUNTY COMMISSIONER Employer WASHTENAW COUNTY		
Business Address 124 N CAPITOL AVE, LANSING, MI 48933		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/27/2024 Name & Address PJ ANDERSON		
PO BOX 7648	° 100.00	£ 100.00
ANN ARBOR, MI 48107	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer REALTOR		
Business Address PO BOX 7648, ANN ARBOR, MI 48107		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	350.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	<u>-</u> ·
131 176	Page.	



CANDIDATE COMMITTEE 2. Committee Na

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/28/2024 Name & Address: ROSANITA RATCLIFF 2490 PINECREST AVE ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 477.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2490 PINECREST AVE, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/28/2024 Name & Address ROBERT HOSPADARUK 837 DUNCAN ST ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 835 DUNCAN ST, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/28/2024 Name & Address: STEPHEN BROWN 1507 SHADFORD RD ANN ARBOR, MI 48104	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 1507 SHADFORD RD, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/28/2024 Name & Address CHRISTA WILLIAMS 841 ASA GRAY DR ANN ARBOR, MI 48105	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 841 ASA GRAY DR, ANN ARBOR, MI 48105 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 132 of 176	Enter this total on line 3a of Summary	



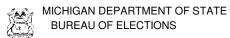
CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/28/2024 Name & Address: VIVIENNE ARMENTROUT 1126 LARIAT LOOP ANN ARBOR, MI 48108 5. If over \$100.00 cumulative, please provide:	_{\$} 27.00	_{\$} 77.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 1126 LARIAT LOOP, ANN ARBOR, MI 48108 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/28/2024 Name & Address ELENA WAKEMAN 1135 GLEN LEVEN RD ANN ARBOR, MI 48103	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation DEPUTY COURT CLERK Employer WASHTENAW COUNTY Business Address 101 E HURON ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/28/2024 PATRICIA FISHER PO BOX 7757 ANN ARBOR, MI 48107	_{\$} 27.00	_{\$} 92.22
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address PO BOX 7757, ANN ARBOR, MI 48107 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/28/2024 Name & Address AMOS IRWIN 4403 ATWICK RD BALTIMORE, MD 21210	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation PROGRAM DIRECTOR Employer LEAP Business Address 100 CUMMINGS CENTER, BEVERLY, MA 01915 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 133 of 176	Enter this total on line 3a of Summary	-



Committee Nam

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/28/2024 Name & Address: JOHN WAGNER 5375 S ZEEB RD ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 900.00
5. If over \$100.00 cumulative, please provide: Occupation ELECTRICAL ENGINEER Employer ON SEMICONDUCTOR Business Address 19500 VICTOR PKWY, SUITE 375, LIVONIA, MI 48152 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/28/2024 Name & Address PEGGY RABHI 1991 UPLAND DR ANN ARBOR, MI 48105	_{\$} 100.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation RESEARCHER Employer UNIVERSITY OF MICHIGAN Business Address 1500 E MEDICAL CENTER DR, ANN ARBOR, MI 48109 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/29/2024 Name & Address: STEPHEN GUTIERREZ 411 LINDA VISTA ST ANN ARBOR, MI 48103	§ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 411 LINDA VISTA ST, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/29/2024 Name & Address LINDA WALTENBERGER 433 WOODGROVE DR ANN ARBOR, MI 48103	_{\$} 10.00	_{\$} _10.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 433 WOODGROVE DR, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	-



1. Committee I.D. Number

C-2022-112

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/29/2024 Name & Address: MICHAEL STAEBLER 4 GEDDES HEIGHTS DR ANN ARBOR, MI 48104	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 4 GEDDES HEIGHTS DR, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/29/2024 Name & Address		
INGRID AULT 2531 MEADE CT ANN ARBOR, MI 48105	<u>\$25.00</u>	_{\$} 79.00
5. If over \$100.00 cumulative, please provide:		
Occupation GRANTS POLICY MANAGER Employer WITT O???BRIEN???S Business Address 818 TOWN AND COUNTRY BLVD, HOUSTON, TX 77024		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/29/2024		
MATTHEW COLLETTE 208 W RUSSELL ST SALINE, MI 48176	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation PROFESSOR Employer UNIVERSITY OF MCIHIGAN		
Business Address 2600 DRAPER DR, ANN ARBOR, MI 48109 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/29/2024		
BRUCE KIRCHER 2518 PROUDHON WAY CINCINNATI, OH 45239	_{\$} 50.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2518 PROUDHON WAY, CINCINNATI, OH 45239		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	425.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	J
135 176 Page of	line 3a of Summary Page.	



Committee Na

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/29/2024 Name & Address: ANN ORTH 8645 ACORNE AVE MILAN, MI 48160	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 8645 ACORNE AVE, MILAN, MI 48160 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/29/2024 Name & Address MICHELLE DEATRICK 5630 MEADOW LN	_{\$} 100.00	\$ 477.00
ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation WRITER/FARMER Employer VERDANDE/MICHELLE DEATRICK Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105	<u> </u>	Y
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/30/2024 Name & Address: KRISTA NORDBERG 1411 COLLEGEWOOD ST YPSILANTI, MI 48197	\$ 50.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WASHTENAW HEALTH PLAN Business Address 555 TOWNER ST, YPSILANTI, MI 48198 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/30/2024 Name & Address DANIELLE HOOVER 15 DIVISION ST MILAN, MI 48160	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide:		
Occupation SOCIAL WORKER Employer WASHTENAW COUNTY		
Business Address 2140 E ELLSWORTH RD, ANN ARBOR, MI 48108 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 136 of 176	Enter this total on line 3a of Summary Page.	



2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/30/2024 Name & Address: ANDREW SEILER 1961 UPLAND DR ANN ARBOR, MI 48105	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation DOCTOR Employer LIBERTY PEDIATRICS		
Business Address 3200 W LIBERTY RD, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/30/2024 Name & Address		
JANE PENDERGRASS 715 DWIGHT ST YPSILANTI, MI 48198	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide:		
Occupation TITLE UNDERWRITER Employer SELF EMPLOYED		
Business Address 715 DWIGHT ST, YPSILANTI, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/30/2024 Name & Address: JANE PENDERGRASS 715 DWIGHT ST YPSILANTI, MI 48198	_{\$} 10.00	_{\$} 37.00
5. If over \$100.00 cumulative, please provide:		
Occupation TITLE UNDERWRITER Employer SELF EMPLOYED		
Business Address 715 DWIGHT ST, YPSILANTI, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/30/2024 Name & Address BARBARA SALEM 1535 HATCHER CRESCENT ANN ARBOR, MI 48103	_§ 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide: Occupation RESEARCH DEVELOPER Employer UNIVERSITY OF MICHIGAN		
Business Address 500 S STATE ST, ANN ARBOR, MI 48109 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	157.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Entouthin total are	
137 176	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE 2. Comm

Enter contributor's name and address. If contribution is from an individual, enter last name, first middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/30/202 Name & Address: ELLEN NIELSEN 447 EXETER CT SALINE, MI 48176	24	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:			
Occupation NOT EMPLOYED Employer NOT EMPLOYED			
Business Address 447 EXETER CT, SALINE, MI 48176			
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/30/202	4		
Name & Address			
PAUL SCHUTT 218 W KINGSLEY ST		_s 250.00	_{\$} 250.00
#309		<u>\$ 230.00</u>	\$ 230.00
ANN ARBOR, MI 48103			
5. If over \$100.00 cumulative, please provide:			
Occupation EXECUTIVE Employer IMG	100		
Business Address 218 W KINGSLEY ST, #309, ANN ARBOR, MI 48	103		
Type of Contribution: U Direct Loan from a person Fund Raiser			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/30/202 Name & Address: KATHLEEN KNOL	24		
1778 SNOWBERRY RIDGE RD		_{\$} 100.00	_{\$} 100.00
ANN ARBOR, MI 48103			
5. If over \$100.00 cumulative, please provide:			
Occupation NOT EMPLOYED Employer NOT EMPLOYED			
Business Address 1778 SNOWBERRY RIDGE RD, ANN ARBOR, MI 48	103		
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/30/202	24		
ELLEN NIELSEN			
447 EXETER CT		_s 50.00	. 100.00
SALINE, MI 48176		\$00.00	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation NOT EMPLOYED Employer NOT EMPLOYED			
Business Address 447 EXETER CT, SALINE, MI 48176			
Type of Contribution: Direct Loan from a person Fund Raiser			
	ge Subtotal	450.00	
Grand Total of All Sch	nedules 1A		
(Complete on last page of		Enter this total on	J
138 176 Page of		line 3a of Summary Page.	



2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/01/2024 Name & Address: VICTOR LIU 8314 N WARWICK CT YPSILANTI, MI 48198 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 400.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 8314 N WARWICK CT, SUPERIOR TWP, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/01/2024 Name & Address		
VICTORIA MCAREE 8314 N WARWICK CT SUPERIOR TWP, MI 48198	\$ 100.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 8314 N WARWICK CT, SUPERIOR TWP, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? VES 4. Date of Receipt 07/01/2024 Name & Address: WASHTENAW CITIZENS FOR ACCOUNTABILITY 812 CHARLES ST YPSILANTI, MI 48198	_{\$} 3,776.99	_{\$} 12,101.99
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/02/2024		
Name & Address JANICE ALVADO STEWART 387 N HEWITT RD YPSILANTI, MI 48197	_{\$} 50.00	_{\$} _50.00
5. If over \$100.00 cumulative, please provide:		
Occupation STUDENT SUPPORT COORDINATOR Employer WALDORF SCHOOL		
Business Address 387 N HEWITT RD, YPSILANTI, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 139 176	4,026.99 Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE 2. Committee

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/02/2024 Name & Address: LOIS GANNON		
3050 MERRITT RD	50 00	£ 50.00
YPSILANTI, MI 48197	_{\$} 50.00	§ 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 3050 MERRITT RD, YPSILANTI, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/02/2024		
Name & Address VERONICA LAWRENCE		
14075 EDGEWATER DR	_{\$} 25.00	_{\$} 25.00
GREGORY, MI 48137	<u>\$ 20.00</u>	<u>\$ 20.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 14075 EDGEWATER DR, GREGORY, MI 48137		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/02/2024		
Name & Address:		
MARYLOU JENKINS 639 ECHO CT	_{\$} 50.00	_{\$} 50.00
SALINE, MI 48176	\$ 33.33	\$ 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 639 ECHO CT, SALINE, MI 48176		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/02/2024		
Name & Address		
SHARON SEITZ 6655 JACKSON RD		
LOT 639	_{\$} 10.00	ູ 10.00
ANN ARBOR, MI 48103	<u>*</u>	Φ
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 6655 JACKSON RD, LOT 639, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	135.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_l
140 176 Page of	line 3a of Summary Page.	



CANDIDATE COMMITTEE

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/02/2024 Name & Address: RAE ANN WEYMOUTH 548 3RD ST	100.00	_s 350.24
ANN ARBOR, MI 48103	_{\$} 100.00	§ 330.24
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 548 3RD ST, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/02/2024 Name & Address		
DAN BEDNAR		
3628 BARTON FARM DR	_{\$} 27.00	° 177.00
ANN ARBOR, MI 48105	Ψ	ф <u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation CFO Employer SLR INTERNATIONAL		
Business Address 3628 BARTON FARM DR, ANN ARBOR, MI 48105		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Name & Address:		
MATTHEW HARSHBERGER	_{\$} 100.00	600 00
2142 SPRING RIDGE DR ANN ARBOR, MI 48103	§ 100.00	_{\$} 600.00
,		
5. If over \$100.00 cumulative, please provide:		
Occupation POLICE OFFICER Employer PITTSFIELD TOWNSHIP Business Address 2142 SPRING RIDGE DR, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/05/2024		
Name & Address		
ANNE BANNISTER		
612 N MAIN ST	_{\$} 5.00	。560.22
ANN ARBOR, MI 48104	<u>*</u>	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR Employer PERSONAL FINANCE EDUCATION SERVICES INC.		
Business Address 612 N MAIN ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	232.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_1
141 176 Page of	line 3a of Summary Page.	



CANDIDATE COMMITTEE

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

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/05/2024 Name & Address: WILLIAM JONES 4295 E WILLIS RD MILAN, MI 48160	_{\$} 10.00	_{\$} 40.00
5. If over \$100.00 cumulative, please provide: Occupation CONSTRUCTION Employer SELF EMPLOYED Business Address 4295 E WILLIS RD, MILAN, MI 48160 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/05/2024 Name & Address KEYONN WHITFIELD 48636 AMERICAN ELM DR MACOMB, MI 48044	_{\$} 100.00	_{\$} 627.00
5. If over \$100.00 cumulative, please provide: Occupation POLICE OFFICER Employer STATE OF MICHIGAN Business Address 48636 AMERICAN ELM DR, MACOMB, MI 48044 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/05/2024 Name & Address: LUCAS HOLT 4254 CLOVERLANE DR YPSILANTI, MI 48197	_{\$} 10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please provide: Occupation PROGRAMMER Employer UNIVERSITY OF MICHIGAN Business Address 3003 S STATE ST, SUITE 8000, ANN ARBOR, MI 48109 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/05/2024 Name & Address HARVEY SOMERS 2129 AUTUMN HILL DR ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 653.24
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2129 AUTUMN HILL DR, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of	Enter this total on line 3a of Summary Page.	-



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/05/2024 Name & Address: JOE RIVERS 1807 N HURON RIVER DR YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide: Occupation CHEF/OWNER Employer SYLVIA NOLASCO Business Address 1807 N HURON RIVER DR, YPSILANTI, MI 48197	_{\$} 200.00	_{\$} 200.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/05/2024 Name & Address PAUL COURANT 1045 CEDAR BEND DR ANN ARBOR, MI 48105	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1045 CEDAR BEND DR, ANN ARBOR, MI 48105		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/05/2024 Name & Address: LAUREN SARGENT 2815 EMBER WAY ANN ARBOR, MI 48104	_{\$} 54.00	_{\$} 470.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2815 EMBER WAY, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	_{\$} 7.00	_{\$} 396.00
5. If over \$100.00 cumulative, please provide:		
Occupation ENGINEER U.S. ENVIRONMENTAL PROTECTION AGENCY		
Business Address 2000 TRAVERWOOD DR, ANN ARBOR, MI 48105		
Type of Contribution: Direct Loan from a person Fund Raiser		
Grand Total of All Schedules 1A (Complete on last page of Schedule) 143 176	311.00 Enter this total on line 3a of Summary	
Pageof	Page.	



C-2022-112

2. Committee Name

1. Committee I.D. Number

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address: KEVIN O'BRIEN 5656 BIG PINE DR YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED	_{\$} 10.00	_{\$} 47.00
Business Address 5656 BIG PINE DR, YPSILANTI, MI 48197 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address SUSAN CIOTTI 5908 QUEBEC AVE ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 3,223.14
5. If over \$100.00 cumulative, please provide: Occupation PHARMACEUTICAL SCIENTIST Employer GATES MRI		
Business Address 5908 QUEBEC AVE, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address: RENEE QUINN-JENNINGS 348 OHIO ST YPSILANTI, MI 48198	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide: Occupation Surgical Services ADMINISTRATION Employer HENRY FORD HEALTH Business Address 6799 W GRAND BLVD, DETROIT, MI 48209 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address ARTHUR MEISSNER SILVER MAPLES DR CHELSEA, MI 48118	_{\$} 100.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1113 SILVER MAPLES DRIVE, CHELSEA, MI 48118 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 144 176	Enter this total on line 3a of Summary	
Page of	Page.	



CANDIDATE COMMITTEE

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

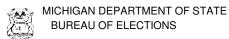
2. Committee Name

3. Contribution # 1 PAC Receipt?	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)
NOT EMPLOYED Employer NOT EMPLOYED	Name & Address: JAMES DANIEL 2769 ARROWWOOD TRAIL	_{\$} 30.00	_{\$} 105.00
Type of Contribution: Poincet Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address JEFFERY HARROLD 1393 KING GEORGE BLVD ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation PASTOR Employer NEW BEGINNINGS COMMUNITY CHURCH Business Address 4859 ELLSWORTH RD, YPSILANTI, MI 48197 Type of Contribution: Vipirect Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/06/2024 LOIS MAHARG 4730 MIDWAY DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 4730 MIDWAY DR, ANN ARBOR, MI 48103 Type of Contribution: Vipirect Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/06/2024 NOT EMPLOYED Employer NOT EMPLOYED Business Address 4730 MIDWAY DR, ANN ARBOR, MI 48103 Type of Contribution: Pirect Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address MIDWAY DR, ANN ARBOR, MI 48103 Type of Contribution: Pirect Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address MIDWAY DR, ANN ARBOR, MI 48103 Type of Contribution: Pirect Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address MIDWAY DR, ANN ARBOR, MI 48105	Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Name & Address JEFFERY HARROLD 1393 KING GEORGE BLVD ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation PASTOR Employer NEW BEGINNINGS COMMUNITY CHURCH Business Address 4859 ELLSWORTH RD, YPSILANTI, MI 48197 Type of Contribution: Past PAC Receipt? YES 4. Date of Receipt 07/06/2024 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 4730 MIDWAY DR, ANN ARBOR, MI 48103 Type of Contribution: Past Type of Contribution: Pa			
Occupation PASTOR Employer NEW BEGINNINGS COMMUNITY CHURCH Business Address 4859 ELLSWORTH RD, YPSILANTI, MI 48197 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/06/2024 LOIS MAHARG 4730 MIDWAY DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 4730 MIDWAY DR, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address MIDWAY DR, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation WRITER/FARMER Employer VERDANDE/MICHELLE DEATRICK Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105	Name & Address JEFFERY HARROLD 1393 KING GEORGE BLVD	_{\$} 27.00	_{\$_} 127.00
Business Address 4859 ELLSWORTH RD, YPSILANTI, MI 48197 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/06/2024 LOIS MAHARG 4730 MIDWAY DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 4730 MIDWAY DR, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation WRITER/FARMER Employer VERDANDE/MICHELLE DEATRICK Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105			
Type of Contribution: Piret Loan from a person Fund Raiser 3. Contribution # 3 Name & Address: LOIS MAHARG 4730 MIDWAY DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 4730 MIDWAY DR, ANN ARBOR, MI 48103 Type of Contribution: Piret Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation WRITER/FARMER Employer VERDANDE/MICHELLE DEATRICK Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105	·		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address: LOIS MAHARG 4730 MIDWAY DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 4730 MIDWAY DR, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation WRITER/FARMER Employer VERDANDE/MICHELLE DEATRICK Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105			
Name & Address: LOIS MAHARG 4730 MIDWAY DR ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 4730 MIDWAY DR, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation WRITER/FARMER Employer VERDANDE/MICHELLE DEATRICK Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105	Type of Contribution: Direct Loan from a person Fund Raiser		
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 4730 MIDWAY DR, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation WRITER/FARMER Employer VERDANDE/MICHELLE DEATRICK Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105	Name & Address: LOIS MAHARG 4730 MIDWAY DR	_{\$} 250.00	_{\$} 500.00
Business Address 4730 MIDWAY DR, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation WRITER/FARMER Employer VERDANDE/MICHELLE DEATRICK Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105			
Type of Contribution:			
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation WRITER/FARMER Employer VERDANDE/MICHELLE DEATRICK Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105			
Name & Address MICHELLE DEATRICK 5630 MEADOW LN ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation WRITER/FARMER Employer VERDANDE/MICHELLE DEATRICK Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105			
Occupation WRITER/FARMER Employer VERDANDE/MICHELLE DEATRICK Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105	Name & Address MICHELLE DEATRICK 5630 MEADOW LN	_{\$} 500.00	_{\$_} 977.00_
Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105	5. If over \$100.00 cumulative, please provide:		
	Occupation WRITER/FARMER Employer VERDANDE/MICHELLE DEATRICK		
Page Subtotal 807.00		807.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary Page.	(Complete on last page of Schedule) 145 176	Enter this total on line 3a of Summary	-



Committee Name

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



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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address: MARY CAMPBELL 17253 PENNSYLVANIA HEIGHTS DR BROWNSTOWN TWP, MI 48174 5. If over \$100.00 cumulative, please provide: Occupation IT TECH Employer WASHTENAW COUNTY	_{\$} 100.00	_{\$} 100.00
Business Address 110 N 4TH AVE, ANN ARBOR, MI 48104 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address IAN SANDLER-BOWEN 453 E MARSHALL ST FERNDALE, MI 48220 5. If over \$100.00 cumulative, please provide: Occupation DESIGN LEAD Employer WINDFALL STRATEGIES	_{\$} 27.00	_{\$} 27.00
Business Address 720 N STATE ST, CHICAGO, IL 60654 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/06/2024 Name & Address: PJ ANDERSON PO BOX 7648 ANN ARBOR, MI 48107	_{\$} 50.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer REALTOR		
Business Address PO BOX 7648, ANN ARBOR, MI 48107 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/07/2024 Name & Address RICHARD STAHLER-SHOLK 1542 SILLER TERRACE ANN ARBOR, MI 48103	_{\$} 54.00	_{\$} 104.00
5. If over \$100.00 cumulative, please provide: Occupation PROFESSOR Employer EASTERN MICHIGAN UNIVERSITY		
Business Address 601 PRAY HARROLD, YPSILANTI, MI 48197 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 147 176	Enter this total on line 3a of Summary	-



1. Committee I.D. Number

C-2022-112

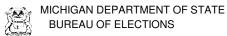
Committee Na

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/07/2024 Name & Address: LINDSEY THATCHER 818 W LIBERTY ST ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 55.00
Occupation PROJECT MANAGER Employer UNIVERSITY OF MICHIGAN		
Business Address 818 W LIBERTY ST, ANN ARBOR, MI 48103		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/07/2024 Name & Address DOUG SCOTT 1525 HARDING RD ANN ARBOR, MI 48104	_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 1525 HARDING RD, ANN ARBOR, MI 48104		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/07/2024 Name & Address: SANDY CALLARD 1348 KENSINGTON DR ANN ARBOR, MI 48104	<u>\$ 100.00</u>	_{\$} 650.00
5. If over \$100.00 cumulative, please provide:		
Occupation PROGRAMMER Employer UNIVERSITY OF MICHIGAN		
Business Address 1348 KENSINGTON DR, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/07/2024 Name & Address DONALD DEATRICK 4879 LONE OAK CT ANN ARBOR, MI 48108	_{\$} 54.00	_{\$} 54.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 4879 LONE OAK CT, ANN ARBOR, MI 48108		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	279.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
148 176 Pageof	Page.	



CANDIDATE COMMITTEE 2. Co

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/07/2024 Name & Address: KATHLEEN BRANT 2534 ROSELAND DR ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2534 ROSELAND DRIVE, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/07/2024		
Name & Address TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198	_{\$} 10.00	_{\$} 406.00
5. If over \$100.00 cumulative, please provide: U.S. ENVIRONMENTAL PROTECTION AGENCY		
Occupation ENGINEER Employer U.S. ENVIRONMENTAL PROTECTION AGENCY Business Address 2000 TRAVERWOOD DR, ANN ARBOR, MI 48105		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/07/2024 REBECCA ARENDS 2787 ARROWWOOD TRAIL ANN ARBOR, MI 48105	_{\$} 50.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation LICENSED CLINICAL SOCIAL WORKER Employer EXCELSIOR MASSAGE THERAPY Business Address 2787 ARROWWOOD TRAIL, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/07/2024 Name & Address KAITLYN MIN 1260 21ST ST NW WASHINGTON, DC 20036	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RESEARCH ASSOCIATE Employer AMERICAN BRIDGE 21ST CENTURY		
Business Address 56 PARFIELD DR, TORONTO, ON M2J 1C3 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	260.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) 149 176 Page of	Enter this total on line 3a of Summary Page.	

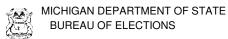


C-2022-112

2. Committee Name

1. Committee I.D. Number

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/08/2024 Name & Address: REBECCA HATTON 2035 SUFFOLK AVE ANN ARBOR, MI 48103	_{\$} 500.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation PSYCHOLOGIST Employer SELF EMPLOYED		
Business Address 2035 SUFFOLK AVE, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/08/2024	-	
Name & Address ALISON DIVER 600 W HURON ST #620 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide:	_{\$} 30.00	_{\$} 134.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 600 W HURON ST, #620, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/08/2024 NIGEL MCGUGAN 333 HILLDALE DR	_{\$} 100.00	_{\$} 100.00
ANN ARBOR, MI 48105		Ψ
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 333 HILLDALE DR, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/08/2024		
Name & Address CATHERINE DALIGGA 1530 GREGORY ST YPSILANTI, MI 48197	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide:		
Occupation TECH SUPPORT Employer TRINET		
Business Address 1 PARK PL, SUITE 600, DUBLIN, CA 94568		
Type of Contribution: Direct Loan from a person Fund Raiser	057.00	1
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	657.00	
150 176 Page of	Enter this total on line 3a of Summary Page.	



2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/08/2024 Name & Address: CRISTINE F HOWE 835 ASA GRAY DR ANN ARBOR, MI 48105	_{\$} 100.00	_{\$} 650.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 835 ASA GRAY DR, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/08/2024		
Name & Address RITA TURNER-SHEERIN 2304 VINEWOOD BLVD ANN ARBOR, MI 48104	\$ 100.00	_{\$} 581.24
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2304 VINEWOOD BLVD, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/08/2024 Name & Address: ELIZABETH GIESSNER 3053 BARCLAY WAY ANN ARBOR, MI 48105	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 3053 BARCLAY WAY, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/08/2024 Name & Address NICK MEIER 1848 3RD ST NW	07.00	07.00
WASHINGTON, DC 20001	_{\$} 27.00	_{\$_} 27.00
5. If over \$100.00 cumulative, please provide:		
Occupation COORDINATED CAMPAIGN DIRECTOR Employer MARYLAND DEMOCRATIC PARTY		
Business Address 1848 3RD ST NW, WASHINGTON, DC 20001		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A	254.00	-
(Complete on last page of Schedule) 151 176 Page of	Enter this total on line 3a of Summary Page.	J



CANDIDATE COMMITTEE 2. Comm

Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/08/2024 Name & Address: CHERYL SIBILSKY 839 BRUCE ST ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 600.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 839 BRUCE ST, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/08/2024 Name & Address CAROL JACOBSEN 2104 PAULINE BLVD #306 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation ARTIST Employer UNIVERSITY OF MICHIGAN	_{\$} 50.00	_{\$} 50.00
Business Address 500 S STATE ST, ANN ARBOR, MI 48109 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/08/2024 Name & Address: NICK MEIER 1848 3RD ST NW WASHINGTON, DC 20001	_{\$} 27.00	_{\$} 54.00
5. If over \$100.00 cumulative, please provide: Occupation COORDINATED CAMPAIGN DIRECTOR Employer MARYLAND DEMOCRATIC PARTY Business Address 1848 3RD ST NW, WASHINGTON, DC 20001 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/08/2024 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 RETIRED Employer RETIRED Business Address 3562 W HURON RIVER DR, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,127.00 Enter this total on line 3a of Summary Page.	-



CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/08/2024 Name & Address: HARRY COHEN 546 HIGHLAND RD CHELSEA, MI 48118 5. If over \$100.00 cumulative, please provide: Occupation RESTAURANT OWNER Employer BLACK PEARL	_{\$} 500.00	_{\$} 500.00
Business Address 302 S MAIN ST, ANN ARBOR, MI 48104 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address CONNOR FARRELL 919 FLORIDA AVE NW WASHINGTON, DC 20001 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Occupation CEO Business Address 1835 7TH ST NW, STE 203, WASHINGTON, DC 20001 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address: DAWN HINES 5122 GREEN KNOLLS LN ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide: Occupation MANAGEMENT Employer HINES INDUSTRIES Business Address 301 SCIO VILLAGE CT, UNIT 266, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address VICTOR LIU 8314 N WARWICK CT YPSILANTI, MI 48198	_{\$} 50.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 8314 N WARWICK CT, SUPERIOR TWP, MI 48198 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 153 of 176	Enter this total on line 3a of Summary	



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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address: VICTORIA MCAREE 8314 N WARWICK CT	50.00	350.00
SUPERIOR TWP, MI 48198	_{\$} 50.00	§ 350.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 8314 N WARWICK CT, SUPERIOR TWP, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address		
RANDI FRIEDMAN		
599 LIBERTY POINTE DR	_{\$} 35.00	_{\$} 160.00
ANN ARBOR, MI 48103		
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 599 LIBERTY POINTE DR, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/09/2024		
Name & Address: SUSAN BAITY		
202 WESTWOOD AVE	_{\$} 15.00	_s 15.00
ANN ARBOR, MI 48103		*
5. If over \$100.00 cumulative, please provide:		
Occupation WEB DESIGNER Employer SUSAN BAITY		
Business Address 202 WESTWOOD AVE, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address		
LAUREN SARGENT		
2815 EMBER WAY	_{\$} 27.00	497.00
ANN ARBOR, MI 48104	\$	\$
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2815 EMBER WAY, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	127.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_l
154 176	line 3a of Summary	



CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address: MARY BYCE 5939 LAFAYETTE LN ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 321.24
5. If over \$100.00 cumulative, please provide: Occupation REGISTERED NURSE Employer TRINITY HEALTH Business Address 5938 LAFAYETTE LN, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address BETSY CARROLL 205 VALLEY DR YPSILANTI, MI 48197	_{\$} 50.00	_{\$} 70.00
5. If over \$100.00 cumulative, please provide: Occupation GRAPHIC DESIGNER Employer TRINITY HEALTH Business Address 5301 MCAULEY DR, YPSILANTI, MI 48197 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address: JILL WARREN 657 W OAKRIDGE ST FERNDALE, MI 48220	_{\$} 27.00	_{\$} 54.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 657 W OAKRIDGE ST, FERNDALE, MI 48220 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address MIKE GATTO 3095 LAKEWOOD DR ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide: ASSOCIATE DIRECTOR OF CX X BY 2		
Occupation ASSOCIATE DIRECTOR OF CX Business Address 35055 W 12 MILE RD, FARMINGTON HILLS, MI 48331 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	204.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) 155 176 Page of	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE 2. Committee

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address: ELIZABETH HUNTER 827 BRUCE ST ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 827 BRUCE ST, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address ADAM PABERZS 2765 HOLYOKE LN ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 355.44
5. If over \$100.00 cumulative, please provide: Occupation PUBLIC HEALTH Employer WASHTENAW COUNTY PUBLIC HEALTH Business Address 810 CHARLES ST, YPSILANTI, MI 48198 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address: KATHLEEN SINGER 1352 MARLBOROUGH DR ANN ARBOR, MI 48104	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 1352 MARLBOROUGH DR, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address ROBERT JOSEPH 6563 HORNCLIFFE DR CLARKSTON VLG, MI 48346	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation DATA DIRECTOR Employer MOVEMENT LABS		
Business Address 1652 PARK RD NW, WASHINGTON, DC 20010 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Pageof	Enter this total on line 3a of Summary Page.	-



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE

Enter contributor's name and address. If commiddle initial. Check box to indicate if contributions recommittee (PAC) Report all contributions recommittee.	ibution is from a Political	-		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: ALEXANDER DEATRICK 1260 21ST ST NW WASHINGTON, DC 20036	YES 4. Date o	f Receipt	07/09/2024	_{\$} 100.00	_{\$} 350.00
5. If over \$100.00 cumulative, please pro		٨٥٢١	INIE ACENIOV		
Occupation POLITICAL CONSULTAN	Employer IHE B	ASEL	INE AGENCY		
Business Address 1835 7TH ST N	IW, WASHING I	ON, I	DC 20001		
Type of Contribution:	Loan from a person	'	Fund Raiser		
3. Contribution #2 PAC Receipt?	YES 4. Date of	f Receipt	07/09/2024		
Name & Address PHILIP BIANCO					
2125 8TH ST				_{\$} 50.00	, 177.00
DETROIT, MI 48216				Ψ	Ψ
5. If over \$100.00 cumulative, please prov					
Occupation LABOR RELATIONS REPRESENTATIVE	Employer MICHIGAN	NURS	ES ASSOCIATION		
Business Address 2310 JOLLY O					
Type of Contribution: Direct	Loan from a person	~	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: DYLAN WEGELA 6909 WHITBY ST GARDEN CITY, MI 48135	YES 4. Date of	of Receip	1 07/09/2024	_{\$} 27.00	_{\$} 27.00
,					
5. If over \$100.00 cumulative, please provocupation STATE REPRESENTATIVE		OF M	MCHIGAN		
Occupation STATE REPRESENTATIVE Business Address 6909 WHITBY ST					
Type of Contribution: Direct	Loan from a person		Fund Raiser		
3. Contribution # 4 PAC Receipt?	=		ot 07/09/2024		
Name & Address LAYLA TAHA 37426 FOUNTAIN PARK CIR #362 WESTLAND, MI 48185 5. If over \$100.00 cumulative, please pro-				§ 50.00	_{\$} 50.00
Occupation COMMUNICATIONS MANAGE	ER Employer RASHI	IDA TL	AIB FOR CONGRESS		
Business Address PO BOX 3277					
Type of Contribution: Direct	Loan from a person		Fund Raiser		
, United		<u> </u>		227.00	
		Gran	nd Total of All Schedules 1A		-
			te on last page of Schedule)	Enter this total on	J
157 176 Page of				line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address: YOUSEF RABHI 1255 KENSINGTON DR ANN ARBOR, MI 48104	_{\$} 75.00	_{\$} 175.00
5. If over \$100.00 cumulative, please provide: Occupation COUNTY COMMISSIONER Employer WASHTENAW COUNTY Business Address 124 N CAPITOL AVE, LANSING, MI 48933 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address LAUREN SARGENT 2815 EMBER WAY ANN ARBOR, MI 48104	_{\$} 75.00	_{\$} 572.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2815 EMBER WAY, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address: HARVEY SOMERS 2129 AUTUMN HILL DR ANN ARBOR, MI 48103	§ 50.00	_{\$} 703.24
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2129 AUTUMN HILL DR, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address PHILIP BIANCO 2125 8TH ST DETROIT, MI 48216	_{\$} 25.00	_{\$} 202.00
5. If over \$100.00 cumulative, please provide:		
Occupation LABOR RELATIONS REPRESENTATIVE Employer MICHIGAN NURSES ASSOCIATION		
Business Address 2310 JOLLY OAK RD, MERIDIAN TWP, MI 48864 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	225.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) 158 176 Page of	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

CANDIDATE COMMITTEE

FRIENDS OF ALYSHIA DYER 2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address: IAN SANDLER-BOWEN 453 E MARSHALL ST FERNDALE, MI 48220	_{\$} 27.00	_{\$} 54.00
5. If over \$100.00 cumulative, please provide: Occupation DESIGN LEAD Employer WINDFALL STRATEGIES Business Address 720 N STATE ST, CHICAGO, IL 60654 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address DYLAN WEGELA 6909 WHITBY ST GARDEN CITY, MI 48135	_{\$} 75.00	_{\$} 102.00
5. If over \$100.00 cumulative, please provide: Occupation STATE REPRESENTATIVE Employer STATE OF MICHIGAN		
Business Address 6909 WHITBY ST, GARDEN CITY, MI 48135 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address: RICHARD STAHLER-SHOLK 1542 SILLER TERRACE ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 154.00
5. If over \$100.00 cumulative, please provide: Occupation PROFESSOR Employer EASTERN MICHIGAN UNIVERSITY Business Address 601 PRAY HARROLD, YPSILANTI, MI 48197 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address LAYLA TAHA 37426 FOUNTAIN PARK CIR #362 WESTLAND, MI 48185 5. If over \$100.00 cumulative, please provide:	_{\$} 75.00	_{\$} 125.00
Occupation COMMUNICATIONS MANAGER Employer RASHIDA TLAIB FOR CONGRESS Business Address PO BOX 32777, DETROIT, MI 48232		
Type of Contribution: Loan from a person Fund Raiser Page Subtotal	227 00	<u> </u>
Grand Total of All Schedules 1A (Complete on last page of Schedule) 159 176 Page of	Enter this total on line 3a of Summary Page.	-



CANDIDATE COMMITTEE

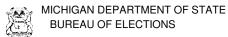
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address: JOE RIVERS 1807 N HURON RIVER DR YPSILANTI, MI 48197	_{\$} 75.00	_{\$} 275.00
5. If over \$100.00 cumulative, please provide: Occupation CHEF/OWNER Employer SYLVIA NOLASCO Business Address 1807 N HURON RIVER DR, YPSILANTI, MI 48197 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address SAM NELSON 319 W SHIAWASSEE ST LANSING, MI 48933	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide: Occupation LEGISLATIVE STAFFER Employer STATE OF MICHIGAN		
Business Address 124 N CAPITOL AVE, LANSING, MI 48933 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address: ELIZABETH GIESSNER 3053 BARCLAY WAY ANN ARBOR, MI 48105	_{\$} 100.00	_{\$} 127.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 3053 BARCLAY WAY, ANN ARBOR, MI 48105 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address DAWN HINES 5122 GREEN KNOLLS LN ANN ARBOR, MI 48103	_{\$} 75.00	_{\$} _102.00
5. If over \$100.00 cumulative, please provide:		
Occupation MANAGEMENT Employer HINES INDUSTRIES		
Business Address 301 SCIO VILLAGE CT, UNIT 266, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	277.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) 160 176 Page of	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE 2. Committee N

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

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address: RITA TURNER-SHEERIN 2304 VINEWOOD BLVD ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2304 VINEWOOD BLVD, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 75.00	_{\$} 656.24
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address BRODERICK CLAIRE 712 HEMPHILL ST YPSILANTI, MI 48198	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation HAIR STYLIST Employer SELF EMPLOYED Business Address 712 HEMPHILL ST, YPSILANTI, MI 48198 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/09/2024 Name & Address: BRUCE KIRCHER 2518 PROUDHON WAY CINCINNATI, OH 45239	§ 50.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2518 PROUDHON WAY, CINCINNATI, OH 45239 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/10/2024 Name & Address JAMES PAUL 3600 SCHMITZ RD CHELSEA, MI 48118	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 3600 SCHMITZ RD, CHELSEA, MI 48118		
Type of Contribution: Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	275.00 Enter this total on line 3a of Summary Page.	



C-2022-112

2. Committee Name

1. Committee I.D. Number

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/10/2024 Name & Address: DANIEL ATKINS 2003 MARRA DR ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2003 MARRA DR, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/10/2024		
Name & Address BRIANNA DUNT 1647 FOLEY AVE YPSILANTI, MI 48198	\$ 1,000.00	_{\$} 2,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation OFFICE MANAGER Employer AAA PARTS		
Business Address 2280 E MICHIGAN AVE, SUPERIOR TWP, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/10/2024 Name & Address: JEANNETTE JACKSON 1207 GARDNER AVE	_s 100.00	_{\$} 100.00
ANN ARBOR, MI 48104	φ	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation PROGRAM MANAGER Employer UNIVERSITY OF MICHIGAN		
Business Address 333 PACKARD ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/10/2024		
Name & Address CHRISTIAN ALVARADO 11464 MONA CT	_{\$} 30.00	. 102.00
PLYMOUTH, MI 48170	5	\$
5. If over \$100.00 cumulative, please provide: Occupation ORGANIZER DETROIT ACTION		
Business Address 11464 MONA CT, PLYMOUTH, MI 48170		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,230.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
162 176 Page of	line 3a of Summary Page.	



CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/10/2024 Name & Address: ARATI KREIBICH		
574 DOREMUS AVE GLEN ROCK, NJ 07452	_s 30.00	§ 30.00
5. If over \$100.00 cumulative, please provide:	5	Ψ
Occupation CONSULTANT Employer ARATI KREIBICH		
Business Address 574 DOREMUS AVE, GLEN ROCK, NJ 07452		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/10/2024		
Name & Address MARY HARRINGTON		
5672 ARBOR CHASE DR	. 1.000.00	_{\$} 1,000.00
ANN ARBOR, MI 48103	\$	\$ 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 5672 ARBOR CHASE DR, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/10/2024 Name & Address:		_
JERRY WALDEN	_{\$} 100.00	150.00
2805 OVERRIDGE DR ANN ARBOR, MI 48104	<u>\$ 100.00</u>	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2805 OVERRIDGE DR, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/11/2024		
Name & Address ———————————————————————————————————		
4531 SONGBIRD SPRINGS	_{\$} 27.00	, 27.00
ANN ARBOR, MI 48103	<u>\$ 27.00</u>	\$ Z1.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 4531 SONGBIRD SPRINGS, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,157.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
163 176 Page of	line 3a of Summary Page.	



CANDIDATE COMMITTEE 2. Commit

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

ommittee 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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/11/2024 Name & Address: LUCAS HOLT		
4254 CLOVERLANE DR YPSILANTI, MI 48197	_{\$} 25.00	_{\$} 35.00
5. If over \$100.00 cumulative, please provide:	<u>\$</u>	\$
Occupation PROGRAMMER Employer UNIVERSITY OF MICHIGAN		
Business Address 3003 S STATE ST, SUITE 8000, ANN ARBOR, MI 48109		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/11/2024		
Name & Address		
WILLIAM ROUSTER 466 MARION ST	_{\$} 27.00	_{\$} 27.00
YPSILANTI, MI 48197	\$ <u></u>	\$ 27.00
5. If over \$100.00 cumulative, please provide:		
Occupation INSTRUCTOR Employer OAKLAND UNIVERSITY		
Business Address 318 MEADOW BROOK RD, ROCHESTER, MI 48309		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/11/2024		
Name & Address:		
835 ASA GRAY DR	_{\$} 50.00	_{\$} 700.00
ANN ARBOR, MI 48105		Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 835 ASA GRAY DR, ANN ARBOR, MI 48105		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/11/2024 Name & Address		
MIKE SILBERMAN		
5100 JAMES AVE S MINNEAPOLIS, MN 55419	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:		Ψ
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 5100 JAMES AVE S, MINNEAPOLIS, MN 55419		
Type of Contribution: Loan from a person Fund Raiser	1	T
Page Subtotal	122.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Forton their state	J
164 176 Page of	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/12/2024 Name & Address: AARON HENDERSON 4307 3RD ST WAYNE, MI 48184	_{\$} 500.00	_{\$} 1,200.00
5. If over \$100.00 cumulative, please provide:		
Occupation FACTORY WORKER Employer FORD MOTOR COMPANY		
Business Address 37625 MICHIGAN AVE, WAYNE, MI 48184		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/12/2024		
Name & Address ANNE BANNISTER		
612 N MAIN ST	_{\$} 8.00	_{\$} 568.22
ANN ARBOR, MI 48104	Ψ	\$ <u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR Employer PERSONAL FINANCE EDUCATION SERVICES INC.		
Business Address 612 N MAIN ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/12/2024 Name & Address: COLLEEN KENNEDY		
805 CHARLES ST YPSILANTI, MI 48198	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE BROKER Employer INVESTORS REALTY GROUP		
Business Address 10 N WASHINGTON ST, #108, YPSILANTI, MI 48197		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/12/2024 Name & Address JENNIFER WYATT		
1961 CAMP MADRON RD	§500.00	, 1,000.00
LOT 11 BUCHANAN, MI 49107	\$000.00	\$_1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation ACCOUNTANT PRICE WATERHOUSE COOPERS		
Business Address 1961 CAMP MADRON RD, LOT 11, BUCHANAN, MI 49107		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,035.00	
Grand Total of All Schedules 1A	,	-
(Complete on last page of Schedule)	Enter this total on	J
165 176	line 3a of Summary	



C-2022-112

Committee Name

1. Committee I.D. Number

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/12/2024 Name & Address: FABIANA JOHNSON 5565 N EAGLE CT		
YPSILANTI, MI 48197	_{\$} 250.00	_{\$} 850.00
5. If over \$100.00 cumulative, please provide:		
Occupation HEALTH ADMIN Employer UNIVERSITY OF MICHIGAN		
Business Address 3621 S STATE ST, ANN ARBOR, MI 48108		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/12/2024 Name & Address		
JUDY BONNELL-WENZEL		
2771 BRAEBURN CIR	_{\$} 10.00	_{\$} 10.00
ANN ARBOR, MI 48108		
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2771 BRAEBURN CIR, ANN ARBOR, MI 48108		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/12/2024 Name & Address:		
GAIL ALTENBURG	400.00	
4101 THORNOAKS DR	_{\$} 100.00	_{\$} 100.00
ANN ARBOR, MI 48104		
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WASHTENAW COUNTY		
Business Address 4101 THORNOAKS DR, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/13/2024 Name & Address		
DIANE BOUIS		
1905 E STADIUM BLVD ANN ARBOR, MI 48104	_{\$} 200.00	_{\$} 770.24
,		Ψ
5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR US PROGRAM Formulation NOT EMPLOYED		
Cocupation Employer		
Business Address 1905 E STADIUM BLVD, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	560.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule)		_
	Enter this total on line 3a of Summary	
166 176 Pageof	Page.	



C-2022-112

2. Committee Name

1. Committee I.D. Number

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/13/2024 Name & Address: LARRY FRANK 3162 BOLGOS CIR ANN ARBOR, MI 48105	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 3162 BOLGOS CIR, ANN ARBOR, MI 48105 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/14/2024 Name & Address IAN ROBINSON 3435 BRENTWOOD CT ANN ARBOR, MI 48108	_{\$} 100.00	_{\$} 377.00
5. If over \$100.00 cumulative, please provide:		
Occupation FACULTY Employer UNIVERSITY OF MICHIGAN Business Address 3435 BRENTWOOD CT, ANN ARBOR, MI 48108		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/14/2024 RAE ANN WEYMOUTH 548 3RD ST ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 400.24
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 548 3RD ST, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/14/2024 Name & Address STEVEN PRZYBYLSKI 5630 MEADOW LN ANN ARBOR, MI 48105	_{\$} 125.00	_{\$} 625.00
5. If over \$100.00 cumulative, please provide:		
Occupation PRINCIPAL CONSULTANT Employer VERDANDE		
Business Address 5630 MEADOW LN, ANN ARBOR, MI 48105 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 167 176 Page Of	Enter this total on line 3a of Summary Page.	-



2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/15/2024 Name & Address: ARIKA LYCAN 1127 N CONGRESS ST YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide:	_{\$} 27.00	_{\$} 27.00
Occupation MEMBER ENGAGEMENT MANAGER Employer UNIVERSITY OF MICHIGAN		
Business Address 503 THOMPSON ST, ANN ARBOR, MI 48109		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/15/2024 Name & Address KAYLA CONRAD 309 WESLEY ST	_{\$} 100.00	_{\$} 115.00
ANN ARBOR, MI 48103	\$ <u></u>	<u>\$ 110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 309 WESLEY ST, ANN ARBOR, MI 48103		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/16/2024 Name & Address: LEIGH GLAZER 1448 E CLARK RD YPSILANTI, MI 48198	<u>\$ 10.00</u>	_{\$} 187.00
5. If over \$100.00 cumulative, please provide:		
Occupation CUSTOMS BROKER Employer THYSSENKRUPP		
Business Address 190 S LASALLE ST, CHICAGO, IL 60603		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/16/2024 Name & Address KATHERINE KAHN 515 KRAUSE ST ANN ARBOR, MI 48103	_{\$} 34.00	_{\$} 34.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 515 KRAUSE ST, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 168 176	Enter this total on line 3a of Summary	-



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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/16/2024 Name & Address: ELISA GUYTON		
408 WAYMARKET DR ANN ARBOR, MI 48103	_{\$} 34.00	§ 590.64
5. If over \$100.00 cumulative, please provide:	Ψ	<u>v</u>
Occupation NOT EMPLOYED Employer FRIENDS IN DEED		
Business Address 1246 KENSINGTON DR, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/17/2024		
Name & Address WENDY HAWKINS		
1007 WRIGHT ST	_{\$} 27.00	_{\$} 243.00
APT 1 ANN ARBOR, MI 48105	φ	\$ <u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation POLICY ANALYST Employer RAND		
Business Address 1200 S HAYES ST, ARLINGTON, VA 22202		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/17/2024 Name & Address: ROBERTA FULLER		
3020 N MAPLE RD	_{\$} 50.00	_s 50.00
ANN ARBOR, MI 48103		Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation PROFESSOR EMERITA Employer UNIVERSITY OF MICHIGAN		
Business Address 3020 N MAPLE RD, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/17/2024 Name & Address		
ELIZABETH DUREN		
1225 BALDWIN AVE ANN ARBOR, MI 48104	_{\$} 50.00	_{\$} 1,004.24
5. If over \$100.00 cumulative, please provide:		
Occupation DATABASE PROGRAMMER Employer SELF		
Business Address 1225 BALDWIN AVE, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	161.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
169 176	Enter this total on line 3a of Summary	



1. Committee I.D. Number

C-2022-112

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/17/2024 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 NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 325 ORCHARD HILLS DR, ANN ARBOR, MI 48104 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/17/2024		
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 SMALL BUSINESS OWNER Employer HEARSAY INC		
Business Address 2350 W LIBERTY ST, ANN ARBOR, MI 48103		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/17/2024 Name & Address: LAURA SANDERS 11774 QUIGLEY RD DEXTER, MI 48130	_{\$} 34.00	_{\$} 88.00
5. If over \$100.00 cumulative, please provide:		
Occupation THERAPIST Employer SELF EMPLOYED		
Business Address 11774 QUIGLEY RD, DEXTER, MI 48130		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/17/2024		
MATTHEW HARSHBERGER 2142 SPRING RIDGE DR ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 700.00
5. If over \$100.00 cumulative, please provide:		
Occupation POLICE OFFICER Employer PITTSFIELD TOWNSHIP		
Business Address 2142 SPRING RIDGE DR, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	268.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Forter this is a	
170 176 Page of	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/17/2024 Name & Address: MONICA COLVIN 1711 ORCHARD ST ANN ARBOR, MI 48103	_{\$} 34.00	_{\$} 61.00
5. If over \$100.00 cumulative, please provide: Occupation PHYSICIAN Employer MICHIGAN MEDICINE Business Address 1711 ORCHARD ST, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/17/2024 Name & Address JULIA BROWN 1934 HARMON AVE YPSILANTI, MI 48198	_{\$} 34.00	_{\$} 61.00
5. If over \$100.00 cumulative, please provide: Occupation EDUCATOR Employer JULIA BROWN		
Business Address 1934 HARMON AVE, YPSILANTI, MI 48198 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address: FELECIA TYSON-WATERS 5594 PERRYTOWN DR WEST BLOOMFIELD TOWNSHIP, MI 48322	_{\$} 34.00	_{\$} 34.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 5594 PERRYTOWN DR, WEST BLOOMFIELD TOWNSHIP, MI 48322 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address ERIC ROBERTS 2835 S WAGNER RD ANN ARBOR, MI 48103	_{\$} 34.00	_{\$} 84.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2835 S WAGNER RD, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	136.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
171 176 Page of	line 3a of Summary Page.	



CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address: ANDREW SEILER 1961 UPLAND DR ANN ARBOR, MI 48105	_{\$} 27.00	_{\$} 127.00
5. If over \$100.00 cumulative, please provide: Occupation DOCTOR Employer LIBERTY PEDIATRICS Business Address 3200 W LIBERTY RD, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address STEPHEN BROWN 1507 SHADFORD RD ANN ARBOR, MI 48104	\$50.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 1507 SHADFORD RD, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address: BRUCE KIRCHER 2518 PROUDHON WAY CINCINNATI, OH 45239	<u>\$ 100.00</u>	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 2518 PROUDHON WAY, CINCINNATI, OH 45239 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address CHRIS TEBBENS 7726 GREENE FARM DR YPSILANTI TWP, MI 48197	_{\$} 34.00	_{\$} 118.00
5. If over \$100.00 cumulative, please provide: Occupation SERVICE MANAGER Employer KLA		
Business Address 7726 GREENE FARM DR, YPSILANTI TWP, MI 48197 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 172 of	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

C-2022-112

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/19/2024 Name & Address: GINGER CHASE 560 LITTLE LAKE DR UNIT 5 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation MASSAGE THERAPIST Employer SELF EMPLOYED Business Address 560 LITTLE LAKE DR, UNIT 5, ANN ARBOR, MI 48103	_{\$} 3.00	_{\$} 53.24
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/19/2024 Name & Address TAD WYSOR 610 N MIAMI AVE YPSILANTI, MI 48198 5. If over \$100.00 cumulative, please provide:	_{\$} 10.00	_{\$} 416.00
Occupation ENGINEER Employer U.S. ENVIRONMENTAL PROTECTION AGENCY		
Business Address 2000 TRAVERWOOD DR, ANN ARBOR, MI 48105		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/19/2024 Name & Address: CHRISTINA LIRONES 151 E TEXTILE RD ANN ARBOR, MI 48108	_{\$} 100.00	_{\$} 234.22
5. If over \$100.00 cumulative, please provide:		
Occupation CAREGIVER Employer AMERICAN CARE LLC		
Business Address 1477 BALMORAL DR, DETROIT, MI 48203		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address ELAINE LANDE 577 LAKEVIEW AVE ANN ARBOR, MI 48103	_{\$} 34.00	_{\$_} 34.00
5. If over \$100.00 cumulative, please provide:		
Occupation LECTURER Employer UNIVERSITY OF MICHIGAN		
Business Address 577 LAKEVIEW AVE, ANN ARBOR, MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	147.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) 173 176	Enter this total on line 3a of Summary	
Page of	Page.	



2. Committee Name

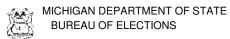
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address: LINDSEY THATCHER 818 W LIBERTY ST ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 82.00
5. If over \$100.00 cumulative, please provide: Occupation PROJECT MANAGER Employer UNIVERSITY OF MICHIGAN Business Address 818 W LIBERTY ST, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address CARRIE HATCHER-KAY 308 ARBANA DR ANN ARBOR, MI 48103	_{\$} 27.00	_{\$} 27.00
5. If over \$100.00 cumulative, please provide: Occupation PSYCHOLOGIST Employer SELF Business Address 308 ARBANA DR, ANN ARBOR, MI 48103 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address: DONALD DEATRICK 4879 LONE OAK CT ANN ARBOR, MI 48108	_{\$} 27.00	_{\$} 81.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 4879 LONE OAK CT, ANN ARBOR, MI 48108 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address TRACY ONEILL 5086 ABINGDON CIR ANN ARBOR, MI 48108	_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer FORD MOTOR COMPANY Business Address 16800 EXECUTIVE PLAZA DR, DEARBORN, MI 48126		
Type of Contribution: Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 174 176 Page of	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address: JEANNE MURABITO 4259 LAKE FOREST DR E ANN ARBOR, MI 48108	_{\$} 27.00	_{\$} 174.24
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 4259 LAKE FOREST DR E, ANN ARBOR, MI 48108 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address ELIZABETH DUREN 1225 BALDWIN AVE ANN ARBOR, MI 48104	_{\$} 50.00	_{\$} 1,054.24
5. If over \$100.00 cumulative, please provide: Occupation DATABASE PROGRAMMER Employer SELF Business Address 1225 BALDWIN AVE, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address: ANDREW SEILER 1961 UPLAND DR ANN ARBOR, MI 48105	_{\$} 34.00	_{\$} 161.00
5. If over \$100.00 cumulative, please provide: Occupation DOCTOR Employer LIBERTY PEDIATRICS Business Address 3200 W LIBERTY RD, ANN ARBOR, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address ARIKA LYCAN 1127 N CONGRESS ST YPSILANTI, MI 48197	_{\$} 34.00	_{\$} 61.00
5. If over \$100.00 cumulative, please provide: Occupation MEMBER ENGAGEMENT MANAGER Employer UNIVERSITY OF MICHIGAN Business Address 503 THOMPSON ST, ANN ARBOR, MI 48109		
Type of Contribution: Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	145.00	-
175 176 Page of	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

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

FRIENDS OF ALYSHIA DYER

	x to indicate if contr	ontribution is from an indivic ibution is from a Political Co egardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: BEN JENKINS 2649 BERNICE ANN ARBOR, M		YES 4. Date of F	Receip	ot 07/20/2024	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumu Occupation NOT EI	MPLOYED	Employer NOT EN				
Business Address 262 Type of Contribution:		Loan from a person	OR	, MI 48103 Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of F	Receip	ot		
					\$	\$
5. If over \$100.00 cumu	lative, please prov	ride:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of I	Recei	pt		
					\$	\$
5. If over \$100.00 cumu	lative, please prov	vide:			Click Here for	Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of	Rece	ipt		
					\$	\$
5. If over \$100.00 cumu	lative, please prov	/ide:			Click Here for	Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
		(0		Page Subtota and Total of All Schedules 1A ete on last page of Schedule	82.771.76	_
176 176 Page of					line 3a of Summary Page.	



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number <u>C-2022-112</u>

² Committee Name FRIENDS OF ALYSHIA DYER

CANDIDATE COMM	IITTEE 2. Committee Name 11112140001	/ \L O /	\ D L \
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 Receipt6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Ves Name & Address: PITTSFIELD INTEGRITY 151 E TEXTILE RD ANN ARBOR, MI 48108 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4.	37.72	_{\$} 7,037.72
Contribution # 2 PAC Receipt? Ves Name & Address PITTSFIELD INTEGRITY 151 E TEXTILE RD ANN ARBOR, MI 48108 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. Services Donated or Loaned Services Donated Services Purchased by Candidate or Others LOAN Description SHARE OF DOMAIN NAME REGISTRATION 5. Date Of Receipt: 06/20/2024 6. Vendor Name & Address: GODADDY 2155 E GODADDY WAY, TEMPE, AZ 85284	6.48	\$ 7,044.20
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: PITTSFIELD INTEGRITY 151 E TEXTILE RD ANN ARBOR, MI 48108 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. Endorsement or Guarantee of Bank Loan	7.39	\$ 7,061.59
	Page Subtota	61.59	0.00
	Grand Total of all Schedules 1- (Complete on last page of Schedul		

Enter this total on line 6 of Summary Page

ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number <u>C-2022-112</u>

CANDIDATE COMMITTEE

2. Committee Name FRIENDS OF ALYSHIA DYER

CANDIDATE COMIN			
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 Receipt6. Name & Address of Vendor from whom goods or services were purchased	7. Amount Fair Marke Value	
Contribution # 1 PAC Receipt? 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:	4.	53.54	_{\$} 7,115.13
Contribution # 2 PAC Receipt? 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 Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description STAMPS 5. Date Of Receipt: 07/16/2024 6. Vendor Name & Address: USPS 108 N MAPLE RD, SALINE, MI 48176	73.00	\$ 134.22
Contribution #3 PAC Receipt? Ves Name & Address: PITTSFIELD INTEGRITY 151 E TEXTILE RD ANN ARBOR, MI 48108 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4.	245.39	_{\$} 7,360.52
Fund Raiser Contribution			
	Page Subtot	al 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



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	Purpose: ADVERTISING	01/02/2024 Date	\$ <u>114.3</u> 0
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name UNBREAKABLE TOON CONSULTING Address 2150 PAULINE BLVD	Purpose: CONSULTING	01/02/2024 Date	\$ <u>500.00</u>
APT 202 ANN ARBOR, MI 48103 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name CAMPAIGN VERIFY Address 1215 31ST ST NW	Purpose: TEXTING SOFTWARE	01/02/2024 Date	\$ <u>95.00</u>
WASHINGTON, DC 20007 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name PDI Address PO BOX 59570	Purpose: SOFTWARE	01/03/2024 Date	\$ <u>250.00</u>
NORWALK, CA 90652 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name PDI Address PO BOX 59570 NORWALK, CA 90652	Purpose: SOFTWARE Check box if this expenditure is payment of	01/10/2024 Date	\$ <u>93.06</u>
Fund Raiser	debt or obligation reported on previous statement Subto	tal this page	1,052.36
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number <u>C-2022-112</u>

2 Committee Name FRIENDS OF ALYSHIA DYER

2.0	ommittee Name		
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	DATA	01/16/2024 Date	\$ 125.00
Address 555 W GRANADA BLVD ORMOND BEACH, FL 32174	Purpose: DATA	- •••	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name CARRIE RHEINGANS FOR STATE REP		01/21/2024	\$ <u>100.00</u>
Address 124 N CAPITOL AVE LANSING, MI 48933	Purpose: CARRIE RHEINGANS FOR STATE REP	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name STANFORD CAMPAIGNS		01/23/2024	\$ 7,500.00
Address 3400 OAK GROVE AVE DALLAS, TX 75204	Purpose: CAMPAIGN CONSULTING	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name NAME CHEAP		01/24/2024	\$ 6.16
Address 4600 E WASHINGTON ST PHOENIX, AZ 85034	Purpose: SOFTWARE	Date	© <u>0.10</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name USPS		01/26/2024	\$ 150.00
Address 1606 HURON ST YPSILANTI, MI 48197	Purpose: POST OFFICE BOX	Date	* <u>130.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	otal this page	7,881.16
	Grand Total of all ((Complete on last page		



1. Committee I. D. Number <u>C-2022-112</u>

FRIENDS OF ALYSHIA DYER

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name CANVA		01/26/2024	. 14.00
OANVA		Date	\$ <u>14.99</u>
Address	Purpose: GRAPHIC DESIGN	Date	
3212 E CESAR CHAVEZ ST			
AUSTIN, TX 78702			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	Statement		
		04/00/0004	
Name CHARLOTTE SMITH PHOTOGRAPHY		01/29/2024	\$ 550.00
Address	Purpose: PHOTOGRAPHY	Date	·
Address	Purpose.		
3907 E DELHI RD			
ANN ARBOR, MI 48103			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name FLICA OLIVITONI			
Name ELISA GUYTON		01/29/2024	\$ 400.00
Address	Purpose: CONSULTING	Date	100.00
408 WAYMARKET DR	ruipose		
ANN ARBOR, MI 48103			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name UNBREAKABLE TOON CONSULTING		01/29/2024	
	0010111 71110	Date	\$ 300.00
Address	Purpose: CONSULTING	Dale	
2150 PAULINE BLVD			
APT 202			
ANN ARBOR, MI 48103	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name WIX.COM		01/29/2024	
	WEDCITE		\$ 34.00
Address FOO TEDDY A EDANCOIS DIVID	Purpose: WEBSITE	Date	
500 TERRY A FRANCOIS BLVD			
FLOOR 6	Check box if this expenditure is payment of		
SAN FRANCISCO, CA 94158	debt or obligation reported on previous		
Fund Raiser	statement	•	
	Subto	otal this page	1,298.99
	Grand Total of all	Schedules 1B	
	(Complete on last page		



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	Purpose: SOFTWARE	01/30/2024 Date	\$ 24.00
601 VAN NESS AVE SAN FRANSISCO, CA 94102	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Address 366 SUMMER ST SOMERVILLE, MA 02144	Purpose: ACTBLUE FEES	01/31/2024 Date	\$ 69.83
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name TOSKR Address	Purpose: PHONE BANKING	02/01/2024 Date	\$ <u>100.00</u>
9450 SW GEMINI DR BEAVERTON, OR 97008 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name SAWARIMEDIA LLC Address 28529 RED LEAF LN SOUTHFIELD, MI 48076	DYER CAMPAIGN ART COMMITTEE FORMATION Purpose:	02/02/2024 Date	\$ <u>500.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name GOOGLE ADS	ADVEDTICING	02/02/2024	\$ 129.68
Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	Purpose: ADVERTISING Check box if this expenditure is payment of	Date	120.00
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	823.51
	Grand Total of all (Complete on last page		



FRIENDS OF ALYSHIA DYER

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name PDI		02/05/2024	. 075 00
	VOTED CONTACT	 Date	\$ <u>375.0</u> 0
Address	Purpose: VOTER CONTACT	Date	
PO BOX 59570			
NORWALK, CA 90652			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
Name CLIPPING MAGIC		02/05/2024	\$ 3.99
	Purpose: SOFTWARE	Date	<u> </u>
Address	Purpose:		
2500 SHADYWOOD RD			
EXCELSIOR, MN 55331			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name GOODMAN CAMPAIGNS		02/07/2024	¢ 656 11
	Purpose: FUNDRAISING	Date	\$ <u>656.14</u>
Address 211 E 7TH ST	Purpose: 1 ONDITATION	Dato	
AUSTIN, TX 78701			
AUSTIN, TA 70701	□		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name SWITCHBOARD		00/00/0004	
SWITCHBOAND		02/08/2024	\$ 20.49
Address	Purpose: TEXTING	Date	20110
PO BOX 33485	Fulpose.		
WASHINGTON, DC 20033			
W/101111141 011, DO 20000			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name AUBREES		02/08/2024	+ 410 E0
Address	Purpose: FUNDRAISER	Date	\$ <u>418.50</u>
8031 MAIN ST			
DEXTER, MI 48130			
,	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
		tal this :	4 474 40
	Subto	otal this page	1,474.12
	Grand Total of all	Schedules 1B	
	(Complete on last page	e of Schedule)	



1. Committee I. D. Number <u>C-2022-112</u>

2 Committee Name FRIENDS OF ALYSHIA DYER

	ommittee Name		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name RAYGUN LLC		02/14/2024	• 5 0 00
TO TO GOTT LEG	WER STORE	Date	\$ <u>50.00</u>
Address	Purpose: WEB STORE	Date	
505 È GRAND AVE			
DES MOINES, IA 50309			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	- Claterion		
		00/45/0004	
Name EMY DESHOTEL		02/15/2024	\$ 100.00
	Purpose: GRAPHIC DESIGN	Date	
Address	Purpose.		
330 CHIDESTER ST			
YPSILANTI, MI 48197			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	olatomon		
•			
Name ALL PRO COLOR		02/16/2024	\$ 548.00
Address	Purpose: PRINTING	Date	⁹ 340.00
Address 20750 CHESLEY DR	Purpose: 1 1 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
FARMINGTON, MI 48336			
TATIONING FOR THE TOTAL TH			
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name ALL PRO COLOR		00/16/0004	
ALL I IIO OOLOIT		02/16/2024	\$ 70.84
Address	Purpose: PRINTING	Date	<u> </u>
20750 CHESLEY DR			
FARMINGTON, MI 48336			
,	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name CHARLOTTE SMITH PHOTOGRAPHY			
CHARLOTTE SWITTT HOTOGRAFTTI	5110700545187	02/20/2024	\$ 325.00
Address	Purpose: PHOTOGRAPHY	Date	♥ <u>323.00</u>
3907 E DELHI RD			
ANN ARBOR, MI 48103			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	1 002 04
	Casto		1,093.84
	Grand Total of all		
	(Complete on last page	of Schedule)	



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	Purpose: DATA Check box if this expenditure is payment of	02/20/2024 Date	\$ <u>77.17</u>
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2 Name FRAISER Address 200 SPECTRUM CENTER DR IRVINE, CA 92618	Purpose: DAA	02/20/2024 Date	\$ <u>23.15</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name HAYSTAQ DNA Address 907 N ST NW	Purpose: DONATION DATA	02/21/2024 Date	\$ <u>4,050.00</u>
STE C1 WASHINGTON, DC 20001 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name UNBREAKABLE TOON STUDIOS Address 2150 PAULINE BLVD	Purpose: CONSULTING	02/21/2024 Date	\$ <u>350.00</u>
APT 202 ANN ARBOR, MI 48103 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name ALL PRO COLOR Address 20750 CHESLEY DR FARMINGTON, MI 48336	Purpose: PRINTING Check box if this expenditure is payment of debt or obligation reported on previous	02/21/2024 Date	\$ <u>45.58</u>
Fund Raiser	statement	tal this page	4,545.90
	Grand Total of all (Complete on last page		1,010.00



1. Committee I. D. Number <u>C-2022-112</u>

2. Committee Name FRIENDS OF ALYSHIA DYER

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		02/22/2024	
Name EMY DESHOTEL	CDADUIC DECICAL	02/22/2024 Date	\$ 7.00
Address 330 CHIDESTER ST	Purpose: GRAPHIC DESIGN	Date	
YPSILANTI, MI 48197			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name MAILCHIMP		02/23/2024	\$ 340.00
Address	Purpose: EMAIL	Date	
405 N ANGIER AVE NE			
ATLANTA, GA 30308			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name EMY DESHOTEL		02/23/2024	± 100 00
Address	Purpose: GRAPHC DESIGN	Date	\$ <u>100.00</u>
330 CHIDESTER ST	1 dipose		
YPSILANTI, MI 48197			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #4	statement		
Name WIX.COM			
VVIA.GOIVI		02/26/2024	\$ 34.00
Address	Purpose: WEBSITE	Date	
500 TERRY A FRANCOIS BLVD FLOOR 6			
SAN FRANCISCO, CA 94158	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	Statement		
Name CANVA		00/06/0004	
	Purpose: GRAPHIC DESIGN	02/26/2024 Date	\$ <u>14.99</u>
3212 E CESAR CHAVEZ ST	Purpose:	Date	
AUSTIN, TX 78702			
Fund Brings	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	tal this page	40E 00
			495.99
	Grand Total of all ((Complete on last page		
		· L	



2. Committee Name FRIENDS OF ALYSHIA DYER

	4 Dimenso (Pagnined Information)	I C Data	C A
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name KAPWING		02/29/2024	• 24 OO
	VIDEO SOETIMADE	Date	\$ <u>24.00</u>
Address	Purpose: VIDEO SOFTWARE	Date	
601 VAN NESS AVE			
SAN FRANSISCO, CA 94102			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	outoon		
		02/29/2024	
Name EMPOWER			\$ 10.00
Address	Purpose: SOFTWARE	Date	
PO BOX 288	1 uiposc		
MC FARLAND, WI 53558			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name ACT DILIC			
Name ACT BLUE		02/29/2024	\$ 331.41
Address	Purpose: ACT BLUE FEES	Date	<u> </u>
366 SUMMER ST	т шрозс		
SOMERVILLE, MA 02144			
, -	Check box if this expenditure is payment of		
Cond Deign	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name GOOGLE ADS		03/01/2024	
3003127130			\$ 131.68
Address	Purpose: ADVERTISING	Date	
1600 AMPHITHEATRE PKWY			
MOUNTAIN VIEW, CA 94043			
·	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name STANFORD CAMPAIGNS		00/04/0004	
OTAIN OTED OTHER FAIGURE	OAMBAION OONOU TING	03/04/2024	\$ 8,023.44
Address	Purpose: CAMPAIGN CONSULTING	Date	3,020.11
3400 OAK GROVE AVE			
DALLAS, TX 75204			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	0 500 50
	Cubio	ii iio pago	8,520.53
	Grand Total of all		
	(Complete on last page	e of Schedule)	



1. Committee I. D. Number <u>C-2022-112</u>

FRIENDS OF ALYSHIA DYER

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name PDI		03/04/2024	. 075 00
	VOTED CONTACT		\$ <u>375.00</u>
Address	Purpose: VOTER CONTACT	Date	
PO BOX 59570	,		
NORWALK, CA 90652			
,	Check box if this expenditure is payment of		
□ ₋	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name ELISA GUYTON		03/04/2024	
LLISA GUTTON			\$ 200.00
Address	Purpose: CONSULTING	Date	
Address 408 WAYMARKET DR	Turpose.		
ANN ARBOR, MI 48103			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Experialitare #5			
Name AMANI SAWARI		03/04/2024	500.00
7 (10)7 (1 (1 () 7 () 7 () () ()			\$ 500.00
Address	Purpose: INTERN	Date	
P.O. BOX 760504	,		
SOUTHFIELD, MI 48076			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name JAMES L CRAWFORD ELKS		03/06/2024	
OF TIMES E STIFT TO THE LETTE			\$ 400.00
Address	Purpose: FUNDRAISER AT JAMES L CRAWFORD ELKS	Date	
220 SUNSET RD	ruipose.		
ANN ARBOR, MI 48103			
ANNI AN IDON, INI TO IOO			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Fine and three HF			
Expenditure #5			
Name SWITCHBOARD		03/07/2024	
	TEXT MESSAGING		\$ 171.16
Address DO DOV 22405	Purpose: TEXT MESSAGING	Date	
PO BOX 33485			
WASHINGTON, DC 20033	Objects have Williams 1991		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Ch.t.a.	tal thic page	1 040 10
	Sublo	tal this page	1,646.16
	Grand Total of all S	Schedules 1B	
	(Complete on last page	of Schedule)	



1. Committee I. D. Number <u>C-2022-112</u>

2 Committee Name FRIENDS OF ALYSHIA DYER

	oninitee Name		
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	Purpose: GRAPHIC DESIGN	03/10/2024 Date	\$ <u>75.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name ALAMY Address 40 ELATRUSH AVE	Purpose: STOCK PHOTOGRAPHY	03/11/2024 Date	\$ <u>19.00</u>
49 FLATBUSH AVE FORT GREENE, NY 11217 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name WILLIAM TAYLOR Address	Purpose: CONSULTING	03/16/2024 Date	\$ <u>300.00</u>
709 COLLEGEWOOD ST YPSILANTI, MI 48197	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name NAME CHEAP Address 4600 E WASHINGTON ST PHOENIX, AZ 85034	Purpose: DOMAIN NAME	03/19/2024 Date	\$ <u>14.88</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name UNBREAKABLE TOON CONSULTING	CONCLUTING	03/24/2024	\$ 250.00
Address 2150 PAULINE BLVD APT 202	Purpose: CONSULTING Check box if this expenditure is payment of	Date	200.00
ANN ARBOR, MI 48103 Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	658.88
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number <u>C-2022-112</u>

FRIENDS OF ALYSHIA DYER

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name MINUTEMAN PRESS	V4.DD 010110	03/25/2024	\$ 1,466.40
Address 1249 N CLYBOURN AVE CHICAGO, IL 60610	Purpose: YARD SIGNS	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name MINUTEMAN PRESS		03/25/2024	\$ 1,500.00
Address 1249 N CLYBOURN AVE CHICAGO, IL 60610	Purpose: YARD SIGNS	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name CANVA		03/26/2024	\$ 14 .99
Address 3212 E CESAR CHAVEZ ST AUSTIN, TX 78702	Purpose: GRAPHIC DESIGN	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name WIX.COM		03/26/2024	* 24 OO
Address 500 TERRY A FRANCOIS BLVD FLOOR 6	Purpose: WEBSITE	Date	\$ <u>34.00</u>
SAN FRANCISCO, CA 94158	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name EMPOWER		03/29/2024	40.00
Address PO BOX 288 MC FARLAND, WI 53558	Purpose: SOFTWARE	Date	\$ <u>10.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	3,025.39
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number <u>C-2022-112</u>

FRIENDS OF ALYSHIA DYER

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ACT BLUE		03/31/2024	4 4 4 4
ACT BLUE			\$ 114.47
Address	Purpose: ACTBLUE FEES	Date	
366 SUMMER ST			
SOMERVILLE, MA 02144			
, -	Check box if this expenditure is payment of		
□	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name JAMES VAKILPOUR		03/31/2024	
JAIVILS VARILFOOR			\$ 292.50
Address	Purpose: INTERN	Date	
105 S STATE ST	Turpose.		
ANN ARBOR, MI 48109			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement	-	
'			
Name THREE LYONS CREATIVE		04/01/2024	• 1 707 F0
	VIDEO CEDVICEC	Date	\$ <u>1,737.50</u>
Address	Purpose: VIDEO SERVICES	Date	
1950 TRUMBULL			
#31/405			
DETROIT, MI 48216	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name KAPWING		04/01/2024	. 04.00
	VIDEO COETIVA DE	Date	\$ <u>24.00</u>
Address	Purpose: VIDEO SOFTWARE		
601 VAN NESS AVE			
SAN FRANSISCO, CA 94102			
	Check box if this expenditure is payment of		
□	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name GOOGLE ADS			
GOOGLE ADS		04/01/2024	\$ 150.48
Address	Purpose: ADVERTISING	Date	Ψ <u>130.40</u>
1600 AMPHITHEATRE PKWY	,		
MOUNTAIN VIEW, CA 94043			
•	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
	Subto	tal this page	2,318.95
	Grand Total of all S	Schedules 1R	
	(Complete on last page		
	`	′ !	



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 Fund Raiser	Purpose: INTERN Check box if this expenditure is payment of debt or obligation reported on previous statement	04/02/2024 Date	\$ <u>500.00</u>
Expenditure #2 Name AMANI SAWARI Address P.O. BOX 760504 SOUTHFIELD, MI 48076	Purpose: INTERN	04/02/2024 Date	\$ <u>30.89</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name PDI Address PO BOX 59570	Purpose: VOTER CONTACT	04/03/2024 Date	\$ <u>375.00</u>
NORWALK, CA 90652 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name SHARITA KERENE MORRE FOR JUDGE Address PO BOX 131671 ANN ARBOR, MI 48113	Purpose: LAUNCH	04/07/2024 Date	\$ <u>100.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name COTTAGE INN Address 1767 S HURON ST YPSILANTI, MI 48197	Purpose: CANVASSING Check box if this expenditure is payment of debt or obligation reported on previous	04/08/2024 Date	\$ <u>102.76</u>
Fund Raiser	statement	1	
	Subto	tal this page	1,108.65
	Grand Total of all 3 (Complete on last page		



1. Committee I. D. Number <u>C-2022-112</u>

2 Committee Name FRIENDS OF ALYSHIA DYER

2. 0	ommittee name		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name MAURIEL HEARN		04/08/2024	* 75 OO
WIN COT TIEL THEN COTO	INTEDN	Date	\$ <u>75.00</u>
Address	Purpose: INTERN	Date	
3222 WILLIAMSBURG RD			
ANN ARBOR, MI 48108			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name SWITCHBOARD		04/09/2024	\$ 275.91
	TEVTING	Date	Φ <u>273.31</u>
Address	Purpose: TEXTING		
PO BOX 33485			
WASHINGTON, DC 20033			
,	Check box if this expenditure is payment of		
Fund Paiger	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name BLUE RAVEN CAMPAIGNS		04/11/0004	
DEUL HAVEN CAMI AIGING		04/11/2024	\$ 1,214.49
Address	Purpose: FUNDRAISING	Date	
3000 N SHERIDAN RD			
CHICAGO, IL 60657			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name THREE LYONS CREATIVE		04/15/2024	
			\$ 2,137.50
Address	Purpose: VIDEO SERVICES	Date	
1950 TRUMBULL			
#31/405			
DETROIT, MI 48216	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name P.E.A.C.E		04/15/2024	¢ 50 00
Address	Purpose: EVENT	Date	\$ <u>50.00</u>
2345 TYLER RD			
YPSILANTI TWP, MI 48198			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
	Subto	tal this page	3,752.90
	Grand Total of all S	Schedules 1R	-
	(Complete on last page		



2. Committee Name FRIENDS OF ALYSHIA DYER

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
3. Name and address of person of vehicle to whom paid	4. Fulpose (Nequired information)	J. Dale	o. Amount
Expenditure #1			
Name ALL PRO COLOR		04/15/2024	\$ 222.53
Address	Purpose: PRINTING	Date	
20750 CHESLEY DR	- Lapose.		
FARMINGTON, MI 48336			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name UNBREAKABLE TOON CONSULTING		04/17/2024	
" UNDREARABLE TOON CONSULTING			\$ <u>200.00</u>
Address	Purpose: CONSULTING	Date	
2150 PAULINE BLVD			
APT 202			
ANN ARBOR, MI 48103	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	- Claire Monte		
Name ANN ARBOR FOR PUBLIC POWER			
ANN ARBOR FOR PUBLIC POWER		04/20/2024	\$ 30.00
Address	Purpose: EVENT TICKET	Date	
2119 JACKSON AVE			
ANN ARBOR, MI 48103			
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name EMY DESHOTEL		04/25/2024	
	ODADUJO DECIONI	Date	\$ <u>75.00</u>
Address	Purpose: GRAPHIC DESIGN	Duio	
76 N HURON ST			
YPSILANTI, MI 48197			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name BLUE BONNET		0.4/0.0/0.004	
BEGE BONNET	CONSULTING	04/26/2024	\$ 600.00
Address 50 KENT ST	Purpose: CONSULTING	Date	<u> </u>
SOMERVILLE, MA 02143			
CONTENT VILLE, IVII COLITO	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		atal this page	4 407 50
	Subto	otal this page	1,127.53
	Grand Total of all		
	(Complete on last page	e of Schedule)	



1. Committee I. D. Number <u>C-2022-112</u>

2 Committee Name FRIENDS OF ALYSHIA DYER

2. 0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name CANVA		04/26/2024	. 14.00
0/111//1	CDADLIIC DECICNI	 Date	\$ <u>14.99</u>
Address	Purpose: GRAPHIC DESIGN	Date	
3212 E CESAR CHAVEZ ST			
AUSTIN, TX 78702			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
Name WIX.COM		04/26/2024	\$ 34.00
	Purpose: WEBSITE	Date	<u> </u>
Address	Purpose: VVLDOTTL		
500 TERRY A FRANCOIS BLVD			
FLOOR 6			
SAN FRANCISCO, CA 94158	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	statement		
'			
Name BLUE RAVEN CAMPAIGNS		04/29/2024	¢ 1 055 50
	Purpose: FUNDRAISING	Date	\$ <u>1,055.50</u>
Address 3000 N SHERIDAN RD	Purpose: 1 ONDITATION	Bato	
CHICAGO, IL 60657			
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name FACEBOOK ADS		04/29/2024	
17102500117150			\$ 12.93
Address	Purpose: ADVERTISING	Date	
1 HACKER WAY			
MENLO PARK, CA 94025			
,	Check box if this expenditure is payment of		
□	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name FACEBOOK ADS		04/00/0001	
1 / OLDOON / NDO	ADVEDTICING	04/29/2024	\$ 35.00
Address	Purpose: ADVERTISING	Date	00.00
1 HACKER WAY			
MENLO PARK, CA 94025	Objects because it		
_	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	1,152.42
		-	1,102.42
	Grand Total of all 9		
	(Complete on last page	e of Schedule)	



1. Committee I. D. Number <u>C-2022-112</u>

2. Committee Name FRIENDS OF ALYSHIA DYER

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name EMPOWER		04/29/2024	\$ 10.00
Address	Purpose: SOFTWARE	Date	
PO BOX 288 MC FARLAND, WI 53558			
WIG FARLAND, WI 33330	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name FACEBOOK ADS		04/30/2024	\$ 35.00
Address	Purpose: ADVERTISING	Date	<u> </u>
1 HACKER WAY	- Lapaco.		
MENLO PARK, CA 94025			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name KAPWING		04/30/2024	. 04.00
Address	Purpose: VIDEO SOFTWARE	Date	\$ <u>24.00</u>
601 VAN NESS AVE	Purpose: VIDEO COL TVV/ II IE		
SAN FRANSISCO, CA 94102			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name ACT BLUE		04/30/2024	• 00 00
Address	Purpose: ACTBLUE FEES	Date	\$ <u>83.96</u>
366 SUMMER ST	Purpose: //O / DEGE / EEG		
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name GOOGLE ADS		05/01/2024	
Address	Purpose: ADVERTISING	Date	\$ <u>151.92</u>
1600 AMPHITHEATRE PKWY	Purpose: //D V LT (TOTAL)	Date	
MOUNTAIN VIEW, CA 94043			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	1	
	Subto	otal this page	304.88
	Grand Total of all		
	(Complete on last page	e of Schedule)	



1. Committee I. D. Number

C-2022-112

FRIENDS OF ALYSHIA DYFR

CANDIDATE COMMINITTEE 2. C	ommittee Name	0111710	· —· ·
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name HYATT REGENCY		05/01/2024	* 1 1/1 OO
	LODGING	Date	\$ <u>1,141.2</u> 0
Address	Purpose: LODGING	Baio	
151 E WACKER DR			
CHICAGO, IL 60601			
	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
·		05/01/2024	
Name FACEBOOK ADS		05/01/2024	\$ 35.00
Address	Purpose: ADVERTISING	Date	
1 HACKER WAY	- Turpose:		
MENLO PARK, CA 94025			
WEIVEO I ATTIX, OA 34020			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name AMTRAK		05/00/0004	
AIVITIAN		05/02/2024	\$ 135.00
Address	Purpose: FUNDRAISING	Date	
1 MASSACHUSETTS AVE NW			
WASHINGTON, DC 20001			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	otatomoni		
Name AMTRAK		05/02/2024	\$ 131.00
Address	Purpose: FUNDRAISER	Date	Ψ <u>101.00</u>
1 MASSACHUSETTS AVE NW	Purpose: 1 3113111 (13211		
WASHINGTON, DC 20001			
W. C. III C. I., DO 2000 I			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name ELISA GUYTON			
LLISA GUTTUN	00101" 7"10	05/02/2024	\$ 200.00
Address	Purpose: CONSULTING	Date	* <u>~00.00</u>
408 WAYMARKET DR			
ANN ARBOR, MI 48103			
_	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	1,642.20
	543.0	15-13-	1,042.20
	Grand Total of all S		



1. Committee I. D. Number <u>C-2022-112</u>

2 Committee Name FRIENDS OF ALYSHIA DYER

2. 0	ommittee Name		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name AMANI SAWARI		05/02/2024	• E00 00
7 (1V1) (1 V1 O) (VV) (1 (1	INITEDNI	Date	\$ <u>500.00</u>
Address	Purpose: INTERN	Date	
P.O. BOX 760504			
SOUTHFIELD, MI 48076			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
Name PDI		05/03/2024	\$ 575.00
	VOTER CONTACT	Date	\$ <u>373.00</u>
Address	Purpose: VOTER CONTACT		
PO BOX 59570			
NORWALK, CA 90652			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #3			
Name FACEBOOK ADS		05/03/2024	
1 AOLDOON ADO			\$ 35.00
Address	Purpose: ADVERTISING	Date	
1 HACKER WAY	,		
MENLO PARK, CA 94025			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
<u> </u>	statement		
Expenditure #4			
Name JAMES VAKILPOUR		05/04/2024	4= 00
	INITEDAL	Date	\$ <u>45.00</u>
Address	Purpose: INTERN	Baio	
105 S STATE ST			
ANN ARBOR, MI 48109			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name ASHA JORDAN		05/05/0004	
, (O) 11, (OO) (D) (()	INITEDNI	05/05/2024	\$ 250.00
Address	Purpose: INTERN	Date	200.00
6655 JACKSON RD			
UNIT 391			
ANN ARBOR, MI 48103	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Cubto	tal this page	1 105 00
	Subio	tai tilis paye	1,405.00
	Grand Total of all S	Schedules 1B	
	(Complete on last page	of Schedule)	



2. Committee Name FRIENDS OF ALYSHIA DYER

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1	<u> </u>		
Name FACEBOOK ADS		05/06/2024	05.00
I ACEDOON ADS	ADVEDTICING	Date	\$ <u>35.00</u>
Address 1 HACKER WAY	Purpose: ADVERTISING	Date	
MENLO PARK, CA 94025			
MENEO 17 MM, 671 6 1626	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name FACEBOOK ADS		05/06/2024	\$ 35.00
	Purpose: ADVERTISING	Date	Ψ <u>00.00</u>
Address 1 HACKER WAY	Purpose: 7 12 1 2 1 1 1 2 1 1 2 1		
MENLO PARK, CA 94025			
TWENTED I ANTIX, OATO TOES	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name MIDDLE SEAT CONSULTING		05/08/2024	\$ 1,000.00
Address	Purpose: CONSULTING	Date	
420 LEXINGTON AVE			
ROOM 300 NEW YORK, NY 10170			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
	statement		
Expenditure #4			
Name SWITCHBOARD		05/09/2024	\$ 799.59
Address	Purpose: TEXT MESSAGING	Date	Ψ <u>7 3 3 . 3 3</u>
PO BOX 33485	ruipose		
WASHINGTON, DC 20033			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name GRASSROOT ANALYTICS		05/00/0004	
dirochoot Alvaet 1100	DATA	05/09/2024	\$ 4,000.00
Address 806 7TH ST NW	Purpose: DATA	Date	
WASHINGTON, DC 20001			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	otal this page	5,869.59
	Grand Total of all	Schedules 1B	.,
	(Complete on last page		



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 Fund Raiser	Purpose: ADVERTISING Check box if this expenditure is payment of debt or obligation reported on previous statement	05/10/2024 Date	\$ 50.00
Expenditure #2 Name CURB MOBILITY Address 38-11 34TH ST LIC, NY 11101	Purpose: TRANSPORTATION	05/11/2024 Date	\$ <u>44.38</u>
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name MINGHIN CUISINE Address 2168 S ARCHER AVE CHICAGO, IL 60616	Purpose: FOOD	05/11/2024 Date	\$ <u>69.90</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name LYFT TRANSPORTATION Address 185 BERRY ST SF, CA 94107		05/11/2024 Date	\$ <u>16.99</u>
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5 Name MINGHIN CUISINE Address 2168 S ARCHER AVE CHICAGO, IL 60616 Fund Raiser	Purpose: FOOD Check box if this expenditure is payment of debt or obligation reported on previous statement	05/11/2024 Date	\$ <u>13.98</u>
		tal this page	195.25
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number <u>C-2022-112</u>

2 Committee Name FRIENDS OF ALYSHIA DYER

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name HYATT REGENCY		05/11/2024	. 1110
TITALITALINGT	FOOD	Date	\$ <u>14.10</u>
Address	Purpose: FOOD	Date	
151 E WACKER DR			
CHICAGO, IL 60601			
	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	Statement		
		05/44/0004	
Name TACO BELL		05/11/2024	\$ 34.01
Adduses	Purpose: FOOD	Date	
Address 178 N WABASH AVE	ruipose.		
CHICAGO, IL 60601			
	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name BOCKWINKELS CHICAGO			
BOCKWINKELS CHICAGO		05/11/2024	\$ 11.07
Address	Purpose: FOOD	Date	
222 N COLUMBUS DR	. d.pood.		
CHICAGO, IL 60601			
	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name MCDONALDS		05/12/2024	. 45 00
	EOOD	Date	\$ <u>15.83</u>
Address	Purpose: FOOD		
225 S CANAL ST			
CHICAGO, IL 60606			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name HYATT REGENCY		05/12/2024	
Address	Purpose: LODGING	Date	\$ <u>131.72</u>
151 E WACKER DR	Purpose:	Bato	
CHICAGO, IL 60601			
3, 113, 143, 12 33301	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
I unu naisei	statement	1	
	Subto	otal this page	206.73
	Grand Total of all	Schedules 1B	
	(Complete on last page		



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		05/12/2024	. 101.05
	Purpose: LODGING	Date	\$ <u>104.25</u>
Address 151 E WACKER DR	Purpose: LODGING		
CHICAGO, IL 60601			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name CURB MOBILITY		05/12/2024	\$ 12.00
	Purpose: TRANSPORTATION	Date	Ψ <u>12.00</u>
Address 46-11 34TH AVE	Purpose: TRANSFORTATION		
LIC, NY 11101			
	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name FACEBOOK ADS		05/10/0004	
TAGEBOOK ADS	ADVEDTICING	05/13/2024	\$ <u>50.00</u>
Address 1 HACKER WAY	Purpose: ADVERTISING	Date	
MENLO PARK, CA 94025			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	State-more		
Name UNBREAKABLE TOON CONSULTING		05/14/2024	
	CONICLII TINIC	Date	\$ <u>150.00</u>
Address 2150 PAULINE BLVD	Purpose: CONSULTING	Duio	
APT 202			
ANN ARBOR, MI 48103	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name FACEBOOK ADS		05/16/2024	¢ 50 00
Address	Purpose: ADVERTISING	Date	\$ <u>50.00</u>
1 HACKER WAY			
MENLO PARK, CA 94025	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		otal this page	366.25
	Grand Total of all		000.20
	(Complete on last page		



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		<u> </u>	
Name GWENYTH HAYES		05/19/2024	\$ 150.00
Address	Purpose: INTERN	Date	Ψ <u>130.00</u>
4964 LAKERIDGE DR	Purpose:		
UNIT 2B			
YPSILANTI, MI 48197	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name HEARSAY		05/20/2024	500.00
TIETATOTA	FUNDRAIGNIG FUENT ORAGE	Date	\$ <u>500.00</u>
Address	Purpose: FUNDRAISING EVENT SPACE	Date	
2350 W LIBERTY ST			
ANN ARBOR, MI 48103			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name LIQUID HAYES		05/20/2024	. 000 00
	Purpose: FUNDRAISER ENTERTAINMENT	Date	\$ <u>300.00</u>
Address 120 E LIBERTY ST	Purpose:		
300A			
ANN ARBOR, MI 48104	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name BLUE RAVEN CAMPAIGNS		05/01/0004	
BEOL HAVEN GAIVII AIGNO		05/21/2024	\$ 2,172.00
Address	Purpose: CAMPAIGN MANAGEMENT	Date	
3000 N SHERIDAN RD			
CHICAGO, IL 60657			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name UNBREAKABLE TOON CONSULTING		05/22/2024	
	Purpose: CONSULTING	Date	\$ 350.00
Address 2150 PAULINE BLVD	Purpose: OCIVOLITIVA	Date	
APT 202			
ANN ARBOR, MI 48103	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	3,472.00
	Grand Total of all		
	(Complete on last page	e of Schedule)	



1. Committee I. D. Number <u>C-2022-112</u>

2. Committee Name FRIENDS OF ALYSHIA DYER

	ommittee rame		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name YOUTUBE		05/24/2024	\$ 13.99
	Purpose: SOFTWARE	Date	Ψ <u>10.00</u>
Address 901 CHERRY AVE	Purpose: OTT WATE		
SAN BRUNO, CA 94066			
SALVERTONO, SALVETOS	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name AMANI SAWARI		05/24/2024	\$ 250.00
	Purpose: INTERN	Date	Ψ <u>200.00</u>
Address P.O. POW 700504	Purpose: Transfer Tra		
P.O. BOX 760504			
SOUTHFIELD, MI 48076			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name WIX.COM		05/00/0004	
VVIX.OOIVI	14/550/75	05/28/2024	\$ 34.00
Address	Purpose: WEBSITE	Date	
500 TERRY A FRANCOIS BLVD			
FLOOR 6			
SAN FRANCISCO, CA 94158	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name CANVA		05/28/2024	
37114774			\$ 14.99
Address	Purpose: GRAPHIC DESIGN	Date	
3212 E CESAR CHAVEZ ST			
AUSTIN, TX 78702			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	- Section - Sect		
Name GLOO FACTORY		05/28/2024	¢ 60 50
Address	Purpose: BUTTONS	Date	\$ <u>62.50</u>
238 E 26TH ST			
TUCSON, AZ 85713			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	375.48
	Grand Total of all	Schedules 1B	
	(Complete on last page		



1. Committee I. D. Number <u>C-2022-112</u>

FRIENDS OF ALYSHIA DYER

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name FACEBOOK ADS		05/28/2024	0.05
TACLBOOK ADS			\$ 6.25
Address	Purpose: ADVERTISING	Date	
1 HACKER WAY			
MENLO PARK, CA 94025			
,	Check box if this expenditure is payment of		
□	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name ACT BLUE		05/31/2024	
ACT BLUE			\$ 152.20
Address	Purpose: ACTBLUE FEES	Date	
Address 366 SUMMER ST	Fulpose		
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Experialiture #3			
Name MIDDLE SEAT CONSULTING		05/31/2024	
MIDDLE GEATT GOTTOGETHAG	00110111 -1110		\$ 10,000.00
Address	Purpose: CONSULTING	Date	
420 LEXINGTON AVE	•		
ROOM 300			
NEW YORK, NY 10170	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name PDI		06/02/2024	
I DI		06/03/2024	\$ 575.00
Address	Purpose: SOFTWARE	Date	<u> </u>
PO BOX 59570	Purpose.		
NORWALK, CA 90652			
NOTIVALIN, OA 90032			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
F	- Catalonian		
Expenditure #5			
Name SURVIVORS SPEAK		06/03/2024	
			\$ 250.00
Address	Purpose: VENDOR TABLE	Date	
122 SOUTH ST			
BELLEVILLE, MI 48111			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
		tal this re-	10.000.15
	Subto	tal this page	10,983.45
	Grand Total of all S	Schedules 1B	
	(Complete on last page		



2. Committee Name FRIENDS OF ALYSHIA DYER

	ommittee rame		
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	Purpose: PRINTING	06/04/2024 Date	\$ <u>847.53</u>
FARMINGTON, MI 48336			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name LEAH MILLS CHAPMAN FOR COUNTY COMMISSIONER		06/06/2024	\$ 100.00
Address PO BOX 970981 YPSILANTI, MI 48197	Purpose: CAMPAIGN KICKOFF	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name ELISA GUYTON		06/06/2024	\$ 200.00
Address 408 WAYMARKET DR	Purpose: CONSULTING	Date	
ANN ARBOR, MI 48103			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name JAMES VAKILPOUR		06/09/2024	. 105 00
Address 105 S STATE ST ANN ARBOR, MI 48109	Purpose: INTERN	Date	\$ <u>105.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name JERUSALEM GARDEN		06/10/2024	
Address 314 E LIBERTY ST ANN ARBOR, MI 48104	Purpose: FUNDRAISING FOOD	Date	\$ <u>356.72</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	otal this page	1,609.25
	Grand Total of all (Complete on last page		•



FRIENDS OF ALYSHIA DYFR

CANDIDATE COMMINITIES 2. C	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name TOARMINAS PIZZA		06/10/2024	* 100.00
TOATIMINAOTIZZA	CANIVACCINIC	Date	\$ <u>106.03</u>
Address	Purpose: CANVASSING	Date	
2145 W STADIUM BLVD			
ANN ARBOR, MI 48103			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name ANN ARBOR JAYCEES		06/11/2024	\$ 50.00
	DADADE	Date	Ψ <u>30.00</u>
Address	Purpose: PARADE		
331 MAYNARD ST			
ANN ARBOR, MI 48104			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #3			
Name MIDDLE SEAT CONSULTING		06/14/2024	
WIDDLE CENT CONCOLLING	22121		\$ 2,000.00
Address	Purpose: CONSULTING	Date	
420 LEXINGTON AVE	,		
ROOM 300			
NEW YORK, NY 10170	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name DOMINOS		06/17/2024	0.4.00
		Date	\$ <u>24.88</u>
Address	Purpose: CANVASSING	Date	
25 JACKSON INDUSTRIAL DR			
ANN ARBOR, MI 48103			
	Check box if this expenditure is payment of		
□ ₋	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name FACEBOOK ADS			
I AULDOUN ADO		06/18/2024	\$ 75.00
Address	Purpose: ADVERTISING	Date	♥ <u>/ J.00</u>
1 HACKER WAY			
MENLO PARK, CA 94025			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
<u> </u>			
	Subto	otal this page	2,255.91
	Grand Total of all	Schedules 1B	-
	(Complete on last page		



1. Committee I. D. Number <u>C-2022-112</u>

FRIENDS OF ALYSHIA DYER

2. C	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name EMY DESHOTEL	Purpose: GRAPHIC DESIGN	06/18/2024 Date	\$ <u>75.00</u>
Address 330 CHIDESTER ST YPSILANTI, MI 48197	Purpose: ATTALTHO DEGICIN		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name BLUE RAVEN CAMPAIGNS		06/20/2024	\$ 1,850.00
Address	Purpose: CAMPAIGN MANAGEMENT	Date	
3000 N SHERIDAN RD CHICAGO, IL 60657			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name THE BASELINE AGENCY		06/20/2024	\$ 20,362.40
Address 1835 7TH ST NW	Purpose: DIRECT MAIL	Date	
STE 203 WASHINGTON, DC 20001 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Haiser	statement		
Expenditure #4			
Name SPENCER THOMAS		06/20/2024	\$ 500.00
Address 1108 BUICK AVE YPSILANTI, MI 48198	Purpose: EVENT COORDINATING	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name SWITCHBOARD		06/24/2024	* 400 CE
Address PO BOX 33485	Purpose: TEXTING	Date	\$ <u>488.65</u>
WASHINGTON, DC 20033	Check box if this expenditure is payment of debt or obligation reported on previous		
L I unu naisei	statement		
	Subto	tal this page	23,276.05
	Grand Total of all ((Complete on last page		



2. Committee Name FRIENDS OF ALYSHIA DYER

	4 Division (Pagitinal Information)	I E Data	C A
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name FACEBOOK ADS		06/24/2024	\$ 75.00
17102300117130	Purpose: ADVERTISING	Date	\$ <u>75.00</u>
Address 1 HACKER WAY	Purpose: ADVERTISING	24.0	
MENLO PARK, CA 94025			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name SLATE DIGITAL		06/24/2024	
SLATE DIGITAL			\$ 37.09
Address	Purpose: SOFTWARE	Date	
3330 CAHUENGA BLVD			
LOS ANGELES, CA 90068			
,,	Check box if this expenditure is payment of		
Cond Daires	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name YOUTUBE		06/24/2024	40.00
1001002	COETMADE		\$ <u>13.99</u>
Address	Purpose: SOFTWARE	Date	
901 CHERRY AVE			
SAN BRUNO, CA 94066			
_	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name MAIA HUDSON			
MAIA HUDSON		06/24/2024	\$ 350.00
Address	Purpose: INTERN	Date	300.00
2161 STIEBER ST	ruipose		
WESTLAND, MI 48186			
1126121113, III 16166			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name SLYNUMBER		00/05/222	
OL I NOIVIDLI (DUONE NUMBER	06/25/2024	\$ 8.99
Address	Purpose: PHONE NUMBER	Date	· <u>0.00</u>
4 FANEUIL HALL SQ			
BOSTON, MA 02109	Check how if this government is a recovery		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	485.07
			1 00.0 <i>1</i>
	Grand Total of all S		
	(Complete on last page	on ocuednie)	



2. Committee Name FRIENDS OF ALYSHIA DYER

O Name and address of names an invadents whom wild	4 Durance (Demised Information)	I C Data	C A
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ENVATO		06/25/2024	\$ 53.00
_	Purpose: MUSIC LICENSING	Date	φ <u>33.00</u>
Address S STATE ST	Purpose: WOOTO LIGHT VOITO		
SALT LAKE CITY, UT 84111			
ONET EXILE OFFI, OF OFFIFE	Check box if this expenditure is payment of		
Drugg Paters	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name NGP VAN/EVERYACTION		06/26/2024	\$ 900.00
	VOTER CONTACT	Date	\$ <u>300.00</u>
Address	Purpose: VOTER CONTACT		
655 15TH ST NW			
#650			
WASHINGTON, DC 20005	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name WIX.COM			
VVIA.COIVI		06/27/2024	\$ 34.00
Address	Purpose: WEBSITE	Date	
500 TERRY A FRANCOIS BLVD			
FLOOR 6			
SAN FRANCISCO, CA 94158	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name MINUTEMAN PRESS		00/00/0004	
MINO I LIMAN FALSS		06/28/2024	\$ 1,295.76
Address	Purpose: CAMPAIGN MAIL	Date	
1249 N CLYBOURN AVE	1 diposo.		
CHICAGO, IL 60610			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name FACEBOOK ADS		06/28/2024	
Address	Purpose: ADVERTISING	Date	\$ <u>75.00</u>
1 HACKER WAY	ruipose.	•	
MENLO PARK, CA 94025			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
<u> </u>		otal this page	0.057.70
	Subic	nai iiiis paye	2,357.76
	Grand Total of all		
	(Complete on last page	e of Schedule) I	



1. Committee I. D. Number <u>C-2022-112</u>

2 Committee Name FRIENDS OF ALYSHIA DYER

	ommittee Name		
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	Purpose: ADVERTISING	06/28/2024 Date	\$ 8.84
1 HÄCKER WAY MENLO PARK, CA 94025	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name ELISA GUYTON		06/29/2024	\$ <u>500.00</u>
Address 408 WAYMARKET DR ANN ARBOR, MI 48103	Purpose: CONSULTING	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name ACT BLUE	A OTPLUE FEFO	06/30/2024	\$ 247.17
Address 366 SUMMER ST SOMERVILLE, MA 02144	Purpose: ACTBLUE FEES	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name MEIJER		07/01/2024	. 15.00
Address 5645 JACKSON RD ANN ARBOR, MI 48103	Purpose: OFFICE SUPPLIES	Date	\$ <u>15.33</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name NGP VAN/EVERYACTION		07/01/2024	o 400 40
Address 655 15TH ST NW #650	Purpose: VOTER CONTACT	Date	\$ <u>493.40</u>
WASHINGTON, DC 20005 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	1,264.74
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number <u>C-2022-112</u>

2 Committee Name FRIENDS OF ALYSHIA DYER

2.0	ommittee Name		
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	Purpose: GRAPHIC DESIGN Check box if this expenditure is payment of	07/01/2024 Date	\$ <u>14.99</u>
Fund Raiser	debt or obligation reported on previous statement		
Name MIDDLE SEAT CONSULTING Address 420 LEXINGTON AVE	Purpose: CONSULTING	07/01/2024 Date	\$ 10,000.00
ROOM 300 NEW YORK, NY 10170 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name KEEP KYRA HARRIS BALDEN FOR JUSTICE Address PO BOX 251651 WEST BLOOMFIELD, MI 48325	Purpose: EVENT	07/02/2024 Date	\$ <u>100.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name MAURIEL HEARN Address 3222 WILLIAMSBURG RD	Purpose: INTERN	07/02/2024 Date	\$ <u>75.00</u>
ANN ARBOR, MI 48108	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025 Fund Raiser	Purpose: ADVERTISING Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2024 Date	\$ <u>75.00</u>
_	Subto	tal this page	10,264.99
	Grand Total of all ((Complete on last page		•



1. Committee I. D. Number <u>C-2022-112</u>

FRIENDS OF ALYSHIA DYER

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name MEIJER		07/05/2024	\$ 220.28
Address 5645 JACKSON RD	Purpose: PARADE SUPPLIES	Date	
ANN ARBOR, MI 48103			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name NGP VAN/EVERYACTION		07/05/2024	\$ 446.95
Address	Purpose: VOTER CONTACT	Date	
655 15TH ST NW			
#650			
WASHINGTON, DC 20005			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name ALL PRO COLOR		07/05/2024	\$ 536.01
Address	Purpose: PRINTING	Date	+ 000.01
20750 CHESLEY DR	Fulpose.		
FARMINGTON, MI 48336			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name PDI		07/05/2024	\$ 425.00
Address	Purpose: SOFTWARE	Date	\$ <u>425.00</u>
PO BOX 59570	Purpose: OCI TVV/ (ITE		
NORWALK, CA 90652			
NOTIVALIN, OA 90032			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
'			
Name MANCINOS		07/08/2024	\$ 67.83
Address	Purpose: CANVASSING	Date	Ψ <u>07.03</u>
1332 E MICHIGAN AVE	,		
YPSILANTI, MI 48198			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	otal this page	1,696.07
	Grand Total of all	Schedules 1B	<u> </u>
	(Complete on last page		



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 Fund Raiser	Purpose: ADVERTISING Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2024 Date	\$ <u>75.00</u>
Expenditure #2 Name ALL PRO COLOR Address 20750 CHESLEY DR FARMINGTON, MI 48336	Purpose: PRINTING	07/08/2024 Date	\$ <u>412.82</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name NGP VAN/EVERYACTION Address 655 15TH ST NW	Purpose: VOTER CONTACT	07/12/2024 Date	\$ <u>121.71</u>
#650 WASHINGTON, DC 20005 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name VIRGINIA CHASE Address 560 LITTLE LAKE DR ANN ARBOR, MI 48103	Purpose: FOOD	07/13/2024 Date	\$ <u>15.27</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name OFFICE MAX Address 1515 BOARDMAN RD JACKSON, MI 49202 Fund Raiser	Purpose: COPIES Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2024 Date	\$ <u>4.39</u>
	Subto	tal this page	629.19
	Grand Total of all 9 (Complete on last page		



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 Fund Raiser	Purpose: CANVASSING Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2024 Date	\$ <u>25.36</u>
Expenditure #2 Name TOARMINAS PIZZA Address 2145 W STADIUM BLVD ANN ARBOR, MI 48103	Purpose: CANVASSING	07/15/2024 Date	\$ <u>43.09</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name FACEBOOK ADS Address 1 HACKER WAY MENLO PARK, CA 94025	Purpose: ADVERTISING	07/15/2024 Date	\$ <u>75.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name MAMA PIZZA Address 5 N HAMILTON ST YPSILANTI, MI 48197	Purpose: CANVASSING	07/15/2024 Date	\$ <u>76.20</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name GLOO FACTORY Address 238 E 26TH ST TUCSON, AZ 85713 Fund Raiser	Purpose: BUTTONS Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/2024 Date	\$ <u>95.00</u>
		tal this page	314.65
	Grand Total of all S (Complete on last page		



2. Committee Name FRIENDS OF ALYSHIA DYER

	ommittee rame		
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	Purpose: CONSULTING	07/16/2024 Date	\$ <u>500.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name FACEBOOK ADS Address	Purpose: ADVERTISING	07/18/2024 Date	\$ <u>75.00</u>
1 HACKER WAY MENLO PARK, CA 94025	ruipose.		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name 734 BREWING COMPANY	ELINDDAISED	07/18/2024 Date	\$ <u>159.00</u>
Address 15 E CROSS ST YPSILANTI, MI 48198	Purpose: FUNDRAISER	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name BLUE RAVEN CAMPAIGNS		07/19/2024 Date	\$ 2,050.00
Address 3000 N SHERIDAN RD CHICAGO, IL 60657	Purpose: CAMPAIGN CONSULTING	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name ACT BLUE Address 366 SUMMER ST	Purpose: ACTBLUE FEES	07/20/2024 Date	\$ <u>223.91</u>
SOMERVILLE, MA 02144 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	3,007.91
	Grand Total of all	Schedules 1B	113,959.70
	(Complete on last page	e of Schedule)	110,505.70



Summary Page.

Page 1 of 8

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

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

2. Committee Name FRIENDS OF ALYSHIA DYER

	- USE A SEPARATE SHI	EET FOR EACH EVENT -	
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of place where the activity was held AUBREES PIZZERIA
02/07/2024			8031 MAIN ST #101
	25	MEET AND GREET	DEXTER, MI 48130 Private Residence
. Total Contributions	127.00		
	0.00		
3. Other Receipts	0.00		
. Gross Receipts (Add lines 7	and 8) 127.00		
Total Cost of Event	418.50		
	ntributions and All Expenditures	Made For the Event)	
1. Check if event was a jo	int fund raiser and complete the	following:	
i. Check if event was a jo	int fund faiser and complete the	Tollowing.	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
	·		
_			
			
	·		
The committee is a second	rod to file a concrete Fried Dele	or Cobadula for each fund ::=!=!:=	a avant hald division tha
The committee is require period covered by the C	Campaign Statement.	er Schedule for each fund raising	y evenit neid dunng the
	. •	nedule must also be reported on	the Itemized Contributions

Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



Summary Page.

Page 2 of 8

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

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

2. Committee Name FRIENDS OF ALYSHIA DYER

or Participating (whichever is greater) 10 MEET AND GREET place where the activity was held. PERSONAL HOME 2008 CRESTLAND I ANN ARBOR, MI 48-Private Residence 120.00 Other Receipts Gross Receipts (Add lines 7 and 8) Total Cost of Event Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)				
o2/15/2024 Total Contributions 120.00		- USE A SEPARATE SHI	EET FOR EACH EVENT -	
Total Contributions Other Receipts Other Receipts (Add lines 7 and 8) Total Cost of Event Total Cost includes In-Kind Contributions and All Expenditures Made For the Event) Co-Sponsor(s) Contribution Split Co-Sponsor(s) 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.	3. Date Event Was Held	or Participating (whichever is	5. Type of Fund Raising Activity	
Other Receipts Other Receipts (Add lines 7 and 8) Other Receipts (Add lines 1 and 8) O	02/15/2024	10	MEET AND GREET	2008 CRESTLAND D ANN ARBOR, MI 4810 Private Residence
A Gross Receipts (Add lines 7 and 8) 120.00 1. Total Cost of Event Total Cost includes In-Kind Contributions and All Expenditures Made For the Event) 1. 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.	. Total Contributions	120.00		
0. Total Cost of Event O.00 Total Cost includes In-Kind Contributions and All Expenditures Made For the Event) 1. Check if event was a joint fund raiser and complete the following: Co-Sponsor(s) Contribution 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.	. Other Receipts	0.00		
Total Cost includes In-Kind Contributions and All Expenditures Made For the Event) 1. 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.	. Gross Receipts (Add lines 7	and 8) 120.00		
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.	0. Total Cost of Event	0.00	Made For the Event)	
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.	1. Check if event was a jo	int fund raiser and complete the	following:	
period covered by the Campaign Statement.	Co-Sponsor(s)		plit	
period covered by the Campaign Statement.				
period covered by the Campaign Statement.				
period covered by the Campaign Statement.				
period covered by the Campaign Statement.				
period covered by the Campaign Statement.				
period covered by the Campaign Statement.				
period covered by the Campaign Statement.				
period covered by the Campaign Statement.	The committee is requir	red to file a separate Fund Paig	er Schedule for each fund raisin	g event held during the
Character and accompatitions that all an a Found Deland Calcadola accordance by uncombated as the theory and 🗘 and 🖰 a the theory	period covered by the C	Campaign Statement.		-

Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

C-2022-112

2. Committee Name FRIENDS OF ALYSHIA DYER

	- USE A SEPARATE SH	EET FOR EACH EVENT -	
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. VIRTUAL FUNDRAISE
03/28/2024	12	VIRTUAL FUNDRAISR	PO BOX 972326 YPSILANTI, MI 48197 Private Residence
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 (Total Cost includes In-Kind Co	0.00 ntributions and All Expenditures	Made For the Event)	
11. Check if event was a jo	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)
			
			
The committee is well.	- red to file a separate Fund Rais	er Cahadula far anab fund raisin	

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

Page	3	of	8



Page 4 of 8

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

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

2. Committee Name FRIENDS OF ALYSHIA DYER

	- USE A SEPARATE SHI	EET FOR EACH EVENT -	
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. ANN ARBOR ELKS
03/30/2024	65	FUNDRAISER	220 SUNSET RD
. Total Contributions	4,671.00		
. Other Receipts	0.00		
. Gross Receipts (Add lines 7 a	and 8) 4,671.00		
Total Cost of Event Total Cost includes In-Kind Cor	400.00 and All Expenditures	Made For the Event)	
1. Check if event was a join	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
-			
period covered by the C	Campaign Statement.	er Schedule for each fund raising	-
		edule must also be reported on e (1-IK), Itemized Expenditures	

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 SH	EET FOR EACH EVENT	-
3. Date Event Was Held		of Individuals Attending ating (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any) of place where the activity was held BOB GALLY PHOTO
05/11/2024	,	25	CHICAGO FUNDRAISEF	3009 N BROADWAY
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 (Total Cost includes In-Kind Co	ntributions	0.00 and All Expenditures	Made For the Event)	
11. Check if event was a jo	int fund ra	iser and complete the	following:	
Co-Sponsor(s)		Contribution S (%)	plit	Expenditure Split (%)
	_			
	-			
	_			
	-			
	_			

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

Page	5	of	8



Summary Page.

Page 6 of 8

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

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

2. Committee Name FRIENDS OF ALYSHIA DYER

	- USE A SEPARATE SH	EET FOR EACH EVENT -	
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of t place where the activity was held HEAR.SAY BREWING ANI
05/18/2024	35	ARTS COMMITTEE EVENT	THEATER 2350 W LIBERTY ST ANN ARBOR, MI 48103 Private Residence
7. Total Contributions	3,382.33		
8. Other Receipts	0.00		
9. Gross Receipts (Add lines 7 a	and 8) 3,382.33		
10. Total Cost of Event (Total Cost includes In-Kind Cor	500.00 ntributions and All Expenditures	Made For the Event)	
11. Check if event was a join	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)
period covered by the C		er Schedule for each fund raisin	

Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



Summary Page.

Page 7 of 8

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C-2022-1</u>12

2. Committee Name FRIENDS OF ALYSHIA DYER

Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. IBEW HALL
6/06/2024	75	IBEW HALL FUNDRAISER / PRIMARY	7920 JACKSON RD ANN ARBOR, MI 4810 Private Residence
Fotal Contributions	4,089.00		
Other Receipts	0.00		
Gross Receipts (Add lines 7 a	and 8) 4,089.00		
Total Cost of Event otal Cost includes In-Kind Co	812.75 ntributions and All Expenditures	Made For the Event	
Check if event was a jo	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)

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 SH	EET FOR EACH EVENT -	
ate Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. HOME OF SONIA KAUFM
/09/2024	30	FUNDRAISER	5519 GREAT HAWK CIR ANN ARBOR, MI 48105 Private Residence
otal Contributions	2,048.00		
her Receipts	0.00		
ross Receipts (Add lines 7	and 8) 2,048.00		
Total Cost of Event al Cost includes In-Kind Co	0.00 ontributions and All Expenditures	Made For the Event)	
	oint fund raiser and complete the		
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split
	(/0)		(%)
			(%)
			(%)
			(%)
			(%)
	(76)		(%)
	(76)		(%)

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

Page	8	of 8	
ıaue		OI .	