



FILED

30 JAN 2024 AM 11:10

WASHTENAW COUNTY CLERK
ANN ARBOR, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 10/21/2023 to 12/31/2023

1. Committee I.D. Number

C-2019-013

2. Committee Name

VOTE JEN EYER

4. Candidate Last Name

EYER

First Name

JENNIFER

M.I.

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

COUNCIL MEMBER, WARD 4, ANN ARBOR

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

5. Committee's Mailing Address

**716 BRAESIDE PLACE
ANN ARBOR, MI 48103**

Area Code and Phone (734) 846-1566
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**JOAN LOWENSTEIN
502 BURSON PLACE
ANN ARBOR, MI 48104**

Area Code & Phone (734) 761-5248

7. Treasurer's Business Address

**502 BURSON PLACE
ANN ARBOR, MI 48104**

Area Code and Phone (734) 761-5248

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

Area Code and Phone () -

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☒ Annual Statement (2023)
Coverage Year

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

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

01/30/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

01/30/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2019-013

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name VOTE JEN EYER

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>14,340.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>14,340.00</u>	(18.) \$ <u>19,074.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>14,340.00</u>	(20.) \$ <u>19,074.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$ <u>95.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ <u>1,050.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1,484.69</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>1,484.69</u>	(23.) \$ <u>4,538.52</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>1,560.17</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>14,340.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>15,900.17</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1,484.69</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>14,415.48</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2019-013
2. Committee Name VOTE JEN EYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/27/2023</u>	
Name & Address: CARLA BAYHA 1601 CHEROKEE RD ANN ARBOR, MI 48104		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/27/2023</u>	
Name & Address: BRET HAUTAMAKI 1110 BROOKLYN AVE ANN ARBOR, MI 48104		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/27/2023</u>	
Name & Address: JEAN HENRY 504 W WILLIAM ST ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/27/2023</u>	
Name & Address: LEIGH GREDEN 2860 GLADSTONE AVE ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 255.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/27/2023</u> Name & Address: HEIDI MITCHELL PO BOX 70 PORT COSTA, CA 94569		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>AHFLP LLC</u> Business Address <u>1204 BROOKLYN AVE, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/27/2023</u> Name & Address: AMY JORDAN 716 LANS WAY ANN ARBOR, MI 48103		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/27/2023</u> Name & Address: ROBERT FETTER 21816 SHADY LN AVE ST CLAIR SHORES, MI 48080		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MILLER COHEN</u> Business Address <u>7700 2ND AVE, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/27/2023</u> Name & Address: JENNIFER CORNELL 1402 W WASHINGTON ST ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,375.00**

Grand Total of All Schedules 1A
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1. Committee I.D. Number C-2019-013
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/27/2023</u>	
Name & Address: JOAN H LOWENSTEIN 502 BURSON PL ANN ARBOR, MI 48104		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/28/2023</u>	
Name & Address: WILLIAM LOCKWOOD 564 GALEN CIR ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>90.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>ALPHA TELSIS CONSULTING</u> Business Address <u>564 GALEN CIR, ANN ARBOR, MI 48103</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/28/2023</u>	
Name & Address: ADAM GOODMAN 400 VIRGINIA AVE ANN ARBOR, MI 48103		\$ <u>975.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL SOFTWARE ENGINEER</u> Employer <u>CISCO SYSTEMS</u> Business Address <u>123 N ASHLEY ST, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2023</u>	
Name & Address: RICHARD WEINER PO BOX 250 WILLIAMSTON, MI 48995		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/31/2023</u>	
Name & Address: MELISSA HAUPTMAN 611 STRATFORD DR ANN ARBOR, MI 48104		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>11/01/2023</u>	
Name & Address: ANN ARBOR FOR EVERYONE PAC 502 BURSON PL ANN ARBOR, MI 48104		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/02/2023</u>	
Name & Address: KIRK MERCER 8075 S JACKSON RD JACKSON, MI 49201		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>R.W. MERCER CO</u> Business Address <u>2322 BROOKLYN RD, JACKSON, MI 49203</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/06/2023</u>	
Name & Address: PETER HOUK 2025 YEOMAN CT ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

2,100.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/06/2023</u>	
Name & Address: LAURA HOUK 2025 YEOMAN CT ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/06/2023</u>	
Name & Address: STEPHANIE COMAI 1216 GLEN LEVEN RD ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/06/2023</u>	
Name & Address: BRANDON DIMCHEFF 1401 HARPST ST ANN ARBOR, MI 48104		\$ <u>500.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>OPENLY</u> Business Address <u>131 DARTMOUTH ST, BOSTON, MA 02116</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/06/2023</u>	
Name & Address: DANIEL ADAMS 1016 DANIEL ST ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>GM</u> Business Address <u>1016 DANIEL ST, ANN ARBOR, MI 48103</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/06/2023</u>	
Name & Address: JAMES FIELDS 2539 PRAIRIE ST ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>11/06/2023</u>	
Name & Address: IRON WORKERS LOCAL 25 25150 TRANS X RD NOVI, MI 48375		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/07/2023</u>	
Name & Address: JOE MALCOUN 1516 MORTON AVE ANN ARBOR, MI 48104		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/07/2023</u>	
Name & Address: LAURA O'NEILL 818 CAPITOL SQUARE PL SW WASHINGTON, DC 20024		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>AMERICAN CONCRETE PAVING ASSOCIATION</u> Business Address <u>818 CAPITOL SQUARE PL SW, WASHINGTON, DC 20024</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,600.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/08/2023</u>	
Name & Address: DOUGLAS SONG 1290 BARDSTOWN TRAIL ANN ARBOR, MI 48105		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>1290 BARDSTOWN TRAIL, ANN ARBOR, MI 48105</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/09/2023</u>	
Name & Address: ARBAUGH ANNMARIE 1915 AUSTIN AVE ANN ARBOR, MI 48104		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>COLDWELL BANKER</u> Business Address <u>2723 S STATE ST, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/09/2023</u>	
Name & Address: PAUL KANAN 1005 N STEPHENSON HWY ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/10/2023</u>	
Name & Address: JANIS BOBRIN 3465 VINTAGE VALLEY RD ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

1,675.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/10/2023</u>	
Name & Address: BRIAN KOEPP 4916 N ASHFORD WAY YPSILANTI, MI 48197		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/11/2023</u>	
Name & Address: BRIAN CHAMBERS 2815 EMBER WAY ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/11/2023</u>	
Name & Address: TRAVIS RADINA 2060 CHAMPAGNE DR ANN ARBOR, MI 48108		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/13/2023</u>	
Name & Address: JULIE WEATHERBEE 837 S MAIN ST ANN ARBOR, MI 48104		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>KNOWLEDGE MANAGER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 550.00

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2019-013
2. Committee Name VOTE JEN EYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/13/2023</u> Name & Address: ELI SAVIT 4993 HIDDEN BROOK CT ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/14/2023</u> Name & Address: CYNTHIA HARRISON 2251 WOODHAVEN CT ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/14/2023</u> Name & Address: BRIAN HERRON 6620 DEXTER ANN ARBOR RD DEXTER, MI 48130		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>OPUS IVS</u> Business Address <u>6620 DEXTER ANN ARBOR RD, DEXTER, MI 48130</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/14/2023</u> Name & Address: LORI HERRON 6620 DEXTER ANN ARBOR RD DEXTER, MI 48130		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VINEYARD OWNER</u> Employer <u>SELF</u> Business Address <u>6620 DEXTER ANN ARBOR RD, DEXTER, MI 48130</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,925.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2019-013
2. Committee Name VOTE JEN EYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/14/2023</u>	
Name & Address: S. KERENE MOORE 200 N MAIN ST ANN ARBOR, MI 48104		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/14/2023</u>	
Name & Address: ADAM JASKIEWICZ 1430 LAS VEGAS DR ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>GENERAL ELECTRIC</u> Business Address <u>1 VILLAGE CENTER DR, BELLEVILLE, MI 48111</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: JEAN LEVERICH 912 POMONA RD ANN ARBOR, MI 48103		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: IAN ROBINSON 3435 BRENTWOOD CT ANN ARBOR, MI 48108		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 275.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2019-013
2. Committee Name VOTE JEN EYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: JESSICA ALEXANDER 3485 GREENLEAF RD ANN ARBOR, MI 48105		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: JEAN HENRY 504 W WILLIAM ST ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: LISA DISCH 441 HILLDALE DR ANN ARBOR, MI 48105		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: JINAN HAMOOD 2010 HACKAMORE DR ANN ARBOR, MI 48103		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 375.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2019-013
2. Committee Name VOTE JEN EYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: BONNIE KERBER 1528 WARWICK CT ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: KIRK WESTPHAL 3505 CHARTER PL ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/15/2023</u>	
Name & Address: LARRY CRITTENDEN 603 W CRANE ST HOWELL, MI 48843		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/16/2023</u>	
Name & Address: DHARMA AKMON 1156 GLEN LEVEN RD ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCH SCIENTIST</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1156 GLEN LEVEN RD, ANN ARBOR, MI 48103</u> 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
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2019-013
2. Committee Name VOTE JEN EYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/16/2023</u> Name & Address: JASON MORGAN PO BOX 4297 ANN ARBOR, MI 48106		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/16/2023</u> Name & Address: RAY STRAYER 225 WILDEMER DR MASON, MI 48854		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/16/2023</u> Name & Address: JAMEY AMRINE 732 BRAESIDE PL ANN ARBOR, MI 48103		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM MANAGER</u> Employer <u>ALTAIR</u> Business Address <u>732 BRAESIDE PL, ANN ARBOR, MI 48103</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/16/2023</u> Name & Address: NICHOLAS ROUMEL 4101 THORNOAKS DR ANN ARBOR, MI 48104		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICE OF NICHOLAS ROUMEL</u> Business Address <u>4101 THORNOAKS DR, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2019-013
2. Committee Name VOTE JEN EYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/16/2023</u> Name & Address: FELICIA BRABEC FOR STATE REPRESENTATIVE 2075 W STADIUM BLVD ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/16/2023</u> Name & Address: PAT GAGLIARDI PO BOX 191 DRUMMOND ISLAND, MI 49726	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/19/2023</u> Name & Address: KERI BRANG 3208 COBBLESTONE CT RALEIGH, NC 27607	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/21/2023</u> Name & Address: LEIGH ANN KOEPP 1453 MARIAN AVE ANN ARBOR, MI 48103	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		

Page Subtotal **400.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2019-013
2. Committee Name VOTE JEN EYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/23/2023</u>	
Name & Address: DANIEL SHEEHAN 32840 BALMORAL ST BEVERLY HILLS, MI 48025		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/28/2023</u>	
Name & Address: AMY NELSON 1515 NORMANDY RD ANN ARBOR, MI 48103		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR, FINANCE & HR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST, ANN ARBOR, MI 48109</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/12/2023</u>	
Name & Address: BRET HAUTAMAKI 1110 BROOKLYN AVE ANN ARBOR, MI 48104		\$ <u>25.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/12/2023</u>	
Name & Address: PETER HONEYMAN 113 S FOURTH AVE APT 4 ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **385.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2019-013
2. Committee Name VOTE JEN EYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/12/2023</u>	
Name & Address: MARGARET GING 383 LARKSPUR ST ANN ARBOR, MI 48105		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/12/2023</u>	
Name & Address: SCOTT ANDERSON 1422 PINE VALLEY BLVD ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/12/2023</u>	
Name & Address: JAMES FIELDS 2539 PRAIRIE ST ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/16/2023</u>	
Name & Address: DHARMA AKMON 1156 GLEN LEVEN RD ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCH SCIENTIST</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1156 GLEN LEVEN RD, ANN ARBOR, MI 48103</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 325.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2019-013
2. Committee Name VOTE JEN EYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/17/2023</u>	
Name & Address: MARY JANEVIC 1509 MAYWOOD AVE ANN ARBOR, MI 48103		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
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 _____	
Name & Address _____		\$ _____	\$ _____
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 _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

25.00

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

14,340.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **C-2019-013**
2. Committee Name **VOTE JEN EYER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEDITERRANO Address 2900 S STATE ST ANN ARBOR, MI 48104 ☒ Fund Raiser	Purpose: <u>FEE FOR VENUE AND FOOD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/15/2023</u> Date	\$ <u>1,205.00</u>
Expenditure #2 Name ACTBLUE DONATE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ONLINE CONTRIBUTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/04/2023</u> Date	\$ <u>117.02</u>
Expenditure #3 Name VANTIV ECOMMERCE LLC Address 900 CHELMSFORD ST LOWELL, MA 01851 ☐ Fund Raiser	Purpose: <u>ONLINE BANKING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/11/2023</u> Date	\$ <u>162.67</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page	1,484.69
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1,484.69

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **C-2019-013**
2. Committee Name **VOTE JEN EYER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 11/15/2023	4. Number of Individuals Attending or Participating (whichever is greater) 40	5. Type of Fund Raising Activity COCKTAIL BUFFET	6. Address and Name (If any) of the place where the activity was held. MEDITERRANO 2900 S STATE ST ANN ARBOR, MI 48104 ☐ Private Residence
---	---	--	--

7. Total Contributions **12,655.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **12,655.00**
10. Total Cost of Event **1,205.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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