MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
24 JUL 2024 PM 12:39
WASHTENAW COUNTY CLERK
ANN ARBOR, MICHIGAN

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE COVER PAGE

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

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

1. Committee I.D. Number
C-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. [X] Pre-Election **OR** 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [X] Primary
- [ ] General
- [ ] Convention
- [ ] Special
- [ ] School
- [ ] Caucus

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

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

- [ ] July Quarterly
- [ ] October Quarterly

9c. [ ] Annual Statement (.) Coverage Year

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

9e. Dissolution of Candidate Committee

[ ] By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, owes 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 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 _____ / _____ Submitted electronically, signature on file Date 07/24/2024
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 07/24/2024
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

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.) $	13,191.50	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	13,191.50	(18.) $ 32,265.50
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.) $	13,191.50	(20.) $ 32,265.50
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	299.75	(21.) $ 394.75
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0.00	(22.) $ 1,050.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	20,364.41	
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.) $	20,364.41	(23.) $ 24,902.93
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0.00	(24.) $ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed **by** the Committee (Schedule 1E)	(12a.) $	0.00	
b. Owed **to** the Committee (Schedule 1E)	(12b.) $	0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	14,415.48
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	13,191.50
15. SUBTOTAL Add lines 13 and 14	(15.) = $	27,606.98
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	20,364.41
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	7,242.57 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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 01/01/2024

Name & Address:
RYAN STENGEL
2502 BANYAN CT
ANN ARBOR, MI 48103

$ 50.00 $ 50.00

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 01/12/2024

Name & Address
KAI PETAINEN
2222 FULLER CT
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

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 01/16/2024

Name & Address:
DHARMA AKMON
1156 GLEN LEVEN RD
ANN ARBOR, MI 48103

$ 100.00 $ 700.00

5. If over $100.00 cumulative, please provide:

Occupation RESEARCH SCIENTIST Employer UNIVERSITY OF MICHIGAN

Business Address 1156 GLEN LEVEN RD, ANN ARBOR, MI 48103

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 01/17/2024

Name & Address
GREG ROSE
6680 CRANE RD
YPSILANTI, MI 48197

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 350.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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:
MICHAEL STAEBLER
4 GEDDES HEIGHTS DR
ANN ARBOR, MI 48104

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 01/17/2024

Name & Address
LARRY HAUPTMAN
2180 OVERLOOK CT
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

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 01/17/2024

Name & Address:
LEIGH GREDEN
2860 GLADSTONE AVE
ANN ARBOR, MI 48104

$ 75.00 $ 175.00

5. If over $100.00 cumulative, please provide:

Occupation ADMINISTRATOR Employer EASTERN MICHIGAN UNIVERSITY

Business Address 202 WELCH HALL, YPSILANTI, MI 48197

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 01/18/2024

Name & Address
NICKLAUS SUINO
2875 BOARDWALK DR
ANN ARBOR, MI 48104

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 475.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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 01/18/2024

Name & Address:
ANN ORR
618 STRATFORD DR
ANN ARBOR, MI 48104

$ 100.00 $ 100.00

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 01/20/2024

Name & Address
WALTER COHEN
9 SOUTHWICK CT
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

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 01/22/2024

Name & Address:
BARBARA MCMULLEN
703 DUNCAN ST
ANN ARBOR, MI 48103

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 01/22/2024

Name & Address
ALEX LOWE
3340 FERNWOOD AVE
ANN ARBOR, MI 48108

$ 2.50 $ 2.50

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal 252.50

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
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 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 01/22/2024

Name & Address:
WILLIAM LOCKWOOD
564 GALEN CIR
ANN ARBOR, MI 48103

$ 50.00 $ 140.00

5. If over $100.00 cumulative, please provide:

Occupation SALES Employer ALPHA TELSYS CONSULTING

Business Address 564 GALEN CIR, ANN ARBOR, MI 48103

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 01/22/2024

Name & Address
PETER ALLEN
2224 APPLEWOOD CT
ANN ARBOR, MI 48103

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 01/22/2024

Name & Address:
JANIS BOBRIN
3465 VINTAGE VALLEY RD
ANN ARBOR, MI 48105

$ 100.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 01/24/2024

Name & Address
PAUL CONWAY
1780 TIMBER TRAIL
ANN ARBOR, MI 48103

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 700.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

2. Committee Name VOTE JEN EYER

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 01/25/2024

Name & Address:
RICHARD WADE
1838 JOSEPH ST
ANN ARBOR, MI 48104

$ 250.00 $ 350.00

5. If over $100.00 cumulative, please provide:

Occupation GEOGRAPHER Employer LIMNOTECH

Business Address 501 AVIS DR, ANN ARBOR, MI 48108

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 01/25/2024

Name & Address
DAVID BARFIELD
5460 GEDDES RD
ANN ARBOR, MI 48105

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 01/26/2024

Name & Address:
VIRGINIA E ROGERS
1332 WHITE ST
ANN ARBOR, MI 48104

$ 50.00 $ 50.00

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 01/26/2024

Name & Address
KATIE VOHWINKLE
11607 ISLAND CT
HARTLAND, MI 48353

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 850.00

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
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 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 01/28/2024

Name & Address:
JEAN CLEMES
724 DORNOCH DR
ANN ARBOR, MI 48103

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 01/28/2024

Name & Address
MICHELLE CRUMM
2016 VALLEYVIEW DR
ANN ARBOR, MI 48105

$ 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 01/29/2024

Name & Address:
CHARLES BORGSDORF
409 ARGO DR
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

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 01/29/2024

Name & Address
DANIEL ADAMS
1016 DANIEL ST
ANN ARBOR, MI 48103

$ 125.00 $ 475.00

5. If over $100.00 cumulative, please provide:

Occupation LAWYER Employer GM

Business Address 1016 DANIEL ST, ANN ARBOR, MI 48103

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 300.00

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
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 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 01/29/2024

Name & Address:
MARGARET WYZLIC
4758 DUNBARTON CT
ANN ARBOR, MI 48103

$ 50.00 $ 50.00

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 01/29/2024

Name & Address
LAURA HAYDEN
1511 GRANGER AVE
ANN ARBOR, MI 48104

$ 50.00 $ 50.00

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 01/30/2024

Name & Address:
DAVID ADRIAN
459 COLUMBINE ST
DENVER, CO 80206

$ 100.00 $ 100.00

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 01/31/2024

Name & Address
ARBAUGH ANNMARIE
1915 AUSTIN AVE
ANN ARBOR, MI 48104

$ 75.00 $ 325.00

5. If over $100.00 cumulative, please provide:

Occupation REALTOR Employer COLDWELL BANKER

Business Address 2723 S STATE ST, ANN ARBOR, MI 48104

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

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

2. Committee Name VOTE JEN EYER

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 02/01/2024

Name & Address:
DENNIS BERNARD
843 SUFFIELD AVE
BIRMINGHAM, MI 48009

$100.00 $100.00

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 02/01/2024

Name & Address
DHARMA AKMON
1156 GLEN LEVEN RD
ANN ARBOR, MI 48103

$100.00 $800.00

5. If over $100.00 cumulative, please provide:

Occupation RESEARCH SCIENTIST Employer UNIVERSITY OF MICHIGAN

Business Address 1156 GLEN LEVEN 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 02/02/2024

Name & Address:
LESLIE SOBEL
690 BARTON DR
ANN ARBOR, MI 48105

$50.00 $50.00

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 02/02/2024

Name & Address
ARTHUR SIEGAL
20081 RONSDALE DR
BEVERLY HILLS, MI 48025

$27.00 $27.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal 277.00

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
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 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 02/05/2024

Name & Address:
BRANDON DIMCHEFF
1401 HARPST ST
ANN ARBOR, MI 48104

$100.00 $850.00

5. If over $100.00 cumulative, please provide:

Occupation SOFTWARE ENGINEER Employer OPENLY

Business Address 131 DARTMOUTH ST, BOSTON, MA 02116

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 02/06/2024

Name & Address
DAVID FRY
3040 BIRD SONG LN
ANN ARBOR, MI 48105

$500.00 $750.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 02/06/2024

Name & Address:
CATHY FLEISCHER
1715 DAVID CT
ANN ARBOR, MI 48105

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 02/07/2024

Name & Address
JESSICA ALEXANDER
3485 GREENLEAF RD
ANN ARBOR, MI 48105

$100.00 $250.00

5. If over $100.00 cumulative, please provide:

Occupation PROFESSOR Employer EASTERN MICHIGAN UNIVERSITY

Business Address 203 BOONE, YPSILANTI, MI 48197

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 800.00

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
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 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 02/08/2024

Name & Address:
WINSTON CHESTER
13300 MINX RD
IDA, MI 48140

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 02/08/2024

Name & Address
PATRICIA REILLY
4788 N ASHFORD WAY
YPSILANTI, MI 48197

$ 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 02/08/2024

Name & Address:
KEVIN MCKINNEY
6950 W EATON HWY
LANSING, MI 48906

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation CONSULTANT Employer MCKINNEY AND ASSOCIATES

Business Address 6950 W EATON HWY, LANSING, MI 48906

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
KEVIN MCKINNEY
6950 W EATON HWY
LANSING, MI 48906

$ 100.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation CONSULTANT Employer MCKINNEY AND ASSOCIATES

Business Address 6950 W EATON HWY, LANSING, MI 48906

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 line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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:
JASON MORGAN FOR STATE REPRESENTATIVE
P.O. BOX 4297
ANN ARBOR, MI 48106

$ 50.00 $ 50.00

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 02/09/2024

Name & Address
COMMITTEE TO ELECT CARRIE RHEINGANS
2557 MILLER AVE
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

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 02/09/2024

Name & Address:
EVAN PRATT
1626 HARBAL DR
ANN ARBOR, MI 48105

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation ELECTED OFFICIAL Employer WASHTENAW COUNTY

Business Address 705 N ZEEB RD, ANN ARBOR, MI 48107

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
ERIC GOLDBERG
3010 DEXTER RD
ANN ARBOR, MI 48103

$ 300.00 $ 400.00

5. If over $100.00 cumulative, please provide:

Occupation PARTNER Employer SUDO LABORATORIES

Business Address 3010 DEXTER RD, ANN ARBOR, MI 48103

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal 950.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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:
JEAN LEVERICH
912 POMONA RD
ANN ARBOR, MI 48103

$25.00 $50.00

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 02/09/2024

Name & Address
HEIDI MITCHELL
2082 S STATE ST
ANN ARBOR, MI 48104

$25.00 $1,025.00

5. If over $100.00 cumulative, please provide:

Occupation PROFESSIONAL Employer 4M

Business Address 2082 S STATE 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 02/09/2024

Name & Address:
MAGGI KENNEL
1833 MERSHON DR
ANN ARBOR, MI 48103

$100.00 $100.00

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 02/09/2024

Name & Address
DERRICK JACKSON
6193 ASPEN WAY
YPSILANTI TWP, MI 48197

$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

Page Subtotal 175.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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:
NICKLAUS SUINO
2875 BOARDWALK DR
ANN ARBOR, MI 48104

$100.00 $200.00

5. If over $100.00 cumulative, please provide:

Occupation BUSINESS OWNER Employer STONE ROBOT ENTERPRISES

Business Address 2875 BOARDWALK 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 02/09/2024

Name & Address
RYAN HUSSE
1850 N PARKER RD
DEXTER, MI 48130

$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 02/09/2024

Name & Address:
BRIAN CHAMBERS
2815 EMBER WAY
ANN ARBOR, MI 48104

$50.00 $150.00

5. If over $100.00 cumulative, please provide:

Occupation ALLIANCE EXECUTIVE Employer DS GOVERNMENT SOLUTIONS

Business Address 175 WYMAN ST, WALTHAM, MA 02451

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 02/09/2024

Name & Address
AYESHA GHAZI EDWIN
3009 TURNBERRY LN
ANN ARBOR, MI 48108

$100.00 $200.00

5. If over $100.00 cumulative, please provide:

Occupation DEPUTY DIRECTOR Employer DETROIT DISABILITY POWER

Business Address 4731 GRAND RIVER AVE, DETROIT, MI 48208

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

2. Committee Name VOTE JEN EYER

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 02/09/2024

Name & Address:
S. KERENE MOORE
200 N MAIN ST
ANN ARBOR, MI 48104

$ 25.00 $ 75.00

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 02/11/2024

Name & Address
JENNIFER CONLIN
435 STEIN RD
ANN ARBOR, MI 48105

$ 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 02/14/2024

Name & Address:
ROBERT BOLEY
1619 DICKEN DR
ANN ARBOR, MI 48103

$ 100.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation LAWYER Employer ARENTFOX SCHIFF LLP

Business Address 350 S MAIN ST, STE 210, ANN ARBOR, MI 48104

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 02/27/2024

Name & Address
KAREN DELAIR
663 SCIO CHURCH RD
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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 line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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 02/27/2024

Name & Address:
ALLYSON HARTUNG
3661 HIGHLANDER WAY E
ANN ARBOR, MI 48108

$ 1,050.00 $ 1,050.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 02/28/2024

Name & Address
JESSICA SENDRA
1511 GOLDEN AVE
ANN ARBOR, MI 48104

$ 100.00 $ 100.00

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 03/06/2024

Name & Address:
ADAM JASKIEWICZ
1430 LAS VEGAS DR
ANN ARBOR, MI 48103

$ 100.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation SOFTWARE ENGINEER Employer GENERAL ELECTRIC

Business Address 17187 N LAUREL PARK DR, LIVONIA, MI 48152

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 03/14/2024

Name & Address
JOHN REYNOLDS
1750 SANDY CREEK LN
ANN ARBOR, MI 48103

$ 100.00 $ 110.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer SELF

Business Address 455 E EISENHOWER PKWY, SUITE 300, ANN ARBOR, MI 48108

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 1,350.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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 03/16/2024

Name & Address:
DHARMA AKMON
1156 GLEN LEVEN RD
ANN ARBOR, MI 48103

$ 100.00 $ 900.00

5. If over $100.00 cumulative, please provide:

Occupation RESEARCH SCIENTIST Employer UNIVERSITY OF MICHIGAN

Business Address 1156 GLEN LEVEN 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 03/22/2024

Name & Address
JOHN IVANCICH
1324 WELLS ST
ANN ARBOR, MI 48104

$ 25.00 $ 50.00

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 03/22/2024

Name & Address:
ADAM JASKIEWICZ
1430 LAS VEGAS DR
ANN ARBOR, MI 48103

$ 100.00 $ 400.00

5. If over $100.00 cumulative, please provide:

Occupation SOFTWARE ENGINEER Employer GENERAL ELECTRIC

Business Address 17187 N LAUREL PARK DR, LIVONIA, MI 48152

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 03/25/2024

Name & Address
BRANDON DIMCHEFF
1401 HARPST ST
ANN ARBOR, MI 48104

$ 250.00 $ 1,100.00

5. If over $100.00 cumulative, please provide:

Occupation SOFTWARE ENGINEER Employer OPENLY

Business Address 131 DARTMOUTH ST, BOSTON, MA 02116

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 475.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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 03/25/2024

Name & Address:
KEVIN MCKINNEY
6950 W EATON HWY
LANSING, MI 48906

$ 800.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation CONSULTANT Employer MCKINNEY AND ASSOCIATES

Business Address 216 N CHESTNUT ST, LANSING, MI 48933

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 04/02/2024

Name & Address
GARY HEITMAN
11191 RED MAPLE DR
PLYMOUTH TWP, MI 48170

$ 50.00 $ 50.00

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 04/16/2024

Name & Address:
DHARMA AKMON
1156 GLEN LEVEN RD
ANN ARBOR, MI 48103

$ 100.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation RESEARCH SCIENTIST Employer UNIVERSITY OF MICHIGAN

Business Address 1156 GLEN LEVEN 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 05/06/2024

Name & Address
ZACH MONSMA
2660 HEATHER WAY
ANN ARBOR, MI 48104

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

Page Subtotal 1,000.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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 05/07/2024

Name & Address:
MICHIGAN LABORERS' POLITICAL LEAGUE
1118 CENTENNIAL WAY
LANSING, MI 48917

$ 1,000.00 $ 1,750.00

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 05/15/2024

Name & Address
PURSUIT OF JUSTICE PAC
2075 W. STADIUM BLVD
#2000
ANN ARBOR, MI 48106

$ 250.00 $ 250.00

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 05/17/2024

Name & Address:
JOHN MCLAUGHLIN
1611 MORTON AVE
ANN ARBOR, MI 48104

$ 100.00 $ 100.00

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 06/07/2024

Name & Address
LEIGH GREDEN
2860 GLADSTONE AVE
ANN ARBOR, MI 48104

$ 500.00 $ 675.00

5. If over $100.00 cumulative, please provide:

Occupation ADMINISTRATOR Employer EASTERN MICHIGAN UNIVERSITY

Business Address 202 WELCH, YPSILANTI, MI 48197

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 1,850.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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 06/07/2024

Name & Address:
JOSEPH BAUER
1456 WOODLAND DR
ANN ARBOR, MI 48103

$ 10.00 $ 10.00

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 06/07/2024

Name & Address
DAVID MEKELBURG
335 KOCH AVE
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

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 06/07/2024

Name & Address:
RICHARD WADE
1838 JOSEPH ST
ANN ARBOR, MI 48104

$ 100.00 $ 450.00

5. If over $100.00 cumulative, please provide:

Occupation GEOGRAPHER Employer LIMNOTECH

Business Address 501 AVIS DR, ANN ARBOR, MI 48108

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/08/2024

Name & Address
JANIS BOBRIN
3465 VINTAGE VALLEY RD
ANN ARBOR, MI 48105

$ 100.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 310.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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 06/09/2024

Name & Address:
MARY JANEVIC
1509 MAYWOOD AVE
ANN ARBOR, MI 48103

$ 50.00 $ 75.00

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 06/10/2024

Name & Address
DANIEL SHEEHAN
32840 BALMORAL ST
BEVERLY HILLS, MI 48025

$ 10.00 $ 20.00

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 06/11/2024

Name & Address:
PEREGRINE GERETY
1560 GREENVIEW DR
ANN ARBOR, MI 48103

$ 50.00 $ 50.00

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 06/11/2024

Name & Address
SADIRA CLARKE
236 MURRAY AVE
ANN ARBOR, MI 48103

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 160.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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 06/11/2024

Name & Address:
PAUL KANAN
1005 N STEPHENSON HWY
ROYAL OAK, MI 48067

$ 200.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation GOVERNMENT Employer OAKLAND COUNTY

Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/12/2024

Name & Address
ROB UTTERBACK
545 S SEVENTH
ANN ARBOR, MI 48103

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/2024

Name & Address:
JULIE WEATHERBEE
837 S MAIN ST
ANN ARBOR, MI 48104

$ 100.00 $ 350.00

5. If over $100.00 cumulative, please provide:

Occupation KNOWLEDGE 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

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/22/2024

Name & Address
JUDAH GARBER
1508 GRANGER AVE
ANN ARBOR, MI 48104

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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 06/30/2024

Name & Address:
ELIZABETH ANDERSON
501 SNYDER AVE
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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/05/2024

Name & Address
PETER HONEYMAN
113 S FOURTH AVE
APT 4
ANN ARBOR, MI 48104

$ 100.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/07/2024

Name & Address:
PAUL KANAN
1005 N STEPHENSON HWY
ROYAL OAK, MI 48067

$ 100.00 $ 400.00

5. If over $100.00 cumulative, please provide:

Occupation GOVERNMENT Employer OAKLAND COUNTY

Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341

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
DANIEL ROSENBAUM
521 FOUNTAIN ST
ANN ARBOR, MI 48103

$ 10.00 $ 10.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 235.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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 07/14/2024

Name & Address:
PAUL KANAN
1005 N STEPHENSON HWY
ROYAL OAK, MI 48067

$ 825.00 | $ 1,225.00

5. If over $100.00 cumulative, please provide:

Occupation GOVERNMENT Employer OAKLAND COUNTY

Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/15/2024

Name & Address
GRANT HOWE
4285 SONATA DR
HOWELL, MI 48843

$ 10.00 | $ 10.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/16/2024

Name & Address:
ARTHUR SIEGAL
20081 RONSDALE DR
BEVERLY HILLS, MI 48025

$ 72.00 | $ 99.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2024

Name & Address
CHUCK WARPEHOSKI
2020 WINEWOOD AVE
ANN ARBOR, MI 48103

$ 50.00 | $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 957.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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 07/18/2024

Name & Address:
ERIC GILBERT
2125 STEPHEN TERRACE
ANN ARBOR, MI 48103

$ 50.00 $ 50.00

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 07/19/2024

Name & Address
RICK MINTZ
429 RYAN RD
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 07/20/2024

Name & Address:
JESSICA ALEXANDER
3485 GREENLEAF RD
ANN ARBOR, MI 48105

$ 150.00 $ 400.00

5. If over $100.00 cumulative, please provide:

Occupation PROFESSOR Employer EASTERN MICHIGAN UNIVERSITY

Business Address 203 BOONE, YPSILANTI, MI 48197

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:

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal	225.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	13,191.50

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

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

2. Committee Name VOTE JEN EYER

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: JEFF HAUPTMAN 611 STRATFORD DR ANN ARBOR, MI 48104 **If over $100.00 cumulative, please provide:** Occupation: CEO Employer Name & Business Address: OXFORD COMPANIES 777 E EISENHOWER PKWY, STE 850, ANN ARBOR, MI 48108 ☑ 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 RENTALS FOR PARTY 5. Date Of Receipt: 02/09/2024 6. **Vendor Name & Address:** ALPINE EVENTS 2285 W LIBERTY ST, ANN ARBOR, MI 48103	$ 299.75	$ 299.75
Contribution # 2 PAC Receipt? ☐ Yes Name & Address **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description _____ 5. Date Of Receipt: _____ 6. **Vendor Name & Address:** Click Here for Memo Itemization	$	$
Contribution #3 PAC Receipt? ☐ Yes Name & Address: **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description _____ 5. Date Of Receipt: _____ 6. **Vendor Name & Address:** Click Here for Memo Itemization	$	$
	Page Subtotal	299.75	299.75
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	299.75	

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 ACTBLUE DONATE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: SERVICE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/01/2024 Date	$ 7.14
Expenditure #2 Name ACTBLUE DONATE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: SERVICE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/01/2024 Date	$ 47.31
Expenditure #3 Name BLUE PATH SOLUTIONS LLC Address 439 3RD ST APT 10 ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: CAMPAIGN MANAGEMENT SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/20/2024 Date	$ 2,300.00
Expenditure #4 Name ACTBLUE DONATE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: SERVICE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/01/2024 Date	$ 60.45
Expenditure #5 Name ACTBLUE DONATE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: SERVICE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2024 Date	$ 22.13

Subtotal this page	2,437.03
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: LETTERHEAD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/09/2024 Date	$ 325.51
Expenditure #2 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/10/2024 Date	$ 1,971.60
Expenditure #3 Name ACTBLUE DONATE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: SERVICE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	$ 2.25
Expenditure #4 Name BLUE PATH SOLUTIONS LLC Address 439 3RD ST APT 10 ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: CAMPAIGN MANAGEMENT SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/20/2024 Date	$ 3,852.60
Expenditure #5 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/23/2024 Date	$ 1,971.60

Subtotal this page	8,123.56
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 ACTBLUE DONATE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: SERVICE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2024 Date	$ 2.25
Expenditure #2 Name BLUE PATH SOLUTIONS LLC Address 439 3RD ST APT 10 ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: CAMPAIGN MANAGEMENT SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/05/2024 Date	$ 1,150.00
Expenditure #3 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: FACEBOOK ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2024 Date	$ 75.00
Expenditure #4 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: FACEBOOK ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/13/2024 Date	$ 25.00
Expenditure #5 Name ACTBLUE DONATE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: SERVICE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2024 Date	$ 150.00

Subtotal this page	1,402.25
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: MAILERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/28/2024 Date	$ 2,332.05
Expenditure #2 Name ACTBLUE DONATE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: SERVICE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	$ 23.18
Expenditure #3 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: FACEBOOK ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	$ 200.00
Expenditure #4 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: FACEBOOK ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2024 Date	$ 175.00
Expenditure #5 Name BLUE PATH SOLUTIONS LLC Address 439 3RD ST APT 10 ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: CAMPAIGN MANAGEMENT SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2024 Date	$ 1,850.00

Subtotal this page	4,580.23
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: FACEBOOK ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2024 Date	$ 250.00
Expenditure #2 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: FACEBOOK ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2024 Date	$ 250.00
Expenditure #3 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: FACEBOOK ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/12/2024 Date	$ 257.75
Expenditure #4 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: FACEBOOK ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2024 Date	$ 260.05
Expenditure #5 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: MAILERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2024 Date	$ 2,803.54

Subtotal this page	3,821.34
Grand Total of all Schedules 1B (Complete on last page of Schedule)	20,364.41

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
02/09/2024	60	FUNDRAISING PARTY	MEDITERRANO 2900 S STATE ST ANN ARBOR, MI 48104 ☐ Private Residence

7. Total Contributions 4,979.50

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 4,979.50

10. Total Cost of Event 299.75
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
JEN EYER	50	50
LISA DISCH	50	50

- 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.