



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 07/22/24 To 08/26/24

1. Committee I.D. Number

P-2023-001

4. Committee's Mailing Address

**502 Burson Pl
Ann Arbor, MI 48104**

2. Committee Name

Ann Arbor For Everyone PAC

Area Code and Phone (734) 761-5248

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.

5. Treasurer's Name and Residential Address

**Joan Lowenstein
502 Burson Pl
Ann Arbor, MI 48104**

Area Code and Phone (734) 761-5248

6. Treasurer's Business Address

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

Area Code and Phone

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. QUARTERLY STATEMENTS

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8b. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

8c. ☐ ANNUAL STATEMENT
(Coverage Year) Local
Candidates Exempted

8d. ☐ PRE-ELECTION OR

8e. ☒ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☒ PRIMARY ☐ GENERAL

☐ CONVENTION ☐ SCHOOL

☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

08/06/24

☐ July 25 Quarterly

☐ October 25 Quarterly

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8f. ☐ AMENDMENT TO CAMPAIGN
STATEMENT
(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8g. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

By checking this item, I/we certify that
the committee has no asset or outstanding
debts, including late filing fees. Further, I
request that if the dissolution cannot be
granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

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

Current Treasurer or

Joan Lowenstein

Designated Record Keeper

Type or Print Name

Signature

Date

09/04/24



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number P-2023-001

2. Committee Name Ann Arbor For Everyone PAC

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

| RECEIPTS | | Column I This Period | Column II Cumulative for Calendar Year |
|--|-----------|-------------------------|---|
| 3. Contributions | | | |
| a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8) | (3a.) \$ | 10.00 | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ | NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$ | | (18.) \$ 2,115.00 |
| 4. Other Receipts (Schedule 2A-1, Column 6) | (4.) \$ | | (19.) \$ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4) | (5.) \$ | 10.00 | (20.) \$ 2,115.00 |
| IN-KIND CONTRIBUTIONS | | | |
| 6. In-Kind Contributions | | | |
| a. Itemized (Schedule 2-IK, Column 7) | (6a.) \$ | | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (6b.) \$ | NOT APPLICABLE | |
| 7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) | (7.) \$ | | (21.) \$ |
| EXPENDITURES | | | |
| 8. Expenditures | | | |
| a. Itemized Direct (Schedule 2B, Column 7) | (8a.) \$ | 26.50 | |
| b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6) | (8b.) \$ | | |
| c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7) | (8c.) \$ | | |
| d. Unitemized (less than \$50.01 each - no Schedule) | (8d.) \$ | | |
| e. Subtotal of Expenditures | (8e.) \$ | 26.50 | (22.) \$ 8,769.38 |
| 9. Independent Expenditures (Schedule 2B-1, Column 7) | (9.) \$ | | (23.) \$ |
| 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) | (10.) \$ | 26.50 | (24.) \$ 8,769.38 |
| IN-KIND EXPENDITURES | | | |
| 11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8) | (11.) \$ | | (25.) \$ |
| DEBTS AND OBLIGATIONS | | | |
| 12. Debts and Obligations | | | |
| a. Owed by the Committee (Schedule 2E) | (12a.) \$ | | |
| b. Owed to the Committee (Schedule 2E) | (12b.) \$ | | |
| BALANCE STATEMENT | | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ | 13,071.94 | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I) | (14.) + | 10.00 | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = | 13,081.94 | |
| 16. Amount expended during reporting period (Line 10, Total Expenditures - Column I) | (16.) - | 26.50 | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ | 13,055.44 | * |

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number **P-2023-001**

2. Committee Name **Ann Arbor For Everyone PAC**

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt **08/12/24**

Name & Address:

**William Lockwood
564 Galen Circle
Ann Arbor, MI 48103**

\$ **10**

\$ **80**

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

Occupation **Sales** Employer **Alpha Telsys Consulting**

[Click Here for Memo Itemization Type](#)

Business Address **564 Galen Circle, Ann Arbor, MI 48103**

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

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization Type](#)

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

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

\$10.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

\$10.00

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

P-2023-001

Ann Arbor For Everyone PAC

2. Committee Name

| 3. Name and address of person or vendor to whom the expenditure was made | 5. Candidate or Ballot Question Information | 6. Date | 7. Amount | 8. Cumulative for Election or Election Cycle |
|---|--|------------------|-------------------|--|
| Expenditure #1 Name & Address: Intuit Mailchimp 405 N Angier Ave NE Atlanta, GA 30308 | 5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County | 08/05/25 Date | \$ 26.50 | \$ 212 |
| 4. Purpose: Email services | | | | Click Here for Memo Itemization Type |
| <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement | | | |
| Expenditure #2 Name & Address: | 5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County | _____ Date | \$ _____ \$ _____ | Click Here for Memo Itemization Type |
| 4. Purpose: _____ | | | | |
| <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement | | | |
| Expenditure #3 Name & Address: | 5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County | _____ Date | \$ _____ \$ _____ | Click Here for Memo Itemization Type |
| 4. Purpose: _____ | | | | |
| <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement | | | |
| Expenditure #4 Name & Address: | 5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County | _____ Date | \$ _____ \$ _____ | Click Here for Memo Itemization Type |
| 4. Purpose: _____ | | | | |
| <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement | | | |

Subtotal this page

\$26.50

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

\$26.50

Enter this total
on line 8a of the
Summary Page