



FILED

08 OCT 2024 AM 10:42

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-2019-006

4. Candidate Last Name

First Name

M.I.

DISCH

LISA

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

COUNCIL MEMBER, WARD 1, ANN ARBOR

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

2. Committee Name

LISA DISCH FOR CITY COUNCIL

5. Committee's Mailing Address

**441 HILLDALE DRIVE
ANN ARBOR, MI 48105**

Area Code and Phone (734) 369-3571
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

**KELLY ZEMKE
517 GOTT STREET
ANN ARBOR, MI 48103**

Area Code & Phone (810) 334-7318

7. Treasurer's Business Address

**517 GOTT STREET
ANN ARBOR, MI 48103**

Area Code and Phone (810) 334-7318

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

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.)

Date of Election, Convention or Caucus

08/06/2024

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 late 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

10/08/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/08/2024



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2019-006
2. Committee Name LISA DISCH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, 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>01/17/2024</u>	
Name & Address: LEIGH GREDEN 2860 GLADSTONE AVE ANN ARBOR, MI 48104		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>EASTERN MICHIGAN UNIVERSITY</u> Business Address <u>202 WELCH HALL, YPSILANTI, MI 48197</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/17/2024</u>	
Name & Address: LARRY HAUPTMAN 2180 OVERLOOK CT ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2180 OVERLOOK CT, 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>01/17/2024</u>	
Name & Address: MICHAEL STAEBLER 4 GEDDES HEIGHTS DR ANN ARBOR, MI 48104		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4 GEDDES HEIGHTS DR, 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>01/17/2024</u>	
Name & Address: GREG ROSE 6680 CRANE RD YPSILANTI, MI 48197		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ANN ARBOR ARMS</u> Business Address <u>45 METTY DR, ANN ARBOR, MI 48103</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

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.



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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/18/2024</u>	
Name & Address: ANN ORR 618 STRATFORD DR ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>618 STRATFORD DR, 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>01/18/2024</u>	
Name & Address: NICKLAUS SUINO 2875 BOARDWALK DR ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>MICHIGAN SEO GROUP</u> Business Address <u>955 W EISENHOWER PKWY, 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>01/20/2024</u>	
Name & Address: WALTER COHEN 9 SOUTHWICK CT ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COLLEGE PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>9 SOUTHWICK CT, ANN ARBOR, MI 48105</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/22/2024</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 <u>WATER RESOURCES COMMISSIONER</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>P.O BOX 8645, ANN ARBOR, MI 48107</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **400.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/22/2024</u>	
Name & Address: PETER ALLEN 2224 APPLEWOOD CT ANN ARBOR, MI 48103		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2224 APPLEWOOD CT, ANN ARBOR, MI 48103</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/22/2024</u>	
Name & Address: WILLIAM LOCKWOOD 564 GALEN CIR ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>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>01/22/2024</u>	
Name & Address: ALEX LOWE 3340 FERNWOOD AVE ANN ARBOR, MI 48108		\$ <u>2.50</u>	\$ <u>2.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE DEVELOPER</u> Employer <u>CANONICAL USA INC.</u> Business Address <u>18 TREMONT ST, BOSTON, MA 02108</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/24/2024</u>	
Name & Address: PAUL CONWAY 1780 TIMBER TRAIL ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1780 TIMBER TRAIL, ANN ARBOR, MI 48103</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **602.50**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/25/2024</u>	
Name & Address: DAVID BARFIELD 5460 GEDDES RD ANN ARBOR, MI 48105		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>5460 GEDDES RD, 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>01/26/2024</u>	
Name & Address: KATIE VOHWINKLE 11607 ISLAND CT HARTLAND, MI 48353		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR PROPERTY MANAGEMENT</u> Employer <u>OXFORD COMPANIES</u> Business Address <u>777 E EISENHOWER PKWY, ANN ARBOR, MI 48108</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/26/2024</u>	
Name & Address: VIRGINIA E ROGERS 1332 WHITE ST ANN ARBOR, MI 48104		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMPUTER PROGRAMMER</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>1301 CATHERINE 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>01/28/2024</u>	
Name & Address: MICHELLE CRUMM 2016 VALLEYVIEW DR ANN ARBOR, MI 48105		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2016 VALLEYVIEW DR, ANN ARBOR, MI 48105</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **625.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/28/2024</u>	
Name & Address: JEAN CLEMES 724 DORNOCH DR ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>724 DORNOCH DR, ANN ARBOR, MI 48103</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/29/2024</u>	
Name & Address: LAURA HAYDEN 1511 GRANGER AVE ANN ARBOR, MI 48104		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1511 GRANGER AVE, 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>01/29/2024</u>	
Name & Address: MARGARET WYZLIC 4758 DUNBARTON CT ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING MANAGER</u> Employer <u>OXFORD COMPANIES</u> Business Address <u>777 E EISENHOWER PKWY, ANN ARBOR, MI 48108</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/29/2024</u>	
Name & Address: ADAM GOODMAN 400 VIRGINIA AVE ANN ARBOR, MI 48103		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>123 N ASHLEY ST, SUITE 100, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **650.00**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/29/2024</u>	
Name & Address: DANIEL ADAMS 1016 DANIEL ST ANN ARBOR, MI 48103		\$ <u>125.00</u>	\$ <u>375.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>GENERAL MOTORS</u> Business Address <u>1016 DANIEL ST, ANN ARBOR, MI 48103</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/29/2024</u>	
Name & Address: CHARLES BORGS DORF 409 ARGO DR ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>HOOPER HATHAWAY PC</u> Business Address <u>126 S MAIN 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>01/31/2024</u>	
Name & Address: ANNMARIE ARBAUGH 1915 AUSTIN AVE ANN ARBOR, MI 48104		\$ <u>75.00</u>	\$ <u>75.00</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, SUITE 300, 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>02/01/2024</u>	
Name & Address: DENNIS BERNARD 843 SUFFIELD AVE BIRMINGHAM, MI 48009		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>BERNARD FINANCIAL GROUP</u> Business Address <u>20700 CIVIC CENTER DR, SOUTHFIELD, MI 48076</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/02/2024</u>	
Name & Address: RYAN STENGEL 2502 BANYAN CT ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMERCIAL PROPERTY MANAGER</u> Employer <u>OXFORD COMPANIES</u> Business Address <u>777 E EISENHOWER PKWY, ANN ARBOR, MI 48108</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/02/2024</u>	
Name & Address: ARTHUR SIEGAL 20081 RONSDALE DR BEVERLY HILLS, MI 48025		\$ <u>27.00</u>	\$ <u>27.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>TAFT STETTINIUS</u> Business Address <u>27777 FRANKLIN RD, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/02/2024</u>	
Name & Address: LESLIE SOBEL 690 BARTON DR ANN ARBOR, MI 48105		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARTIST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1314 BEECHWOOD DR, 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>02/05/2024</u>	
Name & Address: BRANDON DIMCHEFF 1401 HARPST ST ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</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			

Page Subtotal 227.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/06/2024</u>	
Name & Address: CATHY FLEISCHER 1715 DAVID CT 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 <u>NOT EMPLOYED</u> Business Address <u>1715 DAVID CT, 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>02/06/2024</u>	
Name & Address: DAVID FRY 3040 BIRD SONG LN ANN ARBOR, MI 48105		\$ <u>500.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3040 BIRD SONG LN, ANN ARBOR, MI 48105</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/07/2024</u>	
Name & Address: JESSICA ALEXANDER 3485 GREENLEAF RD ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>EASTERN MICHIGAN UNIVERSITY</u> Business Address <u>203 BOONE, YPSILANTI, MI 48197</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/08/2024</u>	
Name & Address: KEVIN MCKINNEY 6950 W EATON HWY LANSING, MI 48906		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>KEVIN A MCKINNEY</u> Business Address <u>6950 W EATON HWY, LANSING, MI 48906</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **800.00**

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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>02/08/2024</u>	
Name & Address: KEVIN MCKINNEY 6950 W EATON HWY LANSING, MI 48906		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>KEVIN A MCKINNEY</u> Business Address <u>6950 W EATON HWY, LANSING, MI 48906</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/08/2024</u>	
Name & Address: PATRICIA REILLY 4788 N ASHFORD WAY YPSILANTI, MI 48197		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY CLERK</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>200 N MAIN 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>02/08/2024</u>	
Name & Address: WINSTON CHESTER 13300 MINX RD IDA, MI 48140		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANALYST</u> Employer <u>OXFORD COMPANIES</u> Business Address <u>777 E EISENHOWER PKWY, ANN ARBOR, MI 48108</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/09/2024</u>	
Name & Address: SHARIFA MOORE 3235 FERNWOOD AVE ANN ARBOR, MI 48108		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>200 N MAIN ST, ANN ARBOR, MI 48104</u> 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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2019-006
2. Committee Name LISA DISCH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, 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>02/09/2024</u>	
Name & Address: <u>AYESHA GHAZI EDWIN</u> <u>3009 TURNBERRY LN</u> <u>ANN ARBOR, MI 48108</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY DIRECTOR</u> Employer <u>DETROIT DISABILTY POWER</u> Business Address <u>4731 GRAND RIVER AVE, DETROIT, MI 48208</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/09/2024</u>	
Name & Address: <u>BRIAN CHAMBERS</u> <u>2815 EMBER WAY</u> <u>ANN ARBOR, MI 48104</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ALLIANCE EXECUTIVE</u> Employer <u>DS GOVERNMENT SOLUTIONS</u> Business Address <u>175 WYMAN ST, WALTHAM, MA 02451</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/09/2024</u>	
Name & Address: <u>RYAN HUSSE</u> <u>1850 N PARKER RD</u> <u>DEXTER, MI 48130</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTRICIAN</u> Employer <u>IBEW</u> Business Address <u>7920 JACKSON RD, 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>02/09/2024</u>	
Name & Address: <u>NICKLAUS SUINO</u> <u>2875 BOARDWALK DR</u> <u>ANN ARBOR, MI 48104</u>		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>MICHIGAN SEO GROUP</u> Business Address <u>955 W EISENHOWER PKWY, ANN ARBOR, MI 48103</u> 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-2019-006
2. Committee Name LISA DISCH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, 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>02/09/2024</u>	
Name & Address: DERRICK JACKSON 6193 ASPEN WAY YPSILANTI TWP, MI 48197		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAW ENFORCEMENT</u> Employer <u>WASHTENAW COUNTY SHERIFF</u> Business Address <u>2201 HOGBACK RD, ANN ARBOR, MI 48108</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/09/2024</u>	
Name & Address: MAGGI KENNEL 1833 MERSHON DR ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLINICAL RESEARCHER</u> Employer <u>MICHIGAN MEDICINE</u> Business Address <u>1500 E MEDICAL CENTER DR, 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>02/09/2024</u>	
Name & Address: HEIDI POSCHER 2082 S STATE ST ANN ARBOR, MI 48104		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSIONAL</u> Employer <u>4M</u> Business Address <u>2082 S STATE 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>02/09/2024</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 <u>CLINICAL SOCIAL WORKER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>343 S MAIN ST, ANN ARBOR, MI 48104</u> 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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2019-006
2. Committee Name LISA DISCH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, 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>02/09/2024</u>	
Name & Address: ERIC GOLDBERG 3010 DEXTER RD ANN ARBOR, MI 48103		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>SUDO LABORATORIES</u> Business Address <u>3010 DEXTER RD, ANN ARBOR, MI 48103</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/09/2024</u>	
Name & Address: JASON MORGAN FOR STATE REPRESENTATIVE 2860 GLADSTONE AVE 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/09/2024</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 <u>CITY COUNCIL MEMBER</u> Employer <u>CITY OF ANN ARBOR</u> Business Address <u>301 E HURON 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>02/09/2024</u>	
Name & Address: CTE CARRIE RHEINGANS 2557 MILLER 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 **550.00**

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-2019-006
2. Committee Name LISA DISCH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, 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>02/09/2024</u>	
Name & Address: DIANE O'CONNELL 2860 CHASEWAY DR ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2860 CHASEWAY DR, 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>02/11/2024</u>	
Name & Address: JENNIFER CONLIN 435 STEIN RD ANN ARBOR, MI 48105		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE LEGISLATOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>PO BOX 131106, ANN ARBOR, MI 48113</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/14/2024</u>	
Name & Address: ROBERT BOLEY 1619 DICKEN DR ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>ARENT FOX SCHIFF LLP</u> Business Address <u>350 S MAIN ST, SUITE 210, 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>03/25/2024</u>	
Name & Address: ADAM GOODMAN 400 VIRGINIA AVE ANN ARBOR, MI 48103		\$ <u>725.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>123 N ASHLEY ST, SUITE 100, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 900.00

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-2019-006
2. Committee Name LISA DISCH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, 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>03/30/2024</u> Name & Address: MARY BETH SOVA 2818 W RASCHER AVE CHICAGO, IL 60625		\$ 150.00	\$ 150.00
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPMENT</u> Employer <u>RAGDALE</u> Business Address <u>1260 N GREEN BAY RD, LAKE FOREST, IL 60045</u> 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		Click Here for Memo Itemization	
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		Click Here for Memo Itemization	
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		Click Here for Memo Itemization	

Page Subtotal **150.00**

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

6,404.50

Enter this total on
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Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **C-2019-006**

CANDIDATE COMMITTEE

2. Committee Name **LISA DISCH FOR CITY COUNCIL**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: JEFF HAUPTMAN 2285 W LIBERTY ST ANN ARBOR, MI 48103 If over \$100.00 cumulative, please provide: Occupation: CEO Employer Name & Business Address: OXFORD COMPANIES 777 E EISENHOWER PKWY, SUITE 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 EVENT 5. Date Of Receipt: 02/08/2024 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:	\$	\$
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:	\$	\$

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Page Subtotal

299.75

299.75

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

299.75

Enter this total
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Page