



INDEPENDENT/POLITICAL COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

	CONCOLLION	(2 COE C/12)			
Report must be legible, typed or printed in ink and signe by the treasurer or designated record keeper	3. This Statement covers From: 11/26/24	_{To} 07/20/25			
1. Committee I.D. Number	4. Committee's Mailing Address	4. Committee's Mailing Address			
P-2023-001	502 Burson Pl				
F-2023-00 I	Ann Arbor, MI 48104				
2. Committee Name					
Ann Arbor for Everyone PAC	(734) 761-5248				
	Area Code and Phone (734) 761-5248				
	If the address in this box is different from the c Organization, mail may be sent to this address	ommittee mailing address on the Statement of			
5. Treasurer's Name and Residential Address	Organization, mail may be sent to this address	Toy and thing ometal.			
Joan Lowenstein					
502 Burson Pl					
Ann Arbor, MI 48104					
	Area Code and Phone (734)	761-5248			
6. Treasurer's Business Address		ing 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			
ADDI IOADI E TO INDEDENDENT AND DOLUTION	APPLICABLE TO INDEPENDENT AND	POLITICAL COMMITTEES REGISTERED			
APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL	POLITICAL COMMITTEES REGISTERED	ON			
	ON COUNTY LEVEL	STATE AND COUNTY LEVEL			
8a. QUARTERLY STATEMENTS					
	8c. ANNUAL STATEMENT	8f. AMENDMENT TO CAMPAIGN STATEMENT			
-	Coverage Year) Local	(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h			
January 31	Candidates Exempted 8d. PRE-ELECTION OR	to indicate which Statement is being			
	od. [F] TRE-EEEOHOR OR	amended)			
April 25	8e. POST-ELECTION				
L_1, 4 = 1	Pre-Election or Post-Election				
July 25	Statement relates to:				
 	PRIMARY GENERAL				
October 25		8g. DISSOLUTION OF COMMITTEE			
CCIODAI 23	CONVENTION SCHOOL				
	SPECIAL CAUCUS				
 	SPECIAL CAUCUS	Effective Date of Dissolution			
8b. SPECIAL ELECTION INDEPENDENT	Date of Election, Convention or Caucus:	By checking this item, itWe certify that the committee has no asset or outstanding			
EXPENDITURE REPORT	00/05/05	debts, including late filing fees. Further, I			
ļ	08/05/25	request that if the dissolution cannot be			
Ì	The second secon	granted, that this be considered a request for the Reporting Walver.			
	July 25 Quarterly	1			
	October 25 Quarterly	Note: The disposition of residual funds must be reported on Schedule 2B and the			
		Summary Page.			
O Martin than I and that A than 1 and the state of the st	11.46				
Verification: I certify that all reasonable diligence was u knowledge and belief the contents are true, accurate and		somedules (ii any) and to the best of my			
•	In a	+>-			
Current Treasurer or Joan Lowenstein	, TOUR NOWPA	Ø			
Designated Record Keeper Type or Print Name	Signature	dalla.			



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

SUMMARY PAGE

NDENT OR POLITICAL COMMITTEE

2. Committee Name Ann Arbor for Everyone PAC

Column I This Period	Column II Cumulative for Calendar Year
Ino I vilou	Commente for Calcidat 1 cal
(3a.) \$1,750.00	
(3b.) \$ NOT APPLICABLE	
(3c.) \$1,750.00	(18.)\$ 1,750.00
(4.) \$	(19.) \$
(5.) \$1,750.00	(20.) s1,750.00
(6a.) \$	
(6b.) \$ NOT APPLICABLE	
(7.) \$	(21.) \$
(8a.) \$ 2,050.00	
(8b.) \$	
(8c.) \$	
(8d.) \$	0.050.00
(8e.) \$ 2,050.00	2,050.00
(9.) \$	(23.)\$
(10.) \$	(24.) \$2,050.00
(11.)\$	(25.) \$
(12a.) \$	
(12b.) \$	
(13.) \$ 2,814.35	
(14.)+1,750.00	
(15.) = 4,564.35	
2.050.00	
(17.)\$ 2,514.35	
	This Period (3a.) \$ 1,750.00 (3b.) \$ NOT APPLICABLE (3c.) \$ 1,750.00 (4.) \$ (5.) \$ 1,750.00 (6a.) \$ (6b.) \$ NOT APPLICABLE (7.) \$ (8a.) \$ 2,050.00 (8b.) \$ (8c.) \$ (8c.) \$ (8c.) \$ (10.) \$ 2,050.00 (11.) \$ (12a.) \$ (12b.) \$ (13.) \$ 2,814.35 (14.) + 1,750.00 (15.) = 4,564.35 (16.) - 2,050.00

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



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 2A

1, Committee I.D.

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

INDEPENDENT OR POLITICAL COMMITTEE 2. Committee Name Ann Arbor for Everyone PAC

Please enter contributor's name and address, and middle initial. Check box to indicate if con Committee (Both are commonly called PACs)	ne, 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 04/14/	25	ware and the same	auto or receipty
Name & Address:	4. Date of Necelpt		4000	4000
Gay Rosenwald			<u>\$1000</u>	<u>\$ 1000</u>
1510 Granger Ave				
Ann Arbor, MI 48104				
5. If over \$100.00 cumulative, please prov	ide:		Click Here for	Memo Itemization Type
Occupation Not employed E	mployer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 2 Is this contribution from a PAC? Name & Address; YES	4. Date of Receipt 04/16	/25		400
Jessica "Decky" Alexander			_{\$} 100	_{\$} 100
3485 Greenleaf Ct	•			
Ann Arbor, MI 48105			Click Here for I	Memo Itemization Type
5. If over \$100.00 cumulative, please provide Occupation Professor	le: _{Employer} Eastern Michigan	University		
Business Address 203 Boone, Ypsilanti, Type of Contribution: Direct	· pinning	<u> </u>		
	Loan from a person	Fund Raiser		
3. Contribution # 3 Is this contribution from a PAC?	4. Date of Receipt 04/16/	25		
Name & Address:				
Aprille McKay			_{\$} 250	_{\$} 250
1409 Granger Ave				
Ann Arbor, MI 48104			Click Here for M	temo Itemization Type
5. If over \$100.00 cumulative, please provide	· e:			
	university of Michig	gan		
Business Address 1150 Beal Ave, Ar	nn Arbor, MI 48109			
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Is this contribution from a PAC?	4. Date of Receipt 06/30/25			
Name & Address:			EΩ	EO
Jon Carlson			<u>\$50</u>	_{\$} 50
2701 Daleview Dr			Click Here for M	emo Itemization Type
Ann Arbor, MI 48105				tomization type
5. If over \$100.00 cumulative, please provi	de:			
Occupation	Employer		-	
Business Address	П			
Type of Contribution: Direct	Loan from a person	Fund Reiser Page Subto	ntel \$4.400.00	
	<i>I</i> O.	Fage Subto Grand Total of All Schedules omplete on last page of Sched	2A 71,100.00	
	ίσ	emploto on last page of collect	Enter this total	
			on line 3a of	
1 2			Summary Page	
geof				



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ITEMIZED CONTRIBUTIONS SCHEDULE 2A

1. Committee I.D. Number

P-2023-001

INDEPENDENT OR POLITICAL COMMITTEE

2. Committee Name Ann Arbor for Everyone PAC

2. Continues Name 2 and		, 01.0 . 7.0
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).	e, 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 05/01/25 Name & Address:		
Leah Gunn	_s 250	_s 250
2830 S Main St	Ψ	
Ann Arbor, MI 48104		
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization Type
Occupation Not employed Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		· · · · · · · · · · · · · · · · · · ·
Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 06/03/25 Name & Address:		
Janine Easter	_{\$} 100	_{\$} 100
2204 Brockman	T	· · · · · · · · · · · · · · · · · · ·
Ann Arbor, MI 48104	Click Here for N	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		Loans I
Occupation Not employed 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:		
name & Address;	¢	d•
	Φ	<u> </u>
	Click Here for M	lemo Itemization Type
i. If over \$100.00 cumulative, please provide:		<u> </u>
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 s this contribution from a PAC? YES 4. Date of Receipt Name & Address:		
	\$	\$
	Oliale i Iana dan Na	
	Click Here for M	emo itemization Type
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	40L 00E0 00	
Page Subto	tal \$350.00	_

Grand Total of All Schedules 2A (Complete on last page of Schedule) \$1,750.00

Enter this total on line 3a of Summary Page



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___

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 Cycle
Expenditure #1 Name & Address: 1837 Partners LLC 2075 W Stadium	5Name of Candidate	12/03/24 Date	_{\$} 500	_{\$} 500
Ann Arbor, Mi 48108	Office Sought & District # or Jurisdiction			
PAC Menograment	County	Click Here for Memo Itemization Type		
4. Purpose: PAC Management	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2 Name & Address:	5.	04/00/05	110	440
Intuit Mailchimp	Name of Candidate	01/03/25	<u>\$110</u>	<u>\$110</u>
405 N Angier Ave NE		Date		
Atlanta, GA 30308	Office Sought & District # or Jurisdiction	Click Here for Memo Itemization Type ▼		
	County			
Purpose: Email services Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3 Name & Address:	5.			
Intuit Mallchimp 405 N Angier Ave NE	Name of Candidate	02/03/25 Date	_{\$} 110	\$ <u>220</u>
Atlanta, GA 30308	Office Sought & District # or Jurisdiction		for Memo Itemi	ization Type
	County			
4. Purpose: Email services Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #4 Name & Address:	5.			
Intuit Mailchimp	Name of Candidate	03/03/25	440	220
405 N Angier Ave NE	Office Occupts 0 District the activate district	Date	<u>\$110</u>	_{\$} 330
Atlanta, GA 30308	Office Sought & District # or Jurisdiction	Date		F
	County	Click Her	e for Memo Item	nization Type
4. Purpose: Email services Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
·	······	ototal this page	\$830.00)
	Grand Total of a (Complete on last pa		s `	_
			Enter this total	
1 3			on line 8a of to Summary Pag	
Page of			2	•



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

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
Expenditure #1				Election Cycle
Name & Address:	5			
Intuit Mailchimp	Name of Candidate	04/03/24	_e 110	<i>4</i> 40
405 N Angier Ave NE		Date	Ψ	Ψ
Atlanta, GA 30308	Office Sought & District # or Jurisdiction			
	County	Click Here	e for Memo Item	ization Type
4. Purpose: Email services				
Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2 Name & Address;	5. Christopher Taylor			
Christopher Taylor for Mayor	Name of Candidate	04/09/25	_{\$} 750	_s 750
502 Burson Pl	Mayor, Ann Arbor	Date	\$	\$1.00
Ann Arbor, MI 48104	Office Sought & District # or Jurisdiction			
74117 71001, WII 40104	Washtenaw	Click Here f	or Memo Itemiza	ation Type
	County			
4. Purpose: Donation to candidate account	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3	or Congation reported on previous statement			***
Name & Address:	5,			
Intuit Mailchimp	Name of Candidate	05/05/25	<u>.</u> 110	_{\$} 550
405 N Angier Ave NE		Date	Ψ	Ψ
Atlanta, GA 30308	Office Sought & District # or Jurisdiction	Click Here	for Memo Itemiz	ation Type
	County			Monogra
4. Purpose: Email services				•
4. Purpose:	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #4	5.			
Name & Address: Intuit Mailchimp	Name of Candidate			
405 N Angier Ave NE	Tions of Candidato	06/03/25	_s 110	_s 660
Atlanta, GA 30308	Office Sought & District # or Jurisdiction	Date	\$	<u>\$000</u>
	County	Click Here	for Memo Itemi	zation Type
4 Purpose. Email services				
4. Purpose: Email services Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
	Sub	total this page	\$1,080.00	
	Grand Total of a			
	(Complete on last page	Ae oi ocuednie)		
9			Enter this total on line 8a of the	€
2 3			Summary Page	
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ITEMIZED DIRECT EXPENDITURES **SCHEDULE 2B** INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number P-2023-001
Ann Arbor for Everyone PAC

MADEL FUDERI OV LOFILIOME OF	CHANTITE 2. Committee Name			
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:	5.			
Intuit Mailchimp	Name of Candidate	07/03/25	_s 110	ر770
405 N Angier Ave NE	VIIII.		\$	\$
		Date		
Atlanta, GA 30308	Office Sought & District # or Jurisdiction			
		Click Here	for Memo Item	ization Type
_ , ,	County			
4. Purpose: Email services				
<u> </u>	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt			
	or Obligation reported on previous statement			
Expenditure #2	5.			
Name & Address;		07/01/25	_s 30	20
ActBlue	Name of Candidate		\$00	<u>\$</u> 30
PO Box 962017		Date		
Boston, MA 02196	Office Sought & District # or Jurisdiction			
DOSION, IVIA 02 190	• • • • • • • • • • • • • • • • • • • •	Click Here fo	or Memo Itemiz	ation Type
			or morno normal	Such Type
	County			
Open to a face of				
4. Purpose: Service fees	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt			
	or Obligation reported on previous statement			
Expenditure #3 Name & Address:	5.			
Marile & Address.				
	Name of Candidate		ė	¢
		Date	Ψ	Ψ
	Office Sought & District # or Jurisdiction			1-1
		Click Here:	for Memo Itemiz	ation Type
	County			لنسسا
·	County			
4. Purpose:				
42 7 diposo.	Ballot Proposal Check box if expenditure is payment of Debt			
Fund Raiser	or Obligation reported on previous statement			
Expenditure #4				
Name & Address:	5.			
	Name of Candidate.			
			•	•
	Office Sought & District # or Jurisdiction	Date	φ	Φ
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	-			
4. Purpose:	Ballot Proposal Check box if expenditure is payment of Debt			
Fund Raiser	or Obligation reported on previous statement			
20.000		total this page	044000	
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	Grand Total of al	Schedules 28	An Art	
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