



**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: 07/21/25 To 08/25/25

1. Committee I.D. Number P-2023-001	4. Committee's Mailing Address 502 Burson Pl Ann Arbor, MI 48104 Area Code and Phone <u>(734) 761-5248</u> 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.
2. Committee Name Ann Arbor for Everyone PAC	

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 Area Code and Phone	7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone
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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:
08/05/25

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 Designated Record Keeper Joan Lowenstein Type or Print Name
 Signature Date 09/04/25



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.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>1,750.00</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ _____	(20.) \$ <u>1,750.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>131.35</u>	
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.) \$ <u>131.35</u>	(22.) \$ <u>2,181.35</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ _____	(24.) \$ <u>2,181.35</u>
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.) \$ <u>2,514.35</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>2,514.35</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>131.35</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,383.00</u>	*

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



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE**

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

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 4. Purpose: <u>Email services</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	08/04/25 Date	\$ 110 \$ 880	Click Here for Memo Itemization Type
Expenditure #2 Name & Address: Wix.com 100 Gansevoort St New York, NY 10014 4. Purpose: <u>Website maintenance</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	08/20/25 Date	\$ 21.35 \$ 21.35	Click Here for Memo Itemization Type
Expenditure #3 Name & Address: 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____ \$ _____	Click Here for Memo Itemization Type
Expenditure #4 Name & Address: 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____ \$ _____	Click Here for Memo Itemization Type

Subtotal this page **\$131.35**

Grand Total of all Schedules 2B
(Complete on last page of Schedule) **\$131.35**

Enter this total on line 8a of the Summary Page