



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

WASHTENAW COUNTY, MI  
FILED 2026 FEB 3 AM 8:58

LAWRENCE KESTENBAUM  
COUNTY CLERK / REGISTER

**BALLOT QUESTION 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: 10/21/25 To 12/31/25

1. Committee I.D. Number **B-2025-007**

4. Committee's Mailing Address **One Energy Plaza  
Detroit, MI 48226**

2. Committee Name  
**Ann Arbor Responsible Energy Coalition**

Area Code and Phone: (734) 834-1030

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

**Justin Phillips  
205 Pennsylvania Ave SE  
Washington, DC 20003**

Area Code and Phone (202) 543-8345

6. Treasurer's Business Address  
**205 Pennsylvania Ave SE  
Washington, DC 20003**

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

**Stephanie Ming  
205 Pennsylvania Ave SE  
Washington, DC 20003**

Area Code and Phone

Area Code and Phone

**8. TYPE OF STATEMENT:**

8a.  PRE- ELECTION  
OR  
 POST- ELECTION

Pre-Election or Post-Election  
Statement relates to:

- PRIMARY
- GENERAL
- SCHOOL
- SPECIAL
- OTHER: \_\_\_\_\_

Date of Election:  
\_\_\_\_\_

8b.

- FEBRUARY STATEMENT
- APRIL STATEMENT
- JULY STATEMENT
- OCTOBER STATEMENT

8c.  ANNUAL STATEMENT  
( 25 Coverage Year)

8d:

Post Petition Sample Filing  
under MCL 168.483a

(Required of Statewide Ballot  
Question Committees only after  
the submission of a sample petition  
prior to circulating the petition)

8e.  AMENDMENT TO  
CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f  
to indicate which Statement is  
being amended)

8f.  DISSOLUTION OF  
COMMITTEE REQUEST

Effective Date of Dissolution  
\_\_\_\_\_

By checking this item, I certify that  
the committee has no assets or  
outstanding debts, including late  
filing fees. Note: The disposition of  
residual funds must be reported on  
Schedule 4B and the Summary  
Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

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 Stephanie Ming

Type or Print Name

*Stephanie Ming*

Signature

02/02/2026



MICHIGAN DEPARTMENT OF STATE  
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**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2025-007  
2. Committee Name Ann Arbor Responsible Energy Coalition

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>50,000.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>50,000.00</u>	(18.) \$ <u>75,000.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>50,000.00</u>	(20.) \$ <u>75,000.00</u>
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>600.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>600.00</u>	(21.) \$ <u>1,200.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ <u>0.00</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
<b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>IN-KIND EXPENDITURES</b>		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>25,000.00</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>50,000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>75,000.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>0.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>75,000.00</u>	*

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



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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2025-007  
2. Committee Name Ann Arbor Responsible Energy Coalition

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Mark S Helsel, Jr 6338 Cobblestone Ln Dexter, MI 48130  4. Date of Receipt <u>11/17/25</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25,000.00</u>	\$ <u>25,000.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 2 Name & Address: Asplundh Construction LLC 708 Blair Mill Road Willow Grove, PA 19090  4. Date of Receipt <u>12/26/25</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25,000.00</u>	\$ <u>25,000.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3 Name & Address:     4. Date of Receipt _____  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4 Name & Address:     4. Date of Receipt _____  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **\$50,000.00**  
 Grand Total of All Schedules 4A  
 (Complete on last page of Schedule) **\$50,000.00**

Enter this total  
on line 3a of  
Summary  
Page



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**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 4-IK  
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B-2025-007  
2. Committee Name Ann Arbor Responsible Energy Coalition

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	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 Name & Address: <b>DTE Energy Company</b> <b>One Energy Plaza</b> <b>Detroit, MI 48226</b>  If over \$100.00 cumulative, please provide:  Occupation  Employer Name & Address:   <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Employee Salary - FMV</u>  5. DATE OF RECEIPT: <u>12/31/25</u> <a href="#">Click Here for Memo Itemization</a>  6. VENDOR NAME & ADDRESS: <b>DTE Energy Payroll</b> <b>One Energy Plaza</b> <b>Detroit, MI 48226</b>	\$ <u>600.00</u>	\$ <u>600.00</u>
Contribution #2 Name & Address:   If over \$100.00 cumulative, please provide:  Occupation  Employer Name & Address:   <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____  5. DATE OF RECEIPT: _____ <a href="#">Click Here for Memo Itemization</a>  6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____
Contribution #3 Name & Address:   If over \$100.00 cumulative, please provide:  Occupation  Employer Name & Address:   <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____  5. DATE OF RECEIPT: _____ <a href="#">Click Here for Memo Itemization</a>  6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____

Page Subtotal	<b>600.00</b>
Grand Total of all Schedules 4-IK (Complete on last page of Schedule)	<b>0.00</b>

Enter this total on  
line 6a of  
Summary Page