



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B2025003

Ann Arbor for Public Power Ballot Question Committee

2. Committee Name _____

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>1,015.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>1,015.00</u>	(18.) \$ <u>5,930.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>20,000.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>1,015.00</u>	(20.) \$ <u>25,930.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>9,872.74</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>9,872.74</u>	(21.) \$ <u>13,879.52</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>7,632.75</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>7,632.75</u>	(22.) \$ <u>8,238.88</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>7,632.75</u>	(24.) \$ <u>8,238.88</u>
IN-KIND EXPENDITURES		
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>
DEBTS AND OBLIGATIONS		
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>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>24,308.87</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>1,015.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>25,323.87</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>7,632.75</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>17,691.12</u>	*

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

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: Jacqui Hinchey 1018 Fountain Street Ann Arbor, MI 48103 4. Date of Receipt <u>01/08/20</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>10</u>	\$ <u>20</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: David Minnix 1911 Pontiac trail Ann Arbor, MI 48105 4. Date of Receipt <u>01/22/20</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>10</u>	\$ <u>20</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Lauren Malatesta 2302 Vinewood Blvd Ann Arbor MI 48104 4. Date of Receipt <u>01/23/20</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</u>	\$ <u>25</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Mark Kluk 2922 Barclay Way Ann Arbor MI 48105 4. Date of Receipt <u>01/23/20</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>50</u>	\$ <u>50</u> Click Here for Memo Itemization

Page Subtotal

\$95.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

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: Milt Baker 628 Gren Rd Ann Arbor MI 48105 4. Date of Receipt <u>01/23/26</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>50</u> Click Here for Memo Itemization	\$ <u>100</u>
3. Contribution # 2 Name & Address: Kathleen Murphey 315 Linda Vista St. Ann Arbor MI 4. Date of Receipt <u>01/31/26</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer <u>Not Employed</u> Business Address <u>Not Employed</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>20</u> Click Here for Memo Itemization	\$ <u>120</u>
3. Contribution # 3 Name & Address: Jacqui Hinchey 1018 Fountain Street Ann Arbor MI 48103 4. Date of Receipt <u>02/08/26</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>10</u> Click Here for Memo Itemization	\$ <u>30</u>
3. Contribution # 4 Name & Address: David Minnix 1911 Pontiac trail Ann Arbor MI 48105 4. Date of Receipt <u>02/22/26</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>10</u> Click Here for Memo Itemization	\$ <u>30</u>

Page Subtotal **\$280.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

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: Lisa Johnson 1649 Hillridge Blvd Ann Arbor 4. Date of Receipt <u>02/24/26</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>40</u>	\$ <u>40</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Sanjukta Paul 1111 paul sy Ann Arbor MI 48103 4. Date of Receipt <u>02/24/26</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>10</u>	\$ <u>10</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Jeremy Glover 411 High Street, Apt. A2 Ann Arbor MI 48104 4. Date of Receipt <u>02/24/26</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>10</u>	\$ <u>10</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Jeff Takacs 1935 Upland Drive Ann Arbor MI 48105 4. Date of Receipt <u>02/25/26</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>10</u>	\$ <u>10</u> Click Here for Memo Itemization

Page Subtotal **\$70.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

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: Jeff Takacs 1935 Upland Drive Ann Arbor MI 48105 4. Date of Receipt <u>03/01/26</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>10</u>	\$ <u>20</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Julie Garza 3250 Fernwood Ave Ann Arbor MI 48108 4. Date of Receipt <u>03/03/26</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>10</u>	\$ <u>10</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Jacqui Hinchey 1018 Fountain Street Ann Arbor MI 48103 4. Date of Receipt <u>03/08/26</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>10</u>	\$ <u>40</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Karim Berenjian 3076 Geddes Ave Ann Arbor MI 48104 4. Date of Receipt <u>03/08/26</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>10</u>	\$ <u>10</u> Click Here for Memo Itemization

Page Subtotal

\$40.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

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: <u>David Beaubien 1527 Waltham Dr. Ann Arbor MI 48103</u> 4. Date of Receipt <u>03/10/26</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address <u>1627 Waltham Dr. Ann Arbor MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200</u>	\$ <u>400</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Sonia Schmerl 2954 Philadelphia Street Ann Arbor MI 48103</u> 4. Date of Receipt <u>03/19/26</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer <u>Not Employed</u> Business Address <u>2954 Philadelphia Street Ann Arbor MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>150</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>David Minnix 1911 Pontiac trail Ann Arbor MI 48105</u> 4. Date of Receipt <u>03/22/26</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>10</u>	\$ <u>40</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Lisa Johnson 1649 Hillridge Blvd Ann Arbor MI 48103</u> 4. Date of Receipt <u>03/24/26</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>40</u>	\$ <u>80</u> Click Here for Memo Itemization

Page Subtotal **\$350.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

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: Sanjukta Paul 1111 paul sy Ann Arbor MI 48103 4. Date of Receipt <u>03/24/26</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>10</u>	\$ <u>20</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Jeremy Glover 411 High Street, Apt. A2 Ann Arbor MI 48104 4. Date of Receipt <u>03/24/26</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>10</u>	\$ <u>20</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Barbara Steer 420 Eighth St Ann Arbor MI 48103 4. Date of Receipt <u>03/31/26</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</u>	\$ <u>25</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Pamela Gibney 2720 Cranbrook Rd Ann Arbor MI 48104 4. Date of Receipt <u>03/31/26</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>10</u>	\$ <u>10</u> Click Here for Memo Itemization

Page Subtotal **\$55.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I.D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

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: Benjamin Ketter 1601 Saunders Cres Ann Arbor MI 48103 4. Date of Receipt <u>03/31/26</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</u>	\$ <u>25</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Peter Nelson 1319 Ardmoor Ave Ann Arbor MI 48103 4. Date of Receipt <u>03/31/26</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>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Karen Jones 1505 Kensington Drive Ann Arbor MI 48104 4. Date of Receipt <u>03/31/26</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>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Jeff Takacs 1935 Upland Drive Ann Arbor MI 48105 4. Date of Receipt <u>04/01/26</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>15</u>	\$ <u>35</u> Click Here for Memo Itemization

Page Subtotal **\$190.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I.D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

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: David Warner 510 N Main St Ann Arbor MI 48104 4. Date of Receipt <u>04/01/26</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>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Michael Steer 420 8th St Ann Arbor MI 48103 4. Date of Receipt <u>04/02/26</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</u>	\$ <u>25</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Albert Lee Shelby 1496 Seyburn st Detroit MI 48214 4. Date of Receipt <u>04/03/26</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>10</u>	\$ <u>10</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Maya Pasini 2470 nottingham road ann arbor MI 48104 4. Date of Receipt <u>04/03/26</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>10</u>	\$ <u>10</u> Click Here for Memo Itemization

Page Subtotal **\$95.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2025003
Ann Arbor for Public Power Ballot Question Committee
2. Committee Name _____

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: Rebecca Cooke 2020 Murray Hill Rd Cleveland OH 44106 4. Date of Receipt <u>04/07/26</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>10</u>	\$ <u>10</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Jacqui Hinchey 1018 Fountain Street Ann Arbor MI 48103 4. Date of Receipt <u>04/08/26</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>10</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Mary Deanna Miner 1264 Laurel View Dr. Ann Arbor MI 48105 4. Date of Receipt <u>04/17/26</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>10</u>	\$ <u>10</u> Click Here for Memo Itemization
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	\$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$30.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$1,015.00**

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 4A-1
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2025003
Ann Arbor for Public Power Ballot Question Committee
2. Committee Name _____

3. Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Page Subtotal			\$0.00
Grand Total of All Schedules 4A -1 (Complete on last page of Schedule)			\$0.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number B2025003
2. Committee Name Ann Arbor for Public Power Ballot Question Committee

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: Brian Geiringer 415 Pearl St, Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Executive Director Employer Name & Address: Ann Arbor for Public Power 2370 E. Stadium Blvd. #725 Ann Arbor, MI, 48104 <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>ED services for reporting period</u> 5. DATE OF RECEIPT: <u>04/20/26</u> Click Here for Memo Itemization Type <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS:	\$ <u>9070</u>	\$ <u>13,076.78</u>
Contribution #2 Name & Address: Ann Arbor for Public Power 2370 E. Stadium Blvd. #725 Ann Arbor, MI, 48104 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:	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>NationBuilder 2025 Subscription Fee (Prorated)</u> 5. DATE OF RECEIPT: <u>04/20/26</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ <u>153.27</u>	\$ <u>545.05</u>
Contribution #3 Name & Address: Ann Arbor for Public Power 2370 E. Stadium Blvd. #725 Ann Arbor, MI, 48104 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:	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>Event Space (Jan/Feb)</u> 5. DATE OF RECEIPT: <u>02/28/26</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: 1289 Jewett Ave Ann Arbor, MI 48104	\$ <u>150</u>	\$ <u>150</u>

Page Subtotal

\$9,765.05

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

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line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

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: Mike Nowak 1394 Coler Rd. Ann Arbor, MI If over \$100.00 cumulative, please provide: Occupation Retired Employer Name & Address: Mike Nowak 1394 Coler Rd. Ann Arbor, MI <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" 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 <u>Cake</u> 5. DATE OF RECEIPT: <u>01/31/26</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ <u>107.69</u>	\$ <u>107.69</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: _____ Click Here for Memo Itemization 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: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____

Page Subtotal

\$107.69

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

\$9,872.74

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Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: ActBlue PO Box 962017 Boston, MA 02196-2017 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Service Fee</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	01/01/26 Date of Expenditure	\$ <u>16.20</u>	\$ <u>63.33</u> Click for Memo Itemization Type
Expenditure # 2 Name & Address: ActBlue PO Box 962017 Boston, MA 02196-2017 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Service Fee</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/01/26 Date of Expenditure	\$ <u>2.48</u>	\$ <u>65.81</u> Click for Memo Itemization Type
Expenditure # 3 Name & Address: ActBlue PO Box 962017 Boston, MA 02196-2017 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Service Fee</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	03/01/26 Date of Expenditure	\$ <u>1.35</u>	\$ <u>67.16</u> Click for Memo Itemization Type
Expenditure # 4 Name & Address: ActBlue PO Box 962017 Boston, MA 02196-2017 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Service Fee</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/01/26 Date of Expenditure	\$ <u>9.31</u>	\$ <u>76.47</u> Click for Memo Itemization Type

Subtotal this page

\$29.34

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Olson & Howard, P.C. 520 South Union Street Traverse City, MI 49684 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Ballot language review</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/10/26</u> Date of Expenditure	<u>\$ 258</u>	<u>\$ 817</u>
Expenditure # 2 Name & Address: Lauren Malatesta 2302 Vinewood Blvd Ann Arbor, MI 48104 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Campaign Manager Consulting</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>01/12/26</u> Date of Expenditure	<u>\$ 1,871.42</u>	<u>\$ 1,871.42</u>
Expenditure # 3 Name & Address: Idealist 389 5th Avenue, 9th floor, New York, NY 10016 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>FC job posting</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/05/26</u> Date of Expenditure	<u>\$ 145</u>	<u>\$ 145</u>
Expenditure # 4 Name & Address: CampaignVerify 1215 31st Street NW PO Box 3554 Washington, DC 20007 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Verify campaign</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/12/26</u> Date of Expenditure	<u>\$ 95</u>	<u>\$ 95</u>

Subtotal this page **\$2,369.42**

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2025003
2. Committee Name Ann Arbor for Public Power Ballot Question Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: ReIA2ve, Inc. 909 S SEVENTH, ANN ARBOR, MI 48103 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Text banking</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/03/26</u> Date of Expenditure	<u>\$ 1,000</u> Date of Expenditure	<u>\$ 1,000</u> Date of Expenditure
Expenditure # 2 Name & Address: Tamarus Darby Jr <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Field Coord Salary</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/20/26</u> Date of Expenditure	<u>\$ 1,290.00</u> Date of Expenditure	<u>\$ 2490</u> Date of Expenditure
Expenditure # 3 Name & Address: Tamarus Darby Jr <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Field Coord Salary</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/07/26</u> Date of Expenditure	<u>\$ 1200</u> Date of Expenditure	<u>\$ 1200</u> Date of Expenditure
Expenditure # 4 Name & Address: Delux Checks <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Checks</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/13/26</u> Date of Expenditure	<u>\$ 18.50</u> Date of Expenditure	<u>\$ 18.50</u> Date of Expenditure

Subtotal this page **\$3,508.50**
 Grand Total of Schedules 4B
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**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: UPS Store <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/16/26</u> Date of Expenditure	\$ <u>227.90</u>	\$ <u>227.90</u>
Expenditure # 2 Name & Address: UPS Store <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/07/26</u> Date of Expenditure	\$ <u>148.40</u>	\$ <u>376.30</u>
Expenditure # 3 Name & Address: UPS Store <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/22/26</u> Date of Expenditure	\$ <u>72.48</u>	\$ <u>448.78</u>
Expenditure # 4 Name & Address: UPS Store <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/27/26</u> Date of Expenditure	\$ <u>318.00</u>	\$ <u>766.78</u>

Subtotal this page **\$766.78**

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B2025003

2. Committee Name Ann Arbor for Public Power Ballot Question Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: UPS Store <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/08/26</u> Date of Expenditure	<u>\$ 755.25</u> \$ 1,522.03	\$ 1,522.03
Expenditure # 2 Name & Address: Office Depot <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>CampaignSupplies</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>01/29/26</u> Date of Expenditure	<u>\$ 158.74</u> \$ 158.74	\$ 158.74
Expenditure # 3 Name & Address: Office Max <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Campaign Supplies</u> 5. Ballot Proposal: <u>Ann Arbor for Public Power BQC</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/26/26</u> Date of Expenditure	<u>\$ 74.06</u> \$ 74.06	\$ 74.06
Expenditure # 4 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ \$ _____	\$ _____

Subtotal this page **\$988.05**

Grand Total of Schedules 4B
(Complete on last page of Schedule) **\$7,632.75**

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