



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

WASHTENAW COUNTY, MI
FILED 2026 APR 28 4:01:50

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: 01/01/26 To 04/20/26

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

4. Committee's Mailing Address **4860 Washtenaw Ave
Suite I
Ann Arbor, MI 48108**

2. Committee Name
Ann Arbor Responsible Energy Coalition

Area Code and Phone: (202) 543-8345
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
Washington, DC 20003
Area Code and Phone 202-543-8345

6. Treasurer's Business Address
**205 Pennsylvania Ave
Washington, DC 20003**
Area Code and Phone 202-543-8345

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)
**Stephanie Ming
205 Pennsylvania Ave
Washington, DC 20003**
Area Code and Phone 248-303-0552

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
(_____ 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 / Stephanie Ming Signature
Type or Print Name Signature
04/27/2026



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ 1800000.00	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$ 1800000.00	(18.) \$ 1800000.00
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ 1800000.00	(20.) \$ 1800000.00
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ 5870.80	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ 5870.80	(21.) \$ 5870.80
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ 327609.12	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ 0	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ 0	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ 0	
e. Subtotal of Expenditures	(8e.) \$ 0	(22.) \$ 0
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ 0	(23.) \$ 0
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 327609.12	(24.) \$ 327609.12
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ 0	(25.) \$ 0
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ 0	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ 0	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 75000.00	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + 1800000.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = 1875000.00	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - 327609.12	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 1547390.88	*

*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 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: DTE Energy Co One Energy Plaza Detroit, MI 48226		
4. Date of Receipt <u>01/05/26</u>		
	\$ <u>1,800,000.00</u>	\$ <u>1,800,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 2 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		
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		
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 **\$1,800,000.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$1,800,000.00**

Enter this total
on line 3a 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 B-2025-007
2. Committee Name Ann Arbor Responsible Energy Coalition

3. Name and Address from whom received <small>If contribution is from an individual, please enter last name first.</small>	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: DTE Energy Company One Energy Plaza Detroit, MI 48226 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>Meals</u> 5. DATE OF RECEIPT: <u>02/04/2026</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: The Graduate 615 E Huron Street Ann Arbor, MI 48104	\$ <u>360.07</u>	\$ <u>360.07</u>
Contribution #2 Name & Address: DTE Energy Company One Energy Plaza Detroit, MI 48226 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>Rental Fee</u> 5. DATE OF RECEIPT: <u>02/04/2026</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: The Graduate 615 E Huron Street Ann Arbor, MI 48104	\$ <u>620.00</u>	\$ <u>980.07</u>
Contribution #3 Name & Address: DTE Energy Company One Energy Plaza Detroit, MI 48226 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>Meals</u> 5. DATE OF RECEIPT: <u>02/04/2026</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Zingermans 2501 Jackson Ave Ann Arbor, MI 48103	\$ <u>111.27</u>	\$ <u>111.27</u>

Page Subtotal

\$1,091.34

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

Enter this total on
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 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: DTE Energy Company One Energy Plaza Detroit, MI 48226 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>Meals</u> 5. DATE OF RECEIPT: <u>02/04/2026</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Cafe Zola 112 W Washington St Ann Arbor, MI 48104	\$ <u>504.46</u>	\$ <u>504.46</u>
Contribution #2 Name & Address: DTE Energy Company One Energy Plaza Detroit, MI 48226 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>04/20/26</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: DTE Energy Payroll One Energy Plaza Detroit, MI 48226	\$ <u>3,420.00</u>	\$ <u>3,420.00</u>
Contribution #3 Name & Address: DTE Energy Company One Energy Plaza Detroit, MI 48226 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>04/20/26</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: DTE Energy Payroll One Energy Plaza Detroit, MI 48226	\$ <u>332.50</u>	\$ <u>3752.50</u>

Page Subtotal

\$4,256.96

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

Enter this total on
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 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: DTE Energy Company One Energy Plaza Detroit, MI 48226 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>04/20/26</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: DTE Energy Payroll One Energy Plaza Detroit, MI 48226	\$ <u>522.50</u>	\$ <u>4,275.00</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: _____ 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

\$522.50

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

\$5,870.80

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number _____

2. Committee Name _____

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: Miller Johnson PO Box 306 Grand Rapids, MI 49504	4. Purpose: <u>professional services</u> 5. Ballot Proposal: _____ _____ County: <u>Washtenaw</u>	<u>03/27/2026</u> Date of Expenditure	<u>\$ 5,710.50</u>	<u>\$ 5,710.50</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local Click for Memo Itemization Type				
Expenditure # 2 Name & Address: Salt Public Affairs 36 Union Wharf Portland, ME 04101	4. Purpose: <u>consulting</u> 5. Ballot Proposal: _____ _____ County: <u>Washtenaw</u>	<u>04/08/2026</u> Date of Expenditure	<u>\$ 54,898.62</u>	<u>\$ 54,898.62</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local Click for Memo Itemization Type				
Expenditure # 3 Name & Address: Second Street Associates 10 G St NE, Suite 600 Washington, DC 20002	4. Purpose: _____ 5. Ballot Proposal: _____ _____ County: <u>Washtenaw</u>	<u>04/09/2026</u> Date of Expenditure	<u>\$ 150,000.00</u>	<u>\$ 150,000.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local Click for Memo Itemization Type				
Expenditure # 4 Name & Address: TKO Buying, LLC 2800 Abilene Dr Chevy Chase, MD 20815	4. Purpose: <u>digital media</u> 5. Ballot Proposal: _____ _____ County: <u>Washtenaw</u>	<u>04/17/2026</u> Date of Expenditure	<u>\$ 75,000.00</u>	<u>\$ 75,000.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local Click for Memo Itemization Type				

Subtotal this page **327609.12**

Grand Total of Schedules 4B
(Complete on last page of Schedule) **327609.12**

Enter this total on Line 8a of the Summary Page