MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
24 JUL 2026 PM 02:11
WASHTENAW COUNTY CLERK
ANN ARBOR, MICHIGAN

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 04/03/2026 to 07/19/2026

1. Committee I.D. Number
C-2026-016

2. Committee Name
SANDY ALDRICH FOR CITY COUNCIL

4. Candidate Last Name: ALDRICH First Name: SANDY M.I.: Y

4a. Office Sought Including District # or Community Served (If applicable)
COUNCIL MEMBER, WARD 2, ANN ARBOR

4b. County of Residence **WASHTENAW COUNTY**

5. Committee's Mailing Address

1454 MACGREGOR LANE
ANN ARBOR, MI 48105

Area Code and Phone (717) 717-8456
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.

6. Treasurer's Name & Residential Address

LEIGH GREDEN
2860 GLADSTONE
ANN ARBOR, MI 48104

Area Code & Phone (734) 717-8456

7. Treasurer's Business Address

2860 GLADSTONE
ANN ARBOR, MI 48104

Area Code and Phone (734) 717-8456

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

SANDY ALDRICH
1454 MACGREGOR LANE
ANN ARBOR, MI 48105

Area Code and Phone (734) 717-8456

9. **TYPE OF STATEMENT**

9a. [X] Pre-Election **OR** 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [X] Primary
- [ ] General
- [ ] Convention
- [ ] Special
- [ ] School
- [ ] Caucus

Date of Election, Convention or Caucus
08/04/2026

Required ONLY if candidate is not on the ballot for the current year:

- [ ] July Quarterly
- [ ] October Quarterly

9c. [ ] Annual Statement ( ) Coverage Year

9d. [ ] Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

[ ] By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper _____ / _____ Submitted electronically, signature on file Date 07/24/2026
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 07/24/2026
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2026-016

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	25,581.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	25,581.00	(18.) $ 25,581.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	0.00	(19.) $ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	25,581.00	(20.) $ 25,581.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	473.00	(21.) $ 473.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0.00	(22.) $ 0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	11,486.38	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	11,486.38	(23.) $ 11,486.38
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0.00	(24.) $ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed **by** the Committee (Schedule 1E)	(12a.) $	0.00	
b. Owed **to** the Committee (Schedule 1E)	(12b.) $	0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	0.00
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	25,581.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	25,581.00
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	11,486.38
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	14,094.62 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/05/2026

Name & Address:
SANDY ALDRICH
1454 MACGREGOR LN
ANN ARBOR, MI 48105

$ 1,000.00 | $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 04/06/2026

Name & Address
SANDY ALDRICH
1454 MACGREGOR LN
ANN ARBOR, MI 48105

$ 50.00 | $ 1,050.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 04/06/2026

Name & Address:
LINH SONG
1290 BARDSTOWN TRAIL
ANN ARBOR, MI 48105

$ 1,225.00 | $ 1,225.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 04/06/2026

Name & Address
JOHN GREDEN
2015 WOODSIDE RD
ANN ARBOR, MI 48104

$ 500.00 | $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation PHYSICIAN Employer UNIVERSITY OF MICHIGAN

Business Address 1500 E MEDICAL CENTER DR, ANN ARBOR, MI 48109

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 2,775.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/06/2026

Name & Address:
VIVIAN LIN
710 WATERSHED DR
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 04/06/2026

Name & Address
DANIEL GREDEN
1885 ASYLUM AVE
WEST HARTFORD, CT 06117

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 04/07/2026

Name & Address:
DAVID CHOI
225 S LA PEER DR
BEVERLY HILLS, CA 90211

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation PHYSICIAN Employer SELF

Business Address 225 S LA PEER DR, BEVERLY HILLS, CA 90211

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 04/07/2026

Name & Address
BEN ROGERS
888 NANCY LN
LOS ALTOS, CA 94024

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 500.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/08/2026

Name & Address:
JANE BOHNE
1059 YOUNG PL
ANN ARBOR, MI 48105

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 04/08/2026

Name & Address
DAWN REED
403 WESLEY ST
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 04/08/2026

Name & Address:
SANDRA DRABANT
15 EASTBURY CT
ANN ARBOR, MI 48105

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 04/08/2026

Name & Address
JOHN IVANCICH
2529 TOWNER BLVD
ANN ARBOR, MI 48104

$ 10.00 $ 10.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 660.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/08/2026

Name & Address:
R CURRY
3465 NARROW GAUGE WAY
ANN ARBOR, MI 48105

$750.00 $750.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 04/08/2026

Name & Address
CHRISTINE HARDY
1123 IVERLEIGH TRAIL
CHARLOTTE, NC 28270

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 04/08/2026

Name & Address:
MEGAN YORE-NORBEY
6124 WASHINGTON AVE
STEVENSVILLE, MI 49127

$50.00 $50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 04/08/2026

Name & Address
SHARON MACCINI
701 GREEN RD
ANN ARBOR, MI 48105

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 1,000.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/09/2026

Name & Address:
CHRISTOPHER WATSON
1490 BARDSTOWN TRAIL
ANN ARBOR, MI 48105

$ 25.00 $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 04/09/2026

Name & Address
LEIGH GREDEN
2860 GLADSTONE AVE
ANN ARBOR, MI 48104

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 04/09/2026

Name & Address:
SUMAN DUTTA
2116 TUOMY RD
ANN ARBOR, MI 48104

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 04/09/2026

Name & Address
JOAN LOWENSTEIN
502 BURSON PL
ANN ARBOR, MI 48104

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 575.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/09/2026

Name & Address:
CONNIE CHANG
3984 PENBERTON DR
ANN ARBOR, MI 48105

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation CHIEF OPERATING OFFICER Employer ONL THERAPEUTICS INC

Business Address 110 MILLER AVE, SUITE 300, ANN ARBOR, MI 48104

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 04/09/2026

Name & Address
JENNIFER RYDMAN
3409 STRAND CT
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 04/09/2026

Name & Address:
JOSHUA EMRICK
3515 LARCHMONT DR
ANN ARBOR, MI 48105

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 04/09/2026

Name & Address
CARMEN OVIEDO
3825 N DITTMAR RD
ARLINGTON, VA 22207

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 450.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/09/2026

Name & Address:
KENDEL WINKELHAUS
1085 CAROL AVE
PLYMOUTH, MI 48170

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 04/09/2026

Name & Address
CHRISTINE DAVIE
9183 DIXBORO RD
SOUTH LYON, MI 48178

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 04/09/2026

Name & Address:
HYEBEOM SONG
4081 HUNTERS CIR E
CANTON, MI 48188

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 04/10/2026

Name & Address
DIANE SAULTER
1931 IVYWOOD DR
ANN ARBOR, MI 48103

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 300.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/10/2026

Name & Address:
ROB UTTERBACK
545 S 7TH ST
ANN ARBOR, MI 48103

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 04/10/2026

Name & Address
CYNTHIA VANRENTERGHEM
1425 PONTIAC TRAIL
ANN ARBOR, MI 48105

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 04/10/2026

Name & Address:
PETER HONEYMAN
113 S 4TH AVE
ANN ARBOR, MI 48104

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 04/10/2026

Name & Address
HWA NAM
3021 BOLGOS CIR
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 300.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/12/2026

Name & Address:
BRUCE MILLER
3656 GLAZIER WAY
ANN ARBOR, MI 48105

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation PHYSICAN Employer UNIVERSITY OF MICHIGAN

Business Address 3656 GLAZIER WAY, ANN ARBOR, MI 48105

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 04/12/2026

Name & Address
ERIKA LEVIN
3920 KIPLING DR
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 04/13/2026

Name & Address:
JENNIFER KINSEY
1400 IROQUOIS PL
ANN ARBOR, MI 48104

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 04/13/2026

Name & Address
RICHARD FETCHIET
4083 LAKE FOREST DR E
ANN ARBOR, MI 48108

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 650.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/13/2026

Name & Address:
JULIA ROGERS
1331 GROVE ST
SF, CA 94117

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 04/19/2026

Name & Address
HOME BROSE
1470 MACGREGOR LN
ANN ARBOR, MI 48105

$50.00 $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 04/19/2026

Name & Address:
PRIYA SABHARWAL
4665 HASTINGS DR
BROOKFIELD, WI 53045

$300.00 $300.00

5. If over $100.00 cumulative, please provide:

Occupation PHYSICIAN Employer ADVOCATE AURORA

Business Address 8901 W LINCOLN AVE, MILWAUKEE, WI 53227

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 04/21/2026

Name & Address
MARIA OWENS
2217 RED FOX TRAIL
CHARLOTTE, NC 28211

$200.00 $200.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 650.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/22/2026

Name & Address:
JAY CHOI
6442 OLD LOG TRAIL
KALAMAZOO, MI 49009

$ 1,000.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 04/22/2026

Name & Address
MYONG CHOI
6442 OLD LOG TRAIL
KALAMAZOO, MI 49009

$ 1,000.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 04/25/2026

Name & Address:
LISA JOSEPH
3681 WALDENWOOD DR
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 04/27/2026

Name & Address
JENNIFER KINSEY
1400 IROQUOIS PL
ANN ARBOR, MI 48104

$ 250.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 2,350.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/27/2026

Name & Address:
NORMAN HERBERT
3681 WAGNER RIDGE CT
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/2026

Name & Address
ERICA BRIGGS
204 MARK HANNAH PL
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/04/2026

Name & Address:
ABIGAIL RUBENSTEIN
1506 GRANADA AVE
ANN ARBOR, MI 48103

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/07/2026

Name & Address
ANNE SULLIVAN
1375 BARDSTOWN TRAIL
ANN ARBOR, MI 48105

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation SOFTWARE ENGINEER Employer GOOGLE

Business Address 1375 BARDSTOWN TRAIL, ANN ARBOR, MI 48105

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 750.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/25/2026

Name & Address:
JORGE INIGUEZ
3660 CHARTER PL
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/25/2026

Name & Address
DIANE MASSELL
1010 FAIRMOUNT DR
ANN ARBOR, MI 48105

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/25/2026

Name & Address:
MEGAN OLSON
3563 LARCHMONT DR
ANN ARBOR, MI 48105

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation PEDIATRICIAN Employer UNIVERSITY OF MICHIGAN MEDICINE

Business Address 1051 N CANTON CENTER RD, CANTON, MI 48187

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/27/2026

Name & Address
LISA KOHN
755 GREEN RD
ANN ARBOR, MI 48105

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation REGISTERED NURSE Employer MICHIGAN MEDICINE

Business Address 1500 E MEDICAL CENTER DR, ANN ARBOR, MI 48109

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal 600.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/27/2026

Name & Address:
KAREN COULTER
1819 HILL ST
ANN ARBOR, MI 48104

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/28/2026

Name & Address
GOERGE STEINMETZ
1917 LORRAINE PL
ANN ARBOR, MI 48104

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/29/2026

Name & Address:
MIKYUNG CHOI
2272 SCOTT RD
NORTHBROOK, IL 60062

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/01/2026

Name & Address
NICOLE WRIGHT
1245 SEVERN CT
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal 550.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/01/2026

Name & Address:
CHRISTINA PAPADIMITRIOU
3675 CHARTER PL
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/01/2026

Name & Address
SO YE YANG
4157 INGLEWOOD DR
YPSILANTI, MI 48197

$ 25.00 $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/02/2026

Name & Address:
KATHERINE DELANEY
3521 PRESTWICK CT
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/02/2026

Name & Address
PATTY ALDRICH
2727 APPLE WAY
ANN ARBOR, MI 48104

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	325.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/02/2026

Name & Address:
PATRICIA ROCKETTE
2007 PADDOCK WAY
YPSILANTI, MI 48198

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/04/2026

Name & Address
JANE BOHNE
1059 YOUNG PL
ANN ARBOR, MI 48105

$ 500.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/04/2026

Name & Address:
SHERRY GRANT
5262 DIXBORO FARMS DR
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/04/2026

Name & Address
MONICA JONES
1400 FOLKSTONE CT
ANN ARBOR, MI 48105

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal 750.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/04/2026

Name & Address:
KRISTEN SHEKUT
4484 E HURON RIVER DR
ANN ARBOR, MI 48105

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/05/2026

Name & Address
JILL DAVIES
1002 CORNWELL DR
ANN ARBOR, MI 48105

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/07/2026

Name & Address:
DAWN REED
403 WESLEY ST
ANN ARBOR, MI 48103

$ 100.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/07/2026

Name & Address
AIDAN SOVA
1537 PINE VALLEY BLVD
ANN ARBOR, MI 48104

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal 300.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/07/2026

Name & Address:
KSENIA KOZAK
3585 WINDEMERE DR
ANN ARBOR, MI 48105

$ 25.00 $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/07/2026

Name & Address
MIRIAM MANARY
1225 FAIRMOUNT DR
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/08/2026

Name & Address:
CHRISTOPHER WATSON
1490 BARDSTOWN TRAIL
ANN ARBOR, MI 48105

$ 25.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/08/2026

Name & Address
SUMAN DUTTA
2116 TUOMY RD
ANN ARBOR, MI 48104

$ 50.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal 200.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/08/2026

Name & Address:
KIRK WESTPHAL
3505 CHARTER PL
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/08/2026

Name & Address
JON MALLEK FOR CITY COUNCIL
1755 BRIAN CT
ANN ARBOR, MI 48104

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/08/2026

Name & Address:
LEIGH GREDEN
2860 GLADSTONE AVE
ANN ARBOR, MI 48104

$ 100.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/08/2026

Name & Address
SARA SCHNEIDEWIND
3445 ANDOVER RD
ANN ARBOR, MI 48105

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation DENTIST Employer SELF

Business Address 126 E MAIN ST, MANCHESTER, MI 48158

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal 500.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/08/2026

Name & Address:
REATES CURRY
3465 NARROW GAUGE WAY
ANN ARBOR, MI 48105

$ 20.00 $ 770.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/10/2026

Name & Address
JEN EYER
716 BRAESIDE PL
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/10/2026

Name & Address:
CHRIS MATTOX
3523 LARCHMONT DR
ANN ARBOR, MI 48105

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/12/2026

Name & Address
RAYMOND ALDRICH
1454 MACGREGOR LN
ANN ARBOR, MI 48105

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation MARKETING DIRECTOR Employer UNIVERSITY OF MICHIGAN SCHOOL OF DENTISTRY

Business Address 1454 MACGREGOR LN, ANN ARBOR, MI 48105

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 670.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/12/2026

Name & Address:
CURT WOLF
5613 VREELAND RD
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/12/2026

Name & Address
CHRIS FREY
3805 WYNNSTONE DR
ANN ARBOR, MI 48105

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/12/2026

Name & Address:
ELENA STOCKING
3670 CHARTER PL
ANN ARBOR, MI 48105

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation DIRECTOR OF ORGANIZATIONAL EFFECTIVENESS AND DE Employer UNIVERSITY OF MICHIGAN

Business Address 515 E JEFFERSON ST, ANN ARBOR, MI 48109

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/14/2026

Name & Address
STEVEN GULICK
437 SUMARK WAY
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal 750.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2026

Name & Address:
CAMILLE ZIOLEK
3713 MIDDLETON DR
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2026

Name & Address
JOTHAM MONSMA
2660 HEATHER WAY
ANN ARBOR, MI 48104

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation INVESTMENT ADVISOR Employer LIDO INVESTORS

Business Address 2660 HEATHER WAY, ANN ARBOR, MI 48104

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2026

Name & Address:
DIANA WONG
2910 TESSMER RD
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/24/2026

Name & Address
DAVID JOSEPH
3681 WALDENWOOD DR
ANN ARBOR, MI 48105

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation MANAGEMENT Employer DUNNAGE ENGINEERING INC

Business Address 721 ADVANCE ST, BRIGHTON, MI 48116

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 650.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/25/2026

Name & Address:
HELEN KAPLAN
2812 BROCKMAN BLVD
ANN ARBOR, MI 48104

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/27/2026

Name & Address
AMY BUNCH
4989 EARHART RD
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/27/2026

Name & Address:
LAURA MEUSHAW
1065 SAGE ST
BROOMFIELD, CO 80020

$ 25.00 $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/29/2026

Name & Address
GAYLE GREEN
2480 GALE RD
ANN ARBOR, MI 48105

$ 75.00 $ 75.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 300.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/29/2026

Name & Address:
SARA ZOCHER
3617 LARCHMONT DR
ANN ARBOR, MI 48105

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/2026

Name & Address
SUSAN SOEHNCHEN
3509 SULGRAVE PL
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/2026

Name & Address:
ASHESH KAMDAR
13042 BOW PL
SANTA ANA, CA 92705

$ 51.00 $ 51.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☑ YES 4. Date of Receipt 07/01/2026

Name & Address
ANN ARBOR FOR EVERYONE PAC
502 BURSON PL
ANN ARBOR, MI 48104

$ 1,225.00 $ 1,225.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 1,426.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☑ YES 4. Date of Receipt 07/06/2026

Name & Address:
MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC
11687 AMERICAN ST
DETROIT, MI 48204

$ 5,000.00 $ 5,000.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/08/2026

Name & Address
PETER HONEYMAN
113 S 4TH AVE
ANN ARBOR, MI 48104

$ 100.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/09/2026

Name & Address:
ANN LIN
3623 FREDERICK DR
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/13/2026

Name & Address
ADRIAN IRAOLA
7129 TUPELO DR
ANN ARBOR, MI 48103

$ 300.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation OWNER Employer CHELA'S

Business Address 693 S MAPLE RD, ANN ARBOR, MI 48103

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 5,500.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/13/2026

Name & Address:
ALEXANDRA FISCHER
223 E ANN ST
UNIT 3
ANN ARBOR, MI 48104

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☑ YES 4. Date of Receipt 07/17/2026

Name & Address
MICHIGAN LABORERS' POLITICAL LEAGUE PAC
1118 CENTENNIAL WAY
LANSING, MI 48917

$ 2,000.00 $ 2,000.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address:

$ _____ $ _____

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address

$ _____ $ _____

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	2,100.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	25,581.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	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 PAC Receipt? ☐ Yes Name & Address: SANDY ALDRICH 1454 MACGREGOR LN ANN ARBOR, MI 48105 **If over $100.00 cumulative, please provide:** Occupation: NOT EMPLOYED Employer Name & Business Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description VOTEBUILDER CONTRIBUTION 5. Date Of Receipt: 04/29/2026 6. **Vendor Name & Address:** MICHIGAN DEMOCRATIC PARTY 606 TOWNSEND ST, LANSING, MI 48933	$ 150.00	$ 1,200.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address SANDY ALDRICH 1454 MACGREGOR LN ANN ARBOR, MI 48105 **If over $100.00 cumulative, please provide:** Occupation: NOT EMPLOYED Employer Name & Address: ☑ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description FUNDRAISER FOOD 5. Date Of Receipt: 06/08/2026 6. **Vendor Name & Address:** RAPPOURT 2721 PLYMOUTH RD, ANN ARBOR, MI 48105	$ 323.00	$ 1,523.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description _____ 5. Date Of Receipt: _____ 6. **Vendor Name & Address:** Click Here for Memo Itemization	$ _____	$ _____

Page Subtotal	473.00	1,523.00
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	473.00	

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SQUARESPACE Address 225 VARICK ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: DOMAIN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/03/2026 Date	$ 42.00
Expenditure #2 Name SQUARESPACE Address 225 VARICK ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/03/2026 Date	$ 192.00
Expenditure #3 Name REESE JOHNSON Address 6500 STADLER RD MONROE, MI 48162 ☐ Fund Raiser	Purpose: LOGO ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/08/2026 Date	$ 400.00
Expenditure #4 Name SAWICKI AND SONS Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/12/2026 Date	$ 908.95
Expenditure #5 Name BANK OF ANN ARBOR Address 125 S 5TH AVE ANN ARBOR, MI 48104 ☐ Fund Raiser	Purpose: CHECKS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/19/2026 Date	$ 29.95

Subtotal this page	1,572.90
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAWICKI AND SONS Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2026 Date	$ 908.95
Expenditure #2 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: LETTERHEAD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/03/2026 Date	$ 220.75
Expenditure #3 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/03/2026 Date	$ 1,279.47
Expenditure #4 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: MAILER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/23/2026 Date	$ 1,336.51
Expenditure #5 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: MAILER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2026 Date	$ 752.24

Subtotal this page	4,497.92
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BENNETT POLITICAL STRATEGIES Address 625 KENMOOR AVE SE SUITE 301 #90698 GRAND RAPIDS, MI 49546 ☐ Fund Raiser	Purpose: CAMPAIGN MANAGEMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/06/2026 Date	$ 3,600.00
Expenditure #2 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2026 Date	$ 300.00
Expenditure #3 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/13/2026 Date	$ 500.00
Expenditure #4 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2026 Date	$ 500.00
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: CREDIT CARD FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2026 Date	$ 314.73

Subtotal this page	5,214.73
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACTBLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2026	$ 200.83
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____	$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____	$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____	$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____	$ _____

Subtotal this page	200.83
Grand Total of all Schedules 1B (Complete on last page of Schedule)	11,486.38

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-016

2. Committee Name SANDY ALDRICH FOR CITY COUNCIL

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
06/08/2026	50	CAMPAIGN KICKOFF	RAPPOURT 2721 PLYMOUTH RD ANN ARBOR, MI 48105 ☐ Private Residence

7. Total Contributions 4,245.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 4,245.00

10. Total Cost of Event 323.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.