MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE 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) and candidate.

3. This Statement covers From: 04/27/2026 to 07/19/2026

1. Committee I.D. Number
C-2026-021

2. Committee Name
GREG MONROE FOR CITY COUNCIL

4. Candidate Last Name: MONROE First Name: GREGORY M.I.: J

4a. Office Sought Including District # or Community Served (If applicable)
COUNCIL MEMBER, WARD 5, ANN ARBOR

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

5. Committee's Mailing Address
3080 EXMOOR
ANN ARBOR, MI 48104

Area Code and Phone (734) 216-5043
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
STANLEY MONROE
1261 BENDING ROAD
ANN ARBOR, MI 48103

Area Code & Phone (734) 216-5043

7. Treasurer's Business Address
1261 BENDING ROAD
ANN ARBOR, MI 48103

Area Code and Phone (734) 216-5043

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
GREGORY J MONROE
3080 EXMOOR
ANN ARBOR, MI 48104

Area Code and Phone (734) 717-3810

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 _____
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date _____
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-2026-021

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name GREG MONROE FOR CITY COUNCIL

		Column I This Period	Column II Cumulative this election cycle
RECEIPTS			
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	25,952.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	25,952.00	(18.) $ 25,952.00
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.) $	25,952.00	(20.) $ 25,952.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	5,624.87	(21.) $ 5,624.87
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.) $	11,667.46	
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.) $	11,667.46	(23.) $ 11,667.46
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.) $	591.37	
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.) + $	25,952.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	25,952.00
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	11,667.46
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	14,284.54 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-021

2. Committee Name GREG MONROE 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 04/29/2026

Name & Address:
JOHN EATON
1606 DICKEN
ANN ARBOR, MI 48103

$ 1,000.00 | $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/07/2026

Name & Address
STANLEY J MONROE
3080 EXMOOR RD
ANN ARBOR, MI 48104

$ 1,000.00 | $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/11/2026

Name & Address:
LYNN M BORSET
522 VIRGINIA AVE
ANN ARBOR, MI 48103

$ 500.00 | $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/13/2026

Name & Address
DAVID FRESCO
309 WILTON ST
ANN ARBOR, MI 48103

$ 200.00 | $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation PROFESSOR Employer UNIVERSITY OF MICHIGAN

Business Address 500 S STATE ST, ANN ARBOR, MI 48109

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

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Page Subtotal 2,700.00

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-2026-021

2. Committee Name GREG MONROE 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 05/13/2026

Name & Address:
ANN ARBAUGH
1915 AUSTIN AVE
ANN ARBOR, MI 48104

$ 1,000.00 | $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation REALTOR Employer REAL ESTATE ONE

Business Address 555 BRIARWOOD CIR, ANN ARBOR, MI 48108

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/14/2026

Name & Address
SUSAN PERRY
1708 FAIR ST
ANN ARBOR, MI 48103

$ 300.00 | $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMLOYED Employer

Business Address

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/14/2026

Name & Address:
KITTY KAHN
515 KRAUSE 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/15/2026

Name & Address
RITA MITCHELL
621 FIFTH ST.
ANN ARBOR, MI 48103

$ 25.00 | $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

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

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Page Subtotal 1,375.00

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-2026-021

2. Committee Name GREG MONROE 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 05/16/2026

Name & Address:
DEBORAH BERRY
966 PARK PLACE
BROOKLYN, MI 49230

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation PSYCHOLOGIST Employer SELF

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/16/2026

Name & Address
GLENN GATES
281 RHEA ST
ANN ARBOR, MI 48103

$ 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 05/17/2026

Name & Address:
WILL HATHAWAY
3424 STOWE ST
ANN ARBOR, MI 48103

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMLOYED Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2026

Name & Address
PETER ECKSTEIN
2551 LONDONDERRY RD
ANN ARBOR, MI 48104

$ 650.00 $ 650.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer _____

Business Address _____

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

Page Subtotal 1,275.00

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-2026-021

2. Committee Name GREG MONROE 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 05/18/2026

Name & Address:
WENDY CARMAN
2340 GEORGETOWN BLVD
ANN ARBOR, MI 48105

$ 20.00 $ 20.00

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/19/2026

Name & Address
CHRISTINE COMER
1502 DEXTER AVE
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation IT ANALYST Employer ZF NORTH AMERICA

Business Address 15811 CENTENNIAL DR, NORTHVILLE, MI 48168

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/19/2026

Name & Address:
SEAN SUTTON
7811 GREENE FARM DR
YPSILANTI, MI 48197

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation SOFTWARE DEVELOPMENT MANAGER Employer DOMINOS

Business Address 30 FRANK LLOYD WRIGHT DR, ANN ARBOR, MI 48105

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

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/19/2026

Name & Address
PETER NELSON
1319 ARDMOOR AVE
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation ENGINEER Employer FORD MOTOR CO.

Business Address DEARBORN, MI

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

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Page Subtotal 320.00

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-2026-021

2. Committee Name GREG MONROE FOR CITY COUNCIL

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/19/2026

Name & Address:
KAREN MYERS
1325 KUEHNLE AVE
ANN ARBOR, MI 48103

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMLOYED Employer

Business Address

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/19/2026

Name & Address
VICTORIA PRICE
830 WESTWOOD AVE
ANN ARBOR, MI 48103

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMLOYED Employer

Business Address

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/19/2026

Name & Address:
RITA MITCHELL
621 FIFTH ST.
ANN ARBOR, MI 48103

$500.00 $525.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMLOYED Employer NA

Business Address NA,

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/19/2026

Name & Address
VINCENT CARUSO
556 GLENDALE CIRCLE
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 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-2026-021

2. Committee Name GREG MONROE 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 05/20/2026

Name & Address:
ROSS RICELLI
1044 W LIBERTY ST
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation OPS Employer NOVOPATH

Business Address 32 JEFFERSON PLAZA, PRINCETON, NJ 08540

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/20/2026

Name & Address
ADAM BROOKS
31175 LAHSER RD
BEVERLY HILLS, MI 48025

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation PRODUCT MANS Employer VERRA MOBILITY

Business Address 2046 RIVERVIEW AUTO DR, MESA, AZ 85201

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/20/2026

Name & Address:
JOHN FARROW
302 MAXWELL AVE
ROYAL OAK, MI 48067

$ 1,000.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation FINANCE MANAGER Employer GENERAL MOTORS

Business Address 100 RENAISSANCE CENTER, DETROIT, MI 48243

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/20/2026

Name & Address
ALI RAMLAWI
1771 WESTRIDGE RD
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 1,250.00

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-2026-021

2. Committee Name GREG MONROE 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 05/20/2026

Name & Address:
JEFF GINSBERG
91 MAIN ST
APT 209A
WARREN, MI 48091

$ 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 05/21/2026

Name & Address
KATHERYN BORIS
1726 CHARLTON AVE
ANN ARBOR, MI 48103

$ 150.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2026

Name & Address:
ELLEN RAMSBURGH
1503 CAMBRIDGE RD.
ANN ARBOR, MI 48104

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2026

Name & Address
MARGARET PERRETT
1719 ABBOTT AVE
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation 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 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-2026-021

2. Committee Name GREG MONROE 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 05/21/2026

Name & Address:
KATHERINE GRISWOLD
3565 FOX HUNT DR
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2026

Name & Address
JOHN GODFREY
2809 BROCKMAN BLVD
ANN ARBOR, MI 48104

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2026

Name & Address:
IRMA MAJER
2809 BROCKMAN BLVD
ANN ARBOR, MI 48104

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2026

Name & Address
GLENN GATES
281 RHEA ST
ANN ARBOR, MI 48103

$ 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

Page Subtotal 1,125.00

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-2026-021

2. Committee Name GREG MONROE 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 05/21/2026

Name & Address:
JEFFREY CROCKETT
506 E KINGSLEY ST
ANN ARBOR, MI 48104

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2026

Name & Address
LESLIE FORD
1404 WAKEFIELD AVE
ANN ARBOR, MI 48103

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation SPEECH-LANGUAGE PATHOLOGIST Employer WASHTENAW INTERMEDIATE SCHOOL DISTRICT

Business Address 1819 S WAGNER RD, ANN ARBOR, MI 48106

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/23/2026

Name & Address:
TOM SULBERG
1202 TRAVER ST
ANN ARBOR, MI 48105

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation REALTOR Employer CHAMPION MANAGEMENT LLC

Business Address 1202 TRAVER ST, ANN ARBOR, MI 48105

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

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

Name & Address
LIENE KARELS
1027 RED OAK RD
ANN ARBOR, MI 48103

$ 20.00 $ 20.00

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 220.00

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-2026-021

2. Committee Name GREG MONROE 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:
LISA DICHIERA
1917 HYDE PARK DR
DETROIT, MI 48207

$ 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 05/28/2026

Name & Address
LISA JEVENS
1054 MARTIN PL
ANN ARBOR, MI 48104

$ 1,225.00 $ 1,225.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMLOYED 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:
MARTHA RATLIFF
802 S 7TH ST
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 06/01/2026

Name & Address
DEBORAH OBERDOERSTER
1527 STONEHAVEN ST
ANN ARBOR, MI 48104

$ 150.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation PHYSICIAN 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 1,525.00

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-2026-021

2. Committee Name GREG MONROE 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:
THOMAS ATKINS
2012 ARBORVIEW BLVD
ANN ARBOR, MI 48103

$ 150.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation PSYCHIATRIST Employer GROVE EMOTIONAL HEALTH COLLABORATIVE

Business Address 214 S. MAIN STREET, #206, ANN ARBOR, MI 48104

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
PETER ECKSTEIN
2551 LONDONDERRY RD
ANN ARBOR, MI 48104

$ 450.00 $ 1,100.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer NA

Business Address _____

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

---

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

Name & Address:
ANTOINETTE BOEYER
6899 COLLINS AVE
MIAMI BEACH, FL 33141

$ 1,225.00 $ 1,225.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED 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
IRIS GRUHL
1192 WESTPORT RD
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

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Page Subtotal 1,875.00

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-2026-021

2. Committee Name GREG MONROE FOR CITY COUNCIL

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

Name & Address:
GEORGE PRITCHETT
1125 KUEHNLE AVE
ANN ARBOR, MI 48103

$ 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 06/02/2026

Name & Address
MARY BANKS
200 W JEFFERSON ST
ANN ARBOR, MI 48103

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer NA

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/03/2026

Name & Address:
JESS THOENE
1308 BROOKS ST
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMLOYED Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/03/2026

Name & Address
LISA WU FATE
1409 LINWOOD AVE
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation CHIEF LEGAL OFFICER Employer BOLD PENGUIN, INC.

Business Address 6555 LONGSHORE ST, SUITE 200, DUBLIN, OH 43017

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

Page Subtotal 275.00

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-2026-021

2. Committee Name GREG MONROE 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 06/03/2026

Name & Address:
CLAUDIUS VINCENZ
545 S. 5TH AVE #2
ANN ARBOR, MI 48104

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation RESEARCHER Employer UNIVERSITY OF MICHIGAN

Business Address 500 S STATE ST, ANN ARBOR, MI 48106

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/03/2026

Name & Address
SHANNON FLOYD
519 SUNSET RD
ANN ARBOR, MI 48103

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation SOCIAL WORKER Employer ANN ARBOR PUBLIC SCHOOLS

Business Address 2555 S STATE ST, ANN ARBOR, MI 48104

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/03/2026

Name & Address:
DANIEL BERLAND
1054 MARTIN PL
ANN ARBOR, MI 48104

$ 1,200.00 $ 1,200.00

5. If over $100.00 cumulative, please provide:

Occupation PHYSICAN Employer MICHIGAN MEDICINE

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

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/03/2026

Name & Address
BARBARA WETULA
623 FELCH 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

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Page Subtotal 2,000.00

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-2026-021

2. Committee Name GREG MONROE 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 06/03/2026

Name & Address:
KIM WINICK
1045 OLIVIA AVE
ANN ARBOR, MI 48104

$ 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 06/03/2026

Name & Address
DAVID GREGORKA
8 RIDGEMOR 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

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

Name & Address:
LISA MANN
3090 EXMOOR RD
ANN ARBOR, MI 48104

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer _____

Business Address _____

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

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

Name & Address
GERALD GARDNER
213 S REVENA BLVD
ANN ARBOR, MI 48103

$ 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

Page Subtotal 225.00

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-2026-021

2. Committee Name GREG MONROE 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 06/06/2026

Name & Address:
PIOTR MICHALOWSKI
451 S 4TH AVE
ANN ARBOR, MI 48104

$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 06/07/2026

Name & Address
CALVIN FLOYD
536 S FIRST ST
ANN ARBOR, MI 48103

$45.00 | $45.00

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:
DALE LANCASTER
695 VINE CT
ANN ARBOR, MI 48103

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMLOYED Employer _____

Business Address _____

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/09/2026

Name & Address
LESLIE FORD
1404 WAKEFIELD AVE
ANN ARBOR, MI 48103

$200.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation SPEECH-LANGUAGE PATHOLOGIST Employer WASHTENAW INTERMEDIATE SCHOOL DISTRICT

Business Address 1819 S WAGNER RD, ANN ARBOR, MI 48106

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

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Page Subtotal 395.00

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-2026-021

2. Committee Name GREG MONROE 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 06/09/2026

Name & Address:
ANNE BANNISTER
612 N. MAIN ST.
ANN ARBOR, MI 48104

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/09/2026

Name & Address
DANIEL RUBENSTEIN
429 THIRD ST.
ANN ARBOR, MI 48103

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/09/2026

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

$ 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 06/09/2026

Name & Address
ALICE MARIE CARTER
212 S REVENA BLVD
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 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-2026-021

2. Committee Name GREG MONROE 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 06/09/2026

Name & Address:
EDWARD BYRNE
404 VICK CT
ANN ARBOR, MI 48103

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer NA

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/09/2026

Name & Address
EDWARD BYRNE
404 VICK CT
ANN ARBOR, MI 48103

$ 250.00 $ 750.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer NA

Business Address _____

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

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

Name & Address:
ANNE OBRIEN
1320 MORNINGSIDE DR
ANN ARBOR, MI 48103

$ 20.00 $ 20.00

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 06/11/2026

Name & Address
MANISH MISHRA-MARZETTI
1911 MILLER 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

Page Subtotal 820.00

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-2026-021

2. Committee Name GREG MONROE 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 06/11/2026

Name & Address:
CALVIN FLOYD
536 S FIRST ST
ANN ARBOR, MI 48103

$ 10.00 $ 55.00

5. If over $100.00 cumulative, please provide:

Occupation ENVIRONMENTAL ADVOCATE Employer ENVIRONMENT MICHIGAN

Business Address 536 S 1ST ST, ANN ARBOR, MI 48103

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/17/2026

Name & Address
JAMES OSBORN
3106 S HILLTOP 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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/17/2026

Name & Address:
CLARE KOLEVAR
704 HUTCHINS 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 06/17/2026

Name & Address
JOHN SELDIN
814 HEWETT DR
ANN ARBOR, MI 48103

$ 1,000.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address _____

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

Page Subtotal 1,110.00

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-2026-021

2. Committee Name GREG MONROE FOR CITY COUNCIL

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/2026

Name & Address:
WENDY CARMAN
2340 GEORGETOWN BLVD
ANN ARBOR, MI 48105

$ 20.00 $ 40.00

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 06/19/2026

Name & Address
TIMOTHY RHOADES
448 S 1ST ST
ANN ARBOR, MI 48103

$ 200.00 $ 200.00

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 06/20/2026

Name & Address:
TOM SULBERG
1202 TRAVER ST
ANN ARBOR, MI 48105

$ 100.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation PROPERTY MANAGER Employer CHAMPION MANAGEMENT LLC

Business Address 1202 TRAVER ST, ANN ARBOR, MI 48105

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/20/2026

Name & Address
PAUL TINKERHESS
621 MINER ST
ANN ARBOR, MI 48103

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer _____

Business Address _____

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

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Page Subtotal 420.00

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-2026-021

2. Committee Name GREG MONROE 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 06/20/2026

Name & Address:
CLAUDE FARO
1178 WENDY 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/20/2026

Name & Address
KATHARINE BRADLEY
544 3RD ST
ANN ARBOR, MI 48103

$ 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 06/20/2026

Name & Address:
IAN ROBINSON
3435 BRENTWOOD CT
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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/20/2026

Name & Address
SHARI THOMPSON
312 WESTWOOD AVE
ANN ARBOR, MI 48103

$ 20.00 $ 20.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal 245.00

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-2026-021

2. Committee Name GREG MONROE 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 06/20/2026

Name & Address:
MAUREEN FITZSIMONS
300 S REVENA BLVD
ANN ARBOR, MI 48103

$125.00 | $125.00

5. If over $100.00 cumulative, please provide:

Occupation ORGANIZER Employer SEIU

Business Address 21700 NORTHWESTERN HWY, SOUTHFIELD, MI 48075

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/20/2026

Name & Address
NOA KNOERL-MORRILL
9688 TIMBER HILL CT
DEXTER, MI 48130

$125.00 | $125.00

5. If over $100.00 cumulative, please provide:

Occupation TEACHER Employer ANN ARBOR PUBLIC SCHOOLS

Business Address 3116 WILLIAMSBURG RD, ANN ARBOR, MI 48108

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/20/2026

Name & Address:
MARGARET PERRETT
1719 ABBOTT AVE
ANN ARBOR, MI 48103

$20.00 | $120.00

5. If over $100.00 cumulative, please provide:

Occupation 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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/20/2026

Name & Address
SUZANNE IOCCA
325 ORBISON DR
CARY, NC 27519

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMLOYED Employer NOT EMLOYED

Business Address

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

---

Page Subtotal 770.00

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-2026-021

2. Committee Name GREG MONROE 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 06/20/2026

Name & Address:
TIMOTHY RHOADES
448 S 1ST ST
ANN ARBOR, MI 48103

$ 100.00 $ 300.00

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/20/2026

Name & Address
PETER ECKSTEIN
2551 LONDONDERRY RD
ANN ARBOR, MI 48104

$ 125.00 $ 1,225.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer NA

Business Address _____

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/21/2026

Name & Address:
RITA MITCHELL
621 FIFTH ST.
ANN ARBOR, MI 48103

$ 125.00 $ 650.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMLOYED Employer NOT EMLOYED

Business Address _____

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/21/2026

Name & Address
ROBERT GLASSMAN
3138 RUMSEY 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

---

Page Subtotal 375.00

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-2026-021

2. Committee Name GREG MONROE FOR CITY COUNCIL

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/21/2026

Name & Address:
TRACY SWINBURN
511 POTTER 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/21/2026

Name & Address
LAUREN IOCCA
502 MEADOWMONT LN
CHAPEL HILL, NC 27517

$ 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 06/22/2026

Name & Address:
PATTI MARKS
2114 N CIRCLE DR
ANN ARBOR, MI 48103

$ 17.00 $ 17.00

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 06/22/2026

Name & Address
STEVEN WATTS II
113 W LIBERTY ST
ANN ARBOR, MI 48104

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation CEO Employer HOOK STUDIOS LLC

Business Address 106 N 4TH AVE, ANN ARBOR, MI 48104

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

Page Subtotal 667.00

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-2026-021

2. Committee Name GREG MONROE 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:
KATHERINE GRISWOLD
3565 FOX HUNT DR
ANN ARBOR, MI 48105

$ 100.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED 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
J KILAR
521 HISCOCK ST
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 06/23/2026

Name & Address:
MARY BANKS
200 W JEFFERSON ST
ANN ARBOR, MI 48103

$ 25.00 $ 75.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

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

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

Name & Address
LINDA FARROW
2406 TWILIGHT ST
JACKSON, MI 49203

$ 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-2026-021

2. Committee Name GREG MONROE 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:
ELIZABETH POINTER
906 SUNSET RD
ANN ARBOR, MI 48103

$ 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 06/25/2026

Name & Address
JESS THOENE
1308 BROOKS ST
ANN ARBOR, MI 48103

$ 100.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMLOYED Employer _____

Business Address _____

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

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

Name & Address:
DONALD DANYKO
3582 GREEN BRIER BLVD
ANN ARBOR, MI 48105

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer NA

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/26/2026

Name & Address
DOUG COWHERD
1117 BROOKS ST
ANN ARBOR, MI 48103

$ 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

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-2026-021

2. Committee Name GREG MONROE 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 06/27/2026

Name & Address:
RACHEL SHAW
1809 FAIR ST
ANN ARBOR, MI 48103

$ 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 06/27/2026

Name & Address
SARA HATHAWAY
17 WALNUT ST
PITTSFIELD, MA 01201

$ 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 06/29/2026

Name & Address:
DEBORAH VANDENBROEK
802 EDGEWOOD PL
ANN ARBOR, MI 48103

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMLOYED Employer NA

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
ANN HILLER
1308 HARBROOKE AVE
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 375.00

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-2026-021

2. Committee Name GREG MONROE 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:
MARY ANN WATTLES
2235 MILLER AVE
ANN ARBOR, MI 48103

$ 20.00 $ 20.00

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 06/30/2026

Name & Address
MIKE RAINS
1124 SAUNDERS CRESCENT
ANN ARBOR, MI 48103

$ 20.00 $ 20.00

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 06/30/2026

Name & Address:
PAUL CARTMAN
3065 LAKEWOOD DR
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 06/30/2026

Name & Address
SUSAN CYBULSKI
112 KENWOOD AVE
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 240.00

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-2026-021

2. Committee Name GREG MONROE 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 06/30/2026

Name & Address:
DOUGLAS WHITE
330 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 06/30/2026

Name & Address
CHARLES LEWIS
330 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2026

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

$ 50.00 $ 75.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2026

Name & Address
ROB DAVIS
1029 WOODBRIDGE BLVD
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 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-2026-021

2. Committee Name GREG MONROE FOR CITY COUNCIL

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2026

Name & Address:
CALVIN FLOYD
536 S FIRST ST
ANN ARBOR, MI 48103

$100.00 $155.00

5. If over $100.00 cumulative, please provide:

Occupation ENVIRONMENTAL ADVOCATE Employer ENVIRONMENT MICHIGAN

Business Address 536 S 1ST ST, ANN ARBOR, MI 48103

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/02/2026

Name & Address
JUDITH WILHELME
1405 LUTZ AVE
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 07/02/2026

Name & Address:
TOM SULBERG
1202 TRAVER ST
ANN ARBOR, MI 48105

$100.00 $300.00

5. If over $100.00 cumulative, please provide:

Occupation REALTOR Employer CHAMPION MANAGEMENT LLC

Business Address 1202 TRAVER ST, ANN ARBOR, MI 48105

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/02/2026

Name & Address
LIENE KARELS
1027 RED OAK RD
ANN ARBOR, MI 48103

$100.00 $120.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMLOYED Employer NA

Business Address NA,

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

---

Page Subtotal 400.00

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-2026-021

2. Committee Name GREG MONROE FOR CITY COUNCIL

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/02/2026

Name & Address:
JOHN GODFREY
2809 BROCKMAN BLVD
ANN ARBOR, MI 48104

$ 250.00 $ 750.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer NA

Business Address

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/02/2026

Name & Address
JOHN FLOYD
519 SUNSET RD
ANN ARBOR, MI 48103

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation SALES AND MARKETING SPECIALIST Employer SELF EMPLOYED

Business Address 519 SUNSET RD, ANN ARBOR, MI 48103

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/02/2026

Name & Address:
ROBIN GROSSHUESCH
719 SPRING ST
ANN ARBOR, MI 48103

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation BROKER Employer NATURAL HOME REALTY

Business Address 719 SPRING ST, ANN ARBOR, MI 48103

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/02/2026

Name & Address
IRMA MAJER
2809 BROCKMAN BLVD
ANN ARBOR, MI 48104

$ 250.00 $ 750.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer NA

Business Address

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

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Page Subtotal 1,200.00

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-2026-021

2. Committee Name GREG MONROE 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 07/02/2026

Name & Address:
ROBERT KEEN
11350 BEMIS RD
MANCHESTER, MI 48158

$30.00 | $30.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer NA

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 07/02/2026

Name & Address
KATHERINE GRISWOLD
3565 FOX HUNT DR
ANN ARBOR, MI 48105

$100.00 | $300.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer NA

Business Address

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/02/2026

Name & Address:
SARA TUCKER
3630 INCOCHEE RD
TRAVERSE CITY, MI 49684

$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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/02/2026

Name & Address
JEFFEREY TENZA
3062 DEER CREEK CT
ANN ARBOR, MI 48105

$200.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation SOFTWARE ENGINEER Employer NOKIA DEEPFIELD

Business Address 213 S ASHLEY ST, ANN ARBOR, MI 48104

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

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Page Subtotal 430.00

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-2026-021

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/02/2026

Name & Address:
HELGA HALLER
615 TURNER PARK CT
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 07/02/2026

Name & Address
ELLEN RAMSBURGH
1503 CAMBRIDGE RD.
ANN ARBOR, MI 48104

$ 50.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer NA

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/02/2026

Name & Address:
GLENN GATES
281 RHEA ST
ANN ARBOR, MI 48103

$ 50.00 $ 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 07/02/2026

Name & Address
JEFFEREY TENZA
3062 DEER CREEK CT
ANN ARBOR, MI 48105

$ 20.00 $ 220.00

5. If over $100.00 cumulative, please provide:

Occupation SOFTWARE ENGINEER Employer NOKIA DEEPFIELD

Business Address 213 S ASHLEY ST, ANN ARBOR, MI 48104

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

Page Subtotal 170.00

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-2026-021

2. Committee Name GREG MONROE 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 07/02/2026

Name & Address:
DALE LESLIE
1159 JOYCE LN
ANN ARBOR, MI 48103

$ 20.00 $ 20.00

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 07/02/2026

Name & Address
CAROL GHIDORZI
2441 WAYFARER CT
CHAPEL HILL, NC 27514

$ 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 07/02/2026

Name & Address:
BLAINE KONEMAN
5911 MARSHWOOD DR
SYLVANIA, OH 43560

$ 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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/02/2026

Name & Address
TONI BURTON
411 LINDA VISTA ST
ANN ARBOR, MI 48103

$ 20.00 $ 20.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal 150.00

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-2026-021

2. Committee Name GREG MONROE 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 07/02/2026

Name & Address:
KATHERYN BORIS
1726 CHARLTON AVE
ANN ARBOR, MI 48103

$150.00 $300.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/03/2026

Name & Address
BARBARA LADEWSKI
305 WESLEY 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/05/2026

Name & Address:
RANDALL HARVEY
402 LINDA VISTA ST
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 07/08/2026

Name & Address
PAMELA SJO
709 MINER ST
ANN ARBOR, MI 48103

$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

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-2026-021

2. Committee Name GREG MONROE 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 07/10/2026

Name & Address:
STEPHEN GUTIERREZ
411 LINDA VISTA ST
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 07/10/2026

Name & Address
CHARLES LEWIS
330 S 7TH ST
ANN ARBOR, MI 48103

$ 50.00 $ 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 07/12/2026

Name & Address:
ANDREW DYER
1105 POMONA RD
ANN ARBOR, MI 48103

$ 20.00 $ 20.00

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 07/12/2026

Name & Address
DOUGLAS WHITE
330 S 7TH ST
ANN ARBOR, MI 48103

$ 50.00 $ 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 220.00

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-2026-021

2. Committee Name GREG MONROE 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:
CALVIN FLOYD
536 S FIRST ST
ANN ARBOR, MI 48103

$ 10.00 $ 165.00

5. If over $100.00 cumulative, please provide:

Occupation ENVIRONMENTAL ADVOCATE Employer ENVIRONMENT MICHIGAN

Business Address 536 S 1ST ST, ANN ARBOR, MI 48103

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/13/2026

Name & Address
ALYSIA GIATAS
623 2ND ST
ANN ARBOR, MI 48103

$ 20.00 $ 20.00

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 07/14/2026

Name & Address:
SUSAN BLAKE
1213 MORNINGSIDE 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

---

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

Name & Address
RICHARD FEIN
618 DUANE CT
ANN ARBOR, MI 48103

$ 20.00 $ 20.00

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 100.00

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-2026-021

2. Committee Name GREG MONROE 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 07/19/2026

Name & Address:
SUSAN KAUFMANN
630 5TH ST
ANN ARBOR, MI 48103

$150.00 $150.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMLOYED Employer NA

Business Address

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/19/2026

Name & Address
SUSAN LAMOREAUX
305 MAPLE RIDGE
ANN ARBOR, MI 48103

$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

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

$ $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Employer

Business Address

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

Page Subtotal	175.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	25,952.00

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-2026-021

2. Committee Name GREG MONROE 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: RIDA STUDIO 2050 15TH ST DETROIT, MI 48216 **If over $100.00 cumulative, please provide:** Occupation: 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 PRINT DESIGN / WEB DESIGN 5. Date Of Receipt: 05/24/2026 6. **Vendor Name & Address:**	$ 4,280.00	$ 4,280.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address DAVE DEVARTI 1231 BALDWIN AVE ANN ARBOR, MI 48104 **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 INVITATIONS 5. Date Of Receipt: 06/11/2026 6. **Vendor Name & Address:**	$ 22.37	$ 22.37
Contribution #3 PAC Receipt? ☐ Yes Name & Address: WILL HATHAWAY 3424 STOWE ST ANN ARBOR, MI 48103 **If over $100.00 cumulative, please provide:** Occupation: RETIRED Employer Name & Address: NA NA, ☑ 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 EVENT FUNDRAISER 5. Date Of Receipt: 06/30/2026 6. **Vendor Name & Address:**	$ 310.00	$ 810.00
	Page Subtotal	4,612.37	5,112.37
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		

Enter this total on line 6 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-2026-021

2. Committee Name GREG MONROE 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: SUSAN CYBULSKI 112 KENWOOD AVE ANN ARBOR, MI 48103 **If over $100.00 cumulative, please provide:** Occupation: GRAPHIC DESIGNER Employer Name & Business Address: INPRINT, INC. 112 KENWOOD AVE, ANN ARBOR, MI 48103 ☐ 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 DESIGN SERVICES 5. Date Of Receipt: 07/19/2026 6. **Vendor Name & Address:**	$ 1,012.50	$ 1,112.50
Contribution # 2 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	$	$
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	1,012.50	1,112.50
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	5,624.87	

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-2026-021

2. Committee Name GREG MONROE 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 BANK OF ANN ARBOR Address 801 W ELLSWORTH RD ANN ARBOR, MI 48108 ☐ Fund Raiser	Purpose: BANK CHECKS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/05/2026 Date	$ 29.95
Expenditure #2 Name FEDEX Address 2800 S STATE ST ANN ARBOR, MI 48104 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/08/2026 Date	$ 39.21
Expenditure #3 Name FEDEX Address 2800 S STATE ST ANN ARBOR, MI 48104 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/08/2026 Date	$ 46.54
Expenditure #4 Name STAPLES Address 2601 JACKSON AVE ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/10/2026 Date	$ 47.69
Expenditure #5 Name HOMES Address 2321 JACKSON AVE ANN ARBOR, MI 48103 ☑ Fund Raiser	Purpose: ROOM FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/19/2026 Date	$ 254.00

Subtotal this page	417.39
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-2026-021

2. Committee Name GREG MONROE 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 STAPLES Address 2601 JACKSON AVE ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/21/2026 Date	$ 87.97
Expenditure #2 Name SAWICKI & SON 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	$ 1,711.90
Expenditure #3 Name STAPLES Address 2601 JACKSON AVE ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/23/2026 Date	$ 87.98
Expenditure #4 Name STAPLES Address 2601 JACKSON AVE ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2026 Date	$ 87.97
Expenditure #5 Name ANN ARBOR JAYCEES Address P.O. BOX 1866 ANN ARBOR, MI 48106 ☐ Fund Raiser	Purpose: PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2026 Date	$ 75.00

Subtotal this page	2,050.82
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-2026-021

2. Committee Name GREG MONROE 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 ALLIED Address 240 N FERNWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/04/2026 Date	$ 609.01
Expenditure #2 Name ELMOS Address 2390 WINEWOOD AVE ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: T-SHIRTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/05/2026 Date	$ 419.76
Expenditure #3 Name UPS Address 2531 JACKSON AVE ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2026 Date	$ 13.99
Expenditure #4 Name WESTGATE LIBRARY Address 2503 JACKSON AVE ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2026 Date	$ 3.60
Expenditure #5 Name SIGNARAMA Address 4655 WASHTENAW AVE ANN ARBOR, MI 48108 ☐ Fund Raiser	Purpose: BANNER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2026 Date	$ 90.10

Subtotal this page 1,136.46

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-2026-021

2. Committee Name GREG MONROE 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 WESTGATE LIBRARY Address 2503 JACKSON AVE ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2026 Date	$ 24.00
Expenditure #2 Name UPS Address 2531 JACKSON AVE ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/15/2026 Date	$ 30.74
Expenditure #3 Name SAWICKI & SON 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	06/15/2026 Date	$ 1,303.80
Expenditure #4 Name ALLIED Address 240 N FERNWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/23/2026 Date	$ 626.98
Expenditure #5 Name ALLIED Address 240 N FERNWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: BANNER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/23/2026 Date	$ 85.70

Subtotal this page 2,071.22

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-2026-021

2. Committee Name GREG MONROE 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 ANN ARBOR OBSERVER Address PO BOX 1187 ANN ARBOR, MI 48106 ☐ Fund Raiser	Purpose: ADD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/2026 Date	$ 1,338.40
Expenditure #2 Name JERUSALEM GARDEN Address 314 E LIBERTY ST ANN ARBOR, MI 48104 ☑ Fund Raiser	Purpose: FOOD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/29/2026 Date	$ 173.88
Expenditure #3 Name JERUSALEM GARDEN Address 314 E LIBERTY ST ANN ARBOR, MI 48104 ☑ Fund Raiser	Purpose: FOOD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/29/2026 Date	$ 79.62
Expenditure #4 Name ARBOR FARMS Address 2103 W STADIUM BLVD ANN ARBOR, MI 48103 ☑ Fund Raiser	Purpose: FOOD FOR FUND RAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2026 Date	$ 97.98
Expenditure #5 Name BRGREEN Address 3660 PLAZA DR ANN ARBOR, MI 48108 ☑ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2026 Date	$ 34.45

Subtotal this page	1,724.33
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-2026-021

2. Committee Name GREG MONROE 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 ALLIED Address 240 N FERNWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/13/2026 Date	$ 390.54
Expenditure #2 Name ALLIED Address 240 N FERNWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: MAILERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/14/2026 Date	$ 3,380.18
Expenditure #3 Name ACTBLUE Address PO BOX 962017 BOSTON, MA 02196 ☐ Fund Raiser	Purpose: ACTBLUE TOTAL FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2026 Date	$ 496.52
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	Date	$
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	Date	$

Subtotal this page	4,267.24
Grand Total of all Schedules 1B (Complete on last page of Schedule)	11,667.46

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-021

2. Committee Name GREG MONROE FOR CITY COUNCIL

This Schedule itemizes:

a. ☑ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: YOUSEF RABHI FOR ANN ARBOR P.O. BOX 7096 ANN ARBOR, MI 48107	4. Type: CAMPAIGN 5. **Date Debt Was Incurred**: 06/29/2026 6. **Original Amount of Debt**: $ 511.37	$ $ $ $ $	$ 0.00	$ 511.37 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? ☐ Yes Owed to or by: YOUSEF RABHI FOR ANN ARBOR P.O. BOX 7096 ANN ARBOR, MI 48107	4. Type: CAMPAIGN 5. **Date Debt Was Incurred**: 07/19/2026 6. **Original Amount of Debt**: $ 80.00	$ $ $ $ $	$ 0.00	$ 80.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ 0				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. **Date Debt Was Incurred**: _____ 6. **Original Amount of Debt**: $ _____	$ $ $ $ $	$ _____	$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) 591.37

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) 591.37

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-021

2. Committee Name GREG MONROE 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.
05/19/2026	20	MEET AND GREET	HOMES 2321 JACKSON AVE ANN ARBOR, MI 48103 ☐ Private Residence

7. Total Contributions 0.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 0.00

10. Total Cost of Event 254.00
(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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-021

2. Committee Name GREG MONROE 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.
06/29/2026	18	MEET AND GREET	JERUSALEM GARDEN 314 E LIBERTY ST ANN ARBOR, MI 48104 ☐ Private Residence

7. Total Contributions 0.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 0.00

10. Total Cost of Event 253.76
(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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2026-021

2. Committee Name GREG MONROE 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.
06/30/2026	25	MEET AND GREET	HATHAWAY'S HIDEAWAY 310 S ASHLEY ST ANN ARBOR, MI 48104 ☐ Private Residence

7. Total Contributions 2,130.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 2,130.00

10. Total Cost of Event 442.43
(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.