MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
29 JUL 2026 PM 02:38
WASHTENAW COUNTY CLERK
ANN ARBOR, MICHIGAN

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE COVER PAGE

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

3. This Statement covers From: 01/01/2026 to 07/19/2026

1. Committee I.D. Number
C-2022-096

2. Committee Name
AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

4. Candidate Last Name: FELLOWS First Name: AMBER M.I.: T

4a. Office Sought Including District # or Community Served (If applicable)
COUNCIL MEMBER, WARD 3, YPSILANTI

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

5. Committee's Mailing Address
320 VINEWOOD CT.
YPSILANTI, MI 48198

Area Code and Phone (734) 219-3798
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
BRIAN GEIRINGER
415 PEARL ST.
YPSILANTI, MI 48197

Area Code & Phone (734) 330-3795

7. Treasurer's Business Address
415 PEARL ST.
YPSILANTI, MI 48197

Area Code and Phone (734) 330-3795

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

Area Code and Phone () -

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

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution
_____

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

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

Current Treasurer or Designated Record keeper _____ / _____ Submitted electronically, signature on file Date 07/29/2026
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 07/29/2026
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2022-096

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) $ 6,306.42	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $ 6,306.42	(18.) $ 6,806.42
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.) $ 6,306.42	(20.) $ 6,806.42
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $ 0.00	(21.) $ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $ 0.00	(22.) $ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) $ 6,525.97	
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.) $ 6,525.97	(23.) $ 6,525.97
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.) $ 6,000.00	
b. Owed **to** the Committee (Schedule 1E)	(12b.) $ 0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $ 1,441.62
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $ 6,306.42
15. SUBTOTAL Add lines 13 and 14	(15.) = $ 7,748.04
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $ 6,525.97
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ 1,222.07 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2022-096

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

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:
BRIAN GEIRINGER
415 PEARL ST
YPSILANTI, MI 48197

$ 75.00 $ 75.00

5. If over $100.00 cumulative, please provide:

Occupation DIRECTOR Employer ANN ARBOR FOR PUBLIC POWER

Business Address 2370 E STADIUM BLVD, #725, ANN ARBOR, MI 48104

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
AMBER FELLOWS
320 VINEWOOD CT
YPSILANTI, MI 48198

$ 1.00 $ 1.00

5. If over $100.00 cumulative, please provide:

Occupation PROGRAM DIRECTOR Employer INTERFAITH COUNCIL FOR PEACE AND JUSTICE

Business Address 1414 HILL 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 05/21/2026

Name & Address:
BRIAN GEIRINGER
415 PEARL ST
YPSILANTI, MI 48197

$ 500.00 $ 575.00

5. If over $100.00 cumulative, please provide:

Occupation DIRECTOR Employer ANN ARBOR FOR PUBLIC POWER

Business Address 2370 E STADIUM BLVD, #725, ANN ARBOR, MI 48104

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/22/2026

Name & Address
CHRIS FELLOWS
18 ALFALFA ALLEY
ANIMAS, NM 88020

$ 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 676.00

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-2022-096

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

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 06/21/2026

Name & Address:
ESTHER WITTE
702 E CROSS ST
YPSILANTI, MI 48198

$ 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 06/22/2026

Name & Address
REBECCA MANERY
817 STANLEY ST
YPSILANTI, MI 48198

$ 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 06/22/2026

Name & Address:
BRIAN GEIRINGER
415 PEARL ST
YPSILANTI, MI 48197

$ 199.42 $ 774.42

5. If over $100.00 cumulative, please provide:

Occupation DIRECTOR Employer ANN ARBOR FOR PUBLIC POWER

Business Address 2370 E STADIUM BLVD, #725, ANN ARBOR, MI 48104

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
JOYCE OLMSTED
401 W MICHIGAN AVE
APT 714
YPSILANTI, MI 48197

$ 5.00 $ 5.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal 304.42

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-2022-096

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

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:
MALEEA ROY
414 EMERICK ST
YPSILANTI, MI 48198

$ 15.00 $ 15.00

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
JULIA BAYHA
401 W MICHIGAN AVE
APT 614
YPSILANTI, MI 48197

$ 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 07/01/2026

Name & Address:
CHRIS TEBBENS
7726 GREENE FARM DR
YPSILANTI, MI 48197

$ 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 07/03/2026

Name & Address
MAX RICKARD
415 PEARL ST
YPSILANTI, MI 48197

$ 25.00 $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal 80.00

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-2022-096

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

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 07/03/2026

Name & Address:
COLTON RAY
514 EMMET ST
APT 17
YPSILANTI, MI 48197

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

Name & Address
OLIVIA CESSNA
501 N WASHINGTON ST
APT 2
YPSILANTI, MI 48197

$ 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 07/03/2026

Name & Address:
JEN HEIMBERG
1683 MEADHURST DR
YPSILANTI, MI 48198

$ 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 07/03/2026

Name & Address
CARLY NEWMAN
303 N HAMILTON ST
YPSILANTI, MI 48197

$ 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 70.00

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-2022-096

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/17/2026

Name & Address:
DESIRAE SIMMONS
407 CHARLES ST
YPSILANTI, MI 48198

$ 25.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

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

Name & Address
EUSEBIUS AUGUSTINE
972 WATLING ST
YPSILANTI, MI 48197

$ 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 07/19/2026

Name & Address:
LAUREN GABOURY
229 OAKLAWN AVE
YPSILANTI, MI 48198

$ 25.00 $ 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 06/07/2026

Name & Address
MASON PRESSLER
409 PATTERSON AVE
BAY CITY, MI 48706

$ 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 95.00

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-2022-096

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

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

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

Name & Address:
SARAH BERTO
358 S WILLOW WICK DR
SAHUARITA, AZ 85629

$ 28.00 $ 28.00

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 06/09/2026

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

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

Name & Address:
ANNE FOWLER
2050 MCKINLEY AVE
YPSILANTI, MI 48197

$ 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 06/10/2026

Name & Address
DANIEL SMOLKIN
635 N HURON ST
YPSILANTI, MI 48197

$ 1,000.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation SOFTWARE ENGINEER Employer ONTO INNOVATION

Business Address 16 JONSPIN RD, WILMINGTON, MA 01887

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

Page Subtotal 1,128.00

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-2022-096

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

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 06/10/2026

Name & Address:
YUKO FELLOWS
520 S 3RD AVE
ALPENA, MI 49707

$ 250.00 $ 250.00

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 06/10/2026

Name & Address
ALEX THOMAS
1108 BUICK AVE
YPSILANTI, MI 48198

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

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

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

Name & Address:
KIDUS HIWOT
730 N PROSPECT RD
YPSILANTI, MI 48198

$ 200.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation DATA SCIENTIST Employer MICROSOFT

Business Address 1 MICROSOFT WAY, REDMOND, WA 98052

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

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

Name & Address
DAVID REYNOLDS
229 MILES ST
YPSILANTI, MI 48198

$ 40.00 $ 40.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

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

Page Subtotal 590.00

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-2022-096

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/14/2026

Name & Address:
KRISTY COOPER
516 E FOREST AVE
YPSILANTI, MI 48198

$ 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 06/14/2026

Name & Address
CHRISTOPHER SLAT
1119 S GROVE ST
YPSILANTI, MI 48198

$ 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 06/15/2026

Name & Address:
ROSEANN FREED
250 ALLEN ST
FERNDALE, MI 48220

$ 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 07/01/2026

Name & Address
SAMUEL FIRKE
807 HUTCHINS AVE
ANN ARBOR, MI 48103

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation DATA ENGINEER Employer CITY OF ANN ARBOR

Business Address 301 E HURON ST, ANN ARBOR, MI 48104

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

Page Subtotal 300.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2022-096

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

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 07/01/2026

Name & Address:
KEVIN GRIFFIN
39768 GREENVIEW PL
#5
PLYMOUTH, MI 48170

$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

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

Name & Address
BRIAN GEIRINGER
415 PEARL ST
YPSILANTI, MI 48197

$1.00 $1.00

5. If over $100.00 cumulative, please provide:

Occupation DIRECTOR Employer ANN ARBOR FOR PUBLIC POWER

Business Address 2370 E STADIUM BLVD, #725, ANN ARBOR, MI 48104

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

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

Name & Address:
CHRISTOPHER RICHARD
24473 ROSE TERRACE
WILLITS, CA 95490

$5.00 $5.00

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 07/01/2026

Name & Address
ESTHER WITTE
702 E CROSS ST
YPSILANTI, MI 48198

$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

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Page Subtotal 81.00

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-2022-096

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

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:
AARON STARK
35618 PALMER RD
WESTLAND, MI 48186

$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 07/03/2026

Name & Address
BRANDON JONES
247 AVELINE ST
YPSILANTI, MI 48197

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

Name & Address:
BRIAN GEIRINGER
415 PEARL ST
YPSILANTI, MI 48197

$40.00 | $41.00

5. If over $100.00 cumulative, please provide:

Occupation DIRECTOR Employer ANN ARBOR FOR PUBLIC POWER

Business Address 2370 E STADIUM BLVD, #725, ANN ARBOR, MI 48104

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

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

Name & Address
JESSICA HOWELL
472 OWENDALE ST
YPSILANTI, MI 48197

$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 190.00

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-2022-096

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

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 07/04/2026

Name & Address:
ANTONIO POLLARD
413 BALLARD ST
APT 1
YPSILANTI, MI 48197

$ 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 07/06/2026

Name & Address
AIDAN LAVIS
395 INLET LN
GREENPORT, NY 11944

$ 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

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

Name & Address:
MELISSA GRAY
3111 PRIMROSE LN
YPSILANTI, MI 48197

$ 35.00 | $ 35.00

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 07/08/2026

Name & Address
KATIE PALMER
1605 WHITTIER RD
YPSILANTI, MI 48197

$ 75.00 | $ 125.00

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 155.00

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-2022-096

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

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 07/08/2026

Name & Address:
MARY GALLAGHER
1205 S CONGRESS ST
YPSILANTI, MI 48197

$ 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 07/09/2026

Name & Address
ALEXANDER MARION
190 ROBINEAU RD
SYRACUSE, NY 13207

$ 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 07/10/2026

Name & Address:
DREW BRAUER
155 S GROVE ST
YPSILANTI, MI 48198

$ 30.00 $ 30.00

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 07/14/2026

Name & Address
MICHAEL SIEGEL
1905 AGGIE LN
AUSTIN, TX 78757

$ 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 230.00

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-2022-096

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/14/2026

Name & Address:
SHANA SCHOEM
1726 COLLEGEWOOD ST
YPSILANTI, MI 48197

$ 75.00 $ 75.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

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3. Contribution #2 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

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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

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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

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Page Subtotal 75.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) 6,306.42

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2022-096

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NGP VAN Address 655 15TH ST NW SUITE 650 WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: VOTER FILE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/13/2026 Date	$ 75.00
Expenditure #2 Name WASHTENAW COUNTY CLERK Address 200 N MAIN ST STE 110 ANN ARBOR, MI 48104 ☐ Fund Raiser	Purpose: LATE FILING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/21/2026 Date	$ 500.00
Expenditure #3 Name STICKER MULE, LLC Address 336 FOREST AVE AMSTERDAM, NY 12010 ☐ Fund Raiser	Purpose: STICKERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/30/2026 Date	$ 124.02
Expenditure #4 Name ACTBLUE Address PO BOX 962017 BOSTOM, MA 02196 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2026 Date	$ 13.52
Expenditure #5 Name SOLIDARITY TECH Address 340 S LEMON AVE WALNUT, CA 91789 ☐ Fund Raiser	Purpose: CUSTOMER RELATIONSHIP MANAGEMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/22/2026 Date	$ 199.42

Subtotal this page	911.96
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-2022-096

2. Committee Name AMBER FELLOWS FOR THE PEOPLE OF YPSILANTI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: PAPER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/26/2026 Date	$ 42.38
Expenditure #2 Name STICKER MULE, LLC Address 336 FOREST AVE AMSTERDAM, NY 12010 ☐ Fund Raiser	Purpose: STICKERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/08/2026 Date	$ 59.36
Expenditure #3 Name SAWICKI & SON, INC. Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: YARDSIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/08/2026 Date	$ 1,608.55
Expenditure #4 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: PAPER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2026 Date	$ 30.79
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	1,741.08
Grand Total of all Schedules 1B (Complete on last page of Schedule)	6,525.97

Enter this total on line 8a of Summary Page