### 7-5--

### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## CANDIDATE COMMITTEE COVER PAGE

F2021-0307
7/23/21 4:55 PM Page 1 of 1
CAMP'\$0.00
Barb Byrum, Ingham County Clerk

#### FOR OFFICIAL USE ONLY

| COVERPAGE  |                        |   |                           |            |  |
|--|------------------------|---|---------------------------|------------|--|
| Report must be legible, typed or printed in ink and signs by the treasurer (or designated record keeper) and candidate.  | gned                   | 3. This Statement covers From:                                | 01/01/2021<br>Mo Day Year | To:        | 07/18/2021<br>Mo Day Year  |
| 1. Committee I.D. Number   |                        | 4. Candidate Last Name  | First                     | Name       | M.I.   |
|  |                        | Schor   | Andy                      |            |  |
| 46696  |                        | 4a. Office Sought including Distric                           | t # or Community S        | erved (If  | applicable)  |
| 2. Committee Name  |                        | Other - Lansing Mayor   |                           |            |  |
| Schor for Lansing  |                        | 4b. County of Residence Ingham                                |                           |            |  |
| 5. Committee's Mailing Address   |                        | 6. Treasurer's Name & Residentia                              | al Address                |            |  |
| PO Box 13073<br>Lansing, MI 48901  | ı                      | Brian McGrain<br>300 N Fairview<br>Lansing, MI 4891           | 2                         |            | ,  |
| Area Code and Phone (517) 927~5179   |                        |   |                           |            |  |
| If the address in this box is different from the commit mailing address on the Statement of Organization, may be sent to this address by the filling official. |                        | Area Code & Phone (517) 92                                    | 27-0127                   | RE(        |  |
| 7. Treasurer's Business Address  |                        | 8. Designated Record Keeper's N                               | lame and Mailing Ad       | dress (V   | the committee has a  |
| P.O. Box 13073   |                        | Designated Record Keeper)                                     | l <sub>IM</sub>           | Olian.     | 20 2021  |
| Lansing, MI 48901  |                        |   | 113                       |            | COUNTY CLERK   |
|  |                        |   |                           |            | NA.  |
| Area Code and Phone (517) 927-0127   |                        | Area Code & Phone   |                           |            |  |
| 9. TYPE OF STATEMENT   | Req                    | uired ONLY if candidate is                                    | 1 —                       |            | Candidate Committee  |
| 9a. ☑ Pre-Election OR 9b. ☐ Post-Election  |                        | on the ballot for the<br>ent year:                            | outstandi                 | ng debt b  | tem I/We certify any<br>by the committee to                        |
| Pre-Election or Post Election Statement relates to:  |                        | July Quarterly  | here by d                 | lischarge  | nis or her spouse is<br>and forgiven and no<br>from the committee. |
| ✓ Primary  |                        | October Quarterly   | The com                   | mittee ha  | is no outstanding  |
| ☐Special   |                        |   | assets, o<br>outstandi    |            | ate fees or has any  |
| ☐ Convention   |                        | _   | Further, i                | f the diss | solution cannot be   |
| General  | 9c                     | Annual Statement Coverage Yea                                 |                           |            | be considered a<br>eporting Waiver.                                |
| ☐School  | 9d. [                  | 7   | Effecti                   | vo Dato    | of Dissolution   |
| ☐ Caucus   | 32                     | Amendment to Campaign   | Lilecti                   | ve Date    | Of Dissolution   |
|  |                        | Statement (Complete item 9a, 9b, 9c or 9e to indicate         | Note: The                 |            | an of societies funds  |
| D. I. Elizaber Organization on Course  |                        | which Statement is being                                      | must be re                | ported o   | on of residual funds<br>n Schedule 1B and                          |
| Date of Election, Convention, or Caucus 08/03/2021   |                        | amended)  | the Summ                  | ary Page   | <b>).</b>  |
|  |                        |   |                           |            |  |
| 10. Verification: I\We certify that all reasonable dilig best of my\our knowledge and belief the contents at   | ence wa:<br>re true, a | s used in the preparation of this state ccurate and complete. | ement and attached        | schedule   | es (if any) and to the   |
| Current Treasurer or<br>Designated Record Keeper Brian McGrain   |                        | /R . W  | ) <del>7</del> '          | Date       | 07/23/2021   |
| Type or Print Name   |                        | Buin The<br>Signature<br>  Andy Signature                     | Le-                       |            |  |
| Candidate Andy Schor   |                        | Andu 3  | Schor                     | Date       | 07/23/2021   |
| Type or Print Name   |                        | Signature   |                           |            |  |

1. Committee I.D. Number 46696

### SUMMARY PAGE

2. Committee Name Schor for Lansing

| CANDIDATE COMMITTEE   |          |                         |            |                                      |
|---|----------|-------------------------|------------|--------------------------------------|
| RECEIPTS  |          | Column I<br>This Period |            | Column II<br>for this Election cycle |
| 3. Contributions  |          |                         |            | ·                                    |
| a. Itemized (Schedule 1A - Column 6)  | (3a.)    | \$179,745.36            |            |                                      |
| b. Unitemized (less than \$20.01 each - no Schedule)  | (3b.)    | NOT APPLICABLE          |            |                                      |
| c. Subtotal of "Contributions"  | (3c.)    | \$179,745.36            | (18.)      | \$289,141.36                         |
| 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.)     | \$179,745.36            | (20.)      | \$289,141.36                         |
| IN-KIND CONTRIBUTIONS & EXPENDITURES  |          |                         |            |                                      |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)  | (6.)     | \$3,107.42              | (21.)      | \$3,427.56                           |
| 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.)    | \$125,324.61            |            |                                      |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)  | (8b.)    | \$0. <u>00</u>          |            |                                      |
| c. Unitemized (less than \$50.01 each - no Schedule)  | (8c.)    | \$132.94                |            |                                      |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)   | (9.)     | \$125,457.55            | (23.)      | \$139,080.16                         |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)   |          |                         |            |                                      |
| 10. Disbursements   |          |                         |            |                                      |
| a. Itemized (Schedule 1C, Column 6)   | (10a.)   | \$0.00                  |            |                                      |
| b. Unitemized (less than \$50.01 each - no Schedule)  | (10b.)   | \$0.00                  |            |                                      |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)                                  | (11.)    | \$0.00                  | (24.)      | \$0.00                               |
| DEBTS AND OBLIGATIONS   |          |                         |            |                                      |
| 12. Debts and Obligations a. Owed by the Committee (Schedule 1E)                                      | (12a.)   | \$0.00                  |            |                                      |
| b. Owed to the Committee (Schedule 1E)  | (12b.)   | \$0.00                  |            |                                      |
| BALANCE   | STATEMEN | <u> </u>                |            |                                      |
| Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)          |          |                         | 79,750.32  |                                      |
| Amount received during reporting period     (Line 5, Total Contributions & Other Receipts - Column I) | (14.) +  | \$1                     | 79,745.36  |                                      |
| 15. SUBTOTAL Add lines 13 and 14  | (15.) =  | \$3                     | 59,495.68  |                                      |
| 16. Amount expended during reporting period (Add lines 9 and 11)                                      | (16.) -  | \$1                     | 25,457.55  |                                      |
| 17, ENDING BALANCE<br>(Subtract line 16 from line 15)   | (17.)    | \$2                     | 34,038.13* |                                      |

<sup>\*</sup>If your ending balance is negative, please recheck your math.

1. Committee I.D. Number 46696

| SCHEDULE 1A  CANDIDATE COMMITTEE  2. Committee Name Sch   | or for Lansing |   |
|---|----------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name and 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      | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3 DAGE OF STATE OF SECTION OF 120 100   |                |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 07/18/20 Name & Address   | 721            |   |
| Abbasi, Farha<br>4800 Thornapple Ln<br>Lansing, MI 48917-4433   | \$100.00       | \$100.00  |
| 5. If over \$100.00 cumulative, please provide:   |                |   |
| Occupation Employer   |                |   |
| Business Address  | <del> </del>   |   |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser  |                |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 05/31/20   | 121            |   |
| Name & Address  |                |   |
| Abood, Andrew P<br>4771 Nakoma Dr<br>Okemos, MI 48864-2026  | \$1,000.00     | \$1,000.00  |
| 5. If over \$100.00 cumulative, please provide:   |                |   |
| Occupation Attorney Employer Abood Law Firm   |                |   |
| Business Address 246 E Saginaw St East Lansing, MI 48823-2762   |                |   |
|   |                |   |
|   | <u></u>        | <del></del>   |
| Name & Address  PAC Receipt? YES 4. DATE OF RECEIPT 05/31/20  | <u> </u>       |   |
|   |                |   |
| Abraham, Chuck 4111 River Cove Dr   |                |   |
| Lansing, MI 48917-8528  | \$500.00       | \$500.00  |
|   |                |   |
| 5. If over \$100.00 cumulative, please provide:   |                |   |
| Occupation Abraham Real Estate Inc Employer Self-Employed   |                |   |
| Business Address 431 S Capitol Ave Lansing, MI 48933-2003   |                |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |                |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 03/20/20 Name & Address   | 021            |   |
| Ahlstrom, Zoe   |                |   |
| 740 Stanley St  |                |   |
| Lansing, MI 48915-1364  | \$100.00       | <u>\$150.00</u>   |
|   |                |   |
| 5. If over \$100.00 cumulative, please provide:   |                |   |
| Occupation Low Income Policy Analyst Employer Consumers Energy  |                |   |
| Business Address 1 Energy Plaza Dr Jackson, MI 49201-2357   |                |   |
| Type of Contribution:   |                |   |
| Page Subtotal   | \$1,700.00     |   |
| Grand Total of all Schedules 1A (Complete on last page of Schedule)   | \$179,745.36   |   |

Enter this total on line 3a of Summary Page.

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1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE  | 2. Committee Name | Schor | for Lansing |   |
|--|-------------------|-------|-------------|---|
| Enter contributor's name and address. If contribution is from an individuand middle initial. Check box to indicate if contribution is from a Political Independent Committee (PAC) Report all contributions regardless of am | Committee or an   | name, | 6. Amount   | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |

| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021   |                |                     |
|---|----------------|---------------------|
| Name & Address  |                |                     |
| Ahlstrom, Zoe   |                |                     |
| 740 Stanley St  |                |                     |
| Lansing, MI 48915-1364  | \$250.00       | \$400.0 <u>0</u>    |
| 5. If over \$100.00 cumulative, please provide:   |                |                     |
| Occupation Low Income Policy Analyst Employer Consumers Energy  |                |                     |
| Business Address 1 Energy Plaza Dr Jackson, MI 49201-2357   |                |                     |
| Type of Contribution: ✓ Direct  |                |                     |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 05/31/2021 Name & Address   | •              |                     |
| Alston, alvin   |                |                     |
| 722 N Sycamore St   | <u> </u>       |                     |
| Lansing, MI 48906-5055  | \$10.00        | <u>\$14.00</u>      |
| 5. If over \$100.00 cumulative, please provide:   |                |                     |
| Occupation Employer   |                |                     |
| Business Address  |                |                     |
| Type of Contribution:   |                |                     |
| 3. PAC Receipt? TYFS 4. DATE OF RECEIPT 05/31/2021  |                |                     |
| FACINECEIDES T. DATE OF NEOCH 1 03/31/2021  |                |                     |
| Name & Address  PAC Receipt? TYES  4. DATE OF RECEIPT 05/31/2021  | -              |                     |
| Name & Address Alston, alvin  | -              |                     |
| Name & Address Alston, alvin 722 N Sycamore St  | -<br>¢4 00     | \$14.00             |
| Name & Address Alston, alvin  | \$4.00         | \$14.00             |
| Name & Address Alston, alvin 722 N Sycamore St  | \$4.00         | \$14.00             |
| Name & Address Alston, alvin 722 N Sycamore St Lansing, MI 48906-5055   | \$4. <u>00</u> | \$14.00             |
| Name & Address Alston, alvin 722 N Sycamore St Lansing, MI 48906-5055  5. If over \$100.00 cumulative, please provide:  | \$4.00         | \$14.00             |
| Name & Address  Alston, alvin 722 N Sycamore St Lansing, MI 48906-5055  5. If over \$100.00 cumulative, please provide: Occupation Employer   | \$4.00         | \$14.00             |
| Name & Address  Alston, alvin 722 N Sycamore St Lansing, MI 48906-5055  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:  Direct Loan from a person Fund Raiser   | \$4.00         | \$14.00             |
| Name & Address  Alston, alvin 722 N Sycamore St Lansing, MI 48906-5055  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:  Direct Loan from a person Fund Raiser   | \$4.00         | \$14.00             |
| Name & Address  Alston, alvin 722 N Sycamore St Lansing, MI 48906-5055  5. If over \$100.00 cumulative, please provide: Occupation  | \$4.00         | \$14.00             |
| Name & Address  Alston, alvin 722 N Sycamore St Lansing, MI 48906-5055  5. If over \$100.00 cumulative, please provide: Occupation  Business Address Type of Contribution:  Direct  Loan from a person  Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 05/31/2021 Name & Address Amburgey, Samantha  | \$4.00         | \$14.00<br>\$100.00 |
| Name & Address  Alston, alvin 722 N Sycamore St Lansing, MI 48906-5055  5. If over \$100.00 cumulative, please provide: Occupation Employer  Business Address Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 05/31/2021  Name & Address Amburgey, Samantha 1562 Belvedere Ave Okemos, MI 48864-1259  |                |                     |
| Name & Address  Alston, alvin 722 N Sycamore St Lansing, MI 48906-5055  5. If over \$100.00 cumulative, please provide: Occupation  |                |                     |
| Name & Address  Alston, alvin 722 N Sycamore St Lansing, MI 48906-5055  5. If over \$100.00 cumulative, please provide: Occupation  |                |                     |
| Name & Address  Alston, alvin 722 N Sycamore St Lansing, MI 48906-5055  5. If over \$100.00 cumulative, please provide:  Occupation  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 05/31/2021  Name & Address  Amburgey, Samantha 1562 Belvedere Ave Okemos, MI 48864-1259  5. If over \$100.00 cumulative, please provide: Occupation Employer  Business Address |                |                     |
| Name & Address  Alston, alvin 722 N Sycamore St Lansing, MI 48906-5055  5. If over \$100.00 cumulative, please provide: Occupation  |                |                     |

Grand Total of all Schedules 1A (Complete \$179,745.36 on last page of Schedule)

Enter this total on line 3a of Summary Page.

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### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

| 1. Committee | I.D. Number | 46696 |
|--------------|-------------|-------|
|--------------|-------------|-------|

| Committee Name | Schor | for | Lansing |  |
|----------------|-------|-----|---------|--|
|----------------|-------|-----|---------|--|

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. |                        |             | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|------------------------|-------------|---|
|  |                        |             |   |
|  | OF RECEIPT07/09/2021   | _           |   |
| Name & Address   | <del></del>            |             |   |
| Anderson, Patricia   |                        |             |   |
| 124 W Berry Ave<br>Lansing, MI 48910-2907  |                        | \$25.00     | \$25.00   |
|  | _                      | <del></del> |   |
| 5. If over \$100.00 cumulative, please provide:  |                        |             |   |
| Occupation Employer  |                        |             |   |
| Business Address   |                        | <del></del> |   |
| Type of Contribution: Direct Loan from a person  | ✓ Fund Raiser          |             |   |
| 3. PAC Receipt? ☐YES 4. DATE   | OF RECEIPT 03/20/2021  | -           |   |
| Name & Address   |                        | <del></del> |   |
| Appel, Mrs.Laura   |                        |             |   |
| 1607 Stanlake Dr   |                        |             |   |
| East Lansing, MI 48823-2083  | _                      | \$500.00    | <u></u> \$500.00  |
| 5. If over \$100.00 cumulative, please provide:  |                        |             |   |
| Occupation Vice President, Federal Employer  | Michigan Health & Hosp | vital       |   |
| Business Address 440 w Michigan Ave Lansing, MI 48   | -                      | 2001        |   |
|  | Fund Raiser            |             |   |
|  |                        |             |   |
| 3. PAC Receipt? ☐YES 4. DATE Name & Address  | OF RECEIPT 07/05/2021  |             |   |
| Babcock, Mr.Micah  |                        |             |   |
| 6231 Pollard Ave   |                        |             |   |
| East Lansing, MI 48823-6201  | _                      | \$100.00    | \$100.00  |
| 5. If over \$100.00 cumulative, please provide:  |                        |             |   |
| Occupation Employe   | r                      |             |   |
| Business Address   |                        |             |   |
| Type of Contribution: Direct Loan from a person  | Fund Raiser            | _           |   |
| 2  |                        |             |   |
| S. PAC Receipt? YES 4. DATE Name & Address   | OF RECEIPT 05/31/2021  |             |   |
| Bachwich, Sabrina  |                        |             |   |
| 740 Wisconsin Ave  |                        | 6500.00     | ¢500 00   |
| Lansing, MI 48915-2046   | _                      | \$500.00    | \$500.00  |
| 5. If over \$100.00 cumulative, please provide:  |                        |             |   |
| Occupation Consultant Employe  | Grassroots Midwest     |             |   |
| Business Address 3711 Plaza Dr Lansing, MI 48906-  | 5805                   |             |   |
| 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)

\$179,745.36

Enter this total on line 3a of Summary Page.

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| 11 EINIZED CON I KIBO HONS  | 1. Committee I.D. Number      | 46696          |   |
|---|-------------------------------|----------------|---|
| SCHEDULE 1A   | 2. Committee Name Sch         | or for Lansing |   |
| CANDIDATE COMMITTEE  Enter contributor's name and address. If contribution is from an indiviand middle initial. Check box to indicate if contribution is from a Politi Independent Committee (PAC) Report all contributions regardless of | cal Committee or an           | 6. Amount      | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|   |                               |                | · · · · · · · · · · · · · · · · · · ·   |
| 3. PAC Receipt? ☐YES 4. DATE Name & Address   | OF RECEIPT 03/04/20           | )21            |   |
| Bahar-Cook, Rebecca   |                               |                |   |
| 525 Westmoreland Ave<br>Lansing, MI 48915-1972  |                               | <b>6100 00</b> | #200 DD   |
| Lansing, MI 40913-1972  |                               | \$100.00       | \$300.00  |
| 5. If over \$100.00 cumulative, please provide:   |                               |                |   |
| Occupation CEO Employee   |                               | ı              |   |
| Business Address 124 W Allegan St Lansing, MI 4893  | 3-Associates                  |                |   |
| Type of Contribution:   | Fund Raiser                   |                |   |
| 3. PAC Receipt? ☐YES 4. DATE  | OF RECEIPT 07/12/20           | 021            |   |
| Name & Address  |                               | <del></del>    |   |
| Bailey, Angela  |                               |                |   |
| 1427 Wellman Rd<br>Dewitt, MI 48820-8196  |                               | \$250.00       | \$400.00  |
|   |                               |                |   |
| 5. If over \$100.00 cumulative, please provide:   |                               |                |   |
| Occupation Executive Employe  | Christman                     |                |   |
|   | 33-1353                       |                |   |
| Type of Contribution:   | Fund Raiser                   |                |   |
| · 🗀 · = •   | OF RECEIPT 06/28/20           | 021            |   |
| Name & Address  | -                             | <del></del>    |   |
| Bainbridge, Mary<br>900 Walker Rd   |                               |                |   |
| Dansville, MI 48819-9717  |                               | \$250.00       | \$250.00  |
|   |                               | <del>`</del>   |   |
| 5. If over \$100.00 cumulative, please provide:   |                               | _              |   |
| Occupation Sr. EHS Specialist Employe   |                               | ife<br>————    |   |
| Business Address 1 Corporate Way Lansing, MI 48951  | _                             |                |   |
| Type of Contribution: Direct Loan from a person   | Fund Raiser                   |                |   |
| <ol> <li>PAC Receipt?</li></ol>   | OF RECEIPT04/20/20            | 021            |   |
| Bajema, Mr.Derek J  |                               |                |   |
| 110 W Michigan Ave  |                               |                |   |
| Ste 550<br>Lansing, MI 48933-1645   |                               | \$75.00        | \$75.00   |
| 5. If over \$100.00 cumulative, please provide:   |                               |                |   |
| Occupation Employe  | r                             |                |   |
| Business Address  |                               |                |   |
| Type of Contribution: Direct Loan from a person   | Fund Raiser                   |                |   |
|   |                               |                |   |
|   | Page Subtotal                 | \$675.00       |   |
| Grand Total   | of all Schedules 1A (Complete | \$179,745.36   |   |
|   | on last page of Schedule) [   |                |   |

Enter this total on line 3a of Summary Page.

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## SCHEDULE 1A

1. Committee I.D. Number 46696

Page.

| CANDIDATE COMMITTEE  | 2. Committee Name Scho  | or for Lansing                         |   |
|--|---|--|---|
| Enter contributor's name and address. If contribution is fi<br>and middle initial. Check box to indicate if contribution is<br>Independent Committee (PAC) Report all contributions re | from a Political Committee or an                                    | 6. Amount                              | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|  |   |  | <u>.</u>  |
| 3. PAC Receipt? ☐YES Name & Address  | 4. DATE OF RECEIPT 02/01/202  | <u>-</u>                               |   |
| Bakken, Mr.Benjamin A<br>3737 Coolidge Rd<br>East Lansing, MI 48823-8019   |   | \$100.00                               | \$100.00  |
| 5. If over \$100.00 cumulative, please provide:  | ~   |  |   |
| Occupation   | Employer  |  |   |
| Business Address   |   | _                                      |   |
| Type of Contribution:  Direct  Loan from a j   | person Fund Raiser  |  |   |
| 3. PAC Receipt? YES  | 4. DATE OF RECEIPT 03/20/202  | 21                                     |   |
| Ballard, Charles<br>2500 Raby Rd   |   |  |   |
| East Lansing, MI 48823-6906  |   | \$250.00                               | \$250.00  |
| 5. If over \$100.00 cumulative, please provide:  |   |  |   |
| Occupation economist   | Employer Michigan State Unive                                       | ersity                                 |   |
| Business Address 486 W Circle Dr Rm 110 Ea   | ast Lansing, MI 48824-3772  |  |   |
| Type of Contribution:  Direct  Loan from a   | person Fund Raiser  |  |   |
| 3. PAC Receipt? ☐YES   | 4. DATE OF RECEIPT 07/12/202  | 21                                     |   |
| Name & Address   | -   |  |   |
| Bango, Anthony   |   |  |   |
| 5320 N Meadow Ct<br>Ann Arbor, MI 48105-9471   |   | \$500.00                               | \$750.00  |
| 122 12301, 112 10200 717   |   |  |   |
| 5. If over \$100.00 cumulative, please provide:  |   |  |   |
| Occupation VP, Project Planning  | Employer The Christman Compar                                       | ny                                     |   |
| Business Address 208 N Capitol Ave Lansing   | g, MI 48933-1353  |  |   |
| Type of Contribution:  Direct  Loan from a   | person Fund Raiser  |  |   |
| 3. PAC Receipt? TYES Name & Address  | 4. DATE OF RECEIPT 06/28/202  | 21                                     |   |
| Barron, Wendell R  |   |  |   |
| 2576 Saranac Ln<br>Okemos, MI 48864-1409   |   | \$250.00                               | \$250.00  |
|  |   |  |   |
| 5. If over \$100.00 cumulative, please provide:  | Fundamental 1   |  |   |
| Occupation Not Employed  | Employed Not Employed   | <del></del>                            |   |
| Business Address 2576 Saranac Ln Okemos, M   | ——· <del>—</del> ——   |  |   |
| Type of Contribution:  Direct  Loan from a   | person Fund Raiser  |  | <del></del> -   |
|  | Page Subtotal   | \$1,100.00                             |   |
| C  | Grand Total of all Schedules 1A (Complete on last page of Schedule) | \$179,745.36                           |   |
|  |   | Enter this total on line 3a of Summary |   |

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### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

Independent Committee (PAC) Report all contributions regardless of amount.

1. Committee I.D. Number 46696

Contributor (Through

date of receipt)

| CANDIDATE COMMITTEE 2. C  | Jommittee Name | scnor | ior  | Lansing |   |
|---|----------------|-------|------|---------|---|
| Enter contributor's name and address. If contribution is from an individual, er and middle initial. Check box to indicate if contribution is from a Political Com |                | name, | 6. / | Amount  | Cumulative for Election<br>Cycle for Each |

3. 4. DATE OF RECEIPT 06/28/2021 PAC Receipt? TYES Name & Address Bartlett, Pamela 1505 Gilcrest Ave East Lansing, MI 48823-1841 \$50.00 \$50.00 5. If over \$100.00 cumulative, please provide: Employer Occupation **Business Address** Type of Contribution: ✓ Direct Loan from a person Fund Raiser 4. DATE OF RECEIPT PAC Receipt? YES 06/28/2021 Name & Address Bashore, Mark 2476 Arrowhead Rd Okemos, MI 48864-2002 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Employer Occupation Business Address Type of Contribution: **✓** Direct Loan from a person Fund Raiser 4. DATE OF RECEIPT PAC Receipt? ☐YES 03/20/2021 Name & Address Basiga, Mr.Brendon 1702 Boston Blvd Lansing, MI 48910-1137 \$46.00 \$46.00 5. If over \$100.00 cumulative, please provide: **Employer** Occupation **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 4. DATE OF RECEIPT PAC Receipt? TYES 06/03/2021 Name & Address Basiqa, Kendra 1702 Boston Blvd Lansing, MI 48910-1137 \$500.00 \$500.00 5. If over \$100.00 cumulative, please provide: Occupation Business Manager Employer Kheder Davis & Associates, Business Address 201 N Washington Sq Ste 905 Lansing Ing 48933-1323 Type of Contribution: ✓ Direct Loan from a person Fund Raiser

> Page Subtotal \$696.00 \$179,745.36

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

> Enter this total on line 3a of Summary Page.

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1. Committee I.D. Number 46696

| SCHEDULE 1A  CANDIDATE COMMITTEE  2. Committee Name Schor  | for Lansing  |   |
|--|--------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|  |              |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 04/14/202: Name & Address  | 1            |   |
| Bass, Diane  |              |   |
| 925 Glenhaven Ave  |              |   |
| East Lansing, MI 48823-3056  | \$2,100.00   | \$2,100.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation NA Employer Retired   |              |   |
| Business Address   |              |   |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser   | <del></del>  |   |
|  | <u> </u>     |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 04/14/202: Name & Address  | <u> </u>     |   |
| Bass, Lawrence   |              |   |
| 925 Glenhaven Ave  |              |   |
| East Lansing, MI 48823-3056  | \$2,100.00   | \$2,100.00  |
|  |              |   |
| 5. If over \$100.00 cumulative, please provide:  | _            |   |
| Occupation President Employer Friedland Industries   | Inc          |   |
| Business Address 405 E Maple St Lansing, MI 48906-5237   |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |              |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 02/11/202. Name & Address  | <u>1</u>     |   |
| Baumer, Amy  |              |   |
| 1044 Gretchen Ln   |              |   |
| Grand Ledge, MI 48837-1873   | \$850.00     | \$1,100.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation VP, Marketing Employer The Christman Company  | v            |   |
| Business Address 208 N Capitol Ave Lansing, MI 48933-1353  |              |   |
| Type of Contribution: ✓ Direct   | <del></del>  |   |
|  |              | <del></del>   |
| Name & Address  PAC Receipt? YES 4. DATE OF RECEIPT 07/12/202  | <del>'</del> |   |
| Baumer, Amy  |              |   |
| 1044 Gretchen Ln   |              |   |
| Grand Ledge, MI 48837-1873   | \$1,000.00   | \$2,100.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
|  | 17           |   |
| Occupation VP, Marketing Employer The Christman Compan<br>Business Address 208 N Capitol Ave Lansing, MI 48933-1353  | У            |   |
|  | <del></del>  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |              |   |
| Page Subtotal  | \$6,050.00   |   |
| Grand Total of all Schedules 1A (Complete  | \$179,745.36 |   |
| on last page of Schedule) L  |              |   |

Enter this total on line 3a of Summary Page.

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1. Committee I.D. Number 46696

|  | SCHEDULI        |               |              | 2. Committe      | ee Name   | Schor        | for Lansing   |          |
|--|-----------------|---------------|--------------|------------------|-----------|--------------|---|----------|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |          |
| 3.   |                 |               |              |                  |           |              |   |          |
| Name & Address   | PAC Re          | eceipt? TYES  | 4. DATE      | OF RECEIPT       | 06/0      | 3/2021       | ·   |          |
| Bean, Scott  |                 |               |              |                  |           |              |   |          |
| 515 Bartlett St  |                 |               |              |                  |           |              |   |          |
| Lansing, MI 489  | 15-1901         |               |              |                  |           |              | \$100.00  | \$100.00 |
| T 16 avec \$400.00 avenue  | محمدات منظما    | nrovidos      |              |                  |           |              |   |          |
| 5. If over \$100.00 cumu   | ilative, piease | provide.      | Employer     |                  |           |              |   |          |
| Occupation Business Address  |                 |               | Linployer    | -                |           |              | <del></del>   |          |
| Type of Contribution:  | Direct          | Loan from a p |              | Fund Raise       | -         | _            |   |          |
| 3.   |                 |               | <u> </u>     |                  |           |              | <u></u>   |          |
| Name & Address   | PAC Re          | eceipt?  YES  | 4. DATE      | OF RECEIPT       | 07/0      | 1/2021       | <u>-</u>  |          |
|  | becca L         |               |              |                  |           |              |   |          |
| 6198 Graebear T  |                 |               |              |                  |           |              |   |          |
| East Lansing, M  | I 48823-92      | 09            |              |                  |           |              | \$500.00  | \$500.00 |
| - 11 010000  |                 |               |              |                  |           | '            |   |          |
| 5. If over \$100.00 cumu   | • •             | provide:      | Caralavaa    | 5. 1.1 i 1       | ee-3      | <b>7</b>     |   |          |
| Occupation Lobbyist  |                 |               | Employer     |                  |           |              | ates  |          |
| Business Address 120   |                 |               |              |                  |           | Ų            |   |          |
| Type of Contribution:  | ✓ Direct        | Loan from a p | erson        | Fund Raise       | F         | <del>.</del> |   |          |
| 3.   | PAC Re          | eceipt? YES   | 4. DATE      | OF RECEIPT       | 06/2      | 8/2021       | <u>L</u>  |          |
| Name & Address   |                 |               |              |                  | _         |              |   |          |
| Beck-Bair, Kris<br>9838 Mardan Dr  | гy              |               |              |                  |           |              |   |          |
| Dimondale, MI 4  | 8821-9558       |               |              |                  |           |              | \$100.00  | \$100.00 |
|  |                 | •             |              |                  |           |              |   |          |
| 5. If over \$100.00 cumu   | ılative, please | provide:      |              |                  |           |              |   |          |
| Occupation   |                 |               | Employer     |                  |           |              |   |          |
| Business Address   |                 |               |              |                  |           | _            |   |          |
| Type of Contribution:  | ✓ Direct        | Loan from a p | erson        | Fund Raise       | r         |              | ·   |          |
| 3.<br>Name & Address   | PAC Re          | eceipt? TYES  | 4. DATE      | OF RECEIPT       | 06/2      | 8/2021       | 1   |          |
| Beckwith, Adam   |                 |               |              |                  |           |              |   |          |
| 2611 Chatham Rd  | l               |               |              |                  |           |              |   |          |
| Lansing, MI 489  | 10-8716         |               |              |                  |           |              | \$50.00   | \$50.00  |
| E 16 0400 00   | ممحدات ويناطوان | arauido:      |              |                  |           |              |   |          |
| 5. If over \$100.00 cum  | ilative, piease | provide.      | Employer     |                  |           |              |   |          |
| Occupation Business Address  |                 |               | np/oyer      |                  |           | _            |   |          |
| Type of Contribution:  | Direct          | Loan from a p | erson        | Fund Raise       |           |              | <del></del>   |          |
| Type of Continuation.  | v Direct        | Loan nom a p  |              | LI GIIG IVAISE   | -         |              |   |          |
|  |                 |               |              | I                | Page Subt | otal         | \$750.00  |          |
|  |                 | G             | rand Total o | of all Schedules | 1A (Comp  | elete 📙      | \$179,745.36  |          |
|  |                 | J             |              | on last pag      |           |              | ,=::,:::::::  |          |

Enter this total on line 3a of Summary Page.

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|   | NTRIBUTIONS                 |              | 1. Committe     | ee I.D. Nun          | nber 466 | 696          |   |
|---|-----------------------------|--------------|-----------------|----------------------|----------|--------------|---|
|   | ULE 1A<br>COMMITTEE         |              | 2. Committe     | ee Name              | Schor    | for Lansing  |   |
| Enter contributor's name and addre<br>and middle initial. Check box to inc<br>Independent Committee (PAC) Rep | ess. If contribution is fro | rom a Politi | cal Committee o | name, first<br>or an | name,    | 6. Amount    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.  |                             |              |                 |                      |          |              |   |
| Name & Address  | C Receipt? YES              | 4. DATE      | OF RECEIPT      | 06/0                 | 2/2021   |              |   |
| Benghauser, Karl  |                             |              |                 |                      |          |              |   |
| 1804 Shubel Ave   |                             |              |                 |                      |          |              |   |
| Lansing, MI 48910-1853  |                             |              |                 |                      | _        | \$100.00     | \$100.00  |
| 5. If over \$100.00 cumulative, ple   | ease provide:               |              |                 |                      |          |              |   |
| Occupation  | ado provido.                | Employer     | •               |                      |          |              |   |
| Business Address  | <del></del>                 |              |                 |                      |          | ·            |   |
| Type of Contribution:  Direct   | Loan from a p               |              | Fund Raise      |                      |          |              |   |
| 2   |                             |              |                 |                      |          |              |   |
| Name & Address  | C Receipt? TYES             | 4. DATE      | OF RECEIPT      | 07/0                 | 5/2021   | <u> </u>     |   |
| Benjamin, Mark  |                             |              |                 |                      |          |              |   |
| 1705 N Genesee Dr   |                             |              |                 |                      |          |              |   |
| Lansing, MI 48915-1225  |                             |              |                 |                      |          | \$50.00      | \$50.00   |
| 5 If a = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | manulator                   |              |                 |                      | _        |              |   |
| 5. If over \$100.00 cumulative, ple   | ease provide:               | Employer     |                 |                      |          |              |   |
| Occupation Business Address   |                             | Employer     |                 |                      | _        | <del>.</del> |   |
|   |                             |              | Cond Daise      |                      |          |              |   |
| Type of Contribution:   | Loan from a p               | erson        | Fund Raise      | <u>-</u>             |          |              |   |
| 3. PA Name & Address  | C Receipt? YES              | 4. DATE      | OF RECEIPT      | 07/1                 | 8/2021   |              |   |
|   |                             |              |                 |                      |          |              |   |
| Bennett, Julie<br>1967 Swarthout Rd   |                             |              |                 |                      |          |              |   |
| Pinckney, MI 48169-921  | .0                          |              |                 |                      |          | \$100.00     | \$100.00  |
|   |                             |              |                 |                      | -        |              |   |
| 5. If over \$100.00 cumulative, ple   | ease provide:               |              |                 |                      |          |              |   |
| Occupation  |                             | Employe      | ·               |                      |          |              |   |
| Business Address  |                             |              |                 |                      | _        |              |   |
| Type of Contribution:   | Loan from a p               | erson        | Fund Raise      | r<br>                |          |              |   |
| 3. PA Name & Address  | AC Receipt? YES             | 4. DATE      | OF RECEIPT      | 04/2                 | 0/2021   |              |   |
| Bergman, Cheryl   |                             |              |                 |                      |          |              |   |
| 544 University Dr   | 2047                        |              |                 |                      |          | ****         | 41-4 00   |
| East Lansing, MI 48823  | 3-3047                      |              |                 |                      | _        | \$150.00     | \$150.00  |
| 5. If over \$100.00 cumulative, ple   | ease provide:               |              |                 |                      |          |              |   |
| Occupation Consultant   |                             | Employe      | r Self          |                      |          |              |   |
| Business Address 544 Univer   | sity Dr East La             | nsing, N     | 1I 48823-30     | 47                   |          |              |   |
| Type of Contribution:   | Loan from a p               | erson        | Fund Raise      | r                    |          |              |   |
|   |                             |              |                 | 2                    |          |              |   |
|   |                             |              | F               | Page Subto           | otal     | \$400.00     |   |

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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1. Committee I.D. Number 46696

Enter this total on line 3a of Summary Page.

| CANDIDATE COMMITTEE  2. Committee Name Schor   | for Lansing  |   |
|--|--------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|  |              |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021 Name & Address   |              |   |
| Bernstein, Mark  |              |   |
| 2002 Scottwood Ave   |              |   |
| Ann Arbor, MI 48104-4511   | \$1,000.00   | \$1,000.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Attorney Employer The Sam Bernstein Law   | Firm         |   |
| Business Address 31731 Northwestern Hwy Farmington Hitts, MI 48334-1654  |              |   |
| Type of Contribution: ✓ Direct   |              |   |
|  |              |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 05/31/2021 Name & Address  |              |   |
| Bhatti, Farhan   |              |   |
| 201 E Saint Joseph St  |              |   |
| Lansing, MI 48933-2408   | \$250.00     | \$500.00  |
| -  | -            | <del> </del>  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Physician Employer Sparrow Hospital   |              |   |
| Business Address 1200 E Michigan Ave Ste 245 Lansing, MI 48912-1897  |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |              |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/05/2021  | -            |   |
| Name & Address   |              |   |
| Bhatti, Farhan   |              |   |
| 201 E Saint Joseph St  |              |   |
| Lansing, MI 48933-2408   | \$250.00     | <u>\$750.00</u>   |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Physician Employer Sparrow Hospital   |              |   |
| Business Address 1200 E Michigan Ave Ste 245 Lansing, MI 48912-1897  |              |   |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser   | _            |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021  |              |   |
| Name & Address   |              |   |
| Bidwell, Ms.Jane<br>804 Stuart Ave   |              |   |
| East Lansing, MI 48823-3143  | \$100.00     | \$100.00  |
|  | 7100.00      |   |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Employer  |              |   |
| Business Address   |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |              |   |
| Page Subtotal  | \$1,600.00   |   |
| Grand Total of all Schedules 1A (Complete  |              |   |
| on last page of Schedule)  | \$179,745.36 |   |

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for | Lansing |                         |
|-------------------|-------|-----|---------|-------------------------|
|                   |       |     |         |                         |
|                   |       | 6   | ∆mount  | Cumulative for Election |

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, Cycle for Each and middle initial. Check box to indicate if contribution is from a Political Committee or an Contributor (Through Independent Committee (PAC) Report all contributions regardless of amount. date of receipt) 4. DATE OF RECEIPT PAC Receipt? YES 03/04/2021 Name & Address Bigman, Amy 2552 Koala Dr East Lansing, MI 48823-7210 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: **Employer** Occupation **Business Address** Type of Contribution: ✓ Direct Loan from a person Fund Raiser 4. DATE OF RECEIPT PAC Receipt? YES 05/31/2021 Name & Address Bird, Mr. Gregory 5625 Ventura Pl Haslett, MI 48840-9708 \$200.00 \$200.00 5. If over \$100.00 cumulative, please provide: Employer Michigan Economic Occupation Managing Director of Business Address 858th Kirby St Detroit, MI 48202-3622 Velopment Type of Contribution: ✓ Direct Loan from a person Tund Raiser 3. 4. DATE OF RECEIPT PAC Receipt? YES 07/18/2021 Name & Address Blackman, Charles 2735 Trudy Ln Unit 2 \$5.00 \$5.00 Lansing, MI 48910-3824 5. If over \$100.00 cumulative, please provide: **Employer** Occupation **Business Address** Type of Contribution: ✓ Direct Loan from a person Fund Raiser 4. DATE OF RECEIPT PAC Receipt? TYES 05/31/2021 Name & Address Blumer, Mark 6120 Horizon Dr East Lansing, MI 48823-2239 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation Employer **Business Address** 

Page Subtotal \$405.00 hedules 1A (Complete \$179,745.36

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

Fund Raiser

Enter this total on line 3a of Summary

Page.

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Type of Contribution:

✓ Direct

Loan from a person

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE  | 2. Committee Name                    | Schor      | for Lansing                   | -   |
|--|--------------------------------------|------------|-------------------------------|---|
| Enter contributor's name and address. If contribution is frou and middle initial. Check box to indicate if contribution is for an independent Committee (PAC) Report all contributions reg | rom a Political Committee or an      | name,      | 6. Amount                     | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.   |                                      |            |                               |   |
| Name & Address PAC Receipt? TYES   | 4. DATE OF RECEIPT 04/2              | 0/2021     |                               |   |
| Bolan, Mr.David C<br>PO Box 13007  |                                      |            |                               |   |
| Lansing, MI 48901-3007   |                                      |            | \$250.00                      | \$250.00  |
| 5. If over \$100.00 cumulative, please provide:  |                                      |            | <u> </u>                      |   |
| Occupation Executive Director of   | Employer Lansing Board o             | f Water    | ٠ &                           |   |
| Business Admess 45 Box 13007 Lansing, MI 4   | 8901-3007Light                       |            | <del>-</del>                  |   |
| Type of Contribution: Direct Loan from a pe  | erson Fund Raiser                    |            | <del>_</del>                  |   |
| 3  |                                      |            | <del>-</del>                  |   |
| Name & Address   | 4. DATE OF RECEIPT06/0               | 2/2021     | _                             |   |
| Boldrey, Lance   |                                      |            |                               |   |
| 4321 Goldenwood Dr   |                                      |            |                               |   |
| Okemos, MI 48864-3091  |                                      |            | \$50.00                       | \$50.00   |
| 5. If over \$100.00 cumulative, please provide:  |                                      |            |                               |   |
| Occupation   | Employer                             |            |                               |   |
| Business Address   |                                      |            |                               |   |
| Trump of Contribution  | Trust But                            | _ <u>_</u> | _                             |   |
| 2  | rson Fund Raiser                     |            |                               |   |
| Name & Address   | 4. DATE OF RECEIPT 06/02             | 2/2021     | <u>—</u>                      |   |
| Bossenbery, Marge  |                                      |            |                               |   |
| 2513 Arbor Forest Dr<br>Lansing, MI 48910-3866   |                                      |            |                               |   |
|  |                                      | _          | \$100.00                      | \$100.00  |
| 5. If over \$100.00 cumulative, please provide:  |                                      |            |                               |   |
| Occupation   | Employer                             |            |                               |   |
| Business Address   | · · ·                                |            | <del></del>                   |   |
| Type of Contribution:  Direct  Loan from a pe  | rson Fund Raiser                     |            | _                             |   |
| 3. PAC Receipt? TYFS   |                                      | 2/2021     |                               |   |
| Name & Address   | <del></del>                          | <u> </u>   | _                             |   |
| Bouck, Cole<br>321 N Jenison Ave   |                                      |            |                               |   |
| Lansing, MI 48915-1250   |                                      |            | 450.00                        | ***   |
| -  |                                      |            | \$50.00                       | <u> </u>  |
| 5. If over \$100.00 cumulative, please provide:  |                                      |            |                               |   |
| Occupation   | Employer                             |            |                               |   |
| Business Address   |                                      |            |                               |   |
| Type of Contribution:  Direct  Loan from a per   | rson Fund Raiser                     |            | _                             |   |
|  | Page Subtota                         | al         | \$450.00                      |   |
| Gra  | nd Total of all Schedules 1A (Comple | te -       | 5179,745.36                   |   |
|  | on last page of Schedul              |            |                               |   |
|  | ·                                    |            | this total on<br>a of Summary |   |
| Page 14 of 142   |                                      |            |                               |   |

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696
2. Committee Name Schor for Lansing

Enter this total on line 3a of Summary

Page.

| CANDIDATE COMMITTEE  | TOI Dansing  |   |
|--|--------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. DAG PARANTA TANDA A PATE OF PEOPLIN   |              |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021 Name & Address  |              |   |
|  |              |   |
| Bowman, Mr.Kyle<br>7150 Harris Dr  |              |   |
| Dimondale, MI 48821-5002   | \$250.00     | \$250.00  |
| <del>-</del>   |              | · · · · · · · · · · · · · · · · · · ·   |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Commander Employer Michigan State Police  |              |   |
| Business Address 7150 Harris Dr Dimondale, MI 48821-5002   |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | _            |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021  |              |   |
| Name & Address   |              |   |
| Boyd, Thomas   |              |   |
| 280 Coppersmith Dr   |              |   |
| Mason, MI 48854-1382   | \$250.00     | \$250.00  |
| 5 If any 0400 00 annual alternative alleges around the   | _            |   |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation State Court Administrator Employer Michigan Supreme Court   |              |   |
| Business Address 925 W Ottawa St Lansing, MI 48915-1741  | _            |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |              |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 03/10/2021   |              |   |
| Name & Address   | <del></del>  |   |
| Brewer, Lingg  |              |   |
| 3217 Annis Rd<br>Mason, MI 48854-8343  | ¢500 00      | ¢500 00   |
| -  | \$500.00     | \$500.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Retired Employer Retired  |              |   |
| Business Address 3217 Annis Rd Mason, MI 48854-8343  |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | _            |   |
| 3  |              | · · ·   |
| Name & Address  PAC Receipt? YES  4. DATE OF RECEIPT  06/23/2021   |              |   |
| Brewer, Lingg  |              |   |
| 3217 Annis Rd  |              |   |
| Mason, MI 48854-8343   | \$500.00     | \$1,000.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Retired Employer Retired  |              |   |
| Business Address 3217 Annis Rd Mason, MI 48854-8343  |              |   |
|  | _            |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |              |   |
| Page Subtotal  | \$1,500.00   |   |
| Grand Total of all Schedules 1A (Complete  | \$179,745.36 |   |
| on last page of Schedule)  |              |   |

Page 15 of 142

| —  | . Committee I.D. Number 4669  | 96           |   |
|--|---|--------------|---|
| SCHEDULE 1A  | . Committee Name Schor f  | or Lansing   |   |
| CANDIDATE COMMITTEE  |   |              | O to the faction  |
| Enter contributor's name and address. If contribution is from an individual and middle initial. Check box to indicate if contribution is from a Political C Independent Committee (PAC) Report all contributions regardless of amount  | ommittee or an  | 6. Amount    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. PAC Receipt? □VES 4. DATE OF  | RECEIPT 07/05/2021  |              |   |
| 3. PAC Receipt? YES 4. DATE OF Name & Address  |   | _            |   |
| Brinkman, Gary   |   |              |   |
| 722 Britten Ave<br>Lansing, MI 48910-1322  |   | \$150.00     | \$150.00  |
| nationing, Mr 40510 1512   | _   | <del></del>  |   |
| 5. If over \$100.00 cumulative, please provide:  |   |              |   |
|  | ioneer-Corteva  |              |   |
| Business Address 722 Britten Ave Lansing, MI 48910-12  | grisciences   |              |   |
|  | und Raiser  |              |   |
| 3. PAC Receipt? ☐YES 4. DATE OF  | RECEIPT 02/26/2021  |              |   |
| Name & Address   |   |              |   |
| Bronstein, Harvey  |   |              |   |
| 22490 Hallcroft Trl<br>Southfield, MI 48034-5498   |   | \$125.00     | \$125.00  |
| bouchteta, in 1999 to 199  | _   |              | <del></del>   |
| 5. If over \$100.00 cumulative, please provide:  |   |              |   |
| Occupation Retired Employer  | etired  |              |   |
| Business Address 22490 Hallcroft Trl Southfield, MI  | 8034-5498   | _            |   |
|  |   |              |   |
| Type of Contribution: Direct Loan from a person  | und Raiser  |              |   |
| 1) po di dalla dalla di pinodi.  |   |              |   |
| 1)po di canalisation V Silcot 12001 nome potenti   |   |              |   |
| 3. PAC Receipt? TYES 4. DATE OF Name & Address Brown, Mr.Berton  |   |              |   |
| 3. PAC Receipt? TYES 4. DATE OF Name & Address  Brown, Mr.Berton 540 S Saginaw St  |   | \$500.00     | \$600.00  |
| 3. PAC Receipt? TYES 4. DATE OF Name & Address Brown, Mr.Berton  |   | \$500.00     | \$600.00  |
| 3. PAC Receipt? TYES 4. DATE OF Name & Address  Brown, Mr.Berton 540 S Saginaw St  |   | \$500.00     | \$600.00  |
| 3. PAC Receipt? TYES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer  | RECEIPT 04/30/2021  | \$500.00     | \$600.00  |
| 3. PAC Receipt? TYES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide:   | RECEIPT 04/30/2021  | \$500.00     | \$600.00  |
| 3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer Business Address 540 S Saginaw St Apt 406 Flint, MI   | RECEIPT 04/30/2021  | \$500.00<br> | \$600.00  |
| 3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer Business Address 540 S Saginaw St Apt 406 Flint, MI   | RECEIPT 04/30/2021  CCE 18502-1859  Fund Raiser   | \$500.00     | \$600.00  |
| 3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer Business Address 540 S Saginaw St Apt 406 Flint, MI Type of Contribution: Direct Loan from a person   | RECEIPT 04/30/2021  CCE  8502-1859  Fund Raiser   | \$500.00<br> | \$600.00  |
| 3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Business Address 540 S Saginaw St Apt 406 Flint, MI Type of Contribution: Direct Loan from a person  3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton  | RECEIPT 04/30/2021  CCE 8502-1859  Fund Raiser  | \$500.00<br> | \$600.00  |
| 3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer Business Address 540 S Saginaw St Apt 406 Flint, MI Type of Contribution: Direct Loan from a person  3. PAC Receipt? YES 4. DATE OF Name & Address  | RECEIPT 04/30/2021  CCE 8502-1859  Fund Raiser  | \$500.00     | \$600.00  |
| 3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer Business Address 540 S Saginaw St Apt 406 Flint, MI Type of Contribution: Direct Loan from a person  3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St  | RECEIPT 04/30/2021  CCE 8502-1859  Fund Raiser  |              |   |
| 3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer Business Address 540 S Saginaw St Apt 406 Flint, MI Type of Contribution: Direct Loan from a person  3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide:  | RECEIPT 04/30/2021  CCE 8502-1859 Fund Raiser  RECEIPT 06/28/2021                               |              |   |
| 3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer Business Address 540 S Saginaw St Apt 406 Flint, MI Type of Contribution: Direct Loan from a person  3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer   | RECEIPT 04/30/2021  CCE 8502-1859 Fund Raiser  RECEIPT 06/28/2021                               |              |   |
| 3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer Business Address 540 S Saginaw St Apt 406 Flint, MI Type of Contribution: Direct Loan from a person  3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer Business Address 540 S Saginaw St Apt 406 Flint, MI   | RECEIPT 04/30/2021  CCE  8502-1859  Fund Raiser  RECEIPT 06/28/2021  CCE  48502-1859            |              |   |
| 3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer Business Address 540 S Saginaw St Apt 406 Flint, MI Type of Contribution: Direct Loan from a person  3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer   | RECEIPT 04/30/2021  CCE 8502-1859 Fund Raiser  RECEIPT 06/28/2021                               |              |   |
| 3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer Business Address 540 S Saginaw St Apt 406 Flint, MI Type of Contribution: Direct Loan from a person  3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer Business Address 540 S Saginaw St Apt 406 Flint, MI   | RECEIPT 04/30/2021  CCE  8502-1859  Fund Raiser  RECEIPT 06/28/2021  CCE  48502-1859            |              |   |
| 3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer Business Address 540 S Saginaw St Apt 406 Flint, MI Type of Contribution: Direct Loan from a person  3. PAC Receipt? YES 4. DATE OF Name & Address Brown, Mr.Berton 540 S Saginaw St Flint, MI 48502-1855  5. If over \$100.00 cumulative, please provide: Occupation Consultabt Employer Business Address 540 S Saginaw St Apt 406 Flint, MI Type of Contribution: Direct Loan from a person | RECEIPT 04/30/2021  CCE  8502-1859 Fund Raiser  RECEIPT 06/28/2021  CCE  48502-1859 Fund Raiser | \$100.00     |   |

Enter this total on line 3a of Summary Page.

Page \_\_\_\_16 \_\_\_of \_\_\_142

1. Committee I.D. Number 46696

| _  | CHEDULI                         | E 1A<br>MMITTEE        |              | 2. Committe                       | e Name    | Schor  | for Lansing  |   |
|--|---------------------------------|------------------------|--------------|-----------------------------------|-----------|--------|--------------|---|
| Enter contributor's name a<br>and middle initial. Check Independent Committee (I | and address.<br>box to indicate | If contribution is fro | om a Politic | al Committee o                    |           | name,  | 6. Amount    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.   |                                 | <u> </u>               |              |                                   |           |        |              |   |
| Name & Address   | PAC Re                          | eceipt? TYES           | 4. DATE      | OF RECEIPT _                      | 02/2      | 6/2021 | <u></u>      |   |
| Brown, Jeff  |                                 |                        |              |                                   |           |        |              |   |
| 505 Drahner Dr   |                                 |                        |              |                                   |           |        |              |   |
| Eaton Rapids, MI   | 48827-20                        | 04                     |              |                                   |           |        | \$1,000.00   | \$1,450.00  |
| 5. If over \$100.00 cumula   | ativo placeo                    | ncovido:               |              |                                   |           | _      |              |   |
| Occupation Engineer  | ative, piease                   | provide.               | Employer     | Fishbeck                          |           |        |              |   |
| Business Address 5913  | Evocutiv                        | Dr Langing             |              |                                   |           |        |              |   |
|  | ✓ Direct                        | Loan from a pe         |              | Fund Raiser                       |           |        |              |   |
| 3.   |                                 |                        |              |                                   |           |        |              |   |
| Name & Address   | PAC Re                          | ceipt? TYES            | 4. DATE      | OF RECEIPT _                      | 07/1:     | 2/2021 |              |   |
| Brown, Jeff  |                                 |                        |              |                                   |           |        |              |   |
| 505 Drahner Dr   |                                 |                        |              |                                   |           |        |              |   |
| Eaton Rapids, MI   | 48827-20                        | 04                     |              |                                   |           |        | \$1,000.00   | \$2,450.00  |
|  |                                 |                        |              |                                   |           | _      |              |   |
| 5. If over \$100.00 cumula   | ative, please                   | provide:               |              | _, ,,                             |           |        |              |   |
| Occupation Engineer  |                                 |                        | Employer     | Fishbeck                          |           |        |              |   |
| Business Address 5913  | _                               |                        |              |                                   |           |        | _            |   |
|  | ✓ Direct                        | Loan from a pe         | erson        | Fund Raiser                       |           |        |              |   |
| 3.   | PAC Re                          | eceipt? TYES           | 4. DATE      | OF RECEIPT                        | 04/2      | 0/2021 |              |   |
| Name & Address   |                                 |                        |              | _                                 |           |        |              |   |
| Brunette, Mauree<br>3023 Boston Blvd   |                                 |                        |              |                                   |           |        |              |   |
| Lansing, MI 4891   |                                 |                        |              |                                   |           |        | \$100.00     | \$100.00  |
|  |                                 |                        |              |                                   |           | _      | -            |   |
| 5. If over \$100.00 cumula   | ative, please                   | provide:               |              |                                   |           |        |              |   |
| Occupation   |                                 |                        | Employer     |                                   |           |        | <u>-</u>     |   |
| Business Address   |                                 |                        |              | _                                 |           |        | <del>_</del> |   |
|  | ✓ Direct                        | Loan from a pe         | erson        | Fund Raiser                       |           |        |              |   |
| 3. Name & Address  | PAC Re                          | eceipt?  YES           | 4. DATE      | OF RECEIPT                        | 07/0      | 5/2021 |              |   |
| Buck, Ryan   |                                 |                        |              |                                   |           |        |              |   |
| 1761 Schoolcraft   |                                 |                        |              |                                   |           |        |              |   |
| Holt, MI 48842-1   | 123                             |                        |              |                                   |           | _      | \$100.00     | <u>\$100.00</u>   |
| 5. If over \$100.00 cumula   | ative, please                   | provide:               |              |                                   |           |        |              |   |
| Occupation   | •                               |                        | Employer     |                                   |           |        |              |   |
| Business Address   |                                 |                        |              |                                   | _         |        |              |   |
| Type of Contribution: [  | ✓ Direct                        | Loan from a pe         | erson        | Fund Raiser                       |           |        | <u> </u>     |   |
|  |                                 | -                      |              | _                                 |           |        |              |   |
|  |                                 |                        |              | P                                 | age Subto | ital   | \$2,200.00   |   |
|  |                                 | Gr                     | and Total o  | f all Schedules 1<br>on last page |           |        | \$179,745.36 |   |

Enter this total on line 3a of Summary Page.

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## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

Independent Committee (PAC) Report all contributions regardless of amount.

and middle initial. Check box to indicate if contribution is from a Political Committee or an

1. Committee I.D. Number 46696

Contributor (Through

date of receipt)

| CANDIDATE COMMITTEE   | 2. Committee Name           | Schor         | for Lansing |                         |
|---|-----------------------------|---------------|-------------|-------------------------|
| CANDIDATE COMMITTEE   |                             | $\overline{}$ | 6 Amount    | Cumulative for Election |
| r contributor's name and address. If contribution is from an individu | ial, enter last name, first | name,         | 6. Amount   | Cycle for Each          |

3. 4. DATE OF RECEIPT 06/03/2021 PAC Receipt? YES Name & Address Byrnes, Pam 17381 N. M-52 \$50.00 Chelsea, MI 48118 \$50.00 5. If over \$100.00 cumulative, please provide: **Employer** Occupation **Business Address** Type of Contribution: Fund Raiser ✓ Direct Loan from a person 4. DATE OF RECEIPT 06/28/2021 PAC Receipt? TYES Name & Address Byrum, Barb 4697 Stone Rd \$100.00 Onondaga, MI 49264-9702 \$100.00 5. If over \$100.00 cumulative, please provide: Employer Occupation **Business Address** Fund Raiser Type of Contribution: ✓ Direct Loan from a person 4. DATE OF RECEIPT 04/20/2021 PAC Receipt? YES Name & Address Caamal-Canul, Yvonne 4400 Bittersweet Ln Lansing, MI 48917-4405 \$250.00 \$350.00 5. If over \$100.00 cumulative, please provide: State of Michigan Occupation State Adm. of MDE Employer Business Address Fund Raiser Type of Contribution: ✓ Direct Loan from a person 4. DATE OF RECEIPT 03/20/2021 PAC Receipt? TYES Name & Address Cambensy, Sara 225 W Michigan St \$100.00 Apt 3 \$100.00 Marquette, MI 49855-3454 5. If over \$100.00 cumulative, please provide: Employer Occupation Business Address Fund Raiser Type of Contribution: Direct Loan from a person

Page Subtotal

\$500.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696
2. Committee Name Schor for Lansing

| ORINDIDATE COMMITTEE   |              |   |
|--|--------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|  |              |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/02/2021 Name & Address  | <u> </u>     |   |
| Canady, Clinton<br>3982 Shoals Dr  |              |   |
| Okemos, MI 48864-3463  | \$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. PAC Receipt? TYES 4. DATE OF RECEIPT 05/31/2021 Name & Address  | <u> </u>     |   |
| Cantrell, Cammie   |              |   |
| 2709 Chatham Rd<br>Lansing, MI 48910-8718  | \$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  | <del>_</del> |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/28/2021   | -            |   |
| Name & Address   | · <u> </u>   |   |
| Carey, Katie   |              |   |
| 1777 Hitching Post Rd East Lansing, MI 48823-2187  | \$150.00     | \$150.00  |
| 5. If over \$100.00 cumulative, please provide:  | _            |   |
| Occupation Director of External Employer CMS Energy  |              |   |
| Business Address 1 20 Plaza Dr Jackson, MI 49201-2357  | <del></del>  |   |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser   | <del></del>  |   |
|  |              | <del>-</del>  |
| Name & Address  PAC Receipt? YES 4. DATE OF RECEIPT 03/04/2021   | . <u> </u>   |   |
| Carey, Suzanne<br>15130 Classic Dr   |              |   |
| Bath, MI 48808-8762  | \$1,000.00   | \$1,500.00  |
| •  |              |   |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Retired Employer NA   |              |   |
| Business Address 1224 Glenwood Dr Mt Pleasant, MI 48858-4328   |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <del></del>  | •   |
|  |              |   |

Page Subtotal \$1,350.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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## ITEMIZED CONTRIBUTIONS

1. Committee I.D. Number 46696

|  | COLIEDIU              | - 4 A                 |               | 1. Committee   | C I.D. ING | 400      | 0 9 0       | <u>_</u>  |
|--|-----------------------|-----------------------|---------------|----------------|------------|----------|-------------|---|
|  | SCHEDULE<br>DIDATE CO | Schor                 | for Lansing   |                |            |          |             |   |
| Enter contributor's name and middle initial. Checl Independent Committee | k box to indicate     | if contribution is fi | rom a Politic | al Committee o |            | name,    | 6. Amount   | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.   |                       |                       |               |                |            |          |             |   |
| Name & Address   | PAC Re                | ceipt? TYES           | 4. DATE       | OF RECEIPT _   | 05/3       | 1/2021   | _           |   |
| Carrigan, Marcy  | •                     |                       |               |                |            |          |             |   |
| 1741 Nottingham  |                       |                       |               |                |            |          |             |   |
| Lansing, MI 489  | 11-1034               |                       |               |                |            | _        | \$100.00    | \$100.00  |
| 5. If over \$100.00 cumu   | ılative, please p     | rovide:               |               |                |            |          |             |   |
| Occupation   |                       |                       | Employer      |                |            |          |             |   |
| Business Address   |                       |                       |               |                |            |          |             |   |
| Type of Contribution:  | <b>✓</b> Direct       | Loan from a pe        | erson         | Fund Raiser    |            |          |             |   |
| 3.   | PAC Re                | ceipt? TYES           | 4 DATE        | OF RECEIPT     | 07/1       | 8/2021   |             |   |
| Name & Address   | 1710110               | pr. [] [E3            | 5, 2          | -              | 07,1       | 0,2022   |             |   |
| Carter-Powell,   | Ms.Shirley            | r M                   |               |                |            |          |             |   |
| 517 Heather Ln   |                       |                       |               |                |            |          |             |   |
| Lansing, MI 489  | 15-1172               |                       |               |                |            |          | \$25.00     | \$25.00   |
| E 16 avec \$400.00 avec  | ulativa planca        | ravida                |               |                |            |          |             |   |
| 5. If over \$100.00 cumu   | nauve, piease p       | rovide:               | Constanta     |                |            |          |             |   |
| Occupation   |                       |                       | Employer      |                |            |          |             |   |
| Business Address   |                       | <u> </u>              |               |                |            |          | _           |   |
| Type of Contribution:  | ✓ Direct              | Loan from a po        | erson         | Fund Raiser    |            |          |             |   |
| 3.   | PAC Re                | ceipt? TYES           | 4. DATE       | OF RECEIPT     | 03/0       | 4/2021   |             |   |
| Name & Address   |                       |                       |               | _              |            |          | <del></del> |   |
| Casavant, Elain<br>1623 S Genesee  |                       |                       |               |                |            |          |             |   |
| Lansing, MI 489  |                       |                       |               |                |            |          | \$100.00    | \$100.00  |
| <b>,</b>   |                       |                       |               |                |            | _        | 7100.00     |   |
| 5. If over \$100.00 cumu   | ulative, please p     | rovide:               |               |                |            |          |             |   |
| Occupation   |                       |                       | Employer      |                |            |          |             |   |
| Business Address   |                       |                       |               | •              |            |          | •           |   |
| Type of Contribution:  | Direct                | Loan from a po        | erson         | Fund Raiser    |            |          |             |   |
| 3.   | DAC Da                |                       |               | OF DECEIPT     | 07/1       | 0 /0 003 |             |   |
| Name & Address   | PAC RE                | ceipt? TYES           | 4. DATE       | OF RECEIPT     | 07/1       | 8/2021   | _           |   |
| Cassar, Michael  |                       |                       |               |                |            |          |             |   |
| 35718 Johnstown  |                       |                       |               |                |            |          |             |   |
| Farmington Hill  | S, MI 4833            | 3-2016                |               |                |            | _        | \$100.00    | \$100.00  |
| 5. If over \$100.00 cumu   | ulative, please p     | provide:              |               |                |            |          |             |   |
| Occupation   |                       |                       | Employer      |                |            |          |             |   |
| Business Address   |                       |                       |               |                |            |          |             |   |
| Type of Contribution:  | <b>✓</b> Direct       | Loan from a p         | erson         | Fund Raiser    |            |          |             |   |
| <u>.                                      </u>                           |                       |                       |               |                |            |          |             | · -   |

Page Subtotal \$325.00 Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

> Enter this total on line 3a of Summary Page.

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## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for | Lansing |   |      | _ |       |
|-------------------|-------|-----|---------|---|------|---|-------|
|                   |       |     |         |   |      |   |       |
|                   |       |     |         | _ | <br> |   | <br>Π |

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.   | Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|--|
|  |  |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/03/2021 Name & Address  |  |
| Cavanagh, James 2220 Wellington Rd Lansing, MI 48910-2444 \$250.00   | \$250.00   |
| 5. If over \$100.00 cumulative, please provide:  |  |
| Occupation Attorney Employer Warner Norcross and Judd  |  |
| Business Address 120 N Washington Sq 410 Lansing, MI <sup>LL</sup> 8933-1617   |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |  |
|  | <u> </u>   |
| Name & Address  PAC Receipt? TYES 4. DATE OF RECEIPT 07/18/2021  |  |
| Cazal, Adrian  |  |
| 1040 Roxburgh Ave  |  |
| East Lansing, MI 48823-2633 \$250.00   | • \$500.0 <b>0</b>   |
|  |  |
| 5. If over \$100.00 cumulative, please provide:  |  |
| Occupation Lobbyist Employer MHSA  |  |
| Business Address 1040 Roxburgh Ave East Lansing, MI 48823-2633   |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |  |
|  |  |
| Name & Address  PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021  Output  Output |  |
| Cazal, Erin  |  |
| 1040 Roxburgh Ave  |  |
| East Lansing, MI 48823-2633 \$46.00  | \$46.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |
| Occupation Employer  |  |
| Business Address   |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |  |
|  |  |
| Name & Address  PAC Receipt? YES  4. DATE OF RECEIPT 05/31/2021  |  |
|  |  |
| Cenci, Brian   |  |
| 230 N Washington Sq<br>Lansing, MI 48933-1340 \$250.00   | \$250.00   |
|  |  |
| 5. If over \$100.00 cumulative, please provide:  |  |
| Occupation Consultant Employer GEI Consultants   |  |
| Business Address 230 N Washington Sq Lansing, MI 48933-1340  |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |  |

Page Subtotal \$796.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

| . Committee I.D. Number | 46696 |  |
|-------------------------|-------|--|
|                         |       |  |

|   | ATE COM                                 |                      |               | <ol><li>Committee Na</li></ol> | ame Sc           | hor fo      | r Lansing   |   |
|---|---|----------------------|---------------|--------------------------------|------------------|-------------|-------------|---|
| Enter contributor's name and and middle initial. Check boy Independent Committee (PAI | address. If o                           | contribution is from | om a Politica | al Committee or an             | e, first nam     | ne, 6       | S. Amount   | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|   |   |                      |               |                                |                  |             |             |   |
| 3.  | PAC Rece                                | ipt?  YES            | 4. DATE       | OF RECEIPT (                   | 02/26/2          | 2021        |             |   |
| Name & Address  |   | _                    |               |                                |                  |             | •           | ]   |
| Chapman, Amy  |   |                      |               |                                |                  |             |             |   |
| 28342 Dartmouth St  |   |                      |               |                                |                  |             |             |   |
| Madison Heights, M  | I 48071-4                               | 1506                 |               |                                |                  |             | \$200.00    | \$200.00  |
| 5. If over \$100.00 cumulative  | /e, please pr                           | ovide:               |               |                                |                  |             |             |   |
| Occupation organizer  |   |                      | Employer      | self employe                   | ed - Am          | ny Char     | oman        |   |
| Business Address 28342  | Dartmouth                               | St Madison           | Heights       |                                |                  | <del></del> | <u> </u>    |   |
|   | Direct                                  | Loan from a pe       |               | Fund Raiser                    |                  | _           |             |   |
|   |   |                      |               |                                |                  |             |             |   |
| 3.  | PAC Rece                                | eipt?  YES           | 4. DATE       | OF RECEIPT                     | 07/12 <u>/</u> 2 | 2021        | _           |   |
| Name & Address  |   |                      |               |                                |                  |             |             |   |
| Chappelle, Matthew  |   |                      |               |                                |                  |             |             |   |
| 7737 Towering Pine Brighton, MI 48116   |   |                      |               |                                |                  |             | \$500.00    | \$750.00  |
| Brighton, Mr 48110  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                      |               |                                |                  | _           |             | <del></del>   |
| 5. If over \$100.00 cumulative  | ve niesse nr                            | ovide:               |               |                                |                  |             |             |   |
|   | o, piedee pi                            | 371237               | Employer      | The Christm                    | an Comr          | naπv        |             |   |
| Occupation SVP, CFO Business Address 208 N  |   | - Tanging            |               |                                |                  |             | <del></del> |   |
|   |   |                      |               |                                | _                |             |             |   |
|   | Direct                                  | Loan from a pe       | erson [       | Fund Raiser                    |                  | _           |             |   |
| 3.  | PAC Rec                                 | eipt? TYES           | 4. DATE       | OF RECEIPT                     | 07/18/2          | 2021        | _           |   |
| Name & Address  |   |                      |               |                                |                  |             |             |   |
| Cherrin, Daniel   |   |                      |               |                                |                  |             |             |   |
| 26694 Humber St<br>Huntington Woods,  | MT 49070                                | -1224                |               |                                |                  |             | \$100.00    | \$100.00  |
| Huncington woods,   | MT 40010                                | -1224                |               |                                |                  |             | \$100.00    |   |
| 5. If over \$100.00 cumulati  | vo nlesse ni                            | ovide:               |               |                                |                  |             |             |   |
| Occupation  | ro, proces p.                           |                      | Employer      |                                |                  |             |             |   |
| Business Address  |   | <del></del>          | Linployer     |                                |                  |             |             |   |
|   | <u></u>                                 |                      |               | Fund Raiser                    |                  |             |             |   |
|   | Direct [                                | Loan from a po       | erson         |                                |                  |             |             |   |
| 3.<br>Name & Address  | PAC Rec                                 | eipt?  YES           | 4, DATE       | OF RECEIPT                     | 04/30/2          | 2021        | _           |   |
| Christian, Mr.Dav   | rid S                                   |                      |               |                                |                  |             |             |   |
| 1210 N Cedar St   |   |                      |               |                                |                  |             |             |   |
| Ste B   |   |                      |               |                                |                  |             | \$150.00    | \$150.00  |
| Lansing, MI 48906-  | -4454                                   |                      |               |                                |                  |             |             |   |
| 5. If over \$100.00 cumulati  | ve, please p                            | rovide:              |               |                                |                  |             |             |   |
| Occupation President  |   |                      | Employer      | DC Engineer                    | ing PC           |             |             |   |
| Business Address 1210 N   | Cedar St                                | t Ste B Lans         | sing, MI      | 48906-4454                     |                  |             |             |   |
| Type of Contribution:   | Direct [                                | Loan from a p        | erson         | Fund Raiser                    |                  |             |             |   |
|   |   |                      |               |                                |                  |             |             |   |
|   |   |                      |               | Page                           | Subtotal         |             | \$950.00    |   |
|   |   | Gi                   | rand Total o  | fall Schedules 1A (            |                  |             | 179,745.36  |   |
|   |   |                      |               | on last page of                | Schedule)        | )           |             |   |

Enter this total on line 3a of Summary Page.

Page 22 of 142

|   | " E 4 A  |             | 1. Committe                       | e I.D. Number 4           | 6696          |   |
|---|--|-------------|-----------------------------------|---------------------------|---------------|---|
| SCHEDU<br>CANDIDATE (   |  |             | 2. Committe                       | ee Name Scho              | r for Lansing |   |
| Enter contributor's name and addres<br>and middle initial. Check box to indic<br>Independent Committee (PAC) Repo | s. If contribution is fro<br>cate if contribution is fro | om a Politi | cal Committee o                   |                           | 6. Amount     | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.  | ·  |             |                                   |                           |               |   |
| Name & Address  | Receipt? YES   | 4. DATE     | OF RECEIPT                        | 07/05/202                 | 1             |   |
| Churchill, Phillip Jr.<br>3026 Westchester Rd<br>Lansing, MI 48911-1044   |  |             |                                   |                           | \$250.00      | \$250.00  |
| 5. If over \$100.00 cumulative, plea  | se provide:  |             |                                   |                           |               |   |
| Occupation Lawyer, Assistar   | •  | Employer    | Blue Cros                         | ss Blue Shie              | ld of         |   |
| Business Address 232 S Capito   |  | - •         | 33 <u>™i€b</u> 6                  | ob blue bille             | 14 01         |   |
| Type of Contribution:  Direct   | Loan from a pe   |             | ✓ Fund Raiser                     |                           | <del></del>   |   |
| 2   | Receipt? TYES  |             | OF RECEIPT                        |                           | 1             |   |
| Name & Address  | Keceibri T 4E2   | 4. DATE     | OF RECEIFT                        | 07/12/202                 | <u> </u>      |   |
| Clark, Chad<br>2515 Newport Dr<br>Lansing, MI 48906-3440  |  |             |                                   |                           | \$200.00      | \$250.00  |
| 5. If over \$100.00 cumulative, plea  | se nrovide:  |             |                                   |                           |               |   |
| Occupation Account Executive  | •  | Employer    | Christman                         | 1 Company                 |               |   |
| Business Address 208 N Capito   |  |             | 33-1353                           | 1 Company                 |               |   |
| Type of Contribution:   |  |             | _                                 |                           |               |   |
| 2.  | Loan from a pe   | erson       | Fund Raiser                       |                           |               |   |
| Name & Address Clark, Mr.Charles J  | Receipt? TYES  | 4. DATE     | OF RECEIPT                        | 06/02/202                 | 1             |   |
| 11451 S Forest Hill Rd<br>Eagle, MI 48822-9722  |  |             |                                   |                           | \$1,000.00    | \$1,000.00  |
| 5. If over \$100.00 cumulative, please  | se provide:  |             |                                   |                           |               |   |
| Occupation Clark Constrution  | on   | Employer    | CEO                               |                           |               |   |
| Business Address 3535 Moores  | River Dr Lansi   | ng, MI      | 48911-1073                        | _                         |               |   |
| Type of Contribution:   | Loan from a pe   | erson       | Fund Raiser                       |                           | <del></del>   |   |
| 3. PAC Name & Address   | Receipt? TYES  | 4. DATE     | OF RECEIPT                        | 01/13/202                 | 1             |   |
| Clark, John<br>10785 W Clark Rd   |  |             |                                   |                           |               |   |
| Eagle, MI 48822-9713  |  |             |                                   |                           | \$2,100.00    | \$2,100.00  |
| 5. If over \$100.00 cumulative, plea  | se provide:  |             |                                   |                           | •             |   |
| Occupation Partner  |  | Employer    | Clark Cor                         | struction                 |               |   |
| Business Address 3535 Moores  | River Dr Lansi   |             |                                   |                           |               |   |
| Type of Contribution:   | Loan from a pe   |             | Fund Raiser                       |                           |               |   |
|   |  |             |                                   |                           |               | _   |
|   |  |             | Р                                 | age Subtotal              | \$3,550.00    |   |
|   | Gr   | and Total o | f all Schedules f<br>on last page | IA (Complete of Schedule) | \$179,745.36  |   |

Enter this total on line 3a of Summary Page.

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| COLEDITE 44   | 1. Committee I.D. Number 4  | 6696         |  |
|---|---|--------------|--|
| SCHEDULE 1A   | 2. Committee Name School  | for Lansing  |  |
| CANDIDATE COMMITTEE  Enter contributor's name and address. If contribution is fro and middle initial. Check box to indicate if contribution is fro Independent Committee (PAC) Report all contributions reg | m an indivídual, enter last name, first name,<br>om a Political Committee or an | 6. Amount    | Cumulative for Election-<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|   |   |              |  |
| 3. PAC Receipt? YES Name & Address  | 4. DATE OF RECEIPT06/28/2023  | 1            |  |
| Clobes, April M<br>5131 Hawk Hollow Dr E<br>Bath, MI 48808-9605   |   | \$250.00     | \$250.00   |
| 5. If over \$100.00 cumulative, please provide:   |   |              |  |
| Occupation CEO  | Employer MSUFCU   |              |  |
| Business Address 3777 West Rd East Lansing,   | MI 48823-8029   |              |  |
| Type of Contribution:  Direct  Loan from a pe   | erson Fund Raiser   |              |  |
| 3. PAC Receipt? ✓YES  | 4. DATE OF RECEIPT 07/02/202  | 1            |  |
| Name & Address  CMS Energy Employees for Better Government 1 Energy Plaza Dr Jackson, MI 49201-2357   |   | \$250.00     | \$500.00   |
| 5. If over \$100.00 cumulative, please provide:   |   |              |  |
| Occupation  | Employer  |              |  |
| Business Address  | . ,   |              |  |
| Type of Contribution:  Direct  Loan from a pe   | erson Fund Raiser   | <del></del>  |  |
| 3   |   | <del></del>  |  |
| Name & Address PAC Receipt? YES   | 4. DATE OF RECEIPT 07/12/202  | <u> </u>     |  |
| Cochran, Thomas<br>621 N Cedar Run Ct<br>Williamston, MI 48895-9036   |   | \$250.00     | \$250.00   |
| 5. If over \$100.00 cumulative, please provide:   |   |              |  |
| Occupation Director   | Employer City of Lansing  |              |  |
| Business Address 124 W Michigan Ave Fl 9 La   | · · · — — — — — — — — — — — — — — — — —   |              |  |
| Type of Contribution: Direct Loan from a pe   |   | <del></del>  |  |
| 2   |   |              |  |
| Name & Address PAC Receipt? TYES  | 4. DATE OF RECEIPT 06/30/202  | <del>1</del> |  |
| Cole, Ken<br>6337 Blue Stone Dr<br>Lansing, MI 48917-1288   | •   | \$350.00     | \$350.00   |
| 5. If over \$100.00 cumulative, please provide:   |   |              |  |
| Occupation LOBBYIST   | Employer GCSI   |              |  |
| Business Address  |   |              |  |
| Type of Contribution:  Direct  Loan from a pe   | erson   |              |  |
| - Postanom Ploneer   Logit nom a be   | A I and Laser   |              | · <del></del>  |
|   | Page Subtotal   | \$1,100.00   |  |
| Gr  | and Total of all Schedules 1A (Complete on last page of Schedule)               | \$179,745.36 |  |

Enter this total on line 3a of Summary Page.

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1. Committee I.D. Number 46696

Page.

| SCHEDULE 1A  | r for Lansing                          | _   |
|--|--|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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                              | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|  |  |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 05/31/202   | 1                                      |   |
| Cole, Richard<br>805 Lantern Hill Dr<br>East Lansing, MI 48823-2827  | \$100.00                               | \$100.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |   |
| Occupation Employer  |  |   |
| Business Address   |  |   |
| Type of Contribution:  | <del></del>                            |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/202   | 1                                      |   |
| Coleman, Kimberly  |  |   |
| 2900 Bascom Cir<br>Lansing, MI 48912-5102  | \$100.00                               | \$100.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |   |
| Occupation Employer  |  |   |
| Rusiness Address   | <del></del>                            |   |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser   | <del></del>                            |   |
| 2  |  |   |
| Name & Address  PAC Receipt? YES 4. DATE OF RECEIPT 03/20/202  | <u> </u>                               |   |
| Collins, Ms.Yvette M   |  |   |
| 312 Midvale Ave  |  |   |
| Lansing, MI 48912-4139   | \$100.00                               | \$100.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |   |
| Occupation Director External Affairs Employer AT&T Michigan  |  |   |
| Business Address 221 N Washington Sq Lansing, MI 48933-1301  |  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |  |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/202: Name & Address   | 1                                      |   |
| Collins, Ms.Yvette M   |  |   |
| 312 Midvale Ave<br>Lansing, MI 48912-4139  | \$100.00                               | \$200.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |   |
| Occupation Director External Affairs Employer AT&T Michigan  |  |   |
| Business Address 221 N Washington Sq Lansing, MI 48933-1301  |  |   |
| Type of Contribution: ✓ Direct   | <del></del>                            |   |
| ······································   |  |   |
| Page Subtotal  | \$400.00                               |   |
| Grand Total of all Schedules 1A (Complete on last page of Schedule)  | \$179,745.36                           |   |
|  | nter this total on<br>ne 3a of Summary |   |

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## SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

| OANDIDATE CONTINIT TEE   |           |   |
|--|-----------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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 | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |

| Name & Address  |
|---|
| Comcast  1701 John F Kennedy Blvd Fl 30 \$500.00 \$1,500.00 Philadelphia, PA 19103-2855  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution:  |
| 1701 John F Kennedy Blvd Fl 30 \$500.00 \$1,500.00 Philadelphia, PA 19103-2855  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution:   |
| Philadelphia, PA 19103-2855  5. If over \$100.00 cumulative, please provide:  Occupation  |
| Occupation  |
| Business Address  Type of Contribution:   |
| Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/13/2021  Name & Address  Conn., Carol 5274 E Hidden Lake Dr East Lansing, MI 48823-7221 \$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. PAC Receipt? YES 4. DATE OF RECEIPT 02/26/2021 |
| Name & Address  Conn, Carol 5274 E Hidden Lake Dr East Lansing, MI 48823-7221 \$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. PAC Receipt? YES 4. DATE OF RECEIPT 02/26/2021   |
| Name & Address  Conn, Carol 5274 E Hidden Lake Dr East Lansing, MI 48823-7221 \$100.00 \$100.00  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address  Type of Contribution:  |
| Name & Address  Conn, Carol 5274 E Hidden Lake Dr East Lansing, MI 48823-7221 \$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. PAC Receipt? YES 4. DATE OF RECEIPT 02/26/2021  |
| 5274 E Hidden Lake Dr East Lansing, MI 48823-7221 \$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. PAC Receipt? YES 4. DATE OF RECEIPT 02/26/2021   |
| East Lansing, MI 48823-7221 \$100.00 \$100.00  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution:  |
| 5. If over \$100.00 cumulative, please provide:  Occupation   |
| Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 02/26/2021   |
| Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 02/26/2021   |
| Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 02/26/2021  |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 02/26/2021   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 02/26/2021   |
|   |
| Name & Address  |
| Conway, Lloyd   |
| 726 Ridgewood Ave   |
| Lansing, MI 48910-4654 \$50.00 \$100.00   |
| 5. If over \$100.00 cumulative, please provide:   |
| Occupation Teacher Employer Spring Arbor University   |
| Business Address 106 E Main St Spring Arbor, MI 49283-9701  |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser  |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/28/2021  |
| Name & Address  |
| Conway, Lloyd   |
| 726 Ridgewood Ave   |
| Eansing, MI 48910-4654 \$50.00 \$150.00   |
| 5. If over \$100.00 cumulative, please provide:   |
| Occupation Teacher Employer Spring Arbor University   |
| Business Address 106 E Main St Spring Arbor, MI 49283-9701  |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser  |

Page Subtotal

\$700.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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## ITEMIZED CONTRIBUTIONS

1. Committee I.D. Number 46696

| SCHEDULE 1A  | or for Lansing |   |
|--|----------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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      | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/05/202  Name & Address  Cook, Kara 545 N Dexter Dr   | 21             |   |
| Lansing, MI 48910-3410   | \$100.00       | \$100.00  |
| 5. If over \$100.00 cumulative, please provide:  |                |   |
| Occupation Employer  |                |   |
| Business Address Type of Contribution  |                |   |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser   |                |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 05/31/202 Name & Address  | 21             |   |
| Corbin, Sally<br>4087 Highland Ter<br>Okemos, MI 48864-4595  | \$250.00       | \$250.00  |
| 5. If over \$100.00 cumulative, please provide:  |                |   |
| Occupation Insurance Broker Employer Union Services Agend  | зу             |   |
| Business Address 119 Pere Marquette Dr Ste 1A Lansing, MI 48912-1270   |                |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |                |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/05/202   | 21             |   |
| Corbin, Susan<br>118 Rosedale Ave<br>Petoskey, MI 49770-2404   | \$250.00       | \$250.00  |
| 5. If over \$100.00 cumulative, please provide:  |                |   |
| Occupation Government Employee Employer State of Michigan  |                |   |
| Business Address 611 W Allegan St Lansing, MI 48933-1513   |                |   |
| Type of Contribution: ✓ Direct   |                |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/12/202   | 21             |   |
| Crowe, Robert<br>6336 Gossard Ave<br>East Lansing, MI 48823-1585   | \$200.00       | \$200.00  |
|  |                |   |
| 5. If over \$100.00 cumulative, please provide:  |                |   |
| Occupation Project Execuitve Employer Christman Company  |                |   |
| Business Address 208 N Capitol Ave Lansing, MI 48933-1353  |                |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |                |   |
| Page Subtotal  | \$800.00       |   |
| Grand Total of all Schedules 1A (Complete on last page of Schedule)  | \$179,745.36   |   |

Enter this total on line 3a of Summary Page.

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### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

| 1. Committee I.D. Nur | nber 46 | 696 |         |  |  |
|-----------------------|---------|-----|---------|--|--|
| 2. Committee Name     | Schor   | for | Lansing |  |  |

| CANDIDATE COMMITTEE  | 6. Amount    | Cumulative for Election                                    |
|--|--------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | O. Fullousit | Cycle for Each<br>Contributor (Through<br>date of receipt) |
|  |              |  |
| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/04/202  | 1            |  |
| Name & Address   |              |  |
| Crutcher, Eric   |              |  |
| PO Box 16035   | \$500.00     | \$500.00   |
| Lansing, MI 48901-6035   |              |  |
| 5. If over \$100.00 cumulative, please provide:  |              |  |
| Occupation Information Requested Employer Information Requeste   | ed           |  |
| Business Address   |              |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |              |  |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 05/31/202   | 21           |  |
| Name & Address   | <del></del>  |  |
| Cunningham, Cathy  |              |  |
| 3881 Breckinridge Dr   | \$100.00     | \$100.00   |
| Okemos, MI 48864-3846  | <u> </u>     |  |
| 5. If over \$100.00 cumulative, please provide:  |              |  |
| Occupation Employer  | <u>-</u>     |  |
| Business Address   |              |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |              |  |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 02/26/202   | 21 _         |  |
| Name & Address   |              |  |
| Curran, James  |              |  |
| 1003 Chesterfield Pkwy East Lansing, MI 48823-4114   | \$500.00     | \$750.00   |
| Base Ballsting, Mr. 10019 1111   |              |  |
| 5. If over \$100.00 cumulative, please provide:  |              |  |
| Occupation Consultant Employer Karoub Associates   |              |  |
| Business Address 121 W Allegan St Lansing, MI 48933-1702   | <u>-</u>     |  |
| Type of Contribution: ✓ Direct   |              | <u> </u>   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/20  | 21           |  |
| Name & Address   | <del></del>  |  |
| Curran, James  |              |  |
| 1003 Chesterfield Pkwy   | \$250.00     | \$1,000.00   |
| East Lansing, MI 48823-4114  |              |  |
| 5. If over \$100.00 cumulative, please provide:  |              |  |
| Occupation Consultant Employer Karoub Associates   |              |  |
| Business Address 121 W Allegan St Lansing, MI 48933-1702   |              |  |
| Type of Contribution: Apprect I oan from a person Fund Raiser  |              |  |

Page Subtotal \$1,350.00 Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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|   |                 | KIBUTIONS             |              | <ol> <li>Committ</li> </ol> | ee I.D. Number  | 46696  | 5           |   |
|---|-----------------|-----------------------|--------------|-----------------------------|-----------------|--------|-------------|---|
|   |                 |                       |              | 2. Committe                 | ee Name Sc      | hor fo | r Lansing   |   |
| Enter contributor's name a and middle initial. Check t Independent Committee (F | oox to indicate | f contribution is fro | rom a Politi | cal Committee o             | name, first nam |        | 3. Amount   | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.  | PAC Rec         | ceipt? TYES           | 4 DATE       | OF RECEIPT                  | 06/28/2         | 021    |             |   |
| Name & Address  | TACTO           | æιρτι: [ ] T E3       | 4. DAIL      | Of MEDELL I                 | 00/20/2         | 021    | •           |   |
| Cyberski, Nancy<br>2411 Wellington I<br>Lansing, MI 4891                        |                 |                       |              |                             |                 |        | \$100.00    | \$100.00  |
| 5. If over \$100.00 cumula  | itive, please p | rovide:               |              |                             |                 |        |             |   |
| Occupation  |                 |                       | Employer     |                             |                 |        |             |   |
| Business Address  |                 | <del></del>           | • •          |                             |                 |        |             |   |
| Type of Contribution:   | Direct          | Loan from a p         | erson        | Fund Raise                  |                 |        |             |   |
| 3.  | =               | <del></del>           |              |                             |                 |        |             | <del>-</del> -  |
| Name & Address  | PAC REC         | ceipt? TYES           | 4. DATE      | OF RECEIPT                  | 07/05/2         | 021    |             |   |
| Darlington, John<br>2132 Dean Ave<br>Holt, MI 48842-13                          | 357             |                       |              |                             |                 |        | \$100.00    | \$100.00  |
| 5. If over \$100.00 cumula  | itive nlessen   | rovide:               |              |                             |                 |        |             |   |
| Occupation  | itive, piease p | novide.               | Employer     |                             |                 |        |             |   |
| Business Address  |                 |                       | Linployer    | _                           |                 |        | <del></del> |   |
|   | Direct          | □l con from o n       |              | Fund Raise                  | <del> </del>    |        |             |   |
| 3.  | _               | Loan from a p         | erson        |                             |                 |        |             |   |
| Name & Address  | PAC Red         | ceipt? TYES           | 4. DATE      | OF RECEIPT                  | 04/20/2         | 021    |             |   |
| DeRose, Chris<br>6190 W Golfridge<br>East Lansing, MI                           |                 | 11                    |              |                             |                 |        | \$50.00     | \$50.00   |
| 5. If over \$100.00 cumula  | itive inlease n | rovide:               |              |                             |                 |        |             |   |
| Occupation  |                 |                       | Employer     | ,                           |                 |        |             |   |
| Business Address  |                 |                       |              | -                           |                 |        |             |   |
| Type of Contribution:   | Direct          | Loan from a p         | erson        | Fund Raise                  | •               |        |             |   |
| 3.  |                 | <del></del>           |              | OF DECEMBE                  | 04/00/0         | .001   |             |   |
| Name & Address  | PACRE           | ceipt? YES            | 4. DATE      | OF RECEIPT                  | 04/20/2         | 021    | -           |   |
| Dillon, Brandon<br>1455 Ball Ave NE<br>Grand Rapids, MI                         | 49505-561       | .3                    |              |                             |                 |        | \$500.00    | \$500.00  |
|   |                 |                       |              |                             |                 |        |             |   |
| 5. If over \$100.00 cumula  | itive, please p | rovide:               |              |                             |                 |        |             |   |
| Occupation Partner  |                 |                       | Employer     |                             | att Group       |        |             |   |
| Business Address 107 N  |                 | on Sq Lansi           | ng, MI 4     | 8933-1777                   |                 |        |             |   |
| Type of Contribution:   | Direct          | Loan from a p         | erson        | Fund Raise                  |                 |        |             |   |
|   |                 |                       |              |                             | Page Subtotal   |        | 6750 00     |   |
|   |                 | -                     |              |                             | ago Oubiolai    |        | \$750.00    |   |
|   |                 | ^-                    | T.i          | 4 - II C - b - d - d - a -  | 4 0 1 C l - 4 - |        | DO D48 OC   |   |

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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|  | ommittee I.D. Number 46                   | 696           |   |
|--|---|---------------|---|
| SCHEDULE 1A  | ommittee Name Schor                       | for Lansing   |   |
| CANDIDATE COMMITTEE  Enter contributor's name and address. If contribution is from an individual, ent and middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount.   | er last name, first name,<br>nittee or an | 6. Amount     | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|  |   |               |   |
| 3. PAC Receipt? TYES 4. DATE OF REC  | DEIPT 06/28/2021                          |               |   |
| Name & Address   |   |               |   |
| Dolan, Sara<br>3595 Venice Dr  |   |               |   |
| Dewitt, MI 48820-7899  |   | \$250.00      | \$250.00  |
| - u Areana I di I u dia  |   |               |   |
| 5. If over \$100.00 cumulative, please provide:  Occupation Finance Employer MSUI  | PCII                                      |               |   |
| Occupation Finance Employer MSUI Business Address 3777 West Rd East Lansing, MI 48823-802  |   |               |   |
|  | Raiser                                    | <del></del>   |   |
| O GOLDON   |   | <del>-</del>  |   |
| 3. PAC Receipt? TYES 4. DATE OF REC  | DEIPT 07/05/2023                          | <u> </u>      |   |
| Dor, Amy   |   |               |   |
| 2930 Marfitt Rd  |   |               |   |
| East Lansing, MI 48823-6355  |   | \$50.00       | <u>\$50.00</u>  |
|  |   |               |   |
| 5. If over \$100.00 cumulative, please provide:  |   |               |   |
| Occupation Employer  |   |               |   |
| Business Address   | I Delege                                  |               |   |
| 1),pt at a tall the state of th | d Raiser                                  | <del></del> _ |   |
| 3. PAC Receipt? ☐YES 4. DATE OF RE   | CEIPT 07/12/202                           | 1             |   |
| Name & Address   |   |               |   |
| Dore, Ed<br>1159 Cliffdale Dr  |   |               |   |
| Haslett, MI 48840-9782   |   | \$50.00       | \$50.00   |
|  |   |               |   |
| 5. If over \$100.00 cumulative, please provide:  |   |               |   |
| Occupation Employer  |   |               |   |
| Business Address   |   |               |   |
| Type of Contribution: Direct Loan from a person Fun  | d Raiser                                  |               |   |
| 3. PAC Receipt? ☐YES 4. DATE OF RE   | CEIPT 03/20/202                           | 1             |   |
| Name & Address   |   |               |   |
| Doss, Jean<br>2276 Hulett Rd   |   |               |   |
| Okemos, MI 48864-2510  |   | \$100.46      | \$150.46  |
|  |   |               |   |
| 5. If over \$100.00 cumulative, please provide:  |   |               |   |
|  | itol Services Inc                         |               |   |
|  | 48933-1368                                |               |   |
| Type of Contribution: Direct Loan from a person Fun  | d Raiser                                  |               |   |
|  | Page Subtotal                             | \$450.46      |   |
|  | _   | 6170 74E 36   |   |

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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1. Committee I.D. Number 46696

|   | SCHEDULI   |  |                  | 2. Committee Name                 | Schor    | for Lansing  |   |
|---|--|--|------------------|-----------------------------------|----------|--------------|---|
|   | e and address.<br>k box to indicate                    | If contribution is free if contribution is | from a Politi    |                                   | st name, | 6. Amount    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.                                      |  |  |                  |                                   |          |              |   |
| Name & Address                          | PAC Re   | ceipt? TYES                                | 4. DATE          | OF RECEÍPT 03/                    | 20/2021  |              |   |
| Draher, Betty                           |  |  |                  |                                   |          |              |   |
| 1513 Donora St<br>Lansing, MI 489       | 10-1746  |  |                  |                                   |          | \$46.00      | \$46.00   |
| 5. If over \$100.00 cum                 | ılative, please ı                                      | orovide:                                   |                  |                                   | _        |              |   |
| Occupation                              | .,   |  | Employer         |                                   |          |              |   |
| Business Address                        |  | <del>-</del>                               |                  |                                   |          | <del></del>  |   |
| Type of Contribution:                   | ✓ Direct   | Loan from a p                              | erson            | Fund Raiser                       |          | _            |   |
| 3.                                      | PAC Re   | ceipt?YES                                  |                  | OF RECEIPT 07/                    | 18/2021  |              |   |
| Name & Address                          |  |  |                  | <del>-</del>                      |          | <del></del>  |   |
| Draher, Betty<br>1513 Donora St         |  |  |                  |                                   |          |              |   |
| Lansing, MI 489                         | 10-1746  |  |                  |                                   | _        | \$50.00      | \$96.00   |
| 5. If over \$100.00 cum                 | ılative, please p                                      | orovide:                                   |                  |                                   |          |              |   |
| Occupation                              |  |  | Employer         |                                   |          |              |   |
| Business Address                        |  |  |                  |                                   |          | <del></del>  |   |
| Type of Contribution:                   | Direct   | Loan from a p                              | erson            | Fund Raiser                       |          | <del>_</del> |   |
| 3.                                      | PAC Re   | ceipt? TYES                                | 4. DATE          | OF RECEIPT 04/:                   | 30/2021  | _            |   |
| Name & Address                          |  |  |                  |                                   | 30,2021  |              |   |
| Dua, Sameer                             |  | _  |                  |                                   |          |              |   |
| 2447 Pine Hollo<br>Lansing, MI 489      |  | ite 4                                      |                  |                                   |          |              |   |
| 20112119, 111 103                       | 12   |  |                  |                                   | _        | \$2,000.00   | \$2,000.00  |
| 5. If over \$100.00 cum                 | ılative, please ı                                      | orovide:                                   |                  |                                   |          |              |   |
| Occupation Property                     | y Managemen  | t  | Employer         | S&S Asset Manag                   | gement I | inc.         |   |
| Business Address 212                    | 1 E Grand F  | River Ave La                               | nsing, M         | I 48912-3231                      |          |              |   |
| Type of Contribution:                   | ✓ Direct   | Loan from a p                              | erson            | Fund Raiser                       |          | _            |   |
| 3.                                      | PAC Re   | ceipt?  YES                                | 4. DATE          | OF RECEIPT 03/                    | 02/2021  |              |   |
| Name & Address                          |  |  |                  |                                   | 20, 2022 |              |   |
| Eaton, Gregory                          |  |  |                  |                                   |          |              |   |
| 121 W Allegan S<br>Lansing, MI 489      | t  |  |                  |                                   |          |              |   |
| 10.01119, 171 100                       |  |  |                  |                                   |          | 41 000 00    | ** ***  |
| 5. If over \$100.00 cum                 |  |  |                  |                                   | _        | \$1,000.00   | \$1,000.00  |
| o. It over \$100.00 cully               |  | provide:                                   |                  |                                   | _        | \$1,000.00   | \$1,000.00  |
| Occupation Counsel                      | 33-1702<br>ulative, please p                           |  | Employer         | Karoub Associa                    | _<br>ces | \$1,000.00   | \$1,000.00  |
|   | 33-1702<br>Mative, please p<br>to the Fir              | m  |                  |                                   | _<br>ces | \$1,000.00   | \$1,000.00  |
| Occupation Counsel                      | 33-1702<br>Mative, please p<br>to the Fir              | m  | MI 4893          |                                   | _<br>ces | \$1,000.00   | \$1,000.00  |
| Occupation Counsel Business Address 121 | 33-1702<br>Mative, please p<br>to the Fir<br>W Allegan | m<br>St Lansing,                           | MI 4893          | 3-1702                            |          | \$1,000.00   | \$1,000.00  |
| Occupation Counsel Business Address 121 | 33-1702<br>Mative, please p<br>to the Fir<br>W Allegan | m St Lansing, Loan from a p                | MI 4893<br>erson | 3-1702  Fund Raiser  Page Subt    | otal     |              | \$1,000.00  |
| Occupation Counsel Business Address 121 | 33-1702<br>Mative, please p<br>to the Fir<br>W Allegan | m St Lansing, Loan from a p                | MI 4893<br>erson | 3-1702<br>✓Fund Raiser  Page Subt | otal     | \$3,096.00   | \$1,000.00  |

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1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE  2. Committee Name Schor   | for Lansing   |   |
|--|---------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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     | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|  |               |   |
| Name & Address  PAC Receipt? TYES 4. DATE OF RECEIPT 04/30/2023  | <u> </u>      |   |
| Ebersole Singh, Kerry  |               |   |
| 1837 Cricket Ln  |               |   |
| East Lansing, MI 48823-1226  | \$250.00      | \$250.00  |
| 5. If over \$100.00 cumulative, please provide:  |               |   |
| Occupation Executive Director Employer Coalition for Progres   | ss            |   |
| Business Address 1837 Cricket Ln East Lansing, MI 48823-1226   |               |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <del></del>   |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 07/18/2023   | 1             |   |
| Name & Address   |               |   |
| Ebersole Singh, Kerry  |               |   |
| 1837 Cricket Ln East Lansing, MI 48823-1226  |               |   |
| East Ballsting, MI 40023-1220  | \$500.00      | \$750.00  |
| 5. If over \$100.00 cumulative, please provide:  |               |   |
| Occupation Executive Director Employer Coalition for Progres   | 3S            |   |
| Business Address 1837 Cricket Ln East Lansing, MI 48823-1226   |               |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |               |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/28/2023   | L             |   |
| Name & Address   |               |   |
| Edelson, Howard  |               |   |
| 2232 S Main St<br># 2232   | \$250.00      | \$250.00  |
| Ann Arbor, MI 48103-6938   | \$250.00      | \$250.00  |
| 5. If over \$100.00 cumulative, please provide:  |               | •   |
| Occupation Business Exec Employer The Edelson Group  |               |   |
| Business Address 2232 S Main St # 2232 Ann Arbor, MI 48103-6938  |               |   |
| Type of Contribution:  | - <del></del> |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 04/20/2023   | L .           |   |
| Name & Address   |               |   |
| Ellis, Mr.Scott T<br>521 Riverwalk Dr  |               |   |
| Mason, MI 48854-9361   | \$500.00      | \$500.00  |
|  |               |   |
| 5. If over \$100.00 cumulative, please provide:  |               |   |
| Occupation CEO Employer Ellis & Associates LI  | <u> </u>      |   |
| Business Address 521 Riverwalk Dr Mason, MI 48854-9361   |               |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |               |   |
| Page Subtotal  | \$1,500.00    |   |
| Grand Total of all Schedules 1A (Complete  | \$179,745.36  |   |
| on last page of Schedule)  |               |   |

Enter this total on line 3a of Summary Page.

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## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for | Lansing |  |
|-------------------|-------|-----|---------|--|
|                   |       |     |         |  |

| Enter contributor's name and address. If co and middle initial. Check box to indicate if condependent Committee (PAC) Report all condependent Committee (PAC) | ntribution is from an individual, enter last name, first name, contribution is from a Political Committee or an ontributions regardless of amount. | 6. Amount    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|--|--------------|---|
| 3. DAC Bossin   |  |              |   |
| PAC Receip<br>Name & Address  | ot? YES 4. DATE OF RECEIPT 07/05/2021  | <u>-</u>     |   |
|   |  |              |   |
| Ellis, Mr.Scott T<br>521 Riverwalk Dr   |  |              |   |
| Mason, MI 48854-9361  |  | \$250.00     | \$750.00  |
|   | <del>-</del>   | <del></del>  | <del></del>   |
| 5. If over \$100.00 cumulative, please prov   | vide:  |              |   |
| Occupation CEO  | Employer Ellis & Associates LLC  | <u> </u>     |   |
| Business Address 521 Riverwalk Dr   | Mason, MI 48854-9361   | _            | ,   |
| Type of Contribution: 🗸 Direct  | Loan from a person   |              |   |
| 3. PAC Receip   | ot? TYES 4. DATE OF RECEIPT 03/20/2021   |              |   |
| Name & Address  |  |              |   |
| Essenmacher, Erin   |  |              |   |
| 4503 Timbery Dr   |  | ***          | 446.00  |
| Jefferson, MD 21755-7701  | _  | \$46.00      | <u> </u>  |
| 5. If over \$100.00 cumulative, please pro-   | vide:  |              |   |
| Occupation  | Employer   |              |   |
| Business Address  |  |              |   |
| Type of Contribution:   | Loan from a person Fund Raiser   |              |   |
| 3. PAC Recei  | pt? TYES 4. DATE OF RECEIPT 04/30/2021   |              |   |
| Name & Address  | p  |              |   |
| Estill, Jennifer  |  |              |   |
| 3201 Tecumseh River Rd  |  |              |   |
| Lansing, MI 48906-3556  | _  | \$100.00     | \$100.00  |
|   |  |              |   |
| 5. If over \$100.00 cumulative, please pro  |  |              |   |
| Occupation  | Employer   |              |   |
| Business Address  |  | <del>_</del> |   |
| Type of Contribution:   | Loan from a person Fund Raiser   |              |   |
| 3. PAC Recei  | pt? TYES 4. DATE OF RECEIPT 03/20/2021   |              |   |
| Name & Address  |  |              |   |
| Ettinger, David   |  |              |   |
| 14722 Shamrock Trl  |  | 4100 00      | 6100 00   |
| Lansing, MI 48906-9235  | -  | \$100.00     | \$100.00  |
| 5 If over \$100.00 cumulative, please pro   | ovide:   |              |   |

**Employer** 

Loan from a person

Fund Raiser

Page Subtotal \$496.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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✓ Direct

Occupation

Business Address

Type of Contribution:

## ITEMIZED CONTRIBUTIONS

1. Committee I.D. Number 46696

| SCHEDULE 1A CANDIDATE COMMITTEE  | 2. Committee Name         | Schor    | for Lansing  |   |
|--|---------------------------|----------|--------------|---|
| Enter contributor's name and address. If contribution is from an and middle initial. Check box to indicate if contribution is from a Independent Committee (PAC) Report all contributions regardle | Political Committee or an | name,    | 6. Amount    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. BAC Receipt? TVES 4   | DATE OF PEOPINE           | 2 /2021  |              |   |
| Name & Address  PAC Receipt?  YES 4.   | DATE OF RECEIPT06/0       | 3/2021   |              |   |
| Eyde, Evemarie   |                           |          |              |   |
| 2451 Emerald Lake Dr   |                           |          |              |   |
| East Lansing, MI 48823-7256  |                           | _        | \$250.00     | <u> </u>  |
| 5. If over \$100.00 cumulative, please provide:  |                           |          |              |   |
| Occupation Real Estate Developer Em  | ployer Self Employed_     |          |              |   |
| Business Address 300 S Washington Sq Ste 400 L   | ansing, MI 48933-2102     | <u> </u> | <del>_</del> |   |
| Type of Contribution:  | Fund Raiser               |          |              |   |
| 3. PAC Receipt? ☐YES 4.  | DATE OF RECEIPT 06/0      | 3/2021   |              |   |
| Name & Address   | _ <del></del>             |          |              |   |
| Eyde, G. Matthew   |                           |          |              |   |
| 845 Tanglewood Ln<br>East Lansing, MI 48823-2183   |                           |          | \$250.00     | \$250.00  |
|  |                           | -        |              |   |
| 5. If over \$100.00 cumulative, please provide:  |                           |          |              |   |
| Occupation Real Library Developes  | ployer Self Employed      |          | <del>_</del> |   |
| Business Address 300 S Washington Sq Ste 400 I   |                           | <u> </u> |              |   |
| Type of Contribution:  | n Fund Raiser             |          |              |   |
|  | . DATE OF RECEIPT 06/6    | 03/2021  | <u> </u>     |   |
| Name & Address   | •                         |          |              |   |
| Eyde, Nathaniel<br>1439 Meadowbrook Ln   |                           |          |              |   |
| East Lansing, MI 48823-2145  |                           |          | \$250.00     | \$250.00  |
|  |                           |          |              |   |
| 5. If over \$100.00 cumulative, please provide:  |                           |          |              |   |
| Occupation Real Escace Developes   | nployer Self Employed     |          |              |   |
| Business Address 300 S Washington Sq Ste 400   |                           |          |              |   |
| Type of Contribution: Direct Loan from a perso   | n Fund Raiser             |          |              |   |
| 1  | DATE OF RECEIPT06/        | 03/202   | <u>1</u>     |   |
| Name & Address   |                           |          |              |   |
| Eyde, Nicholas<br>7566 Pear Tree Ln  |                           |          |              |   |
| Sylvania, OH 43560-4406  |                           |          | \$250.00     | \$250.00  |
| 5. If over \$100.00 cumulative, please provide:  |                           |          |              |   |
| 1 3. II OYEL \$100.00 cultidiative, picase provide.  |                           |          |              |   |

Page Subtotal

\$1,000.00

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

Fund Raiser

Employer Self Employed

\$179,745.36

Enter this total on line 3a of Summary Page.

of 142 34

Type of Contribution:

Occupation Real Estate Developer

Direct

Business Address 300 S Washington Sq Ste 400 Lansing, MI 48933-2102

Loan from a person

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

Enter this total on line 3a of Summary

Page.

| CANDIDATE COMMITTEE  |              |   |
|--|--------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.   |              |   |
| Name & Address  PAC Receipt? YES 4. DATE OF RECEIPT 06/03/202:   | <u> </u>     |   |
| Eyde, Ms.Sarah<br>300 S Washington Sq<br>Apt 551<br>Lansing, MI 48933-2109   | \$250.00     | \$250.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Real Estate Developer Employer Self Employed  |              |   |
| Business Address 300 S Washington Sq Ste 400 Lansing, MI 48933-2102  |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <del></del>  |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 04/08/2023   | L            | <u>-</u> - ·  |
| Fancher, Darlene<br>1319 Chester Rd<br>Lansing, MI 48912-5031  | \$1,100.00   | \$2,100.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Partner Employer Midwest Strategy Grou  | מנ           |   |
| Business Address 101 S Washington Sq Ste 620 Lansing, MI 48933-1708  |              |   |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser   |              |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/09/2023  | L            |   |
| Farhat, Patricia<br>2501 Hampden Dr<br>Lansing, MI 48911-1764  | \$200.00     | \$200.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Executive Employer AFL-CIO  |              |   |
| Business Address 419 Washington Ave, 200 Lansing, MI 48933   | <del></del>  |   |
| Type of Contribution: ✓ Direct   | <del></del>  |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/30/2021 Name & Address Farrah, Barbara   |              |   |
| 6218 W Golfridge Dr<br>East Lansing, MI 48823-9741   | \$350.00     | \$350.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Lobbyist Employer Governmental Consulta   | ant          |   |
| Business Address 1 E Michigan Ave 120 N. Washington SqrviSuite 1 Lansing   |              |   |
| Type of Contributio № 453 one discrete   |              |   |
| Page Subtotal  | \$1,900.00   | ,   |
| Grand Total of all Schedules 1A (Complete on last page of Schedule)  | \$179,745.36 |   |

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## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

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

|   |   |   | -                  |               |          |
|---|---|---|--------------------|---------------|----------|
| 3.  | PAC Receipt? YES  | 4. DATE OF RECEIPT  | 02/15/2021         | _             |          |
| Name & Address  |   |   |                    |               |          |
| Farrell, M.B.<br>2843 E Grand River A   | Ave   |   |                    |               |          |
| Ste 234   |   |   |                    | \$250.00      | \$250.00 |
| East Lansing, MI 488  | 823-6724  |   |                    |               |          |
| 5. If over \$100.00 cumulative  | , please provide:   |   |                    |               |          |
| Occupation Attorney   |   | Employer mblglaw  |                    |               |          |
| Business Address 2843 E G   |   | 234 East Lansing,   | MI 48823-          |               |          |
| Type of Contribution: 724 Di  | irect loan from a pe  | erson   |                    | -             |          |
| 3.  | PAC Receipt? TYES   | 4. DATE OF RECEIPT  | 03/19/2021         |               |          |
| Name & Address  |   | -   |                    | _             |          |
| Farrell, M.B.   |   |   |                    |               |          |
| 2843 E Grand River  | Ave   |   |                    |               |          |
| Ste 234<br>East Lansing, MI 48  | 823-6724  |   |                    | \$250.00      | \$500.00 |
| 5. If over \$100.00 cumulative  |   |   |                    |               |          |
| Occupation Attorney   | , piddoo pioridoi   | Employer mblglaw  |                    |               |          |
| Business Address 2843 E (   | Frand River Ave Ste   | · · ·   | MI 48823-          |               |          |
| Type of Contribution: 724 Di  |   | _   |                    |               |          |
| .,,   |   |   |                    | -             |          |
| 3   |   |   |                    |               |          |
| 3.<br>Name & Address  | PAC Receipt? YES  | 4. DATE OF RECEIPT  | 07/07/2021         | _             |          |
| Name & Address  | PAC Receipt? TYES   | 4. DATE OF RECEIPT  | 07/07/2021         | _             |          |
|   | PAC Receipt? YES  | 4. DATE OF RECEIPT  | 07/07/2021         | _             |          |
| Name & Address<br>Faustyn, Scott  |   | 4. DATE OF RECEIPT  | 07/07/2021         | _<br>\$500.00 | \$500.00 |
| Name & Address<br>Faustyn, Scott<br>1995 Belwood Dr<br>Okemos, MI 48864-59  | 68  | 4. DATE OF RECEIPT  | 07/07/2021         | \$500.00      | \$500.00 |
| Name & Address<br>Faustyn, Scott<br>1995 Belwood Dr   | 68  | <u>-</u>  | _                  | \$500.00      | \$500.00 |
| Name & Address Faustyn, Scott 1995 Belwood Dr Okemos, MI 48864-59 5. If over \$100.00 cumulative Occupation Partner   | 68<br>e, please provide:  | Employer Karoub As  | _                  | \$500.00      | \$500.00 |
| Name & Address Faustyn, Scott 1995 Belwood Dr Okemos, MI 48864-59 5. If over \$100.00 cumulative  | 68<br>e, please provide:  | Employer Karoub As  | _                  | \$500.00      | \$500.00 |
| Name & Address Faustyn, Scott 1995 Belwood Dr Okemos, MI 48864-59 5. If over \$100.00 cumulative Occupation Partner   | 68<br>, please provide:<br>llegan St Lansing,   | Employer Karoub As<br>MI 48933-1702   |                    | \$500.00      | \$500.00 |
| Name & Address Faustyn, Scott 1995 Belwood Dr Okemos, MI 48864-59  5. If over \$100.00 cumulative Occupation Partner Business Address 121 W A   | 68<br>e, please provide:<br>llegan St Lansing,<br>irect □Loan from a pe   | Employer Karoub As<br>MI 48933-1702   |                    | \$500.00<br>  | \$500.00 |
| Name & Address Faustyn, Scott 1995 Belwood Dr Okemos, MI 48864-59  5. If over \$100.00 cumulative Occupation Partner Business Address 121 W All Type of Contribution:   | 68<br>, please provide:<br>llegan St Lansing,   | Employer Karoub As<br>MI 48933-1702<br>erson ∏Fund Raiser                                   | ssociates          | \$500.00      | \$500.00 |
| Name & Address Faustyn, Scott 1995 Belwood Dr Okemos, MI 48864-59  5. If over \$100.00 cumulative Occupation Partner Business Address 121 W A. Type of Contribution:  Di  3. Name & Address Ferenchick, Gary  | 68  In please provide:  Ilegan St Lansing,  irect  Loan from a per  PAC Receipt?  YES   | Employer Karoub As<br>MI 48933-1702<br>erson ∏Fund Raiser                                   | ssociates          | \$500.00      | \$500.00 |
| Name & Address Faustyn, Scott 1995 Belwood Dr Okemos, MI 48864-59  5. If over \$100.00 cumulative Occupation Partner Business Address 121 W A. Type of Contribution: Di  3. Name & Address Ferenchick, Gary 2730 N Cambridge Rd   | 68  In please provide:  Ilegan St Lansing,  irect   | Employer Karoub As<br>MI 48933-1702<br>erson ∏Fund Raiser                                   | ssociates          |               | <u>.</u> |
| Name & Address Faustyn, Scott 1995 Belwood Dr Okemos, MI 48864-59  5. If over \$100.00 cumulative Occupation Partner Business Address 121 W A. Type of Contribution:  Di  3. Name & Address Ferenchick, Gary  | 68  In please provide:  Ilegan St Lansing,  irect   | Employer Karoub As<br>MI 48933-1702<br>erson ∏Fund Raiser                                   | ssociates          | \$500.00      | \$500.00 |
| Name & Address Faustyn, Scott 1995 Belwood Dr Okemos, MI 48864-59  5. If over \$100.00 cumulative Occupation Partner Business Address 121 W A. Type of Contribution: Di  3. Name & Address Ferenchick, Gary 2730 N Cambridge Rd   | e, please provide:  llegan St Lansing, irect  Loan from a per  PAC Receipt? YES   | Employer Karoub As<br>MI 48933-1702<br>erson ∏Fund Raiser                                   | ssociates          |               | <u>.</u> |
| Name & Address Faustyn, Scott 1995 Belwood Dr Okemos, MI 48864-59  5. If over \$100.00 cumulative Occupation Partner Business Address 121 W All Type of Contribution: Di  3. Name & Address Ferenchick, Gary 2730 N Cambridge Rd Lansing, MI 48911-1  5. If over \$100.00 cumulative                        | e, please provide:  llegan St Lansing, irect  Loan from a per PAC Receipt? YES  | Employer Karoub As<br>MI 48933-1702<br>erson ∏Fund Raiser                                   | 07/05/2021         |               | <u>.</u> |
| Name & Address Faustyn, Scott 1995 Belwood Dr Okemos, MI 48864-59  5. If over \$100.00 cumulative Occupation Partner Business Address 121 W A. Type of Contribution: Di  3. Name & Address Ferenchick, Gary 2730 N Cambridge Rd Lansing, MI 48911-1  5. If over \$100.00 cumulative Occupation Physician ar | e, please provide:  llegan St Lansing, irect  Loan from a per PAC Receipt? YES  009 e, please provide: and University                     | Employer Karoub As MI 48933-1702 erson Fund Raiser  4. DATE OF RECEIPT  Employer Mich Stat  | 07/05/2021         |               | <u>.</u> |
| Name & Address Faustyn, Scott 1995 Belwood Dr Okemos, MI 48864-59  5. If over \$100.00 cumulative Occupation Partner Business Address 121 W All Type of Contribution: Di  3. Name & Address Ferenchick, Gary 2730 N Cambridge Rd Lansing, MI 48911-1  5. If over \$100.00 cumulative                        | e, please provide:  llegan St Lansing, irect  Loan from a per PAC Receipt? YES  009 e, please provide: and University ee East Lansing, MI | Employer Karoub As MI 48933-1702  erson Fund Raiser  4. DATE OF RECEIPT  Employer Mich Stat | 07/05/2021<br>te U |               | <u>.</u> |

Page Subtotal \$1,250.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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SCHEDULE 1A

1. Committee I.D. Number 46696

Page.

| CANI  | DIDATE C                         | OMMITTEE  |                | 2. Committee                         | Name      | Scho   | for Lansing                                  |   |
|---|----------------------------------|---|----------------|--------------------------------------|-----------|--------|--|---|
| Enter contributor's name<br>and middle initial. Chec<br>Independent Committee | e and address<br>k box to indica | . If contribution is fraction is the if contribution is | from a Politic | cal Committee or                     |           | name,  | 6. Amount                                    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 2   |                                  |   |                |                                      |           |        |  |   |
| 3.<br>Name & Address  | PAC                              | Receipt? YES  | 4. DATE        | OF RECEIPT _                         | 03/2      | 0/202  | 1  |   |
| Ferguson, Matth<br>811 N Walnut St<br>Lansing, MI 489                         |                                  |   |                |                                      |           |        | \$100.00                                     | \$100.00  |
|   |                                  |   |                |                                      |           |        |  |   |
| 5. If over \$100.00 cum<br>Occupation   | ulative, pleas                   | e provide:  | Employer       |                                      |           |        |  |   |
| Business Address  |                                  |   | 2              |                                      |           |        |  |   |
| Type of Contribution:   | Direct                           | Loan from a p   | erson          | Fund Raiser                          |           |        |  |   |
| 3.  |                                  | · ·   |                |                                      |           |        |  |   |
| Name & Address  | PACI                             | Receipt? YES  | 4. DATE        | OF RECEIPT                           | 04/20     | 0/202  | <u> </u>                                     |   |
| Ferro, Frank  |                                  |   |                |                                      |           |        |  |   |
| 2913 Truman Cir<br>Lansing, MI 489  |                                  |   |                |                                      |           |        | ė100 00                                      | 61.00 00  |
| <b>,</b>  |                                  |   |                |                                      |           |        | \$100.00                                     | \$100.00  |
| 5. If over \$100.00 cum   | ulative, pleas                   | e provide:  |                |                                      |           |        |  |   |
| Occupation  |                                  |   | Employer       |                                      |           |        |  |   |
| Business Address  |                                  |   |                |                                      | _         |        |  |   |
| Type of Contribution:   | ✓ Direct                         | Loan from a p   | erson          | Fund Raiser                          |           |        |  |   |
| 3.  | PAC F                            | Receipt? YES  | 4. DATE        | OF RECEIPT                           | 06/0      | 2/202: | l  |   |
| Name & Address  |                                  | _   |                |                                      |           |        |  |   |
| Finegood, Nancy<br>509 Osborn St  | •                                |   |                |                                      |           |        |  |   |
| Eaton Rapids, M   | II 48827-1                       | 847   |                |                                      |           |        | \$25.00                                      | \$25.00   |
| - 15  |                                  |   |                |                                      |           |        |  | · · · · · · · · · · · · · · · · · · ·   |
| 5. If over \$100.00 cum   | lative, pleas                    | e provide:  | Canala va      |                                      |           |        |  |   |
| Occupation Business Address   |                                  |   | Employer       |                                      | -         |        |  |   |
| Type of Contribution:   | Direct                           | Ul can from a n   | 2000           | Fund Raiser                          |           |        |  |   |
| 3.  |                                  | Loan from a p   |                |                                      |           |        | <del> </del>                                 |   |
| Name & Address  | PAC F                            | Receipt? YES  | 4. DATE        | OF RECEIPT _                         | 06/02     | 2/202: | <u>.                                    </u> |   |
| Finkel, Deborah   | l                                |   |                |                                      |           |        |  |   |
| 6520 Togini Str   |                                  |   |                |                                      |           |        |  |   |
| Lake Worth, FL  | 33467                            |   |                |                                      |           |        | \$50.00                                      | \$50.00   |
| 5. If over \$100.00 cum   | ulative, pleas                   | e provide:  |                |                                      |           |        |  |   |
| Occupation  | , ,                              | - •   | Employer       |                                      |           |        |  |   |
| Business Address  | -                                |   |                |                                      |           |        | <del></del>                                  |   |
| Type of Contribution:   | ✓ Direct                         | Loan from a p   | erson          | Fund Raiser                          |           |        |  |   |
|   | _                                |   |                |                                      |           |        |  |   |
|   |                                  |   |                | Pa                                   | ge Subtot | tal    | \$275.00                                     |   |
|   |                                  | G   | rand Total o   | f all Schedules 1A<br>on last page o |           |        | \$179,745.36                                 |   |
|   |                                  |   |                | £93 €                                |           | E      | nter this total on<br>se 3a of Summary       |   |
|   |                                  |   |                |                                      |           | 411    | o ou or commany                              |   |

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## SCHEDULE 1A

CANDIDATE COMMITTEE

1, Committee I.D. Number 46696

| 2. Committee Name | Schor | for | Lansing |      |   |  |
|-------------------|-------|-----|---------|------|---|--|
|                   |       |     |         |      |   |  |
|                   |       |     | _       | <br> | _ |  |

Cumulative for Election 6. Amount Enter contributor's name and address. If contribution is from an individual, enter last name, first name, Cycle for Each and middle initial. Check box to indicate if contribution is from a Political Committee or an Contributor (Through Independent Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. PAC Receipt? YES 4. DATE OF RECEIPT 05/31/2021 Name & Address Fleisher, Jared 1150 Griswold St \$500.00 \$500.00 Unit 2802 Detroit, MI 48226-1946 5. If over \$100.00 cumulative, please provide: Occupation Government Affairs Employer Rock Central Business Address 1050 Woodward Ave Detroit, MI 48226-3573 Type of Contribution: ✓ Direct Loan from a person Fund Raiser 4. DATE OF RECEIPT 07/18/2021 PAC Receipt? YES Name & Address Fleming, Dawn 1612 W Shiawassee St Lansing, MI 48915-1271 \$50.00 \$50.00 5. If over \$100.00 cumulative, please provide: **Employer** Occupation **Business Address** Fund Raiser Type of Contribution: Loan from a person ✓ Direct 3. 4. DATE OF RECEIPT 05/31/2021 PAC Receipt? TYES Name & Address Flory, Bill 445 Highland Ave \$100.00 East Lansing, MI 48823-3914 \$100.00 5. If over \$100.00 cumulative, please provide: **Employer** Occupation Business Address Type of Contribution: Fund Raiser ✓ Direct Loan from a person 4. DATE OF RECEIPT 04/20/2021 PAC Receipt? TYES Name & Address Flowers, Mr.Michael E 3015 Appaloosa Way \$250.00 Lansing, MI 48906-9069 \$250.00 5. If over \$100.00 cumulative, please provide: Employer LBWL Occupation Executive Director

Page Subtotal

\$900.00

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

Fund Raiser

\$179,745.36

Enter this total on line 3a of Summary Page.

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Type of Contribution:

Business Address 1201 S Washington Ave Lansing, MI 48910-1650

✓ Direct

Loan from a person

1. Committee I.D. Number 46696

|   | SCHEDULE<br>DIDATE CO                  |                       |               | 2. Committe                     | ee Name So                   | chor f | or Lansing   |   |
|---|--|-----------------------|---------------|---------------------------------|------------------------------|--------|--------------|---|
| Enter contributor's name and middle initial. Chec Independent Committee | e and address. If<br>k box to indicate | f contribution is fro | rom a Politic | cal Committee o                 |                              | me,    | 6. Amount    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.  |  |                       |               |                                 |                              |        |              |   |
| Name & Address  | PAC Red                                | ceipt? YES            | 4. DATE       | OF RECEIPT                      | 03/20/                       | 2021   | _            |   |
| Flynn, Sarah  |  |                       |               |                                 |                              |        |              |   |
| 42828 Maude Ct  |  |                       |               |                                 |                              |        |              |   |
| Van Buren Twp,  | MI 48111-51                            | .29                   |               |                                 |                              |        | \$25.46      | \$25.46   |
| 5. If over \$100.00 aumi  | ulativa nlascan                        | rouido:               |               |                                 |                              |        |              |   |
| <ol><li>If over \$100.00 cumu<br/>Occupation</li></ol>                  | mative, piease p                       | rovide.               | Employer      |                                 |                              |        |              |   |
| Business Address  |  |                       | Limployer     |                                 |                              |        | <del></del>  |   |
| Type of Contribution:   | ✓ Direct                               | Loan from a po        | ereon.        | Fund Raiser                     | •                            | _      | -            |   |
| 3.  |  | <del>_</del>          |               |                                 |                              | _      |              |   |
| Name & Address  | PAC Re                                 | ceipt? YES            | 4. DATE       | OF RECEIPT                      | 03/20/                       | 2021   |              |   |
| Folsom, Clay  |  |                       |               |                                 |                              |        |              |   |
| 300 Wildwood Dr   | •                                      |                       |               |                                 |                              |        |              |   |
| East Lansing, M   | II 48823-315                           | 55                    |               |                                 |                              |        | \$46.00      | \$46.00   |
|   |  |                       |               |                                 |                              | _      |              |   |
| 5. If over \$100.00 cum   | ulative, please p                      | rovide:               | E. J.         |                                 |                              |        |              |   |
| Occupation  |  |                       | Employer      |                                 |                              |        | <del></del>  |   |
| Business Address  |  |                       |               |                                 |                              |        | _            |   |
| Type of Contribution:   | ✓ Direct                               | Loan from a po        | erson         | Fund Raise                      | <u> </u>                     |        |              |   |
| 3.  | PAC Red                                | ceipt?  YES           | 4. DATE       | OF RECEIPT                      | 07/12/                       | 2021   |              |   |
| Name & Address  |  |                       |               |                                 |                              |        | <del>_</del> |   |
| Ford, Mr.Rober<br>809 Center St   | t                                      |                       |               |                                 |                              |        |              |   |
| Ste 1   |  |                       |               |                                 |                              |        | \$150.00     | \$150.00  |
| Lansing, MI 489   | 06-5257                                |                       |               |                                 |                              | _      | ,            |   |
| 5. If over \$100.00 cum   | ulative, please p                      | orovide:              |               |                                 |                              |        |              |   |
| Occupation Landscap   |  |                       | Employer      |                                 | eative                       |        |              |   |
| Business Address 809  | Center St                              | Ste 1 Lansin          | ng, MI 4      | 8906-5257                       |                              |        | _            |   |
| Type of Contribution:   | Direct                                 | Loan from a p         | erson         | Fund Raise                      | r                            |        | _            |   |
| 3.<br>Name & Address  | PAC Re                                 | ceipt? YES            | 4. DATE       | OF RECEIPT                      | 05/3,1/                      | 2021   |              |   |
| Forsberg, Brent   | :                                      |                       |               |                                 |                              |        |              |   |
| 4725 Mohican Lr   |  |                       |               |                                 |                              |        |              |   |
| Okemos, MI 4886   | 4-1404                                 |                       |               |                                 |                              | _      | \$100.00     | \$650.00  |
| 5. If over \$100.00 cum   | ulative, please p                      | rovide:               |               |                                 |                              |        |              |   |
| Occupation Real es  |  |                       | Employer      | TA Forsb                        | erg Inc                      |        |              |   |
| Business Address 472  | 5 Mohican L                            | n Okemos, Mi          | I 48864-      | 1404                            |                              |        |              |   |
| Type of Contribution:   | ✓ Direct                               | Loan from a p         | erson         | Fund Raise                      | T                            |        |              |   |
|   |  |                       |               |                                 |                              |        |              |   |
|   |  |                       |               | F                               | Page Subtotal                |        | \$321.46     |   |
|   |  | Gi                    | rand Total o  | f all Schedules<br>on last page | 1A (Complete<br>of Schedule) |        | \$179,745.36 |   |

Enter this total on line 3a of Summary Page.

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# MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for | Lansing |  |
|-------------------|-------|-----|---------|--|
|                   |       |     |         |  |

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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

Cumulative for Election Cycle for Each Contributor (Through date of receipt)

| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 03/04/2021                |              |          |
|---|--------------|----------|
| Name & Address  | _            |          |
| Fournier, Gail  |              |          |
| 717 E Willard Ave<br>Lansing, MI 48910-3497                       | ¢100 00      | ¢100 00  |
| Dalibing, 114 40710-3471  | \$100.00     | \$100.00 |
| 5. If over \$100.00 cumulative, please provide:                   |              |          |
| Occupation Employer   | <u></u>      |          |
| Business Address  | <del></del>  |          |
| Type of Contribution:   |              |          |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021                 |              |          |
| Name & Address  | _            |          |
| Fox, Alan   |              |          |
| 1515 Roxburgh Ave   | ****         | 4050.00  |
| East Lansing, MI 48823-1953                                       | \$250.00     | \$250.00 |
| 5. If over \$100.00 cumulative, please provide:                   |              |          |
| Occupation Consultant Employer Practical Political                |              |          |
| Business Address PO Box 215 Mason, MI 48854-0215 Consulting       |              |          |
| Type of Contribution:   |              |          |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021                 | -            | _        |
| Name & Address  | <del>-</del> |          |
| Fox, Daniel   |              |          |
| 3652 E Meadows Ct   |              |          |
| Okemos, MI 48864-3920   | \$250.00     | \$250.00 |
| 5. If over \$100.00 cumulative, please provide:                   |              |          |
| Occupation Longitudinal Data Analyst Employer State of Michigan   |              |          |
| Business Address 702 W Kalamazoo St Lansing, MI 48915-1609        | <del>_</del> |          |
| Type of Contribution: Direct Loan from a person Fund Raiser       |              |          |
| 3   |              |          |
| Name & Address  PAC Receipt? TYES  4. DATE OF RECEIPT  07/05/2021 | _            |          |
| Frayer, Shelbi  |              |          |
| 4020 Driftwood Dr   |              | <b>.</b> |
| Dewitt, MI 48820-9222<br>——————————————————————————————————       | \$200.00     | \$300.00 |
| 5. If over \$100.00 cumulative, please provide:                   |              |          |
| Occupation CFO Employer City of Flint                             |              |          |
| Business Address 4020 Driftwood Dr Dewitt, MI 48820-9222          |              |          |
| Type of Contribution: Direct Loan from a person Fund Raiser       | •            |          |

Page Subtotal \$800.00

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

Enter this total on

\$179,745.36

line 3a of Summary Page.

Page 40 of 142

SCHEDULE 1A CANDIDATE COMMITTEE 1. Committee I.D. Number 46696
2. Committee Name Schor for Lansing

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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 | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|---|
|--|-----------|---|

| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/13/2  | 021   |
|---|---|
| Name & Address  | <del></del>                                   |
| Frederick, Mr.Mike J  |   |
| 2701 Tammany Ave  |   |
| Lansing, MI 48910-3812  | \$100.00 \$400.00                             |
| 5. If over \$100.00 cumulative, please provide:   |   |
| Occupation Owner Employer The Frederick Grou  | p   |
| Business Address 115 W Allegan St Ste 200 Lansing, MI 48933-1712  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   | <del></del>                                   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/05/2  | 021   |
| Name & Address  | <u></u>                                       |
| Freeman, Rachel   |   |
| 3950 Binghampton Dr   |   |
| Okemos, MI 48864-3720   | \$50.00 \$50.00                               |
| E If over \$100.00 cumulative places provide:   |   |
| 5. If over \$100.00 cumulative, please provide:  Occupation Employer  |   |
| Occupation Employer Business Address  |   |
|   |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/12/2  | 021   |
| Name & Address  | <del></del>                                   |
|   | <del></del>                                   |
| Name & Address  Friends of Housing PAC 6427 Centurion Dr  | <del></del>                                   |
| Friends of Housing PAC<br>6427 Centurion Dr<br>Ste 100  | \$500.00 \$500.00                             |
| Friends of Housing PAC<br>6427 Centurion Dr<br>Ste 100<br>Lansing, MI 48917-8296  |   |
| Friends of Housing PAC 6427 Centurion Dr<br>Ste 100<br>Lansing, MI 48917-8296<br>5. If over \$100.00 cumulative, please provide:  |   |
| Friends of Housing PAC 6427 Centurion Dr Ste 100 Lansing, MI 48917-8296 5. If over \$100.00 cumulative, please provide: Occupation Employer   |   |
| Friends of Housing PAC 6427 Centurion Dr Ste 100 Lansing, MI 48917-8296  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address   |   |
| Friends of Housing PAC 6427 Centurion Dr Ste 100 Lansing, MI 48917-8296  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:  Direct Loan from a person Fund Raiser  |   |
| Friends of Housing PAC 6427 Centurion Dr Ste 100 Lansing, MI 48917-8296  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address   | \$500.00 \$500.00<br>                         |
| Friends of Housing PAC 6427 Centurion Dr Ste 100 Lansing, MI 48917-8296  5. If over \$100.00 cumulative, please provide: Occupation   | \$500.00 \$500.00<br>                         |
| Friends of Housing PAC 6427 Centurion Dr Ste 100 Lansing, MI 48917-8296  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2  Name & Address  Frischman, Ms.Sharon L 124 W Michigan Ave | \$500.00 \$500.00<br>                         |
| Friends of Housing PAC 6427 Centurion Dr Ste 100 Lansing, MI 48917-8296  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2  Name & Address  Frischman, Ms. Sharon L                   | \$500.00 \$500.00<br>                         |
| Friends of Housing PAC 6427 Centurion Dr Ste 100 Lansing, MI 48917-8296  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2  Name & Address  Frischman, Ms.Sharon L 124 W Michigan Ave | \$500.00 \$500.00                             |
| Friends of Housing PAC 6427 Centurion Dr Ste 100 Lansing, MI 48917-8296  5. If over \$100.00 cumulative, please provide:  Occupation  | \$500.00 \$500.00<br>021<br>\$100.00 \$200.00 |
| Friends of Housing PAC 6427 Centurion Dr Ste 100 Lansing, MI 48917-8296  5. If over \$100.00 cumulative, please provide:  Occupation  | \$500.00 \$500.00<br>021<br>\$100.00 \$200.00 |
| Friends of Housing PAC 6427 Centurion Dr Ste 100 Lansing, MI 48917-8296  5. If over \$100.00 cumulative, please provide:  Occupation  Business Address  Type of Contribution:   | \$500.00 \$500.00<br>021<br>\$100.00 \$200.00 |

Page Subtotal

\$750.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for | Lansing |   |  |
|-------------------|-------|-----|---------|---|--|
|                   |       |     |         | • |  |

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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                                      | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|--|---|
|  | ·  |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 03/20/2021   |  |   |
| Name & Address   |  |   |
| Funkhouser, Mr.Bradley T   |  |   |
| 4615 Tranter St  |  |   |
| Lansing, MI 48910-3661   | \$100.46                                       | \$350.46  |
|  |  |   |
| 5. If over \$100.00 cumulative, please provide:  |  |   |
| Occupation Deputy Chief Executive Employer Capital Area Transpor   | tation   |   |
| Business Addits 1815 Tranter St Lansing, MI 48910-3681   |  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <del></del>                                    |   |
|  |  |   |
| PAC Receipt? TES 4. DATE OF RECEIPT 05/31/2021   | <u>-                                      </u> |   |
| Name & Address   |  |   |
| Funkhouser, Mr.Bradley T   |  |   |
| 4615 Tranter St  | ¢1.00.00                                       | \$450.46  |
| Lansing, MI 48910-3661   | \$100.00                                       | <u>\$450.46</u>   |
| 5. If over \$100.00 cumulative, please provide:  |  |   |
| Occupation Deputy Chief Executive Employer Capital Area Transpor   | ctation  |   |
| Business Ad@fess 4845 Tranter St Lansing, MI 48910-3681  |  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | _  |   |
|  |  |   |
| Name & Address  PAC Receipt? TYES  4. DATE OF RECEIPT  07/13/2023  | <u>.                                    </u>   |   |
|  |  |   |
| Garcia, Mr.Joe   |  |   |
| 4106 Wagon Wheel Ln<br>Lansing, MI 48917-1626  | \$500.00                                       | \$500.00  |
| Lansing, MI 40317-1020   |  |   |
| 5. If over \$100.00 cumulative, please provide:  |  |   |
| Occupation Partner Employer Honigman Miller Schwa  | artz &   |   |
| Business Address 121 W Allegan St Lansing, MI 48933-4962   | <u> </u>                                       |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |  |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/30/202   | <br>1  |   |
| Name & Address   | <u> </u>                                       |   |
| GCSI 21st Century PAC  |  |   |
| 3711 Beech Tree In   |  |   |
| Okemos, MI 48864-3871  | \$250.00                                       | \$750.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |   |

**Employer** 

Loan from a person

Page Subtotal \$950.46

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Fund Raiser

Enter this total on line 3a of Summary Page.

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Occupation

Business Address

Type of Contribution:

**✓** Direct

1. Committee I.D. Number 46696

Enter this total on line 3a of Summary Page.

| CANDIDATE COMMITTEE 2. Committee N   | lame Schor  | for Lansing  |   |
|--|-------------|--------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last nam and 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    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. PAO DESCRIPTION TO A DATE OF PEOPLET  |             |              |   |
| PAC Receipt? YES 4. DATE OF RECEIPT Name & Address   | 03/20/2021  | <del></del>  |   |
|  |             |              |   |
| Gehle, Sean D<br>1828 Boston Blvd  |             |              |   |
| Lansing, MI 48910-1173   |             | \$200.00     | \$350.00  |
| 5. If over \$100.00 cumulative, please provide:  | _           |              |   |
| Occupation Government Affairs Employer Trinity Hea   | 1th         |              |   |
| Business Address 110 W Michigan Ave Lansing, MI 48933-1611   |             | <del></del>  |   |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser   |             | <del></del>  |   |
| 3  |             |              |   |
| PAC Receipt? YES 4. DATE OF RECEIPT Name & Address   | 03/20/2021  |              |   |
| Gerring, Joel  |             |              |   |
| 260 Churchill Downs Blvd   |             |              |   |
| Williamston, MI 48895-9053   | _           | \$200.00     | \$300.00  |
| 5. If over \$100.00 cumulative, please provide:  |             |              |   |
| Occupation Advisor Employer University   | of Michigar | 7            |   |
| Business Address 2901 Hubbard St Ann Arbor, MI 48109-2435  | OI MICHIGAI |              |   |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser   |             | _            |   |
| 3  |             |              |   |
| PAC Receipt? YES 4. DATE OF RECEIPT Name & Address   | 03/20/2021  | <u>—</u>     |   |
| Gillespie, Patrick   |             |              |   |
| 6240 Island Lake Dr  |             |              |   |
| East Lansing, MI 48823-9733  | _           | \$1,000.00   | \$1,250.00  |
| 5. If over \$100.00 cumulative, please provide:  |             |              |   |
| Occupation President Employer Gillespie G  | roup        |              |   |
| Business Address 330 Marshall St Ste 100 Lansing, MI 48912-2317  |             |              |   |
| Type of Contribution:  |             | <u> </u>     |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT  | 04/14/2021  |              |   |
| Name & Address   |             |              |   |
| Gillespie, Patrick   |             |              |   |
| 6240 Island Lake Dr<br>East Lansing, MI 48823-9733   |             | 61 100 00    | <b>#2</b> 250 00  |
|  | _           | \$1,100.00   | \$2,350.00  |
| 5. If over \$100.00 cumulative, please provide:  |             |              |   |
| Occupation President Employer Gillespie G  | roup        |              |   |
| Business Address 330 Marshall St Ste 100 Lansing, MI 48912-2317  | 1           |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |             |              |   |
| Dozo   | Subtotal    | 60 F00 00    |   |
| •  | Subtotal    | \$2,500.00   |   |
| Grand Total of all Schedules 1A (i<br>on last page of S  |             | \$179,745.36 |   |

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### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

| CANDIDATE COMMITTEE  |           |  |
|--|-----------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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 | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |

| 3. PAC Receipt? TYPS 4. DATE OF RECEIPT 04/17/2021   |               |  |
|--|---------------|--|
| Name & Address  PAC Receipt? TYES  4. DATE OF RECEIPT  04/17/2021  | _             |  |
| Gillespie, Mr.Scott P 329 S Washington Sq Ste I  | \$1,500.00    | \$1,500.00                                   |
| Lansing, MI 48933-2114   |               | 1-,2,4-                                      |
| 5. If over \$100.00 cumulative, please provide:  |               |  |
| Occupation President Employer The Gillespie Company  |               |  |
| Business Address 329 S Washington Sq Ste I Lansing, MI 48933-2114  | <b>_</b>      |  |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser  |               |  |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 03/20/2021 Name & Address  | _             |  |
| Gnass, Mr.Camron   |               |  |
| 231 E Washington St<br>Dimondale, MI 48821-9799  | \$100.46      | \$100.46                                     |
|  | <del></del> - |  |
| 5. If over \$100.00 cumulative, please provide:  |               |  |
| Occupation Founder/Principal Employer Tract!on   | <del>_</del>  |  |
| Business Address 617 E Michigan Ave Lansing, MI 48912-1169   | _             |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |               | <u>.                                    </u> |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 04/20/2021 Name & Address  | _             |  |
| Gnass, Mr.Camron   |               |  |
| 231 E Washington St  |               | 4000 00                                      |
| Dimondale, MI 48821-9799   | \$100.46      | \$200.92                                     |
| 5. If over \$100.00 cumulative, please provide:  |               |  |
| Occupation Founder/Principal Employer Tract!on   |               |  |
|  |               |  |
| Business Address 617 E Michigan Ave Lansing, MI 48912-1169   |               |  |
|  |               |  |
| Business Address 617 E Michigan Ave Lansing, MI 48912-1169   |               |  |
| Business Address 617 E Michigan Ave Lansing, MI 48912-1169  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021   |               |  |
| Business Address 617 E Michigan Ave Lansing, MI 48912-1169  Type of Contribution:  |               | 4000.00                                      |
| Business Address 617 E Michigan Ave Lansing, MI 48912-1169  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  Name & Address Gnass, Mr.Camron  | \$100.00      | \$300.92                                     |
| Business Address 617 E Michigan Ave Lansing, MI 48912-1169  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  Name & Address Gnass, Mr.Camron 231 E Washington St  | \$100.00      | \$300.92                                     |
| Business Address 617 E Michigan Ave Lansing, MI 48912-1169  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  Name & Address Gnass, Mr.Camron 231 E Washington St Dimondale, MI 48821-9799  5. If over \$100.00 cumulative, please provide: Occupation Founder/Principal Employer Tract!on | \$100.00      | \$300.92                                     |
| Business Address 617 E Michigan Ave Lansing, MI 48912-1169  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  Name & Address Gnass, Mr.Camron 231 E Washington St Dimondale, MI 48821-9799  5. If over \$100.00 cumulative, please provide:  | \$100.00      | \$300.92                                     |

Page Subtotal

\$1,800.92

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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#### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee I.D. Number 46696

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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  Cycle for Each Contributor (Through date of receipt) | CANDIDATE COMMITTEE   | 2. Committee Name S | Schor fo | or Lansing |                      |
|---|---|---------------------|----------|------------|----------------------|
|   | Enter contributor's name and address. If contribution is from an individuant middle initial. Check box to indicate if contribution is from a Politica | al Committee or an  | ame,     | 6. Amount  | Contributor (Through |

|   |              | <del></del> - |
|---|--------------|---------------|
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 05/31/2021             |              |               |
| Name & Address  |              |               |
| Gormas, Mr.Thadd  |              |               |
| 2578 Woodhill Dr<br>Okemos, MI 48864-2439                     | \$250.00     | \$500.00      |
|   |              |               |
| 5. If over \$100.00 cumulative, please provide:               |              |               |
| Occupation Gormas Associates Employer Self Employed           |              |               |
| Business Address 2722 E Michigan Ave Lansing, MI 48912-4037   |              |               |
| Type of Contribution: 🗸 Direct Loan from a person Fund Raiser |              |               |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/05/2021             |              |               |
| Name & Address  | •            |               |
| Grant, Mr.James   |              |               |
| 400 N Hayford Ave<br>Lansing, MI 48912-4148                   | \$950.00     | \$950.00      |
|   | <del>`</del> | <u> </u>      |
| 5. If over \$100.00 cumulative, please provide:               |              |               |
| Occupation Consultant Employer Middle M Management LLC        |              |               |
| Business Address 608 S Washington Ave Lansing, MI 48933-2304  |              |               |
| Type of Contribution:   |              |               |
| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 04/20/2021            |              |               |
| Name & Address  |              |               |
| Grau, Jennie  |              |               |
| 201 Lathrop St  | \$46.00      | \$46.00       |
| Lansing, MI 48912-2203  |              |               |
| 5. If over \$100.00 cumulative, please provide:               |              |               |
| Occupation Employer   |              |               |
| Business Address  |              |               |
| Type of Contribution: Direct Loan from a person Fund Raiser   | <u> </u>     |               |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021             |              |               |
| Name & Address  | •            |               |
| GREEN, DARYL  |              |               |
| 1941 Boysenberry  | \$100.46     | \$400.46      |
| Holt, MI 48842-8816   | 4200130      |               |
| 5. If over \$100.00 cumulative, please provide:               |              |               |
| Occupation Director Employer City of Lansing                  |              |               |
| Business Address 124 W Michigan Ave Lansing, MI 48933-1646    |              |               |
| Type of Contribution: Direct Loan from a person Fund Raiser   |              |               |
|   |              |               |

Page Subtotal

\$1,346.46

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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## SCHEDULE 1A

1. Committee I.D. Number 46696

date of receipt)

| SCHEDULE 1A CANDIDATE COMMITTEE  | 2. Committee Name  | Schor   | for Lansing |   |
|--|--------------------|---------|-------------|---|
| Enter contributor's name and address. If contribution is from an individe and middle initial. Check box to indicate if contribution is from a Politic Independent Committee (PAC) Report all contributions regardless of a | al Committee or an | t name, | 6. Amount   | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |

| 3. PAC Receipt? TYES 4. DATE OF RECEI   | PT 06/28/2021         |
|---|-----------------------|
| Name & Address  |                       |
| Grewal, Manvir Sr.  |                       |
| 671 E Sherwood Rd   |                       |
| Williamston, MI 48895-9436  | \$2,100.00 \$2,100.00 |
|   |                       |
| 5. If over \$100.00 cumulative, please provide:   |                       |
| Cocapation Accorney   | l Law PLLC & Church   |
| Business Address 2290 Science Pkwy Okemos, MI 48864-Wyble   | <del></del>           |
| Type of Contribution: Direct Loan from a person Fund R  | aiser                 |
| 3. PAC Receipt? TYES 4. DATE OF RECE  | IPT 05/31/2021        |
| Name & Address  |                       |
| Grimm, Mr.Terry L   |                       |
| 1012 N Walnut St  |                       |
| Lansing, MI 48906-5061  | \$500.00 \$500.00     |
|   |                       |
| 5. If over \$100.00 cumulative, please provide:   |                       |
| Occupation President & Senior Scientist Employer Niowa  | ve                    |
| Business Address 1012 N Walnut St Lansing, MI 48906-5061  |                       |
| Type of Contribution: ✓ Direct Loan from a person Fund R  | aiser                 |
| 3. PAC Receipt? TYES 4. DATE OF RECE  | IPT 04/20/2021        |
|   |                       |
| Name & Address  | <del></del>           |
| Name & Address Gustafson, Joan  |                       |
|   | <del></del>           |
| Gustafson, Joan   | \$100.00 \$100.00     |
| Gustafson, Joan<br>4999 Hawk Hollow Dr E<br>Bath, MI 48808-8765   | \$100.00 \$100.00     |
| Gustafson, Joan<br>4999 Hawk Hollow Dr E<br>Bath, MI 48808-8765<br>5. If over \$100.00 cumulative, please provide:  | \$100.00 \$100.00     |
| Gustafson, Joan<br>4999 Hawk Hollow Dr E<br>Bath, MI 48808-8765   | \$100.00 \$100.00     |
| Gustafson, Joan<br>4999 Hawk Hollow Dr E<br>Bath, MI 48808-8765<br>5. If over \$100.00 cumulative, please provide:  | \$100.00 \$100.00     |
| Gustafson, Joan 4999 Hawk Hollow Dr E Bath, MI 48808-8765  5. If over \$100.00 cumulative, please provide: Occupation Employer  |                       |
| Gustafson, Joan 4999 Hawk Hollow Dr E Bath, MI 48808-8765  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address  Type of Contribution: Direct Loan from a person Fund R   | Raiser                |
| Gustafson, Joan 4999 Hawk Hollow Dr E Bath, MI 48808-8765  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:  Direct Loan from a person Fund F   | Raiser                |
| Gustafson, Joan 4999 Hawk Hollow Dr E Bath, MI 48808-8765  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:  Direct Loan from a person Fund F  3. PAC Receipt? YES 4. DATE OF RECE  | Raiser                |
| Gustafson, Joan 4999 Hawk Hollow Dr E Bath, MI 48808-8765  5. If over \$100.00 cumulative, please provide: Occupation   | Raiser 03/10/2021     |
| Gustafson, Joan 4999 Hawk Hollow Dr E Bath, MI 48808-8765  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:  Direct Loan from a person Fund F  3. PAC Receipt? YES 4. DATE OF RECEIVABLE Address Handleman, David   | Raiser                |
| Gustafson, Joan 4999 Hawk Hollow Dr E Bath, MI 48808-8765  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund F  3. PAC Receipt? YES 4. DATE OF RECE Name & Address Handleman, David 1252 Cottingham Row Bloomfield Hills, MI 48302-2310 | Raiser 03/10/2021     |
| Gustafson, Joan 4999 Hawk Hollow Dr E Bath, MI 48808-8765  5. If over \$100.00 cumulative, please provide: Occupation   | Raiser 03/10/2021     |
| Gustafson, Joan 4999 Hawk Hollow Dr E Bath, MI 48808-8765  5. If over \$100.00 cumulative, please provide: Occupation   | Raiser 03/10/2021     |
| Gustafson, Joan 4999 Hawk Hollow Dr E Bath, MI 48808-8765  5. If over \$100.00 cumulative, please provide:  Occupation  | Raiser                |

Page Subtotal

\$2,800.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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| 1. Committee I.D.  | Number 466  | 96           |  |
|--|-------------|--------------|--|
| SCHEDULE 1A  2. Committee Nan  2. Committee Nan  | ne Schor    | for Lansing  |  |
| CANDIDATE COMMITTEE  |             |              |  |
| Enter contributor's name and address. If contribution is from an individual, enter last name, and middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount. | first name, | 6. Amount    | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|  |             | _            |  |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 01 Name & Address  | 1/06/2021   | _            |  |
| Harden, Edgar  |             |              |  |
| 6270 Pine Hollow Dr<br>East Lansing, MI 48823-9728   |             | \$500.00     | \$750.00   |
|  | _           |              |  |
| 5. If over \$100.00 cumulative, please provide:  |             |              |  |
| Occupation President Employer Capitol Natio  | onal Bank   |              |  |
| Business Address 200 N Washington Sq Lansing, MI 48933-1320  |             |              |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |             | <del></del>  |  |
| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 04   | 4/20/2021   |              |  |
| Name & Address   | 1/20/2021   | <del></del>  |  |
| Harder, Clark  |             |              |  |
| 807 N Chipman St   |             |              |  |
| Owosso, MI 48867-2145  | _           | \$200.00     | \$450.00   |
| 5. If over \$100.00 cumulative, please provide:  |             |              |  |
| Occupation ED Employer Michigan Publ   | lic Transi  | t            |  |
| Business Address 807 N Chipman St Owosso, MI 48867-24550Ci   |             |              |  |
| Type of Contribution: ✓ Direct   |             |              |  |
| <u> </u>   | n /os /ooo1 |              |  |
| PAC Receipt? YES 4. DATE OF RECEIPT 0" Name & Address  | 7/05/2021   | _            |  |
| Harris, OD   |             |              |  |
| 1001 E 8th St  |             |              |  |
| Tempe, AZ 85281-7355   | _           | \$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   |             | <u> </u>     |  |
| · · · · · · · · · · · · · · · · · · ·  | - / /       | <del></del>  | • • •  |
| PAC Receipt? YES 4. DATE OF RECEIPT 06 Name & Address  | 6/30/2021   | _            |  |
| Hawks, Mike  |             |              |  |
|  |             |              |  |
|  | _           | \$350.00     | \$350.00   |
| 5. If over \$100.00 cumulative, please provide:  |             |              |  |
| Occupation Govn't Affiars Employer Governmental  | Congultan   | +            |  |
| Business Address 120 N Washington Sq Ste 110 Lansing Semyi 48933-10  |             |              |  |
| Type of Contribution:  |             | <del></del>  |  |
| Al and Massi   |             |              |  |
| Page S   | Subtotal    | \$1,150.00   |  |
| Grand Total of all Schedules 1A (Co  | omplete -   | \$179,745.36 |  |
| on last page of Sc   |             |              |  |

Enter this total on line 3a of Summary Page.

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#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

Cumulative for Election 6. Amount Enter contributor's name and address. If contribution is from an individual, enter last name, first name, Cycle for Each and middle initial. Check box to indicate if contribution is from a Political Committee or an Contributor (Through Independent Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. 06/08/2021 4. DATE OF RECEIPT PAC Receipt? YES Name & Address Heidel, Gary 1900 Canyon Trl \$350.00 \$250.00 Lansing, MI 48917-1510 5. If over \$100.00 cumulative, please provide: Employer MSHDA Occupation Acting Executive Director Business Address PO Box 30044 Lansing, MI 48909-7544 Fund Raiser Direct Type of Contribution: Loan from a person 3. 4. DATE OF RECEIPT 05/31/2021 PAC Receipt? YES Name & Address Hemond, Adrian 712 Hall Blvd \$1,000.00 \$1,000.00 Mason, MI 48854-1706 5. If over \$100.00 cumulative, please provide: Employer Grassroots Midwest Occupation CEO Business Address 105 W Hillsdale St Lansing, MI 48933-2309 Fund Raiser Type of Contribution: ✓ Direct Loan from a person 3. 4. DATE OF RECEIPT 05/31/2021 PAC Receipt? TYES Name & Address Hennessy, Christopher 6186 Cheshire Park Dr \$100.00 Clarkston, MI 48346-4815 \$100.00 5. If over \$100.00 cumulative, please provide: Employer Occupation Business Address Type of Contribution: Fund Raiser Loan from a person ✓ Direct 4. DATE OF RECEIPT 04/28/2021 PAC Receipt? TYES Name & Address Henry, Daniel 3764 Chippendale Cir \$1,250.00 \$1,000.00 Okemos, MI 48864-3861 5. If over \$100.00 cumulative, please provide: Employer Dan Henry Distributing Occupation Owner Business Address 5500 Aurelius Rd Lansing, MI 48911-4120

Page Subtotal

\$2,350.00

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

Fund Raiser

Loan from a person

\$179,745.36

Enter this total on line 3a of Summary Page.

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Type of Contribution:

✓ Direct

|   |   | KIBUTIONS                |                                  | <ol> <li>Committe</li> </ol> | e I.D. Number                        | 46696           |   |
|---|---|--------------------------|----------------------------------|------------------------------|--------------------------------------|-----------------|---|
|   | CHEDUL  |                          |                                  | 2. Committe                  | e Name Sch                           | or for Lansing  |   |
| CANDI Enter contributor's name a and middle initial. Check I  | and address.  |                          |                                  | lual, enter last r           | name, first name                     | 6 Amount        | Cumulative for Election<br>Cycle for Each |
| Independent Committee (F  | PAC) Report   | all contributions rec    | ardless of a                     | mount.                       | . •                                  |                 | Contributor (Through date of receipt)     |
|   |   |                          |                                  |                              |                                      | <b></b>         |   |
| 3.<br>Name & Address  | PAC Re  | eceipt?  YES             | 4. DATE                          | OF RECEIPT<br>-              | 01/13/20                             | 21              |   |
| Herbert, Judi<br>1704 Jerome St   |   |                          |                                  |                              |                                      |                 |   |
| Lansing, MI 4891  | 2-2812  |                          |                                  |                              |                                      | \$2,100.00      | \$2,100.00                                |
| 5. If over \$100.00 cumula  | ative, please   | provide:                 |                                  |                              |                                      |                 |   |
| Occupation Retired  |   |                          | Employer                         | NA                           |                                      |                 |   |
| Business Address  |   |                          |                                  |                              |                                      |                 |   |
| Type of Contribution:   | ✓ Direct  | Loan from a p            | erson [                          | Fund Raiser                  |                                      |                 |   |
| 3.  | PAC Re  | eceipt? TYES             | 4. DATE                          | OF RECEIPT                   | 07/17/20                             | 21              |   |
| Name & Address  |   |                          |                                  | •                            | <del>`</del> <del>`</del> -          |                 |   |
| Hill, Susan   |   |                          |                                  |                              |                                      |                 |   |
| 2725 Montego Dr<br>Lansing, MI 4891   | 2-4547  |                          |                                  |                              |                                      | \$200.00        | \$200.00                                  |
| Landing, the 1002.  | 2 101,  |                          |                                  |                              |                                      | \$200.00        | \$200.00                                  |
| 5. If over \$100.00 cumula  | ative, please   | provide:                 |                                  |                              |                                      |                 |   |
| Occupation NA   |   |                          | Employer                         | Retired                      |                                      |                 |   |
| Business Address  |   | _                        |                                  | _                            |                                      |                 |   |
| Type of Contribution:   | ✓Direct   | Loan from a p            | erson (                          | Fund Raiser                  | •                                    |                 |   |
| 3.  | PAC Re  | eceipt? TYES             | 4. DATE                          | OF RECEIPT                   | 07/06/20                             | 121             |   |
| Name & Address  |   |                          |                                  | •                            | ,,                                   | <del></del>     |   |
|   |   |                          |                                  |                              |                                      |                 |   |
| Hoekstra, Ellen   | _   |                          |                                  |                              |                                      |                 |   |
| 1944 Birch Bluff  |   |                          |                                  |                              |                                      | \$50.00         | <b>ኖ</b> ፍስ ስስ                            |
| ·   |   |                          |                                  |                              |                                      | \$50.00         | \$50.00                                   |
| 1944 Birch Bluff  | -5963   | provide;                 |                                  |                              |                                      | \$50.00         | \$50.00                                   |
| 1944 Birch Bluff<br>Okemos, MI 48864  | -5963   | provide:                 | Employer                         |                              |                                      | \$50.00         | \$50.00                                   |
| 1944 Birch Bluff<br>Okemos, MI 48864<br>5. If over \$100.00 cumula  | -5963   | provide:                 | Employer                         |                              |                                      | <u>\$</u> 50.00 | \$50.00                                   |
| 1944 Birch Bluff Okemos, MI 48864  5. If over \$100.00 cumula Occupation Business Address   | -5963   | provide:                 |                                  | Fund Raiser                  |                                      | \$50.00<br>     | \$50.00                                   |
| 1944 Birch Bluff Okemos, MI 48864  5. If over \$100.00 cumula Occupation Business Address   | -5963<br>ative, please<br>✓ Direct                          | Loan from a p            | erson                            |                              |                                      |                 | \$50.00                                   |
| 1944 Birch Bluff Okemos, MI 48864  5. If over \$100.00 cumula Occupation Business Address Type of Contribution:   | -5963<br>ative, please<br>✓ Direct                          |                          | erson                            | Fund Raiser                  | 04/28/20                             |                 | \$50.00                                   |
| 1944 Birch Bluff Okemos, MI 48864  5. If over \$100.00 cumula Occupation Business Address Type of Contribution:  3. Name & Address Hoisington, Thom   | -5963<br>ative, please<br>☑Direct<br>PAC Ro                 | Loan from a p            | erson                            |                              |                                      |                 | \$50.00                                   |
| 1944 Birch Bluff Okemos, MI 48864  5. If over \$100.00 cumula Occupation Business Address Type of Contribution:  3. Name & Address Hoisington, Thom 2575 Oxford Rd  | -5963<br>ative, please<br>☑Direct<br>PAC Ro                 | Loan from a p            | erson                            |                              |                                      | 221             |   |
| 1944 Birch Bluff Okemos, MI 48864  5. If over \$100.00 cumula Occupation Business Address Type of Contribution:  3. Name & Address Hoisington, Thom   | -5963<br>ative, please<br>☑Direct<br>PAC Ro                 | Loan from a p            | erson                            |                              |                                      |                 | \$50.00                                   |
| 1944 Birch Bluff Okemos, MI 48864  5. If over \$100.00 cumula Occupation Business Address Type of Contribution:  3. Name & Address Hoisington, Thom 2575 Oxford Rd  | -5963 ative, please ✓ Direct PAC Roas J 1-1036              | □Loan from a p           | erson                            |                              |                                      | 221             |   |
| 1944 Birch Bluff Okemos, MI 48864  5. If over \$100.00 cumula Occupation Business Address Type of Contribution:  3. Name & Address Hoisington, Thom 2575 Oxford Rd Lansing, MI 4891   | -5963 ative, please ✓ Direct PAC Roas J 1-1036              | □Loan from a p           | erson                            | OF RECEIPT                   |                                      | \$500.00        |   |
| 1944 Birch Bluff Okemos, MI 48864  5. If over \$100.00 cumula Occupation Business Address Type of Contribution:  3. Name & Address Hoisington, Thom 2575 Oxford Rd Lansing, MI 4891  5. If over \$100.00 cumula   | -5963 ative, please  Direct PAC Roas J 1-1036 ative, please | Loan from a peceipt? YES | erson  4. DATE  Employer         | OF RECEIPT                   | 04/28/20                             | \$500.00        |   |
| 1944 Birch Bluff Okemos, MI 48864  5. If over \$100.00 cumula Occupation Business Address Type of Contribution:  3.  Name & Address Hoisington, Thom 2575 Oxford Rd Lansing, MI 4891  5. If over \$100.00 cumula Occupation Lobbyist Business Address 120 1 | -5963 ative, please  Direct PAC Roas J 1-1036 ative, please | Loan from a peceipt? YES | erson 4. DATE  Employer 050 Lans | OF RECEIPT                   | 04/28/20<br>6ffairs Asso<br>933-1630 | \$500.00        |   |
| 1944 Birch Bluff Okemos, MI 48864  5. If over \$100.00 cumula Occupation Business Address Type of Contribution:  3.  Name & Address Hoisington, Thom 2575 Oxford Rd Lansing, MI 4891  5. If over \$100.00 cumula Occupation Lobbyist Business Address 120 1 | -5963 ative, please PAC Reas J 1-1036 ative, please         | Loan from a peceipt? YES | erson 4. DATE  Employer 050 Lans | Public Aing, MI 48           | 04/28/20<br>ffairs Asso<br>933-1630  | \$500.00        |   |
| 1944 Birch Bluff Okemos, MI 48864  5. If over \$100.00 cumula Occupation Business Address Type of Contribution:  3.  Name & Address Hoisington, Thom 2575 Oxford Rd Lansing, MI 4891  5. If over \$100.00 cumula Occupation Lobbyist Business Address 120 1 | -5963 ative, please PAC Reas J 1-1036 ative, please         | Loan from a peceipt? YES | erson 4. DATE  Employer 050 Lans | Public Aing, MI 48           | 04/28/20<br>6ffairs Asso<br>933-1630 | \$500.00        |   |

Enter this total on line 3a of Summary Page.

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| SCHEDULE 1A   |              | 1. Committee I.D. Number 46                            | 5696<br>     | <u> </u>  |
|---|--------------|--|--------------|---|
| CANDIDATE COMMITTEE   |              | 2. Committee Name Schor                                | for Lansing  |   |
| Enter contributor's name and address. If contribution is fro<br>and middle initial. Check box to indicate if contribution is fo<br>Independent Committee (PAC) Report all contributions reg | rom a Politi | cal Committee or an                                    | 6. Amount    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. PAC Possint2 TVEC  |              | OF RECEIPT 06/01/2021                                  |              |   |
| Name & Address PAC Receipt? YES   | 4. DATE      | OF RECEIPT06/01/2021                                   | ——           |   |
| Holloway, Marcel<br>511 McPherson Ave<br>Lansing, MI 48915-1159   |              |  | \$50.00      | \$50.00   |
| 5. If over \$100.00 cumulative, please provide:   |              |  |              |   |
| Occupation  | Employer     |  |              |   |
| Business Address  |              | <del></del>  | <del></del>  |   |
| Type of Contribution:  Direct  Loan from a pe   | erson        | Fund Raiser  |              |   |
| 3. PAC Receipt? TYES  |              | OF RECEIPT 02/11/2021                                  | _            |   |
| Name & Address  | 4. DAIL      | - UZ/11/2021   |              |   |
| Holman, John<br>15401 Classic Dr<br>Bath, MI 48808-8773   |              |  | ¢100 00      | <b>63</b> 100 00  |
|   |              | -  | \$100.00     | \$2,100.00  |
| 5. If over \$100.00 cumulative, please provide:   |              |  |              |   |
| Occupation CEO  | Employer     | Michigan Business Net                                  | work         |   |
| Business Address 109 E Oakland Ave Lansing,   | MI 489       | 06-5122  |              |   |
| Type of Contribution: ✓ Direct Loan from a pe   | erson        | Fund Raiser  |              |   |
| 3. PAC Receipt? YES   | 4. DATE      | OF RECEIPT 02/11/2021                                  |              |   |
| Holman, Louise  |              |  |              |   |
| 226 E Oak St  |              |  |              |   |
| Mason, MI 48854-1730  |              | -  | \$1,100.00   | \$1,100.00  |
| 5. If over \$100.00 cumulative, please provide:   |              |  |              |   |
| Occupation NA   | Employer     | Retired  |              |   |
| Business Address 226 E Oak St Mason, MI 488   | 54-1730      |  | <u> </u>     |   |
| Type of Contribution:   | rson         | Fund Raiser  | _            |   |
| 3. PAC Receipt? TYES  | 4. DATE      | OF RECEIPT 07/12/2021                                  |              | . <u> </u>  |
| Holmstrom, Mr.John A<br>1856 Heatherton Dr  |              |  |              |   |
| Holt, MI 48842-1500   |              |  | \$1,000.00   | \$1,350.00  |
|   |              | -  | +=/,000,00   | +1,550,00   |
| 5. If over \$100.00 cumulative, please provide:   |              |  |              |   |
| Occupation Construction Executive   | Employer     |  |              |   |
| Business Address 208 N Capitol Ave Lansing,   |              | 33-1353<br>———————————————————————————————————         |              |   |
| Type of Contribution: Direct Loan from a pe   | rson         | Fund Raiser  |              |   |
|   |              | Page Subtotal  | \$2,250.00   |   |
| Gra   | and Total o  | f all Schedules 1A (Complete on last page of Schedule) | \$179,745.36 |   |

Enter this total on line 3a of Summary Page.

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SCHEDULE 1A CANDIDATE COMMITTEE

| 1. Committee I.D. Nur | mber 46696        | _ |
|-----------------------|-------------------|---|
| 2. Committee Name     | Schor for Lansing |   |

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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   | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-------------|---|
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 05/31/2021  |             |   |
| Name & Address   | <del></del> |   |
| Hopkinson, David<br>1736 Roseland Ave<br>Apt A4  | ĈEOO OO     | <b>6500.00</b>  |
| East Lansing, MI 48823-4737 —  | \$500.00    | \$500.00  |
| 5. If over \$100.00 cumulative, please provide:  |             |   |
| Occupation Commercial Real Estate Employer Self-Employed   |             |   |
| Business Address 1736 Roseland Ave East Lansing, MI 48823-4737   |             |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | _           |   |
| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/31/2021   | _           |   |
| Name & Address   | <del></del> |   |
| Horn, Marilyn  |             |   |
| 429 Charity Cir<br>Apt 512   |             |   |
| Lansing, MI 48917-1037 —   | \$500.00    | <u>\$5</u> 00.00  |
| 5. If over \$100.00 cumulative, please provide:  |             |   |
| Occupation President Employer VANDYKE HORN PUBLIC  |             |   |
| Business Address 3011 W Grand Blvd Detroit, MI 48202 RETOTIONS   |             |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | _           |   |
| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/28/2021   | <del></del> |   |
| Name & Address   | <del></del> |   |
| Housler, Kent  |             |   |
| 1415 Cambridge Rd<br>Lansing, MI 48911-1006  |             |   |
|  | \$500.00    | \$500.00  |
| 5. If over \$100.00 cumulative, please provide:  |             |   |
| Occupation Self Employer Personnel World Inc.  |             |   |
| Business Address 1415 Cambridge Rd Lansing MI48911 Lansing, MI 48911-1006  |             |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | _           |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021 Name & Address   |             |   |
| Houston, David<br>915 Westlawn Ave   |             |   |
| East Lansing, MI 48823-3151  | \$500.00    | \$500.00  |
|  |             |   |
| 5. If over \$100.00 cumulative, please provide:  |             |   |
| Occupation Attorney Employer Dickinson Wright PLLC   |             |   |
| Business Address 215 S Washington Sq Ste 200 Lansing, MI 48933-1888  | _           |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |             |   |
|  |             |   |

Page Subtotal \$2,000.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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1 Committee I D Number 46696

| COULDING 14  | 1. Committee i.b. Number   | 46696<br><del></del> |   |
|--|--|----------------------|---|
| SCHEDULE 1A  | 2. Committee Name Scho   | or for Lansing       |   |
| CANDIDATE COMMITTEE  Enter contributor's name and address. If contribution is fro and middle initial. Check box to indicate if contribution is fr Independent Committee (PAC) Report all contributions reg | om a Political Committee or an                                     | 6. Amount            | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|  |  |                      |   |
| 3. PAC Receipt? YES  | 4. DATE OF RECEIPT06/28/20   | 21                   |   |
| Hovey, Josh<br>1817 Drexel Rd<br>Lansing, MI 48915-1289  |  | \$100. <u>00</u>     | \$350.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |                      |   |
| Occupation PR Consultant   | Employer Martin Waymire  |                      |   |
| Business Address 600 W Saint Joseph St Ste   | 800 Lansing, MI 48933-2265   | <u>-</u>             |   |
| Type of Contribution: Direct Loan from a pe  | erson Fund Raiser  |                      |   |
| 3. PAC Receipt? ☐YES   | 4. DATE OF RECEIPT 06/02/20  | 21                   |   |
| Name & Address   |  | <u></u>              |   |
| Howe, Marie  |  |                      |   |
| 11211 Tamarack Trl   |  | _                    |   |
| Bath, MI 48808-9492  |  | <u>\$100.00</u>      | \$100.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |                      |   |
| Occupation   | Employer   |                      |   |
| Business Address   |  | <u> </u>             |   |
| Type of Contribution:  Direct  Loan from a po  | erson Fund Raiser  |                      |   |
| 3. PAC Receipt? ☐YES   | 4. DATE OF RECEIPT 06/28/20  | )21                  |   |
| Name & Address   |  | <del></del>          |   |
| Hubbard, Sarah   |  |                      |   |
| 1462 Forest Hills Dr   |  |                      |   |
| Okemos, MI 48864-3038  |  | \$250.00             | \$250.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |                      |   |
| Occupation Consultant  | Employer Acuitas   |                      |   |
| Business Address 110 W Michigan Ave Ste 100  | Lansing, MI 48933-1650   |                      |   |
| Type of Contribution: Direct Loan from a p   |  |                      |   |
|  |  | 222                  |   |
| PAC Receipt? YES Name & Address  | 4. DATE OF RECEIPT04/28/20   |                      |   |
| Huggler, Brian T   |  |                      |   |
| 1408 Cambridge Rd  |  |                      |   |
| Lansing, MI 48911-1005   |  | \$500.00             | \$500.00  |
| E 15 \$400.00 cumulative places provide:   |  |                      |   |
| 5. If over \$100.00 cumulative, please provide: Occupation Associate Real Estate Broker  | Employer Coldwell Banker   |                      |   |
| Business Address 1408 Cambridge Rd Lansing   | <u> </u>   | <u>-</u>             |   |
| Type of Contribution:  Direct Loan from a p  |  |                      |   |
| 1790 of Contribution.  |  |                      |   |
|  | Page Subtotal  | \$950.00             |   |
| G  | rand Total of all Schedules 1A (Complete on last page of Schedule) | \$179,745.36         |   |

Enter this total on line 3a of Summary Page.

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| 1. Committee 1.D. Number 46  | 696          |   |
|--|--------------|---|
| SCHEDULE 1A CANDIDATE COMMITTEE  2. Committee Name Schor   | for Lansing  |   |
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/28/2021   | <del></del>  |   |
| Name & Address   |              |   |
| Huggler, Brian T<br>1408 Cambridge Rd<br>Lansing, MI 48911-1005  | \$100.00     | \$600.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Associate Real Estate Broker Employer Coldwell Banker   |              |   |
| Business Address 1408 Cambridge Rd Lansing, MI 48911-1005  |              |   |
| Type of Contribution:  |              |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/28/2021   |              |   |
| Name & Address   | <del></del>  |   |
| Hurley, Daniel   |              |   |
| 4130 Trillium Ct<br>Okemos, MI 48864-3165  | ****         | 4   |
| - Chemos, III 40004 5105   | \$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. PAC Receipt? YES 4. DATE OF RECEIPT 06/02/2021  |              |   |
| Name & Address   | <u></u>      |   |
| Husband, Shannon   |              |   |
| 5230 Doherty Dr<br>West Bloomfield, MI 48323-3410  | 6150 00      | 2152 22   |
| TICSU 2200M2224, 112 10020 0120  | \$150.00     | \$150.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Attorney Employer State of Michigan   |              |   |
| Business Address 3030 W Grand Blvd Ste 9-600 Detroit, MI 48202-6030  |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <del></del>  |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 07/12/2021 Name & Address  |              |   |
| Iannuzzi, Christopher K J.D. 124 W Allegan St  |              |   |
| Ste 1800<br>Lansing, MI 48933-1715   | \$350.00     | \$857.42  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation State Governmental Affairs Employer Consumers Energy  |              |   |
| Business Adaress 1 Energy Plaza Dr Jackson, MI 49201-2357  |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <del></del>  |   |
|  |              |   |
| Page Subtotal  | \$700.00     |   |
| Grand Total of all Schedules 1A (Complete on last page of Schedule)  | \$179,745.36 |   |

Enter this total on line 3a of Summary Page.

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| . Cor | nmittee | Name | Schor | for | Lansing |
|-------|---------|------|-------|-----|---------|
|       |         |      |       |     |         |

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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

Cumulative for Election Cycle for Each Contributor (Through date of receipt)

| 3. PAC Receipt? ✓YES 4. DATE OF RECEIPT 01/12/2021   |                    |             |
|--|--------------------|-------------|
| Name & Address   | <u> </u>           |             |
| IBEW PAC   |                    |             |
| 1358 Abbott St   |                    |             |
| Detroit, MI 48226-2411   | \$5,000.00         | \$11,500.00 |
|  |                    |             |
| 5. If over \$100.00 cumulative, please provide:  |                    |             |
| Occupation Employer  |                    |             |
| Business Address   |                    |             |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser  |                    |             |
| 3. PAC Receipt? ✓ YES 4. DATE OF RECEIPT 03/18/2023  | <br>L              |             |
| Name & Address   | <u>-</u>           |             |
| IBEW PAC   |                    |             |
| 1358 Abbott St   |                    |             |
| Detroit, MI 48226-2411   | \$5,000.00         | \$16,500.00 |
|  |                    |             |
| 5. If over \$100.00 cumulative, please provide:  |                    |             |
| Occupation Employer  |                    |             |
| Business Address   |                    |             |
| Type of Contribution: ✓ Direct   |                    |             |
| 3. PAGE - 100 ED 4 DATE OF PEGEDT - 00 /00 /00 /00   |                    |             |
| PAC RECEIDT 1 TYPS 4, DATE OF RECEIPT 06/28/202.   | L                  |             |
| PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2023 Name & Address  | <u> </u>           |             |
| Name & Address Ina, Mr.Robert  PAC Receipt? YES 4. DATE OF RECEIPT 06/28/202.  | <u>.</u>           |             |
| Name & Address Ina, Mr.Robert 14476 Polo Club Dr   | <u> </u>           |             |
| Name & Address Ina, Mr.Robert  | \$500.00           | \$500.00    |
| Name & Address Ina, Mr.Robert 14476 Polo Club Dr Strongsville, OH 44136-8924   |                    | \$500.00    |
| Name & Address Ina, Mr.Robert 14476 Polo Club Dr Strongsville, OH 44136-8924  5. If over \$100.00 cumulative, please provide:  | \$500.00           | \$500.00    |
| Name & Address  Ina, Mr.Robert 14476 Polo Club Dr Strongsville, OH 44136-8924  5. If over \$100.00 cumulative, please provide: Occupation Consultant  Employer Metropolis Consulting   | \$500.00           | \$500.00    |
| Name & Address Ina, Mr.Robert 14476 Polo Club Dr Strongsville, OH 44136-8924  5. If over \$100.00 cumulative, please provide: Occupation Consultant Employer Metropolis Consulting Business Address 14476 Polo Club Dr Strongsville, OH 44136-8924   | \$500.00           | \$500.00    |
| Name & Address  Ina, Mr.Robert 14476 Polo Club Dr Strongsville, OH 44136-8924  5. If over \$100.00 cumulative, please provide: Occupation Consultant Employer Metropolis Consulting Business Address 14476 Polo Club Dr Strongsville, OH 44136-8924  Type of Contribution:  Direct Loan from a person Fund Raiser  | \$500.00           | \$500.00    |
| Name & Address  Ina, Mr.Robert 14476 Polo Club Dr Strongsville, OH 44136-8924  5. If over \$100.00 cumulative, please provide: Occupation Consultant  Business Address 14476 Polo Club Dr Strongsville, OH 44136-8924  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? VYES 4. DATE OF RECEIPT 06/03/202:   | \$500.00<br>\$ LLC | \$500.00    |
| Name & Address  Ina, Mr.Robert 14476 Polo Club Dr Strongsville, OH 44136-8924  5. If over \$100.00 cumulative, please provide: Occupation Consultant  Business Address 14476 Polo Club Dr Strongsville, OH 44136-8924  Type of Contribution: Direct Loan from a person Fund Raiser   | \$500.00<br>\$ LLC | \$500.00    |
| Name & Address  Ina, Mr.Robert 14476 Polo Club Dr Strongsville, OH 44136-8924  5. If over \$100.00 cumulative, please provide: Occupation Consultant  Business Address 14476 Polo Club Dr Strongsville, OH 44136-8924  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 06/03/202: Name & Address Iron Workers Local 25   | \$500.00<br>\$ LLC | \$500.00    |
| Name & Address  Ina, Mr.Robert 14476 Polo Club Dr Strongsville, OH 44136-8924  5. If over \$100.00 cumulative, please provide: Occupation Consultant  Business Address 14476 Polo Club Dr Strongsville, OH 44136-8924  Type of Contribution:   | \$500.00<br>g LLC  |             |
| Name & Address  Ina, Mr.Robert 14476 Polo Club Dr Strongsville, OH 44136-8924  5. If over \$100.00 cumulative, please provide: Occupation Consultant  Business Address 14476 Polo Club Dr Strongsville, OH 44136-8924  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 06/03/202: Name & Address Iron Workers Local 25   | \$500.00<br>\$ LLC | \$500.00    |
| Name & Address Ina, Mr.Robert 14476 Polo Club Dr Strongsville, OH 44136-8924  5. If over \$100.00 cumulative, please provide: Occupation Consultant Employer Metropolis Consulting Business Address 14476 Polo Club Dr Strongsville, OH 44136-8924  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 06/03/202: Name & Address Iron Workers Local 25 25150 Trans X Rd Novi, MI 48375-2438   | \$500.00<br>g LLC  |             |
| Name & Address  Ina, Mr.Robert 14476 Polo Club Dr Strongsville, OH 44136-8924  5. If over \$100.00 cumulative, please provide: Occupation Consultant  Business Address 14476 Polo Club Dr Strongsville, OH 44136-8924  Type of Contribution:   | \$500.00<br>g LLC  |             |
| Name & Address  Ina, Mr.Robert 14476 Polo Club Dr Strongsville, OH 44136-8924  5. If over \$100.00 cumulative, please provide: Occupation Consultant  Business Address 14476 Polo Club Dr Strongsville, OH 44136-8924  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 06/03/202: Name & Address Iron Workers Local 25 25150 Trans X Rd Novi, MI 48375-2438  5. If over \$100.00 cumulative, please provide:                     | \$500.00<br>g LLC  |             |
| Name & Address  Ina, Mr.Robert 14476 Polo Club Dr Strongsville, OH 44136-8924  5. If over \$100.00 cumulative, please provide: Occupation Consultant  Business Address 14476 Polo Club Dr Strongsville, OH 44136-8924  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 06/03/202: Name & Address Iron Workers Local 25 25150 Trans X Rd Novi, MI 48375-2438  5. If over \$100.00 cumulative, please provide: Occupation Employer | \$500.00<br>g LLC  |             |

Page Subtotal

\$11,500.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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| 1. Committee I.D. Number   | г 46696          |   |
|--|------------------|---|
| SCHEDULE 1A  CANDIDATE COMMITTEE  2. Committee Name Sc   | thor for Lansing |   |
| CANDIDATE COMMITTEE  2. Committee Name Science Contributor's name and address. If contribution is from an individual, enter last name, first name and 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         | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.   |                  |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 05/31/2 Name & Address   | 2021             |   |
| James, Semone<br>2941 Tulane Dr<br>Lansing, MI 48912-5147  | \$300.00         | \$300.00  |
| 5. If over \$100.00 cumulative, please provide:  |                  |   |
| Occupation Executive Director- Real Employer State of MI ~ Labo<br>Business Admessa 2501 Coolidge Rd Ste 400 East Lansi #GonMfi 48823-6352   | or &             |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |                  |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/05/2 Name & Address  | 2021             |   |
| Jeffries, Brian<br>3229 Moores River Dr<br>Lansing, MI 48911-1049  | \$750.00         | \$1,750.00  |
| 5. If over \$100.00 cumulative, please provide:  |                  |   |
| Occupation Attorney Employer Jeffries and Assoc  | iates ·          |   |
| Business Address 556 E Circle Dr Rm 329 East Lansing PLMY 48824-7502   |                  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |                  |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 05/31/2   | 1021             |   |
| Name & Address   |                  |   |
| Jester, Douglas<br>350 Whitehills Dr<br>East Lansing, MI 48823-2758  | \$250.00         | \$250.00  |
|  | <u>.</u>         |   |
| 5. If over \$100.00 cumulative, please provide:  |                  |   |
| Occupation Clean Energy Consultant Employer 5 Lakes Energy   | <del></del>      |   |
| Business Address 115 W Allegan St Ste 710 Lansing, MI 48933-1783   | <del></del>      |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |                  |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/30/2 Name & Address  | 2021             |   |
| Joffe, Benjamin<br>2850 Stein Ct<br>Ann Arbor, MI 48105-9600   | \$1,000.00       | \$1,000.00  |
|  | <u> </u>         |   |
| 5. If over \$100.00 cumulative, please provide:  |                  |   |
| Occupation Consultant Employer AW Holdings   |                  |   |
| Business Address 2850 Stein Ct Ann Arbor, MI 48105-9600  |                  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |                  |   |
| Page Subtotal  | \$2,300.00       |   |
| Grand Total of all Schedules 1A (Complete  | \$179,745.36     |   |
| on last page of Schedule)  |                  |   |

Enter this total on line 3a of Summary Page.

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SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

| -  |           |   |
|--|-----------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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 | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|  |           |   |

| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 07/05/2021  |               |          |
|---|---------------|----------|
| Name & Address  | -             |          |
| Johnston-Calati, Kathleen   |               |          |
| 313 Seymour Ave   |               |          |
| Lansing, MI 48933-1114  | \$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. PAC Receipt? TYES 4. DATE OF RECEIPT 06/28/2021  |               |          |
| Name & Address  | _             |          |
| Jondahl, Harold L   |               |          |
| 2539 Koala Dr   |               |          |
| East Lansing, MI 48823-7211   | \$250.00      | \$250.00 |
|   |               |          |
| 5. If over \$100.00 cumulative, please provide:   |               |          |
| Occupation Not Employed Employed  |               |          |
| Business Address  |               |          |
| Type of Contribution: Direct Loan from a person Fund Raiser   |               |          |
| 3.  |               |          |
| DAC Passint? TIMES A DATE OF DECEIDT 04/00/0001   |               |          |
| PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021 Name & Address   | <del>-</del>  |          |
| Name & Address  PAC Receipt?   YES   4. DATE OF RECEIPT   04/20/2021  | <del>-</del>  |          |
| PAC Receipt?   YES 4. DATE OF RECEIPT 04/20/2021  | _             |          |
| Name & Address  Jones, Calvin   | -<br>\$250.00 | \$250.00 |
| Name & Address  Jones, Calvin 5518 River Ridge Dr   | \$250.00      | \$250.00 |
| Name & Address  Jones, Calvin 5518 River Ridge Dr   | \$250.00      | \$250.00 |
| Name & Address  Jones, Calvin 5518 River Ridge Dr Lansing, MI 48917-1365  | \$250.00      | \$250.00 |
| Name & Address  Jones, Calvin 5518 River Ridge Dr Lansing, MI 48917-1365  5. If over \$100.00 cumulative, please provide:   | \$250.00      | \$250.00 |
| Name & Address  Jones, Calvin 5518 River Ridge Dr Lansing, MI 48917-1365  5. If over \$100.00 cumulative, please provide: Occupation Director  Employer LBWL  | \$250.00      | \$250.00 |
| Name & Address  Jones, Calvin 5518 River Ridge Dr Lansing, MI 48917-1365  5. If over \$100.00 cumulative, please provide:  Occupation Director  Business Address 1232 Haco Dr Lansing, MI 48912-1610  Type of Contribution: Direct Loan from a person Fund Raiser   | \$250.00      | \$250.00 |
| Name & Address  Jones, Calvin 5518 River Ridge Dr Lansing, MI 48917-1365  5. If over \$100.00 cumulative, please provide:  Occupation Director Employer LBWL  Business Address 1232 Haco Dr Lansing, MI 48912-1610  Type of Contribution:  Direct Loan from a person Fund Raiser  | \$250.00      | \$250.00 |
| Name & Address  Jones, Calvin 5518 River Ridge Dr Lansing, MI 48917-1365  5. If over \$100.00 cumulative, please provide:  Occupation Director  Business Address 1232 Haco Dr Lansing, MI 48912-1610  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/28/2021   | \$250.00      | \$250.00 |
| Name & Address  Jones, Calvin 5518 River Ridge Dr Lansing, MI 48917-1365  5. If over \$100.00 cumulative, please provide:  Occupation Director Employer LBWL  Business Address 1232 Haco Dr Lansing, MI 48912-1610  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021  Name & Address Jordon, David 506 Belmonte Cir   | \$250.00      | \$250.00 |
| Name & Address  Jones, Calvin 5518 River Ridge Dr Lansing, MI 48917-1365  5. If over \$100.00 cumulative, please provide:  Occupation Director Employer LBWL  Business Address 1232 Haco Dr Lansing, MI 48912-1610  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021  Name & Address Jordon, David  | \$250.00      | \$250.00 |
| Name & Address  Jones, Calvin 5518 River Ridge Dr Lansing, MI 48917-1365  5. If over \$100.00 cumulative, please provide:  Occupation Director Employer LBWL  Business Address 1232 Haco Dr Lansing, MI 48912-1610  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021  Name & Address Jordon, David 506 Belmonte Cir   |               |          |
| Name & Address  Jones, Calvin 5518 River Ridge Dr Lansing, MI 48917-1365  5. If over \$100.00 cumulative, please provide:  Occupation Director Employer LBWL  Business Address 1232 Haco Dr Lansing, MI 48912-1610  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021  Name & Address  Jordon, David 506 Belmonte Cir East Lansing, MI 48823-2032  |               |          |
| Name & Address  Jones, Calvin 5518 River Ridge Dr Lansing, MI 48917-1365  5. If over \$100.00 cumulative, please provide:  Occupation Director  Business Address 1232 Haco Dr Lansing, MI 48912-1610  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021  Name & Address  Jordon, David 506 Belmonte Cir East Lansing, MI 48823-2032  5. If over \$100.00 cumulative, please provide:   |               |          |
| Name & Address  Jones, Calvin 5518 River Ridge Dr Lansing, MI 48917-1365  5. If over \$100.00 cumulative, please provide:  Occupation Director Employer LBWL  Business Address 1232 Haco Dr Lansing, MI 48912-1610  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021  Name & Address  Jordon, David 506 Belmonte Cir East Lansing, MI 48823-2032  5. If over \$100.00 cumulative, please provide: Occupation Retired Employer Retired |               |          |

Page Subtotal \$775.00 start 1A (Complete \$179,745.36

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

Enter this total on line 3a of Summary Page.

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SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name So | chor for | or Lansing |  |
|----------------------|----------|------------|--|
|----------------------|----------|------------|--|

| Name & Address   |   |             |             |
|--|---|-------------|-------------|
| Name & Address   Kaltenbach, Mr.Timothy   Find Raiser   Since   Sinc | 3. PAC Receipt? TVES 4. DATE OF RECEIPT 07/18/2021  |             | <del></del> |
| Tile   Ravemna Tile |   | -           |             |
| Employer  Business Address Type of Contribution:   | 7104 Ravenna Trl  |             |             |
| Surface   Subject   Coupation   Employer   Subject   Coupation   Employer   Subject   Contribution:   Direct   Loan from a person   Fund Raiser   Subject   Subject  | <del>"</del>  | \$100.00    | \$100.00    |
| Business Address  Type of Contribution:  Direct  Loan from a person  Fund Raiser  3.  PAC Receipt?  YES  4. DATE OF RECEIPT  06/02/2021  Name & Address  Kamath, Subhash 10897 Pointe West Blvd Grand Ledge, MI 48837-9476  \$250.00 \$250.00  5. If over \$100.00 cumulative, please provide:  Occupation IT specialist  Employer State Of Michigan  Business Address 608 W Allegan St Lansing, MI 48933-1524  Type of Contribution:  Work  Loan from a person  Fund Raiser  3.  PAC Receipt?  YES  4. DATE OF RECEIPT  06/01/2021  Name & Address  Kanjanda, Thandiwe  | •   |             |             |
| Type of Contribution:   Direct   Loan from a person   Fund Raiser  | Occupation Employer   |             |             |
| 3.   | Business Address  |             |             |
| Name & Address  Kamath, Subhash 10897 Pointe West Blvd Grand Ledge, MI 48837-9476  S. If over \$100.00 cumulative, please provide:  Occupation IT specialist  Employer State Of Michigan  Business Address 608 W Allegan St Lansing, MI 48933-1524  Type of Contribution: Direct   | Type of Contribution: Direct Loan from a person Fund Raiser   |             |             |
| 10897 Pointe West Blvd Grand Ledge, MI 48837-9476  5. If over \$100.00 cumulative, please provide:  Occupation IT specialist  Business Address 608 W Allegan St Lansing, MI 48933-1524  Type of Contribution: Direct   Loan from a person   Fund Raiser  3. PAC Receipt? YES   4. DATE OF RECEIPT   06/01/2021  Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 \$200.00 \$200.00  Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide:  Occupation Nurse   Employer Maxim Health Services  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution: Direct   Loan from a person   Fund Raiser  3. PAC Receipt? YES   4. DATE OF RECEIPT   04/20/2021  Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:  Occupation Professor   Employer University of Michigan  Business Address 1214 S University Ave Ann Arbor, MI 48104-2548   | PAC Receipt?   IYES 4. DATE OF RECEIPT 06/02/2021   |             |             |
| State Of Michigan  Susiness Address 608 W Allegan St Lansing, MI 48933-1524  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES A. DATE OF RECEIPT 06/01/2021  Name & Address 4000 cumulative, please provide:  Cocupation Nurse Employer Maxim Health Services  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES A. DATE OF RECEIPT 06/01/2021  Name & Address S300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES A. DATE OF RECEIPT 04/20/2021  Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646  S500.00 \$500.00  S500.00  S500.00  S500.00  S500.00  | Kamath, Subhash   |             |             |
| 5. If over \$100.00 cumulative, please provide:  Occupation IT specialist  |   |             |             |
| Occupation IT specialist Employer State Of Michigan  Business Address 608 W Allegan St Lansing, MI 48933-1524  Type of Contribution:   | Grand Ledge, MI 48837-9476  | \$250.00    | \$250.00    |
| Business Address 608 W Allegan St Lansing, MI 48933-1524  Type of Contribution:  | 5. If over \$100.00 cumulative, please provide:   |             |             |
| Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 06/01/2021  Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 \$200.00 \$200.00  Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide:  Occupation Nurse Employer Maxim Health Services  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021  Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:  Occupation Professor Employer University of Michigan  Business Address 1214 S University Ave Ann Arbor, MI 48104-2548   | Occupation IT specialist Employer State Of Michigan   |             |             |
| Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 06/01/2021  Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 \$200.00 \$200.00  Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide:  Occupation Nurse Employer Maxim Health Services  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021  Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:  Occupation Professor Employer University of Michigan  Business Address 1214 S University Ave Ann Arbor, MI 48104-2548   | Business Address 608 W Allegan St Lansing, MI 48933-1524  | <del></del> |             |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/01/2021  Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide:  Occupation Nurse  Employer Maxim Health Services  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021  Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646  \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide: Occupation Professor  Employer University of Michigan  Business Address 1214 S University Ave Ann Arbor, MI 48104-2548   |   |             |             |
| Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide:  Occupation Nurse  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution:  |   |             |             |
| Apt 4 Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide:  Occupation Nurse  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution:  PAC Receipt? YES  A. DATE OF RECEIPT 04/20/2021  Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646  5. If over \$100.00 cumulative, please provide:  Occupation Professor  Employer University of Michigan  Business Address 1214 S University Ave Ann Arbor, MI 48104-2548  | PAC Receipt?   YES 4. DATE OF RECEIPT 06/01/2021  | •           |             |
| Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide:  Occupation Nurse  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021  Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646 \$500.00  5. If over \$100.00 cumulative, please provide:  Occupation Professor Employer University of Michigan  Business Address 1214 S University Ave Ann Arbor, MI 48104-2548  | Name & Address  Kanjanda, Thandiwe  |             |             |
| Occupation Nurse  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021  Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide: Occupation Professor Employer University of Michigan  Business Address 1214 S University Ave Ann Arbor, MI 48104-2548  | Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE   |             | 2000 00     |
| Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021  Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:  Occupation Professor Employer University of Michigan  Business Address 1214 S University Ave Ann Arbor, MI 48104-2548   | Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4   | \$200.00    | \$200.00    |
| Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021  Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide: Occupation Professor Employer University of Michigan  Business Address 1214 S University Ave Ann Arbor, MI 48104-2548  | Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 Grand Rapids, MI 49508-6457   | \$200.00    | \$200.00    |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021  Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646 \$500.00  5. If over \$100.00 cumulative, please provide:  Occupation Professor Employer University of Michigan  Business Address 1214 S University Ave Ann Arbor, MI 48104-2548   | Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide:  | \$200.00    | \$200.00    |
| Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646  5500.00  5. If over \$100.00 cumulative, please provide:  Occupation Professor  Employer University of Michigan  Business Address 1214 S University Ave Ann Arbor, MI 48104-2548   | Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide:  Occupation Nurse  PAC Receipt?   YES   4. DATE OF RECEIP1   06/01/2021   06/01/2021   | \$200.00    | \$200.00    |
| Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646  5500.00  5. If over \$100.00 cumulative, please provide:  Occupation Professor  Employer University of Michigan  Business Address 1214 S University Ave Ann Arbor, MI 48104-2548   | Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide: Occupation Nurse  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627   | \$200.00    | \$200.00    |
| 2000 Hill St Ann Arbor, MI 48104-2646 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:  Occupation Professor Employer University of Michigan  Business Address 1214 S University Ave Ann Arbor, MI 48104-2548  | Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide:  Occupation Nurse  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution: Direct Loan from a person Fund Raiser   | \$200.00    | \$200.00    |
| Ann Arbor, MI 48104-2646 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:  Occupation Professor Employer University of Michigan  Business Address 1214 \$ University Ave Ann Arbor, MI 48104-2548  | Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide:  Occupation Nurse  Employer Maxim Health Services  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? TYES 4. DATE OF RECEIPT 04/20/2021   | \$200.00    | \$200.00    |
| 5. If over \$100.00 cumulative, please provide:  Occupation Professor Employer University of Michigan  Business Address 1214 S University Ave Ann Arbor, MI 48104-2548   | Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide:  Occupation Nurse  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021  Name & Address  Kaplowitz, Donna  | \$200.00    | \$200.00    |
| Occupation Professor Employer University of Michigan  Business Address 1214 S University Ave Ann Arbor, MI 48104-2548  | Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide:  Occupation Nurse  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution:   |             | <u></u>     |
| Business Address 1214 S University Ave Ann Arbor, MI 48104-2548  | Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide:  Occupation Nurse  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution:   |             | <u></u>     |
|  | Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide: Occupation Nurse  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021  Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646   |             | <u></u>     |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser  | Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide:  Occupation Nurse  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021  Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646  5. If over \$100.00 cumulative, please provide:   |             | <u></u>     |
|  | Name & Address  Kanjanda, Thandiwe 1493 Hidden Valley Dr SE Apt 4 Grand Rapids, MI 49508-6457  5. If over \$100.00 cumulative, please provide: Occupation Nurse  Business Address 5300 Patterson Ave SE Ste 125 Grand Rapids, MI 49512-9627 Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021 Name & Address  Kaplowitz, Donna 2000 Hill St Ann Arbor, MI 48104-2646  5. If over \$100.00 cumulative, please provide: Occupation Professor Employer University of Michigan Business Address 1214 S University Ave Ann Arbor, MI 48104-2548 |             | <u></u>     |

Page Subtotal \$1,050.00 es 1A (Complete \$179,745.36

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

Enter this total on line 3a of Summary Page.

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE  | 2. Committee Name | Schor | for  | Lansing |   |
|--|-------------------|-------|------|---------|---|
| Enter contributor's name and address. If contribution is from an individed and middle initial. Check how to indicate if contribution is from a Politic |                   | name, | 6. / | Amount  | Cumulative for Election<br>Cycle for Each |

and middle initial. Check box to indicate if contribution is from a Political Committee or an Contributor (Through Independent Committee (PAC) Report all contributions regardless of amount. date of receipt) PAC Receipt? YES 4. DATE OF RECEIPT 05/31/2021 Name & Address Kaplowitz, Stan 629 Marshall St East Lansing, MI 48823-3278 \$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 PAC Receipt? YES 4. DATE OF RECEIPT 06/02/2021 Name & Address Karna, Randy 618 E Kalamazoo St Lansing, MI 48912-1117 \$500.00 \$500.00 5. If over \$100.00 cumulative, please provide: Occupation Owner Employer Sunset Market Business Address 618 E Kalamazoo St Lansing, MI 48912-1117 Type of Contribution: ✓ Direct Loan from a person Fund Raiser PAC Receipt? YES 4. DATE OF RECEIPT 07/12/2021 Name & Address Kayser, Brian 2570 Hummingbird Dr Holt, MI 48842-9430 \$250.00 \$250.00 5. If over \$100.00 cumulative, please provide: Occupation VP, IT Employer Christman Company Business Address 208 N Capitol Ave Lansing, MI 48933-1353 Type of Contribution: ✓ Direct Loan from a person Fund Raiser 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/28/2021 Name & Address Keel, Aaron 1410 Westport Dr Lansing, MI 48917-1416 \$150.00 \$150.00 5. If over \$100.00 cumulative, please provide: Occupation Deputy Chief of Staff Employer State of Michigan Business Address PO Box 30014 Lansing, MI 48909-7514 Type of Contribution: **✓** Direct Loan from a person Fund Raiser

> Page Subtotal \$975.00 Grand Total of all Schedules 1A (Complete \$179,745.36 on last page of Schedule)

> > Enter this total on line 3a of Summary Page.

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SCHEDULE 1A

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE  | 2. Committee Name  | Schor    | for Lansing    |   |
|--|--|----------|----------------|---|
| Enter contributor's name and address. If contribution is from an and middle initial. Check box to indicate if contribution is from a lindependent Committee (PAC) Report all contributions regardles | Political Committee or an                                  | name,    | 6. Amount      | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.   |  |          |                |   |
| PAC Receipt? TYES 4. D   | ATE OF RECEIPT 02/0  | 3/2021   |                |   |
| Kefgen, Robert<br>1777 Colorado Dr   |  |          |                |   |
| East Lansing, MI 48823-1917  |  | _        | \$100.00       | \$100.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |          |                | · · · · · · · · · · · · · · · · · · ·   |
| Occupation Director of Government Empl   | oyer Michigan Assoc.                                       | of       |                |   |
| Business Admess 1601 Centennial Way Ste 100 La   |  |          |                |   |
| Type of Contribution: Direct Loan from a person  | Fund Raiser  | <u> </u> |                |   |
| 3. PAC Receipt? ☐YES 4. D  | ATE OF RECEIPT 04/3  | 0/2021   | _              |   |
| Name & Address   |  |          | _              |   |
| Kefgen, Robert<br>1777 Colorado Dr   |  |          |                |   |
| East Lansing, MI 48823-1917  |  |          | <b>6100.00</b> | ****  |
|  |  |          | \$100.00       | \$200.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |          |                |   |
| Occupation Director of Government Emplo  |  | of       |                |   |
| Business Adares 1001 Centennial Way Ste 100 Lan  | nsing <u>Segondayy758249</u>                               |          | <del></del>    |   |
| Type of Contribution:  Direct  Loan from a person  | Fund Raiser  |          | _              |   |
| 3. PAC Receipt? TYES 4. D. Name & Address  | ATE OF RECEIPT 04/30                                       | /2021    | _              |   |
| Keith, Scott   |  |          |                |   |
| 3171 Old Hickory Trl<br>Dewitt, MI 48820-9003  |  |          |                |   |
| Dewitt, MI 48820-9003  |  |          | \$100.00       | \$100.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |          |                |   |
| Occupation LEPFA President & CEO Emplo   | yer Lansing Entertai                                       | nment a  | §.             | ,   |
| Business Address 333 E Michigan Ave Lansing, MI  |  |          |                |   |
| Type of Contribution:  Direct  Loan from a person  | Fund Raiser  | - "      | -              |   |
| 3. PAC Receipt? TYES 4. DA   | ATE OF RECEIPT 06/28                                       | /2021    |                |   |
| Keith, Scott   |  |          |                |   |
| 3171 Old Hickory Trl   |  |          |                |   |
| Dewitt, MI 48820-9003  |  |          | \$100.00       | \$200.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |          |                |   |
| Occupation LEPFA President & CEO Emplo   | yer Lansing Entertai                                       | nment #  | t.             |   |
| Business Address 333 E Michigan Ave Lansing, MI  |  |          | -              |   |
| Type of Contribution: Direct Loan from a person  | Fund Raiser  |          | _              |   |
|  | Page Subtet  | <u> </u> | ****           |   |
| 2  | Page Subtota   |          | \$400.00       |   |
| Grand Total  | al of all Schedules 1A (Comple<br>on last page of Schedule | 1 7      | 179,745.36     |   |

Enter this total on line 3a of Summary Page.

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## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 46696

| SCHEDULE 1A   |                    | <del></del>   |
|---|--------------------|---|
| CANDIDATE COMMITTEE 2. Committee Name Sch   | or for Lansing     |   |
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name and 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          | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.  |                    |   |
| Name & Address  PAC Receipt?  YES 4. DATE OF RECEIPT 05/31/20   | 21                 |   |
| Kelly, Joe<br>1109 W Washtenaw St   |                    |   |
| Lansing, MI 48915-1636  | \$100.00           | \$100.00  |
| 5. If over \$100.00 cumulative, please provide:   |                    | _   |
| Occupation Employer   |                    |   |
| Business Address  | <del>-</del>       |   |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser   |                    |   |
| 3. PAC Receipt? ✓YES 4. DATE OF RECEIPT 06/03/20:   | 01                 |   |
| Name & Address  | <del></del> _      |   |
| Kheder Davis & Associates PAC 201 N Washington Sq   |                    |   |
| Ste 905   |                    |   |
| Lansing, MI 48933-1338  | \$250.00           | \$300.00  |
| 5. If over \$100.00 cumulative, please provide:   |                    |   |
| Occupation Employer   |                    |   |
| Business Address  | <del>-</del>       |   |
| Type of Contribution: ✓ Direct  |                    |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 07/05/202   |                    |   |
| Kipp, Hillary   |                    |   |
| 1118 Shelter In   |                    |   |
| Lansing, MI 48912-5026  | \$250.00           | \$250.00  |
| 5. If over \$100.00 cumulative, please provide;   |                    |   |
| Occupation PAC and Advocacy Manager Employer CMS Energy   |                    |   |
| Business Address 1 Energy Plaza Dr Jackson, MI 49201-2357   | <del></del>        |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   | <del></del>        |   |
| 3.  |                    |   |
| Name & Address  PAC Receipt?YES   | <u></u>            |   |
| Kish, Robert  |                    |   |
| 354 Walbridge Dr<br>East Lansing, MI 48823-2036   |                    |   |
| 2400 Editioning, 191 40023-2036   | \$500.00           | \$500.00  |
| 5. If over \$100.00 cumulative, please provide:   |                    |   |
| Occupation Owner Employer SP Kish Industries I  | nc                 |   |
| Business Address 600 W Seminary St Charlotte, MI 48813-1876   | <del></del>        |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |                    |   |
| Page Subtotal   | \$1,100.00         |   |
| Grand Total of all Schedules 1A (Complete   | \$179,745.36       |   |
| on last page of Schedule)   | nter this total on |   |

line 3a of Summary Page.

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## ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE 2. Committee Name Sch  | nor for Lansing                               |   |
|--|---|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.  | e, 6. Amount                                  | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.   |   |   |
| Name & Address  PAC Receipt? TYES 4. DATE OF RECEIPT 06/23/20  | 021   |   |
| Kish, Robert<br>354 Walbridge Dr   | <del></del>                                   |   |
| East Lansing, MI 48823-2036  | \$500.00                                      | \$1,000.00  |
| 5. If over \$100.00 cumulative, please provide:  |   |   |
| Occupation Owner Employer SP Kish Industries   | Tod   |   |
| Business Address 600 W Seminary St Charlotte, MI 48813-1876  |   |   |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser   | <del></del> _                                 |   |
| 3  |   |   |
| Name & Address  PAC Receipt? TYES 4. DATE OF RECEIPT 06/28/20  | 21  |   |
| Kitchel, Kevin   | <del></del>                                   | :   |
| 434 N Magnolia Ave   |   |   |
| Lansing, MI 48912-3123   | 4100.00                                       |   |
|  | \$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. PAC Possint2 City Co. 4 PATE OF PROPERTY.   |   |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 02/26/202  | <u>21                                    </u> |   |
| Koenig, Carol  |   |   |
| 690 N Hagadorn Rd  |   |   |
| East Lansing, MI 48823-3659  | \$100.00                                      | \$200.00  |
| 5 If over \$100.00 avenue.   |   |   |
| 5. If over \$100.00 cumulative, please provide:  |   |   |
| Occupation Attorney Employer Law Office of Carol   | N.  |   |
| Business Address 313 W Kalamazoo St Lansing, MI 4893 402 748   |   |   |
| Type of Contribution:  | <del></del>                                   |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/202   | 21  |   |
| Koenig, Carol  |   |   |
| 690 N Hagadorn Rd  |   |   |
| East Lansing, MI 48823-3659  | \$100.00                                      | \$300.00  |
| 5. If over \$100.00 cumulative, please provide:  |   |   |
| Description in the second seco |   |   |
|  | N.  |   |
| Susiness Address 313 W Kalamazoo St Lansing, MI 4893 500 148   | <u> </u>                                      |   |
| ype of Contribution: ✓ Direct Loan from a person Fund Raiser   |   |   |
| De-c Outland   |   |   |
| Page Subtotal  | \$800.00                                      |   |
| Grand Total of all Schedules 1A (Complete  | \$179,745.36                                  |   |
| on last page of Schedule)  |   |   |
| E<br>Iir   | inter this total on<br>ne 3a of Summary       |   |
|  | age.  |   |

#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 46696

|   | CHEDULI                                |                        |                | 2. Committe                        | ee Name                 | Schor   | for Lansing  | <u> </u>  |
|---|--|------------------------|----------------|------------------------------------|-------------------------|---------|--------------|---|
|   | _                                      | MMITTEE _              |                |                                    |                         |         |              |   |
| Enter contributor's name a<br>and middle initial. Check t<br>Independent Committee (F | oox to indicate                        | e if contribution is t | from a Politic | al Committee o                     | name, first<br>ir an    | name,   | 6. Amount    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.  |  |                        |                |                                    |                         |         |              |   |
| Name & Address Kogut, Stanley   | PAC Re                                 | ceipt?  YES            | 4. DATE        | OF RECEIPT                         | 03/2                    | 0/2021  | <del></del>  |   |
| 2320 College Rd<br>Holt, MI 48842-93  | 799                                    |                        |                |                                    |                         |         | \$250.00     | \$250.00  |
| 5. If over \$100.00 cumula  | tive, please p                         | provide:               |                |                                    |                         | _       |              |   |
| Occupation T3 Execut  | ive Direc                              | tor                    | Employer       | CAMW                               |                         |         |              |   |
| Business Address 2324   |  |                        |                |                                    |                         |         | <del>_</del> |   |
| l <b>–</b>  | Direct                                 | Loan from a po         |                | Fund Raiser                        |                         |         |              |   |
| 3.  |  |                        |                |                                    |                         |         |              |   |
| Name & Address  | PAC Re                                 | ceipt?  YES            | 4. DATE        | OF RECEIPT -                       | 05/3                    | 1/2021  |              |   |
| Kowalk, Barbara   |  |                        |                |                                    |                         |         |              |   |
| 5019 Devonshire A<br>Lansing, MI 48910  | _                                      |                        |                |                                    |                         |         |              |   |
| Hansing, MI 46510   | 1-1011                                 |                        |                |                                    |                         |         | \$100.00     | \$100.00  |
| 5. If over \$100.00 cumula  | tive, please n                         | provide:               |                |                                    |                         |         | _            |   |
| Occupation  | , <b>,</b> , , , , , , , , , , , , , , |                        | Employer       |                                    |                         |         |              |   |
| Business Address  |  | <del></del>            | Linployor      |                                    |                         |         | <del>_</del> |   |
|   | Direct                                 | U con from a pe        |                | True d Detect                      | _                       | _       | _            |   |
| 3.  | _                                      | Loan from a pe         | erson [        | Fund Raiser                        | _                       |         |              |   |
| Name & Address  | PAC Red                                | ceipt? YES             | 4. DATE (      | OF RECEIPT _                       | 03/04                   | 1/2021  |              |   |
| Kramer, Mr.Peter  |  |                        |                |                                    |                         | <u></u> |              |   |
| 1701 Nottingham R   |  |                        |                |                                    |                         |         |              |   |
| Lansing, MI 48911   | -1034                                  |                        |                |                                    |                         |         | \$1,000.00   | \$1,000.00  |
|   |  |                        |                |                                    |                         |         | (=/          |   |
| 5. If over \$100.00 cumulat   | ive, please p                          | rovide:                |                |                                    |                         |         |              |   |
| Occupation President  |  |                        | Employer       | Kramer Ma                          |                         | it Grou | <u>_</u>     |   |
| Business Address 1305   |  | ton Ave Lans           | ing, MI        | 48910-1689                         |                         |         |              |   |
|   | Direct                                 | Loan from a pe         | erson [        | Fund Raiser                        |                         |         |              |   |
| 3. Name & Address   | PAC Red                                | ceipt?  YES            | 4. DATE (      | OF RECEIPT                         | 05/31                   | /2021   | _            |   |
| Kuhnmuench, Peter<br>1901 Vassar Dr   |  |                        |                |                                    |                         |         |              |   |
| Lansing, MI 48912   | -5117                                  |                        |                |                                    |                         |         | ****         |   |
| <b>3</b> ,  | <del></del> -                          |                        |                |                                    |                         | _       | \$100.00     | \$100.00  |
| 5. If over \$100.00 cumulat   | ive, please p                          | rovide:                |                |                                    |                         |         |              |   |
| Occupation  |  |                        | Employer       |                                    |                         |         |              |   |
| Business Address  |  |                        |                |                                    | <u> </u>                |         | <del>-</del> |   |
| Type of Contribution:   | Direct [                               | Loan from a pe         | rson           | Fund Raiser                        |                         | -       | _            |   |
|   |  | -                      |                |                                    | 0                       |         |              |   |
|   |  |                        |                |                                    | ige Subtot              |         | \$1,450.00   |   |
|   |  | Gra                    | and Total of a | all Schedules 1.<br>on last page o | A (Comple<br>of Schedul | te      | \$179,745.36 |   |

Enter this total on line 3a of Summary Page.

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#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 46696

| SCHEDULE 1A   |  |
|---|--|
| CANDIDATE COMMITTEE 2. Committee Name   | Schor for Lansing  |
| Enter contributor's name and address. If contribution is from an individual, enter last name, firs and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | t name,  6. Amount  Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3.  |  |
| PAC Receipt? YES 4. DATE OF RECEIPT 05/3 Kulick, Mr.Peter J   | 31/2021  |
| 123 W Allegan St<br>Ste 900<br>Lansing, MI 48933-1739   | \$500.00 \$500.00  |
| 5. If over \$100.00 cumulative, please provide:   |  |
| 0   |  |
|   | t PLLC   |
| Business Address 123 W Allegan St Ste 900 Lansing, MI 48933-1739  Type of Contribution: Dipart Dipart Fund Poisor   |  |
| Type of Contribution: ✓ Direct  Loan from a person  Fund Raiser   |  |
| PAC Receipt? YES 4. DATE OF RECEIPT 07/1  | 3/2021   |
| Lancaster, Elise  |  |
| 210 Brookstone Cir<br>Dewitt, MI 48820-8706   |  |
| 26,1266, ML 40020-0700  | \$100.00 \$100.00  |
| 5. If over \$100.00 cumulative, please provide:   |  |
| Occupation Employer   |  |
| Business Address  | <del></del>  |
| Type of Contribution: Direct Loan from a person Fund Raiser   |  |
| 2 Evan nom a person V Fund Raiser   |  |
| Name & Address  | 0/2021   |
| Lancaster, Mr.James R<br>PO Box 10006   |  |
| Lansing, MI 48901-0006  |  |
|   | \$1,000.00   |
| 5. If over \$100.00 cumulative, please provide:   |  |
| Occupation Attorney/Owner Employer Lancaster & Ass  | ociates  |
| Business Address PO Box 10006 Lansing, MI 48901-0006  |  |
| Type of Contribution: Direct Loan from a person Fund Raiser   |  |
| 3,  |  |
| PAC Receipt? YES 4. DATE OF RECEIPT 06/0.   | 1/2021   |
| Lavey, Cleo Rae   |  |
| 3008 Westchester Rd   |  |
| Lansing, MI 48911-1044  | \$125.00 \$125.00  |
| 5. If over \$100.00 cumulative, please provide:   |  |
| Occupation Dilettante Employer Self-Employed  |  |
| Business Address  | <del></del>  |
| Type of Contribution:   |  |
| Type of Contribution:  Direct Loan from a person Fund Raiser  |  |
|   | al (235.00)  |
| Page Subtot   | 427723.00  |
|   | te \$179.745.36  |
| Page Subtot   | te \$179.745.36  |

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#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE 2. Committee Name Schor  | for Lansing   |   |
|--|---------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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     | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.   |               |   |
| Name & Address  PAC Receipt? TYES 4. DATE OF RECEIPT 02/26/2021  |               |   |
| Lawson, Ted<br>1110 Hyland St  |               |   |
| Lansing, MI 48915-2014   | \$50.00       | \$50.00   |
| 5. If over \$100.00 cumulative, please provide:  |               | <del></del>   |
| Occupation Meat Cutter Employer Meijer   |               |   |
| Business Address 7157 E Saginaw St East Lansing, MI 48823-9620   |               |   |
| Type of Contribution:  | _             |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  |               |   |
| Lawson, Ted  | <del></del>   |   |
| 1110 Hyland St<br>Lansing, MI 48915-2014   |               |   |
|  | \$100.00      | \$150.00  |
| 5. If over \$100.00 cumulative, please provide:  | <del></del>   |   |
| Occupation Meat Cutter Employer Meijer   |               |   |
| Business Address 7157 E Saginaw St East Lansing, MI 48823-9620   | <del></del> _ |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | _             |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/30/2021  |               |   |
| Name & Address   | <u> </u>      | ı   |
| Leaming, Jordan<br>1650 Nottingham Rd  |               |   |
| Lansing, MI 48911-1031   |               |   |
| <del></del>  | \$250.00      | \$250.00  |
| 5. If over \$100.00 cumulative, please provide:  |               |   |
| Occupation Attorney Employer Delta Dental  |               |   |
| Business Address 4100 Okemos Rd Okemos, MI 48864-3215  |               |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser  | _             |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021  Name & Address   | _             |   |
| Lebel, Tim   |               |   |
| 3424 Trillium Dr<br>Lansing, MI 48906-9098   |               |   |
|  | \$500.00      | \$900.00  |
| 5. If over \$100.00 cumulative, please provide:  |               |   |
| Occupation General Manager Employer MetroNet   |               |   |
| Business Address 3100 West Rd East Lansing, MI 48823-6369  |               |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |               |   |
| Door Substate  |               |   |
| Page Subtotal  | \$900.00      |   |
|  |               |   |
| Grand Total of all Schedules 1A (Complete on last page of Schedule)  | 179,745.36    |   |

line 3a of Summary Page.

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#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 46696

| SCHEDULE 1A  |  |   |
|--|--|---|
| CANDIDATE COMMITTEE 2. Committee Name Scho   | r for Lansing                                  |   |
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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                                      | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.   |  |   |
| Name & Address PAC Receipt? YES 4. DATE OF RECEIPT 07/12/202   | 1  |   |
| Leone, Joseph 3603 Olde Hawthorne Dr   |  |   |
| Brighton, MI 48114-4985  |  |   |
|  | \$240.00                                       | \$240.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |   |
| Occupation VP Employer Christman   |  |   |
| Business Address 208 N Capitol Ave Lansing, MI 48933-1353  |  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |  |   |
| 3  |  |   |
| Name & Address  PAC Receipt? TYES 4. DATE OF RECEIPT 03/02/202:  | 1  |   |
| Lichtman, Jason  |  |   |
| 1448 Hailstone Dr  |  |   |
| Apt 506  | \$2,100.00                                     | \$2,100.00  |
| Heber City, UT 84032-3808  | - 42/100:00                                    |   |
| 5. If over \$100.00 cumulative, please provide:  |  |   |
| Occupation Attorney Employer Lieff Cabraser Heiman   | m &  |   |
| Business Address 250 Hudson St Fl 8 New York, NY 100 PST 13  |  |   |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser  |  |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021  | -  |   |
| Name & Address   | <u> </u>                                       |   |
| Lindley, John D  |  |   |
| 1574 Haddon Hall Dr<br>Holt, MI 48842-8688   |  |   |
|  | \$500.00                                       | \$500.00  |
| 5. If over \$100.00 cumulative, please provide:  | _  |   |
| Occupation Lobbyist Employer Public Affairs Associ   | ~ <b>-</b> -                                   |   |
| Business Address 120 N Washington Sq Ste 1050 Lansing, MI 48933-1630   | ates   |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |  |   |
| 3  |  |   |
| Name & Address  PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021   | <u>.                                      </u> |   |
| Lisanti, Alfred<br>100 Main St   |  |   |
| Tuckahoe, NY 10707-2954  | \$500.00                                       | 4544  |
| -  | \$500.00                                       | \$500.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |   |
| Occupation Physician Employer Self Employed  |  |   |
| Business Address 100 Main St Tuckahoe, NY 10707-2954   | <del></del>                                    |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <del></del>                                    |   |
| Page Subtotal  | \$3,340.00                                     |   |
| Grand Total of all Schedules 1A (Complete  |  |   |
| on last page of Schedule)  | \$179,745.36                                   |   |

Enter this total on line 3a of Summary Page.

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## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for | Lansing | _ |  |
|-------------------|-------|-----|---------|---|--|
|                   |       |     |         |   |  |

| Enter contributor's name                             | and address. I                   | f contribution is fro                        | m an individ                     | ual, enter last n         | ame, first name, | 6. Amount     | Cumulative for Election Cycle for Each |
|--|----------------------------------|--|----------------------------------|---------------------------|------------------|---------------|--|
| and middle initial. Check<br>Independent Committee ( | box to indicate<br>PAC) Report a | if contribution is f<br>Il contributions reg | rom a Politica<br>gardless of ar | al Committee or<br>mount. | an               |               | Contributor (Through date of receipt)  |
|  |                                  |  |                                  |                           |                  |               |  |
| 3.   | PAC Re                           | ceipt? TYES                                  | 4. DATE                          | OF RECEIPT                | 01/22/2021       |               |  |
| Name & Address                                       | 1710110                          |  |                                  | -                         |                  |               |  |
| London, Julie  |                                  |  |                                  |                           |                  |               |  |
| 14254 S Bridger                                      |                                  |  |                                  |                           |                  |               | #000.00                                |
| Perry, MI 48872-                                     | 9554                             |  |                                  |                           | _                | \$200.00      | \$200.00                               |
| 5. If over \$100.00 cumul                            | ative, please (                  | orovide:                                     |                                  |                           |                  |               |  |
| Occupation Retired                                   |                                  |  | Employer                         | NA                        |                  |               | l                                      |
| Business Address                                     |                                  |  |                                  |                           |                  | _             |  |
| Type of Contribution:                                | <b>✓</b> Direct                  | Loan from a p                                | erson                            | Fund Raiser               |                  |               |  |
| 3.   | PAC Re                           | ceipt? YES                                   | 4. DATE                          | OF RECEIPT                | 07/18/2021       |               |  |
| Name & Address                                       |                                  |  |                                  | -                         |                  | <del></del>   |  |
| Lopez, Mr.Guil                                       | lermo Z                          |  |                                  |                           |                  |               |  |
| 1927 Pleasant V                                      |                                  |  |                                  |                           |                  | <b>635 00</b> | \$65.00                                |
| Lansing, MI 489                                      | 10-0347                          |  |                                  |                           | _                | \$25.00       |  |
| 5. If over \$100.00 cumu                             | lative, please                   | provide:                                     |                                  |                           |                  |               |  |
| Occupation   |                                  |  | Employer                         |                           |                  |               |  |
| Business Address                                     | <u>_</u>                         |  |                                  |                           |                  | <del></del>   |  |
| Type of Contribution:                                | ✓ Direct                         | Loan from a p                                | person                           | Fund Raiser               |                  |               |  |
| 3.   | PAC Re                           | eceipt? YES                                  | 4. DATE                          | OF RECEIPT                | 01/22/2021       |               |  |
| Name & Address                                       | 17.07.                           |  |                                  | -                         | <u> </u>         |               |  |
| Lowe, Richard  |                                  |  |                                  |                           |                  |               |  |
| 2375 Woodlake D                                      |                                  |  |                                  |                           |                  | ****          | ¢200 00                                |
| Okemos, MI 4886                                      | 4-6022                           |  |                                  |                           | _                | \$200.00      | <u> </u>                               |
| 5. If over \$100.00 cumu                             | lative please                    | provide:                                     | •                                |                           |                  |               |  |
| Occupation Attorney                                  |                                  |  | Employer                         | Self                      |                  |               |  |
| Business Address                                     | <u> </u>                         |  | •                                |                           |                  |               |  |
| Type of Contribution:                                | ✓ Direct                         | Loan from a                                  | person                           | Fund Raiser               | <u> </u>         |               |  |
| 3.   | PAC R                            | eceipt? TYES                                 | 4 DATE                           | OF RECEIPT                | 07/05/2021       |               |  |
| Name & Address                                       | 17010                            | coopt: [] ILO                                | =                                |                           | 0,,01,11         |               |  |
| MacDowell, Mars                                      |                                  |  |                                  |                           |                  |               |  |
| 1804 Cricket Ln                                      |                                  | 25   |                                  |                           |                  | \$250.00      | \$250.00                               |
| East Lansing, M                                      | T 40079-14                       | .e.J   |                                  |                           | -                |               |  |
| 5. If over \$100.00 cum                              | ulative, please                  | provide:                                     |                                  |                           |                  |               |  |
| Occupation profess                                   |                                  |  | Employer                         | Michigan                  | State Univer     | sity          |  |
| Business Address                                     |                                  |  | -                                |                           |                  | <u> </u>      |  |

Page Subtotal \$675.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Fund Raiser

Enter this total on line 3a of Summary Page.

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Type of Contribution:

✓ Direct

Loan from a person

1. Committee I.D. Number 46696

| SCHEDULE 1A<br>CANDIDATE COMMIT   | TEE 2. Committee Nam  | e Schor     | for Lansing  |   |
|---|---|-------------|--------------|---|
| Enter contributor's name and address. If contrib<br>and middle initial. Check box to indicate if contri<br>Independent Committee (PAC) Report all contrib | oution is from an individual, enter last name, f<br>ibution is from a Political Committee or an | first name, | 6. Amount    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|   |   |             |              | <u> </u>  |
| 3. PAC Receipt? [ Name & Address  Maddox, Michael 1805 Moores River Dr  | YES 4. DATE OF RECEIPT 01   | /28/2021    | _            |   |
| Lansing, MI 48910-1003  |   | _           | \$200.00     | \$200.00  |
| E. K 6400.00  |   |             |              |   |
| 5. If over \$100.00 cumulative, please provide  | :<br>Employer ASK   |             |              |   |
| Occupation CEO Business Address 316 Moores River Dr   |   |             | <del></del>  |   |
|   | n from a person Fund Raiser   |             | <del>_</del> |   |
|   |   |             | <del></del>  | <u> </u>  |
| o. PAC Receipt? [ Name & Address  | YES 4. DATE OF RECEIPT 04   | /30/2021    |              |   |
| Maguire, Joseph   |   |             |              |   |
| 1350 E Lake Lansing Rd  |   |             |              |   |
| East Lansing, MI 48823-7413   |   |             | \$100.00     | \$100.00  |
|   |   | _           |              |   |
| 5. If over \$100.00 cumulative, please provide  |   |             |              |   |
| Occupation  | Employer  |             | <del></del>  |   |
| Business Address  |   |             |              |   |
| <u> </u>  | n from a personFund Raiser  |             |              |   |
| <ol> <li>PAC Receipt? [</li> </ol>  | YES 4. DATE OF RECEIPT 03   | 3/20/2021   |              |   |
| Name & Address  |   | •           | <del>_</del> |   |
| Mains, Douglas  |   |             |              |   |
| 900 Long Blvd<br>Apt 255  |   |             | \$1,000.00   | \$3,000.00  |
| Lansing, MI 48911-6711  |   | -           |              |   |
| 5. If over \$100.00 cumulative, please provide  | <b>:</b> :  |             |              |   |
| Occupation Attorney   | Employer Honigman LLP   |             |              |   |
| Business Address 222 N Washington So  | 1 Ste 400 Lansing, MI 48933-18  | 300         |              |   |
| Type of Contribution:  Direct  Loa  | n from a person Fund Raiser   |             |              |   |
| 3. PAC Receipt?   Name & Address  | YES 4. DATE OF RECEIPT 05   | 5/31/2021   |              |   |
| Malone, Daniel  |   |             |              |   |
| 8518 N Shore Dr   |   |             |              |   |
| Clarklake, MI 49234-9793  |   | _           | \$500.00     | \$1,500.00  |
| 5. If over \$100.00 cumulative, please provide  | e:  |             |              |   |
| Occupation Owner  | Employer Ozone's Brewh  | nouse. LL   | C            |   |
| Business Address 305 Beaver St Lans:  |   |             | <del></del>  |   |
|   | an from a person Fund Raiser  |             |              |   |
|   | <u> — — — — — — — — — — — — — — — — — — —</u>   |             |              |   |
|   | Page S  | ubtotal     | \$1,800.00   |   |
|   | Grand Total of all Schedules 1A (Co<br>on last page of Sch                                      |             | \$179,745.36 |   |
|   |   |             |              |   |

Enter this total on line 3a of Summary Page.

Page 67 of 142

#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name,

| <ol> <li>Committee I.D. Number 4669</li> </ol> | 1. | Committee | 1.D. | Number | 4669 |
|--|----|-----------|------|--------|------|
|--|----|-----------|------|--------|------|

| .Committee Name Schor for Lansing |  |
|-----------------------------------|--|
|-----------------------------------|--|

6. Amount

Cumulative for Election

Cycle for Each and middle initial. Check box to indicate if contribution is from a Political Committee or an Contributor (Through Independent Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. 4. DATE OF RECEIPT 03/20/2021 PAC Receipt? YES Name & Address Manni, Andy 4149 Luff Ct Okemos, MI 48864-3420 \$250.00 \$250.00 5. If over \$100.00 cumulative, please provide: Employer Timesavers Government Occupation Consultant Business Address 11000 W McNichols Rd Detroit, MI 48 221 5 7 Type of Contribution: **✓** Direct Loan from a person Fund Raiser 4. DATE OF RECEIPT 04/20/2021 PAC Receipt? YES Name & Address Manni, Andy 4149 Luff Ct Okemos, MI 48864-3420 \$500.00 \$250.00 5. If over \$100.00 cumulative, please provide: Employer Timesavers Government Occupation Consultant Business Address 11000 W McNichols Rd Detroit, MI 4829154157 Type of Contribution: Fund Raiser ✓ Direct Loan from a person 3. PAC Receipt? TYES 4. DATE OF RECEIPT 02/22/2021 Name & Address Manquen, Mark 50 W Big Beaver Rd \$250.00 Ste 220 \$250.00 Troy, MI 48084-5261 5. If over \$100.00 cumulative, please provide: Employer Manquen Vance Occupation Owner Business Address 50 W Big Beaver Rd Ste 220 Troy, MI 48084-5261

Fund Raiser

Fund Raiser

4. DATE OF RECEIPT

Employer

Page Subtotal \$800.00 Grand Total of all Schedules 1A (Complete \$179,745.36 on last page of Schedule)

03/20/2021

Enter this total on line 3a of Summary Page.

\$50.00

\$100.00

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Type of Contribution:

Name & Address

Occupation **Business Address** Type of Contribution:

Marchand, Ms. Valerie 124 W Michigan Ave Lansing, MI 48933-1646

5. If over \$100.00 cumulative, please provide:

□ Direct

**✓** Direct

Loan from a person

Loan from a person

PAC Receipt? TYES

## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for | Lansi | ng |
|-------------------|-------|-----|-------|----|
|                   |       |     |       |    |

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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

Cumulative for Election Cycle for Each
Contributor (Through date of receipt)

| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 05/31/2021   |   |          |
|--|---|----------|
| Name & Address   | _   |          |
| Marquette, Michelle  |   |          |
| 606 S Putnam St  | <b>6100 00</b>                                | 6100 00  |
| Williamston, MI 48895-1642   | \$100.00                                      | \$100.00 |
| 5. If over \$100.00 cumulative, please provide:  |   |          |
| Occupation Employer  |   |          |
| Business Address   |   |          |
| Type of Contribution:  |   |          |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021  Name & Address  | -   |          |
| Marr, Bret   |   |          |
| 1321 Ivywood Dr  |   | *0=0 00  |
| Okemos, MI 48864-3082  | \$250.00                                      | \$250.00 |
| 5. If over \$100.00 cumulative, please provide:  |   |          |
| Occupation Member Employer Muchmore Harrington Sma   | illey   |          |
| Business Address 124 W Allegan St Ste 1900 Lansing, MI 48933-1768  |   |          |
| Type of Contribution: Direct Loan from a person Fund Raiser  | -   |          |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  |   |          |
|  |   |          |
| Name & Address   | _   |          |
| 1 1 LO   | _   |          |
| Name & Address  Martin, Roger 861 W Dansville Rd   | <b>-</b>                                      | ¢600.00  |
| Name & Address Martin, Roger   | \$500.00                                      | \$600.00 |
| Name & Address  Martin, Roger  861 W Dansville Rd  Mason, MI 48854-9660  | \$500.00                                      | \$600.00 |
| Name & Address  Martin, Roger 861 W Dansville Rd   | \$500.00                                      | \$600.00 |
| Name & Address  Martin, Roger  861 W Dansville Rd  Mason, MI 48854-9660  5. If over \$100.00 cumulative, please provide:   | \$500.00                                      | \$600.00 |
| Name & Address  Martin, Roger 861 W Dansville Rd Mason, MI 48854-9660  5. If over \$100.00 cumulative, please provide: Occupation Small business owner, Employer Martin Waymire  | \$500.00<br>————————————————————————————————— | \$600.00 |
| Name & Address  Martin, Roger  861 W Dansville Rd  Mason, MI 48854-9660  5. If over \$100.00 cumulative, please provide: Occupation Small business owner, Employer Martin Waymire Business Admess Admess W Dansville Rd Mason, MI 48854-9660  Type of Contribution: Direct Loan from a person Fund Raiser  | \$500.00<br>-<br>-                            | \$600.00 |
| Name & Address  Martin, Roger  861 W Dansville Rd  Mason, MI 48854-9660  5. If over \$100.00 cumulative, please provide: Occupation Small business owner, Employer Martin Waymire Business Admess Admess W Dansville Rd Mason, MI 48854-9660  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 01/01/2021  Name & Address   | \$500.00<br>                                  | \$600.00 |
| Name & Address  Martin, Roger  861 W Dansville Rd  Mason, MI 48854-9660  5. If over \$100.00 cumulative, please provide: Occupation Small business owner, Employer Martin Waymire Business Admess Admess W Dansville Rd Mason, MI 48854-9660  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 01/01/2021  Name & Address  Martin, Mr. Van W  | \$500.00                                      | \$600.00 |
| Name & Address  Martin, Roger  861 W Dansville Rd  Mason, MI 48854-9660  5. If over \$100.00 cumulative, please provide: Occupation Small business owner, Employer Martin Waymire Business Admess Admess W Dansville Rd Mason. MI 48854-9660  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 01/01/2021  Name & Address Martin, Mr. Van W  1111 Michigan Ave Ste 300  | \$500.00<br>-<br>-<br>\$1,000.00              | \$600.00 |
| Name & Address  Martin, Roger  861 W Dansville Rd  Mason, MI 48854-9660  5. If over \$100.00 cumulative, please provide: Occupation Small business owner, Employer Martin Waymire Business Admess Admess W Dansville Rd Mason, MI 48854-9660  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 01/01/2021  Name & Address  Martin, Mr. Van W  1111 Michigan Ave   |   |          |
| Name & Address  Martin, Roger  861 W Dansville Rd  Mason, MI 48854-9660  5. If over \$100.00 cumulative, please provide: Occupation Small business owner, Employer Martin Waymire Business Address W Dansville Rd Mason, MI 48854-9660  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 01/01/2021  Name & Address  Martin, Mr.Van W  1111 Michigan Ave  Ste 300  East Lansing, MI 48823-4050  5. If over \$100.00 cumulative, please provide:   |   |          |
| Name & Address  Martin, Roger  861 W Dansville Rd  Mason, MI 48854-9660  5. If over \$100.00 cumulative, please provide: Occupation Small business owner, Employer Martin Waymire Business Address W Dansville Rd Mason. MI 48854-9660  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 01/01/2021  Name & Address Martin, Mr. Van W 1111 Michigan Ave Ste 300 East Lansing, MI 48823-4050  5. If over \$100.00 cumulative, please provide: Occupation Chairman & Chief Executive Employer CBRE   Martin |   |          |
| Name & Address  Martin, Roger  861 W Dansville Rd  Mason, MI 48854-9660  5. If over \$100.00 cumulative, please provide: Occupation Small business owner, Employer Martin Waymire Business Address Address W Dansville Rd Mason, MI 48854-9660  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 01/01/2021  Name & Address  Martin, Mr.Van W  1111 Michigan Ave  Ste 300  East Lansing, MI 48823-4050  5. If over \$100.00 cumulative, please provide:   |   |          |

Page Subtotal

\$1,850.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

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

| 3. PAC Receipt? TYPS 4. DATE OF RECEIPT 06/28/2021   |          |          |
|--|----------|----------|
| PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021 Name & Address  |          |          |
| Martinez, Ms.Monica  |          |          |
| 1731 Nottingham Rd   |          |          |
| Lansing, MI 48911-1034   | \$100.00 | \$100.00 |
| 5. If over \$100.00 cumulative, please provide:  |          | ·        |
| Occupation Consultant Employer Self  |          |          |
| Business Address 1731 Nottingham Rd Lansing, MI 48911-1034   |          |          |
| Type of Contribution:  |          |          |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 07/05/2021  Name & Address   |          |          |
| Martinez, Ms.Monica  |          |          |
| 1731 Nottingham Rd   |          |          |
| Lansing, MI 48911-1034   | \$250.00 | \$350.00 |
| 5. If over \$100.00 cumulative, please provide:  |          |          |
| Occupation Consultant Employer Self  |          |          |
| Business Address 1731 Nottingham Rd Lansing, MI 48911-1034   |          |          |
| Type of Contribution:  |          |          |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/28/2021   |          |          |
| FAU NECEDIUS I ITEM 4. DATE OF NECEDE F 1 US/20/2021   |          |          |
| Name & Address  PAC Receipt? YES  4. DATE OF RECEIPT  06/28/2021   |          |          |
| Name & Address  MARTRIN, GK  |          |          |
| MARTRIN, GK 1818 Teton Ln NE   |          | 6100.00  |
| Name & Address  MARTRIN, GK  | \$100.00 | \$100.00 |
| MARTRIN, GK 1818 Teton Ln NE   | \$100.00 | \$100.00 |
| Name & Address  MARTRIN, GK  1818 Teton In NE Rochester, MN 55906-4295   | \$100.00 | \$100.00 |
| Name & Address  MARTRIN, GK  1818 Teton In NE Rochester, MN 55906-4295  5. If over \$100.00 cumulative, please provide:  | \$100.00 | \$100.00 |
| Name & Address  MARTRIN, GK  1818 Teton In NE Rochester, MN 55906-4295  5. If over \$100.00 cumulative, please provide:  Occupation INTERIM FIRE CHIEF Employer CITY OF LANSING  | \$100.00 | \$100.00 |
| Name & Address  MARTRIN, GK  1818 Teton In NE Rochester, MN 55906-4295  5. If over \$100.00 cumulative, please provide:  Occupation INTERIM FIRE CHIEF Employer CITY OF LANSING  Business Address 313 N Cedar St # 4-4 Lansing, MI 48912-1285  Type of Contribution: Direct Loan from a person Fund Raiser   | \$100.00 | \$100.00 |
| Name & Address  MARTRIN, GK  1818 Teton In NE Rochester, MN 55906-4295  5. If over \$100.00 cumulative, please provide:  Occupation INTERIM FIRE CHIEF Employer CITY OF LANSING  Business Address 313 N Cedar St # 4-4 Lansing, MI 48912-1285  Type of Contribution: Direct Loan from a person Fund Raiser   | \$100.00 | \$100.00 |
| Name & Address  MARTRIN, GK  1818 Teton Ln NE Rochester, MN 55906-4295  5. If over \$100.00 cumulative, please provide:  Occupation INTERIM FIRE CHIEF Employer CITY OF LANSING  Business Address 313 N Cedar St # 4-4 Lansing, MI 48912-1285  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  Name & Address  MARTRIN, GK   | \$100.00 | \$100.00 |
| Name & Address  MARTRIN, GK  1818 Teton In NE Rochester, MN 55906-4295  5. If over \$100.00 cumulative, please provide:  Occupation INTERIM FIRE CHIEF Employer CITY OF LANSING  Business Address 313 N Cedar St # 4-4 Lansing, MI 48912-1285  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  Name & Address  MARTRIN, GK  1818 Teton In NE   |          |          |
| Name & Address  MARTRIN, GK  1818 Teton Ln NE Rochester, MN 55906-4295  5. If over \$100.00 cumulative, please provide:  Occupation INTERIM FIRE CHIEF Employer CITY OF LANSING  Business Address 313 N Cedar St # 4-4 Lansing, MI 48912-1285  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  Name & Address  MARTRIN, GK   | \$100.00 | \$100.00 |
| Name & Address  MARTRIN, GK  1818 Teton In NE Rochester, MN 55906-4295  5. If over \$100.00 cumulative, please provide:  Occupation INTERIM FIRE CHIEF Employer CITY OF LANSING  Business Address 313 N Cedar St # 4-4 Lansing, MI 48912-1285  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  Name & Address  MARTRIN, GK  1818 Teton In NE   |          |          |
| Name & Address  MARTRIN, GK  1818 Teton In NE Rochester, MN 55906-4295  5. If over \$100.00 cumulative, please provide:  Occupation Interim fire Chief Employer City Of Lansing  Business Address 313 N Cedar St # 4-4 Lansing, MI 48912-1285  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  Name & Address  MARTRIN, GK  1818 Teton In NE Rochester, MN 55906-4295  5. If over \$100.00 cumulative, please provide:  Occupation Interim fire Chief Employer City Of Lansing |          |          |
| Name & Address  MARTRIN, GK  1818 Teton In NE Rochester, MN 55906-4295  5. If over \$100.00 cumulative, please provide:  Occupation INTERIM FIRE CHIEF Employer CITY OF LANSING  Business Address 313 N Cedar St # 4-4 Lansing, MI 48912-1285  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  Name & Address  MARTRIN, GK  1818 Teton In NE Rochester, MN 55906-4295  5. If over \$100.00 cumulative, please provide:   |          |          |

Page Subtotal

\$550.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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| ITEMIZED CONTRIBUTIONS  1. Committee I.D. Number 46  | 5696   | <u></u>   |
|--|--|---|
| SCHEDULE 1A  CANDIDATE COMMITTEE  2. Committee Name Schor  | for Lansing                                  |   |
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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                                    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|  |  |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 04/20/2021   | <u>.                                    </u> |   |
| Name & Address   |  |   |
| Matus, Mark<br>4584 Comanche Dr  |  |   |
| Okemos, MI 48864-2064  | \$400.00                                     | <u></u> \$400.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |   |
| Occupation Lawyer Employer BWL   |  |   |
| Business Address 4584 Comanche Dr Okemos, MI 48864-2064  |  |   |
| Type of Contribution:  |  |   |
| 1) po or o communication   | <del></del>                                  |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 03/03/2023   | <u> </u>                                     |   |
| Mayes, Jeff  |  |   |
| 4297 Zander Dr   |  |   |
| Bay City, MI 48706-2247  | \$500.00                                     | \$600.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |   |
| Occupation Exec Dir Business Customer Employer Consumers Energy  |  |   |
| Business Address 4141 Wilder Rd Bay City, MI 48706-2240  |  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |  |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/05/202   | 1  |   |
| Name & Address   |  |   |
| McGaughey, Elizabeth   |  |   |
| 2818 N Cambridge Rd<br>Lansing, MI 48911-1011  | \$250.00                                     | \$500.00  |
| Halling, AT 10342 Total  |  |   |
| 5. If over \$100.00 cumulative, please provide:  |  |   |
| Occupation Chief of Staff Employer House of Representat  | ives   |   |
| Business Address 124 N Capitol Ave Lansing, MI 48933-1341  |  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |  |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 07/01/202 Name & Address   | 1  |   |
| McGuire, Mr.Timothy K  |  |   |
| 6310 Lake Dr   |  |   |
| Haslett, MI 48840-8930   | \$250.00                                     | \$250.00  |
| 5. If over \$100.00 cumulative, please provide:  |  |   |
| Occupation Owner Employer McGuire Farhat Group   | >  |   |
| Business Address 431 S Capitol Ave Lansing, MI 48933-2003  |  |   |
| Type of Contribution: ✓ Direct   |  |   |
|  |  |   |
| Page Subtotal  | \$1,400.00                                   |   |

Grand Total of all Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary Page.

\$179,745.36

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## ITEMIZED CONTRIBUTIONS

1. Committee I.D. Number 46696

| SCHEDULE 1A<br>CANDIDATE COMMITTEE   | 2. Committee Name     | Schor   | for Lansing |   |
|--|-----------------------|---------|-------------|---|
| Enter contributor's name and address. If contribution is from an indi and middle initial. Check box to indicate if contribution is from a Poli Independent Committee (PAC) Report all contributions regardless o | tical Committee or an | t name, | 6. Amount   | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|  |                       |         |             |   |

| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021                 |               |          |
|---|---------------|----------|
| Name & Address  | <b>-</b>      | ı        |
| McKeague, Nancy   |               |          |
| 6160 Graebear Trl<br>East Lansing, MI 48823-9209                  | \$250.00      | \$250.00 |
| Edst Bansing, MI 40025 7207                                       | <del></del>   |          |
| 5. If over \$100.00 cumulative, please provide:                   | <b></b> 1     |          |
| Occupation COO Employer Michigan Health & Hospi                   | cal           |          |
| Business Address 2112 University Park Dr Okemos, MI 48864-3972    | •             |          |
| Type of Contribution: Direct Loan from a person Fund Raiser       |               |          |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/28/2021 Name & Address | <b></b>       |          |
| McPharlin, Patrick  |               |          |
| 8920 W Lake Pointe Dr   | +050 00       | ¢250 52  |
| Laingsburg, MI 48848-9378   | \$250.00      | \$250.00 |
| 5. If over \$100.00 cumulative, please provide:                   |               |          |
| Occupation Not Employed Employer Not Employed                     |               |          |
| Business Address 8920 W Lake Pointe Dr Laingsburg, MI 48848-9378  | _             |          |
| Type of Contribution: Direct Loan from a person Fund Raiser       |               |          |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 03/20/2021                |               |          |
| Name & Address  | <del></del>   |          |
| McRay, Gary J   |               |          |
| 9911 Miami Beach Rd   | \$200.46      | \$200.46 |
| Williamsburg, MI 49690-8708                                       |               |          |
| 5. If over \$100.00 cumulative, please provide:                   | ı             |          |
| Occupation Attorney Employer Foster, Swift, Collins               | &             |          |
| Business Address 313 S Washington Sq Lansing, MI 489 331 2414     | <del></del>   |          |
| Type of Contribution:   |               |          |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 04/20/2021                | _             |          |
| Name & Address  |               |          |
| Mellema, Mr.Jason   |               |          |
| 2630 W Howell Rd<br>Mason, MI 48854-9392                          | \$100.46      | \$100.46 |
| <u> </u>  |               | <u> </u> |
| 5. If over \$100.00 cumulative, please provide:                   | _             |          |
| Occupation Superintendent Employer Ingham Intermediate Sc         | hool          |          |
| Business Address 2630 W Howell Rd Mason, MI 48854-93925           | <del></del> _ |          |
| Type of Contribution: Direct Loan from a person Fund Raiser       |               |          |
|   |               |          |

Page Subtotal \$800.92 \$179,745.36

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

Enter this total on line 3a of Summary

Page.

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1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE 2. Committee Name Scho   | r for Lansing                         |   |
|--|---------------------------------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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                             | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.   |                                       |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 02/28/202  | 1                                     |   |
| Melot, Derek   |                                       |   |
| 1406 Wellington Rd   |                                       |   |
| Lansing, MI 48910-1156   | \$1,000.00                            | \$1,000.00  |
|  |                                       |   |
| 5. If over \$100.00 cumulative, please provide:  |                                       |   |
| Occupation communications Employer Michigan Assoc. of C  | ounties                               |   |
| Business Address 110 W Michigan Ave Ste 200 Lansing, MI 48933-1640   |                                       |   |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser  |                                       |   |
| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/28/202  | 1                                     | _   |
| Name & Address   | <del>-</del>                          |   |
| Melot, Derek   |                                       |   |
| 1406 Wellington Rd<br>Lansing, MI 48910-1156   |                                       |   |
| nansing, MI 46910-1156   | <u>\$250.00</u>                       | \$1,250.00  |
| 5. If over \$100.00 cumulative, please provide:  |                                       |   |
| Occupation communications Employer Michigan Assoc. of C  | ounties                               |   |
| Business Address 110 W Michigan Ave Ste 200 Lansing, MI 48933-1640   |                                       |   |
| Type of Contribution:  | <del></del>                           |   |
| 3  |                                       |   |
| Name & Address  PAC Receipt? YES 4. DATE OF RECEIPT 05/31/202  | 1                                     |   |
| Menefee, Eva   |                                       |   |
| 725 Ridgewood Ave  |                                       |   |
| Lansing, MI 48910-4653   | \$25.00                               | \$25.00   |
| - W A  | <u> </u>                              |   |
| 5. If over \$100.00 cumulative, please provide:  |                                       |   |
| Occupation Employer  |                                       |   |
| Business Address   |                                       |   |
| Type of Contribution: ✓ Direct  Loan from a person  Fund Raiser  | · · · · · · · · · · · · · · · · · · · |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 04/30/202  | 1                                     |   |
| Name & Address   |                                       |   |
| Merchant, Rusty<br>120 W Ottawa St   |                                       |   |
| Lansing, MI 48933-1644   | \$250.00                              | \$250.00  |
|  |                                       | <del></del>   |
| 5. If over \$100.00 cumulative, please provide:  |                                       |   |
| Occupation Governmental Affairs Employer McAlvey, Merchant &   |                                       |   |
| Business Address 120 W Ottawa St Lansing, MI 48933-1898ociates   |                                       |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |                                       |   |
| Page Subtotal  | A9 F0F 0-1                            |   |
|  | \$1,525.00                            |   |
| Grand Total of all Schedules 1A (Complete on last page of Schedule)  | \$179,745.36                          |   |
| , -  | nter this total on                    |   |
| lir  | ne 3a of Summary<br>age.              |   |

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### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for | Lansing |  |
|-------------------|-------|-----|---------|--|
|                   |       |     |         |  |

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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

Cumulative for Election Cycle for Each
Contributor (Through date of receipt)

| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 07/09/2021   |                    |             |
|--|--------------------|-------------|
| Name & Address   |                    |             |
| Michigan Beer and Wine Wholesalers<br>332 Townsend St  |                    |             |
| Lansing, MI 48933-2012   | \$500.00           | \$3,250.00  |
|  |                    |             |
| 5. If over \$100.00 cumulative, please provide:  |                    |             |
| Occupation Employer  |                    |             |
| Business Address   | _                  |             |
| Type of Contribution: ✓ Direct   |                    |             |
| 3. PAC Receipt? ✓ YES 4. DATE OF RECEIPT 01/01/2021  | _                  |             |
| Name & Address   |                    |             |
| Michigan Laborers' Political League  |                    |             |
| 1118 Centennial Way<br>Ste 100   | \$5,000.00         | \$5,000.00  |
| Lansing, MI 48917-7208   |                    |             |
| 5. If over \$100.00 cumulative, please provide:  |                    |             |
| Occupation Employer  |                    |             |
| Business Address   |                    |             |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <del></del>        |             |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/21/2021  |                    |             |
| Name & Address   |                    |             |
|  |                    |             |
| Michigan Laborers' Political League  |                    |             |
| 1118 Centennial Way  | <b>A</b> II 000 05 | 410,000,00  |
| 1118 Centennial Way<br>Ste 100   | \$5,000.00         | \$10,000.00 |
| 1118 Centennial Way Ste 100 Lansing, MI 48917-7208   | \$5,000.00         | \$10,000.00 |
| 1118 Centennial Way Ste 100 Lansing, MI 48917-7208  5. If over \$100.00 cumulative, please provide:  | \$5,000.00         | \$10,000.00 |
| 1118 Centennial Way Ste 100 Lansing, MI 48917-7208  5. If over \$100.00 cumulative, please provide: Occupation Employer  | \$5,000.00         | \$10,000.00 |
| 1118 Centennial Way Ste 100 Lansing, MI 48917-7208  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address   | \$5,000.00<br>     | \$10,000.00 |
| 1118 Centennial Way Ste 100 Lansing, MI 48917-7208  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:  Direct Loan from a person Fund Raiser  | \$5,000.00         | \$10,000.00 |
| 1118 Centennial Way Ste 100 Lansing, MI 48917-7208  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address   | \$5,000.00<br>     | \$10,000.00 |
| 1118 Centennial Way Ste 100 Lansing, MI 48917-7208  5. If over \$100.00 cumulative, please provide: Occupation  Business Address  Type of Contribution:  | \$5,000.00         | \$10,000.00 |
| 1118 Centennial Way Ste 100 Lansing, MI 48917-7208  5. If over \$100.00 cumulative, please provide: Occupation  Business Address  Type of Contribution:  |                    |             |
| 1118 Centennial Way Ste 100 Lansing, MI 48917-7208  5. If over \$100.00 cumulative, please provide: Occupation  Business Address Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 03/18/2021 Name & Address Michigan Regional Council of Carpenters PAC 400 Tower   | \$5,000.00         | \$10,000.00 |
| 1118 Centennial Way Ste 100 Lansing, MI 48917-7208  5. If over \$100.00 cumulative, please provide: Occupation  Business Address Type of Contribution:  Direct  Loan from a person  Fund Raiser  3. PAC Receipt? YES  4. DATE OF RECEIPT  03/18/2021 Name & Address Michigan Regional Council of Carpenters PAC 400 Tower Renaissance Center   |                    |             |
| 1118 Centennial Way Ste 100 Lansing, MI 48917-7208  5. If over \$100.00 cumulative, please provide: Occupation Employer  Business Address  Type of Contribution:  Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 03/18/2021  Name & Address  Michigan Regional Council of Carpenters PAC 400 Tower Renaissance Center  5. Tover \$100.00 cumulative, please provide:  |                    |             |
| 1118 Centennial Way Ste 100 Lansing, MI 48917-7208  5. If over \$100.00 cumulative, please provide: Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 03/18/2021  Name & Address  Michigan Regional Council of Carpenters PAC 400 Tower Renaissance Center  5. If over \$100.00 cumulative, please provide: |                    |             |
| 1118 Centennial Way Ste 100 Lansing, MI 48917-7208  5. If over \$100.00 cumulative, please provide: Occupation  Business Address  Type of Contribution:  PAC Receipt? YES  A. DATE OF RECEIPT  03/18/2021  Name & Address  Michigan Regional Council of Carpenters PAC  400 Tower Renaissance Center  5. If over \$100.00 cumulative, please provide: Occupation  Employer                           |                    |             |

Page Subtotal

\$15,500.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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#### MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| <ol><li>Committee Name</li></ol> | Schor | for Lansing              |                         |
|----------------------------------|-------|--------------------------|-------------------------|
| <u>_</u>                         |       |                          |                         |
|                                  | '     | <ol><li>Amount</li></ol> | Cumulative for Election |

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, Cycle for Each and middle initial. Check box to indicate if contribution is from a Political Committee or an Contributor (Through Independent Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. 4. DATE OF RECEIPT 03/20/2021 PAC Receipt? TYES Name & Address Mickens, Charles 2210 Lyman Dr Lansing, MI 48912-3416 \$146.46 \$396.46 5. If over \$100.00 cumulative, please provide: Employer WMU Cooley Law School Occupation Administrator Business Address 2210 Lyman Dr Lansing, MI 48912-3416 Fund Raiser Type of Contribution: ✓ Direct Loan from a person 4. DATE OF RECEIPT 07/18/2021 PAC Receipt? YES Name & Address Mickens, Charles 2210 Lyman Dr \$150.00 \$546.46 Lansing, MI 48912-3416 5. If over \$100.00 cumulative, please provide: Employer WMU Cooley Law School Occupation Administrator Business Address 2210 Lyman Dr Lansing, MI 48912-3416 Type of Contribution: ☐Fund Raiser Loan from a person ✓ Direct 3. 4. DATE OF RECEIPT 05/31/2021 PAC Receipt? TYES Name & Address Miles, Roger 3960 Norway Pine Dr \$250.00 Dewitt, MI 48820-9261 \$250.00 5. If over \$100.00 cumulative, please provide: Employer N/A Occupation Not Employed Business Address 3960 Norway Pine Dr Dewitt, MI 48820-9261 Fund Raiser Type of Contribution: ✓ Direct Loan from a person 4. DATE OF RECEIPT 06/30/2021 PAC Receipt? TYES Name & Address Millbrook, Lydia 1661 Nottingham Rd \$100.00 \$100.00 Lansing, MI 48911-1032 5. If over \$100.00 cumulative, please provide: Employer Occupation **Business Address** Fund Raiser Type of Contribution: Loan from a person ✓ Direct \$646.46

Page Subtotal

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for | Lansing |  |
|-------------------|-------|-----|---------|--|
|                   |       |     |         |  |

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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

Cumulative for Election Cycle for Each
Contributor (Through date of receipt)

| 3. PAC Receipt? VIVES 4. DATE OF RECEIPT 06/21/2021  |               |                   |
|--|---------------|-------------------|
| Name & Address  PAC Receipt? YES  4. DATE OF RECEIPT  06/21/2021   |               |                   |
| Miller Canfield PAC  |               |                   |
| 150 W Jefferson Ave  |               |                   |
|  | \$5,000.00    | <u>\$7,500.00</u> |
| Detroit, MI 48226-4432   |               |                   |
| 5. If over \$100.00 cumulative, please provide:  |               |                   |
| Occupation Employer  | <del></del>   |                   |
| Business Address   |               |                   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |               |                   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021. Name & Address  |               |                   |
| Miller, Stephanie  |               |                   |
| 826 Wildemere Dr   |               |                   |
| Mason, MI 48854-1351   | \$250.00      | \$250.00          |
|  |               |                   |
| 5. If over \$100.00 cumulative, please provide:  |               |                   |
| Occupation Graphic Designer Employer Self  | <del>_</del>  |                   |
| Business Address 826 Wildemere Dr Mason, MI 48854-1351   |               |                   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |               |                   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 07/18/2021 Name & Address  | -             |                   |
| Minter, Linda & Tom  |               |                   |
| 2161 Arundel Pl  |               |                   |
| Okemos, MI 48864-3601  | \$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  |               |                   |
| The second secon |               |                   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 07/18/2021 Name & Address  | _             |                   |
| Minter, Whitney  |               |                   |
| 4609 4th Rd N  | \$1,000.00    | \$1,000.00        |
| Arlington, VA 22203-2347   | \$1,000.00    |                   |
| 5. If over \$100.00 cumulative, please provide:  |               |                   |
|  |               |                   |
| Occupation Attorney Employer US Courts   | <del></del>   |                   |
| Occupation Attorney Employer US Courts  Business Address 1650 King St Ste 500 Alexandria, VA 22314-2747  | <del></del> . |                   |

Page Subtotal

\$6,350.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE  2. Committee Name School  | or for Lansing      |   |
|--|---------------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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           | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 2  |                     |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/202 Name & Address  | 21                  |   |
| Moody, Mrs.Nancy<br>1078 Applegate Ln<br>East Lansing, MI 48823-2118   | \$250.00            | \$250.00  |
| 5. If over \$100.00 cumulative, please provide:  |                     |   |
| Occupation Lobbyist Employer DTE Energy  |                     |   |
| Business Address 1 Energy Plz # 2465 Detroit, MI 48226-1221  |                     |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |                     |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/202   | 21                  |   |
| Mowery, Carolyn  |                     |   |
| 10239 Burgundy Blvd  |                     |   |
| Dimondale, MI 48821-9406   | \$100.00            | \$100.00  |
| 5. If over \$100.00 cumulative, please provide:  |                     |   |
| Occupation Employer  |                     |   |
| Business Address   |                     |   |
| Type of Contribution:  |                     |   |
|  |                     |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 04/20/202  | <u> </u>            |   |
| Moxley, Harry 528 Bailey St East Lansing, MI 48823-3402  |                     |   |
| Base Ballsting, MI 40023-3402  | \$250.00            | \$250.00  |
| 5. If over \$100.00 cumulative, please provide:  |                     |   |
| Occupation Friend of the Court Employer Ingham County  |                     |   |
| Business Address 303 W Kalamazoo St Lansing, MI 48933-2021   |                     |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |                     |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/202   | 21                  |   |
| Muchmore, P Shane 622 Dorchester Dr  |                     |   |
| Apt 159 Rochester Hills, MI 48307-4027   | \$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  | \$700.00            |   |
| Grand Total of all Schedules 1A (Complete on last page of Schedule)  | \$179,745.36        |   |
| E  | Enter this total on |   |

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line 3a of Summary Page.

## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 46696

| OONEDOLL III   | <ol><li>Committee Name</li></ol> | Schor   | for Lansing                             |   |
|--|----------------------------------|---------|---|---|
| CANDIDATE COMMITTEE  Enter contributor's name and address. If contribution is from an individu and middle initial. Check box to indicate if contribution is from a Politica Independent Committee (PAC) Report all contributions regardless of arm | Committee or an                  | t name, | • | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |

| 3. PAC Receipt? CIVES 4. DATE OF RECEIPT 06/28/2021  |             |          |
|--|-------------|----------|
| Name & Address  PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021   | -           |          |
| Mullen, Anthony  |             |          |
| 3812 Churchill Ave   | <b>.</b>    | 405 40   |
| Lansing, MI 48911-2209   | \$25.00     | \$25.00  |
| and the second s |             |          |
| 5. If over \$100.00 cumulative, please provide:  Cocumation Employer   |             |          |
| Occupation   | <del></del> |          |
| Business Address  Type of Contribution:  |             |          |
| Type of Continuation.  |             |          |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 03/20/2021   | _           |          |
| Name & Address   |             |          |
| MUMBY, CHRISTOPHER<br>827 Charrington Ct   |             |          |
| Mason, MI 48854-1372   | \$100.00    | \$100.00 |
|  |             |          |
| 5. If over \$100.00 cumulative, please provide:  |             |          |
| Occupation Interim Chief Information Employer City of Lansing  | <del></del> |          |
| Business Addtess 201 N Grand Ave Lansing, MI 48933-1307  |             |          |
| Type of Contribution: Direct Loan from a person Fund Raiser  |             |          |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  | _           |          |
| Name & Address   |             |          |
|  |             |          |
| MUMBY, CHRISTOPHER   |             |          |
| 827 Charrington Ct   | \$200.00    | \$300.00 |
| •  | \$200.00    | \$300.00 |
| 827 Charrington Ct Mason, MI 48854-1372  5. If over \$100.00 cumulative, please provide:   | \$200.00    | \$300.00 |
| 827 Charrington Ct<br>Mason, MI 48854-1372   | \$200.00    | \$300.00 |
| 827 Charrington Ct Mason, MI 48854-1372  5. If over \$100.00 cumulative, please provide:   | \$200.00    | \$300.00 |
| 827 Charrington Ct Mason, MI 48854-1372  5. If over \$100.00 cumulative, please provide: Occupation Interim Chief Information Employer City of Lansing   | \$200.00    | \$300.00 |
| 827 Charrington Ct Mason, MI 48854-1372  5. If over \$100.00 cumulative, please provide: Occupation Interim Chief Information Employer City of Lansing Business Addless 201 N Grand Ave Lansing, MI 48933-1307 Type of Contribution: Direct Loan from a person Fund Raiser   | \$200.00    | \$300.00 |
| 827 Charrington Ct Mason, MI 48854-1372  5. If over \$100.00 cumulative, please provide: Occupation Interim Chief Information Employer City of Lansing Business Addless 201 N Grand Ave Lansing, MI 48933-1307 Type of Contribution: Direct Loan from a person Fund Raiser   | \$200.00    | \$300.00 |
| 827 Charrington Ct Mason, MI 48854-1372  5. If over \$100.00 cumulative, please provide: Occupation Interim Chief Information Employer City of Lansing Business Address PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021 Name & Address Murphy, Nathan   | \$200.00    | \$300.00 |
| 827 Charrington Ct Mason, MI 48854-1372  5. If over \$100.00 cumulative, please provide: Occupation Interim Chief Information Employer City of Lansing Business Ad@fess 201 N Grand Ave Lansing. MI 48933-1307 Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021 Name & Address Murphy, Nathan 2132 Glencoe Hills Dr  |             |          |
| 827 Charrington Ct Mason, MI 48854-1372  5. If over \$100.00 cumulative, please provide: Occupation Interim Chief Information Employer City of Lansing Business Address Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021 Name & Address Murphy, Nathan 2132 Glencoe Hills Dr Apt 10  | \$200.00    | \$300.00 |
| 827 Charrington Ct Mason, MI 48854-1372  5. If over \$100.00 cumulative, please provide: Occupation Interim Chief Information Employer City of Lansing Business Ad@fess 201 N Grand Ave Lansing. MI 48933-1307 Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021 Name & Address Murphy, Nathan 2132 Glencoe Hills Dr Apt 10 Ann Arbor, MI 48108-1093  |             |          |
| 827 Charrington Ct Mason, MI 48854-1372  5. If over \$100.00 cumulative, please provide: Occupation Interim Chief Information Employer City of Lansing Business Addless 201 N Grand Ave Lansing, MI 48933-1307 Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021 Name & Address Murphy, Nathan 2132 Glencoe Hills Dr Apt 10 Ann Arbor, MI 48108-1093  5. If over \$100.00 cumulative, please provide:   |             |          |
| 827 Charrington Ct Mason, MI 48854-1372  5. If over \$100.00 cumulative, please provide: Occupation Interim Chief Information Employer City of Lansing Business Addless 201 N Grand Ave Lansing, MI 48933-1307 Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021 Name & Address Murphy, Nathan 2132 Glencoe Hills Dr Apt 10 Ann Arbor, MI 48108-1093  5. If over \$100.00 cumulative, please provide: Occupation State Director Employer Environment Michigan   |             |          |
| 827 Charrington Ct Mason, MI 48854-1372  5. If over \$100.00 cumulative, please provide: Occupation Interim Chief Information Employer City of Lansing Business Addless 201 N Grand Ave Lansing, MI 48933-1307 Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021 Name & Address Murphy, Nathan 2132 Glencoe Hills Dr Apt 10 Ann Arbor, MI 48108-1093  5. If over \$100.00 cumulative, please provide:   |             |          |

Page Subtotal \$425.00

ules 1A (Complete \$179,745.36

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

Enter this total on line 3a of Summary Page.

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1. Committee I.D. Number 46696

Page.

| CANDIDATE COMMITTEE 2. Committee Name Sc  | hor for Lansing     |   |
|---|---------------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | ne, 6. Amount       | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.  |                     |   |
| PAC Receipt? TYES 4. DATE OF RECEIPT 07/18/2  | 2021                |   |
| Name & Address ———————————————————————————————————  |                     |   |
| Nedziwe, Chido<br>1030 Marigold Ave   |                     |   |
| East Lansing, MI 48823-5129   | ****                | ***   |
|   | \$25.00             | <u>\$25.00</u>  |
| 5. If over \$100.00 cumulative, please provide:   |                     |   |
| Occupation Employer   |                     |   |
| Business Address  | <del>-</del>        |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |                     |   |
| 2   | <del></del>         | <del>_</del>  |
| Name & Address  PAC Receipt? TYES 4. DATE OF RECEIPT 06/30/2  | 021                 |   |
| Needham, Jennifer   |                     |   |
| 3593 Cabaret Trl  |                     |   |
| Okemos, MI 48864-4082   | \$250.00            | \$250.00  |
|   |                     | <del></del>   |
| 5. If over \$100.00 cumulative, please provide:   |                     |   |
| Occupation NA Employer NA   |                     |   |
| Business Address  | <del></del>         |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |                     |   |
| 3.  | A01                 |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2   | 021                 |   |
| Nelson, Joan  |                     |   |
| 217 Rosamond St   |                     |   |
| Lansing, MI 48912-2023  | \$100.00            | \$200.00  |
| F. K  | <del></del>         |   |
| 5. If over \$100.00 cumulative, please provide:   |                     |   |
| Occupation Non Profit Director Employer Allen Neighborhood  | Center              |   |
| Business Address 217 Rosamond St Lansing, MI 48912-2023   |                     |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |                     |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/20   | 021                 |   |
| Name & Address —  |                     |   |
| Nichols, John I   |                     |   |
| 1630 Woodside Dr<br>East Lansing, MI 48823-2950   |                     |   |
| 2000 2000213, 112 20023 2550  | \$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   | \$475.00            |   |
| Grand Total of all Schedules 1A (Complete on last page of Schedule)   | \$179,745.36        |   |
| ,   | Enter this total on |   |

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## ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| Committee rame Denot for Earlbang | . Committee Name | Schor | for | Lansing |  |  |
|-----------------------------------|------------------|-------|-----|---------|--|--|
|-----------------------------------|------------------|-------|-----|---------|--|--|

Cumulative for Election 6. Amount Enter contributor's name and address. If contribution is from an individual, enter last name, first name, Cycle for Each and middle initial. Check box to indicate if contribution is from a Political Committee or an Contributor (Through Independent Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. 4. DATE OF RECEIPT 03/20/2021 PAC Receipt? YES Name & Address Nicol, Jana 1612 Forbes St \$25.46 \$25.46 Lansing, MI 48915-1216 5. If over \$100.00 cumulative, please provide: Employer Occupation **Business Address** Type of Contribution: Fund Raiser **✓** Direct Loan from a person 4. DATE OF RECEIPT 02/26/2021 PAC Receipt? TYES Name & Address Nordhaus, Tanya 27451 W 9 Mile Rd Farmington Hills, MI 48336-3801 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Employer Eye Level Learning Center Occupation Center Director Business Address 35562 Grand River Ave Farmington Hills, MI 48335-3123 Type of Contribution: Fund Raiser Loan from a person ✓ Direct 3. PAC Receipt? TYES 4. DATE OF RECEIPT 03/20/2021 Name & Address Nordhaus, Tanya 27451 W 9 Mile Rd \$146.00 Farmington Hills, MI 48336-3801 \$46.00 5. If over \$100.00 cumulative, please provide: Eye Level Learning Center Occupation Center Director Employer Business Address 35562 Grand River Ave Farmington Hills, MI 48335-3123 Type of Contribution: Fund Raiser ✓ Direct Loan from a person 4. DATE OF RECEIPT 02/26/2021 PAC Receipt? TYES Name & Address Norkin, Oded 3803 Sandlewood Dr Okemos, MI 48864-3650 \$200.00 \$200.00 5. If over \$100.00 cumulative, please provide: Employer Michigan Flyer Occupation Vice President Business Address 333 Albert Ave East Lansing, MI 48823-4393 Fund Raiser Type of Contribution: ✓ Direct Loan from a person

> Page Subtotal \$371.46 s 1A (Complete \$179,745.36

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

Enter this total on line 3a of Summary Page.

Page 80 of 142

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE  | 2. Committee Name  | Schor   | for Lansing |   |
|--|--------------------|---------|-------------|---|
| Enter contributor's name and address. If contribution is from an individe and middle initial. Check box to indicate if contribution is from a Politic Independent Committee (PAC) Report all contributions regardless of a | al Committee or an | t name, | 6. Amount   | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|  |                    |         |             |   |

|  |              | date of receipt) |
|--|--------------|------------------|
|  |              |                  |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 07/06/2021           |              |                  |
| Name & Address   | <del></del>  |                  |
| Norkin, Oded   |              |                  |
| 3803 Sandlewood Dr   |              |                  |
| Okemos, MI 48864-3650  | \$250.00     | \$450.00         |
| _  |              |                  |
| 5. If over \$100.00 cumulative, please provide:              |              |                  |
| Occupation Vice President Employer Michigan Flyer            |              |                  |
| Business Address 333 Albert Ave East Lansing, MI 48823-4393  | <del></del>  |                  |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <del></del>  |                  |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 05/31/2021            |              | -                |
| Name & Address   | <del></del>  |                  |
| O'Connell, MaryLou   |              |                  |
| 806 Cowley Ave   |              |                  |
| East Lansing, MI 48823-3012                                  | \$50.00      | \$50.00          |
| <del>-</del>   | <u>·</u>     |                  |
| 5. If over \$100.00 cumulative, please provide:              |              |                  |
| Occupation Employer  |              |                  |
| Business Address   |              |                  |
| Type of Contribution: ✓ Direct                               | _            |                  |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/23/2021           |              |                  |
| Name & Address   |              |                  |
| O'Keefe, Patrick   |              |                  |
| 4912 Barnstable Ln   |              |                  |
| Lansing, MI 48906-9033                                       | \$500.00     | \$500.00         |
|  |              |                  |
| 5. If over \$100.00 cumulative, please provide:              |              |                  |
| Occupation Attorney Employer O'Keefe Law                     |              |                  |
| Business Address 3893 Okemos Rd Ste B1 Okemos, MI 48864-4209 | <del>_</del> |                  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |              |                  |
| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/31/2021           |              |                  |
| Name & Address   | _            |                  |
| O'Leary, Mr.David  |              |                  |
| 1925 Moores River Dr   |              |                  |
| Lansing, MI 48910-1013                                       | \$500.00     | \$500.00         |
| 5. If over \$100.00 cumulative, please provide:              |              |                  |
| Occupation President & CEO Employer O'Leary Paint Company    |              |                  |
| Business Address 3030 E Michigan Ave Lansing, MI 48912-4617  |              |                  |
| Type of Contribution:  | _            |                  |
|  |              | 1                |

Page Subtotal \$1,300.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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#### MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

|  | 1. | Committee | LD. | Number | 46696 |
|--|----|-----------|-----|--------|-------|
|--|----|-----------|-----|--------|-------|

| 2. Co | mmittee Name | Schor | for | Lansing |  |
|-------|--------------|-------|-----|---------|--|
|       |              |       |     | _       |  |

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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       | Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------------|--|
|  |                 | <del></del>  |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 07/12/2021 Name & Address  | _               |  |
| O'Toole, John<br>2381 Circle Dr  |                 | 4 0-   |
| West Bloomfield, MI 48324-3719   | <u>\$500.00</u> | \$750.00   |
| 5. If over \$100.00 cumulative, please provide:  |                 |  |
| Occupation VP, Healthcare Services Employer Christman Company  | <u></u>         |  |
| Business Address 208 N Capitol Ave Lansing, MI 48933-1353  |                 |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |                 |  |
| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 03/20/2021   |                 |  |
| Name & Address   |                 |  |
| OLeary, Elizabeth  |                 |  |
| 4150 Leeward Dr<br>Okemos, MI 48864-4400   | \$100.00        | \$100.00   |
| - Chemistry 112 10001 1100   |                 |  |
| 5. If over \$100.00 cumulative, please provide:  |                 |  |
| Occupation Employer  |                 |  |
| Business Address   |                 |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |                 |  |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/30/2021   |                 |  |
| Name & Address   |                 |  |
| Owen, Gary   |                 |  |
| 1 E Michigan Ave<br>  120 N. Washington Sq., Suite 1   | \$350.00        | \$350.00   |
| Lansing, MI 48933-1370   | +555.00         |  |
| 5. If over \$100.00 cumulative, please provide:  |                 |  |
| Occupation Govn't Affiars Employer Governmental Consultation   | nt              |  |
| Business Address 1 E Michigan Ave 120 N. Washington Servi Suite 1 Lansing.   |                 |  |
| Type of Contribution 489 30 Loan from a person Fund Raiser   |                 |  |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 02/26/2021  |                 |  |
| Name & Address   |                 |  |
| Padden, Jeffrey  |                 |  |
| 4288 Cherry Hill Dr  | ė1 000 00       | å1 E00 00  |
| Okemos, MI 48864-2969  | \$1,000.00      | \$1,500.00   |
| 5. If over \$100.00 cumulative, please provide:  |                 |  |
| Occupation Founder/Board Chair Employer Public Policy Associa  | tes             |  |
| Business Address 119 Pere Marquette Dr Ste 1C Lansing, MI 48912-1270   | <u> </u>        |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |                 | ····   |

Grand Total of all Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary Page.

Page Subtotal

\$1,950.00

\$179,745.36

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1. Committee I.D. Number 46696

| SCHEDULE 1A  CANDIDATE COMMITTEE  2. Committee Name Some Some Some Some Some Some Some So   | chor for Lar | nsing   |
|---|--------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first na and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | me, 6. Amou  | unt Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.  |              |   |
| PAC Receipt?   IYES 4. DATE OF RECEIPT 04/20/   | 2021         |   |
| Name & Address  | <del></del>  |   |
| Pallone, Dominick<br>327 Seymour Ave  |              |   |
| Lansing, MI 48933-1114  | \$21         | 50.00 \$450.00  |
|   |              |   |
| 5. If over \$100.00 cumulative, please provide:   |              |   |
| Occupation Deputy Director Employer Michigan Associat   | ion of       |   |
| Business Address 327 Seymour Ave Lansing, MI 48933-14941th  |              | •   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |              |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 05/31/3   | 2021         |   |
| Name & Address  |              |   |
| Pastuszka, Stanley  |              |   |
| 4113 Dell Rd  |              |   |
| Lansing, MI 48911-6104  | \$25         | \$250.00  |
| 5. If over \$100.00 cumulative, please provide:   |              |   |
|   |              |   |
| Occupation Not Employed Employed Not Employed  Business Address 4113 Dell Rd Lansing, MI 48911-6104   |              |   |
|   |              |   |
|   |              |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 06/28/3   | 2021         |   |
| Pastuszka, Stanley  |              |   |
| 4113 Dell Rd  |              |   |
| Lansing, MI 48911-6104  | \$15         | 50.00 \$400.00  |
|   |              |   |
| 5. If over \$100.00 cumulative, please provide:   |              |   |
| Occupation Not Employed Employer Not Employed   |              |   |
| Business Address 4113 Dell Rd Lansing, MI 48911-6104  |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |              |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 04/20/  | 2021         |   |
| Name & Address  |              |   |
| Patel, Mehul  |              |   |
| 3005 S Lamar Blvd<br>Ste D109-140   |              |   |
| Austin, TX 78704-8864   | <u> </u>     | \$250.00  |
| 5. If over \$100.00 cumulative, please provide:   |              |   |
| Occupation Self Employed Employer Lockout Austin  |              |   |
| Business Address 3005 S Lamar Blvd Ste D109-140 Austin, TX 78704-8864   |              |   |
| Type of Contribution:   | <del></del>  |   |
|   |              |   |

Page Subtotal \$900.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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### MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

| 1. Committe | e I.D. Number | 46696 |
|-------------|---------------|-------|
|-------------|---------------|-------|

Cumulative for Election 6. Amount Enter contributor's name and address. If contribution is from an individual, enter last name, first name, Cycle for Each and middle initial. Check box to indicate if contribution is from a Political Committee or an Contributor (Through Independent Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. 4. DATE OF RECEIPT 07/12/2021 PAC Receipt? TYES Name & Address Pecchio, Anthony 3943 Audrey Rae Ln \$250.00 \$500.00 Howell, MI 48843-6609 5. If over \$100.00 cumulative, please provide: Employer The Christman Company Occupation Vice President Business Address 208 N Capitol Ave Fl 5 Lansing, MI 48933-1358 Fund Raiser Type of Contribution: ✓ Direct Loan from a person 4. DATE OF RECEIPT 04/20/2021 PAC Receipt? YES Name & Address Peffley, Mr.Richard R 6414 Delta River Dr \$500.00 Lansing, MI 48906-8007 \$500.00 5. If over \$100.00 cumulative, please provide: Employer Lansing Board of Water and Occupation CEO Business Address 6414 Delta River Dr Lansing, MI 489 1 8007 Type of Contribution: Fund Raiser ✓ Direct Loan from a person 3. 4. DATE OF RECEIPT 05/31/2021 PAC Receipt? TYES Name & Address Peffley, Mr.Richard R 6414 Delta River Dr \$700.00 Lansing, MI 48906-8007 \$200.00 5. If over \$100.00 cumulative, please provide: Employer Lansing Board of Water and Occupation CEO Business Address 6414 Delta River Dr Lansing, MI 48948 8007 Fund Raiser Type of Contribution: ✓ Direct Loan from a person 4. DATE OF RECEIPT 07/06/2021 PAC Receipt? YES Name & Address Perkins, Mr.James 1310 Cambridge Rd \$25.00 Lansing, MI 48911-1003 \$25.00 5. If over \$100.00 cumulative, please provide: **Employer** Occupation Business Address Fund Raiser Type of Contribution: Direct Loan from a person

> Page Subtotal \$975.00 Grand Total of all Schedules 1A (Complete \$179,745.36 on last page of Schedule)

Enter this total on line 3a of Summary

Page.

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SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 46696
2. Committee Name Schor for Lansing

Enter this total on line 3a of Summary

Page.

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name and 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               | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |               |                |
|---|----------------|----------------|--------------|-------------------------|---|---------------|----------------|
| 3.  |                |                |              |                         |   |               |                |
| Name & Address  | PAC R          | eceipt?  YES   | 4. DATE      | OF RECEIPT              | 03/20/20  | 21            |                |
| Peterson, Jan<br>1313 W Saginaw S   |                |                |              |                         |   |               |                |
| Lansing, MI 489   | 15-1957        |                |              |                         |   | \$46.00       | <u>\$46.00</u> |
| 5. If over \$100.00 cumu  | lative, please | provide:       |              |                         |   |               |                |
| Occupation  |                |                | Employer     |                         |   |               |                |
| Business Address  |                |                |              |                         |   |               |                |
| Type of Contribution:   | ✓ Direct       | Loan from a pe | erson        | Fund Raise              | •   |               |                |
| 3.  | PAC R          | eceipt? TYES   | 4. DATE      | OF RECEIPT              | 03/20/20  | 21            |                |
| Name & Address  |                |                |              |                         |   | <del></del> _ |                |
| Pingston, Julie   | 3 T            |                |              | •                       |   |               |                |
| 2347 Rolling Ric<br>Holt, MI 48842-8  | -              |                |              |                         |   | \$45.00       | Ć4C 00         |
| ,   |                |                |              |                         |   | \$46.00       | \$46.00        |
| 5. If over \$100.00 cumu  | lative, please | provide:       |              |                         |   |               |                |
| Occupation  |                |                | Employer     |                         |   |               |                |
| Business Address  |                |                |              |                         |   |               |                |
| Type of Contribution:   | ✓ Direct       | Loan from a pe | erson        | Fund Raiser             | •   | <del></del>   |                |
| 3.<br>Name & Address  | PAC R          | eceipt?  YES   | 4. DATE      | OF RECEIPT              | 06/28/20  | 21            |                |
| Pirich, Mr.Johr   | n D            |                |              |                         |   |               |                |
| 6431 Oakencliffe  |                |                |              |                         |   |               |                |
| East Lansing, Mi  | I 48823-97     | 751            |              |                         |   | \$500.00      | \$500.00       |
| 5. If over \$100.00 cumu  | lative, please | provide:       |              |                         |   |               |                |
| Occupation Attorney   | •              |                | Employer     | Honigman                | Miller Sch  | wartz &       |                |
| Business Address 222  | N Washing      | ton Sq Ste 40  | 0 Lansi      | ng <sup>Coh</sup> I 489 | 33 <u>-1800</u>   |               |                |
| Type of Contribution:   | ✓ Direct       | Loan from a pe | erson        | Fund Raise              |   |               |                |
| 3.<br>Name & Address  | PAC R          | eceipt? VES    | 4. DATE      | OF RECEIPT              | 02/11/20  | 21            |                |
| Plumbers & Pipei  | fitters Lo     | cal 333 PAC    |              |                         |   |               |                |
| 5405 S Martin Lu  |                |                |              |                         |   |               |                |
| Lansing, MI 4891  | L1-3580        |                |              |                         |   | \$11,000.00   | \$21,000.00    |
| E. If over \$100.00 evenu   | lativo plogos  | provide        |              |                         |   |               |                |
| <ol><li>If over \$100.00 cumul<br/>Occupation</li></ol>   | iative, piease | provide.       | Employer     |                         |   |               |                |
| Business Address  |                |                | Linbloye     |                         |   | <del>-</del>  |                |
| Type of Contribution:   | ✓ Direct       | Loan from a pe | erson        | Fund Raiser             |   |               |                |
| 21  | <u> </u>       |                |              |                         |   | <del></del>   |                |
|   |                |                |              | F                       | age Subtotal  | \$11,592.00   |                |
|   |                | Gr             | and Total of | all Schedules           | 1A (Complete of Schedule)   | \$179,745.36  |                |
|   |                |                |              | on last page            |   |               |                |

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| P. Committee Name Schor for Lansing |  |
|-------------------------------------|--|
|-------------------------------------|--|

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

| 3.                               | PAC Receipt? TYES      | 4. DATE OF RECEIPT                    | 03/20/2021                                    |                                       |                   |
|----------------------------------|------------------------|---------------------------------------|---|---------------------------------------|-------------------|
| Name & Address                   |                        | _                                     | <u> </u>                                      | _                                     |                   |
| Plummer Rogers, M                | Marilyn                |                                       |   |                                       |                   |
| 3601 Lucie St                    |                        |                                       |   |                                       |                   |
| Lansing, MI 4891                 | 1-2800                 |                                       |   | \$46.00                               | \$146.00          |
| 5 If                             |                        |                                       |   |                                       |                   |
| 5. If over \$100.00 cumula       | itive, piease provide: | Emplayor N/3                          |   |                                       |                   |
| Occupation Retired               |                        | Employer N/A                          |   |                                       |                   |
| Business Address                 |                        |                                       |   | _                                     |                   |
|                                  | ✓ Direct Loan from a p | person Fund Raiser                    |   |                                       |                   |
| 3.                               | PAC Receipt? VYES      | 4. DATE OF RECEIPT                    | 07/07/2021                                    |                                       |                   |
| Name & Address                   |                        | _                                     |   | <del>-</del>                          |                   |
| PNC PAC                          |                        |                                       |   |                                       |                   |
| 800 17th St NW<br>Fl 12          |                        |                                       |   | \$1,000.00                            | \$1,000.00        |
| Washington, DC 2                 | 0006-3962              |                                       |   | \$1,000.00                            | <u> </u>          |
| 5. If over \$100.00 cumula       |                        |                                       |   |                                       |                   |
| Occupation                       | , ,                    | Employer                              |   |                                       |                   |
| Business Address                 |                        | · · · · · · · · · · · · · · · · · · · |   |                                       |                   |
|                                  | ✓ Direct               | person Fund Raiser                    | <del></del> -                                 | _                                     |                   |
| 3.                               |                        |                                       |   |                                       |                   |
| Name & Address                   | PAC Receipt? YES       | 4. DATE OF RECEIPT _                  | 06/01/2021                                    | _                                     |                   |
|                                  |                        |                                       |   |                                       |                   |
| Pohl, Zachary<br>4127 Breakwater | Dr                     |                                       |   |                                       |                   |
| Okemos, MI 48864                 |                        |                                       |   | \$100.00                              | \$1 <b>0</b> 0.00 |
|                                  |                        |                                       |   |                                       |                   |
| 5. If over \$100.00 cumula       | ative, please provide: |                                       |   |                                       |                   |
| Occupation                       |                        | Employer                              |   |                                       |                   |
| Business Address                 |                        |                                       |   | _                                     |                   |
| Type of Contribution:            | ✓ Direct Loan from a   | person Fund Raiser                    |   |                                       |                   |
| 3.                               | PAC Receipt? TYES      | 4. DATE OF RECEIPT                    | 03/10/2021                                    | · · · · · · · · · · · · · · · · · · · |                   |
| Name & Address                   |                        | -                                     | <u>, , , , , , , , , , , , , , , , , , , </u> | _                                     |                   |
| Pratt, Paul                      |                        |                                       |   |                                       |                   |
| 416 Everett Dr                   |                        |                                       |   |                                       |                   |
| Lansing, MI 4891                 | 5-1106                 |                                       | _   | \$500.00                              | \$650.00          |
| 5. If over \$100.00 cumul:       | ative, please provide: |                                       |   |                                       |                   |
| Occupation Deputy Di             | rain Commissioner      | Employer Ingham Co                    | unty  |                                       |                   |
| Business Address 707             | Buhl St Mason, MI 488  | 354-1025                              |   |                                       |                   |
| Type of Contribution:            | ✓ Direct  Loan from a  | person Fund Raiser                    |   | _                                     |                   |

Page Subtotal \$1,646.00

\$179,745.36

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

> Enter this total on line 3a of Summary Page.

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#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| . Committee Name | Schor | for | Lansing |  |
|------------------|-------|-----|---------|--|
|------------------|-------|-----|---------|--|

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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

Cumulative for Election Cycle for Each
Contributor (Through date of receipt)

| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 05/31/2021  |             |          |
|---|-------------|----------|
| Name & Address  |             |          |
| Price, David  |             |          |
| 514 Fulton Pl   |             | ****     |
| Lansing, MI 48915-1220  | \$200.00    | \$200.00 |
| 5 If 0400 00 annulative places provides   |             |          |
| 5. If over \$100.00 cumulative, please provide:   |             |          |
| Occupation Not Employed Employed Not Employed   | <del></del> |          |
| Business Address 514 Fulton Pl Lansing, MI 48915-1220   |             |          |
| Type of Contribution: Direct Loan from a person Fund Raiser   |             |          |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/30/2021  |             |          |
| Name & Address  |             |          |
| Profit, Kirk  |             |          |
| 4370 Stonemeadow Ct   | 6350 00     | \$350.00 |
| Ann Arbor, MI 48103-1683  | \$350.00    | \$350.00 |
| 5. If over \$100.00 cumulative, please provide:   |             |          |
| Occupation Consultant Employer Governmental Consultant  |             |          |
| Business Address 120 N Washington Sq Ste 110 Lansing, SeMY1 §8933-1609  |             |          |
|   |             |          |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser   |             |          |
| 3. PAC Receipt? FTYFS 4. DATE OF RECEIPT 06/28/2021   |             |          |
| 17.67.6564.   |             |          |
| Name & Address  |             |          |
| Name & Address Puchala, Benjamin  |             |          |
| Name & Address Puchala, Benjamin 2801 Bryon Cir   | \$100.00    | \$100.00 |
| Name & Address Puchala, Benjamin  | \$100.00    | \$100.00 |
| Name & Address  Puchala, Benjamin 2801 Bryon Cir Lansing, MI 48912-5103   | \$100.00    | \$100.00 |
| Name & Address  Puchala, Benjamin 2801 Bryon Cir Lansing, MI 48912-5103  5. If over \$100.00 cumulative, please provide:  | \$100.00    | \$100.00 |
| Name & Address  Puchala, Benjamin 2801 Bryon Cir Lansing, MI 48912-5103  5. If over \$100.00 cumulative, please provide: Occupation Employer  | \$100.00    | \$100.00 |
| Name & Address  Puchala, Benjamin 2801 Bryon Cir Lansing, MI 48912-5103  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address   | \$100.00    | \$100.00 |
| Name & Address  Puchala, Benjamin 2801 Bryon Cir Lansing, MI 48912-5103  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:  Direct Loan from a person Fund Raiser  | \$100.00    | \$100.00 |
| Name & Address  Puchala, Benjamin 2801 Bryon Cir Lansing, MI 48912-5103  5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021   | \$100.00    | \$100.00 |
| Name & Address  Puchala, Benjamin 2801 Bryon Cir Lansing, MI 48912-5103  5. If over \$100.00 cumulative, please provide: Occupation Business Address  Type of Contribution:   | \$100.00    | \$100.00 |
| Name & Address  Puchala, Benjamin 2801 Bryon Cir Lansing, MI 48912-5103  5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution:  | \$100.00    | \$100.00 |
| Name & Address  Puchala, Benjamin 2801 Bryon Cir Lansing, MI 48912-5103  5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution:  | \$100.00    | \$100.00 |
| Name & Address  Puchala, Benjamin 2801 Bryon Cir Lansing, MI 48912-5103  5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution:  |             |          |
| Name & Address  Puchala, Benjamin 2801 Bryon Cir Lansing, MI 48912-5103  5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution:  |             |          |
| Name & Address  Puchala, Benjamin 2801 Bryon Cir Lansing, MI 48912-5103  5. If over \$100.00 cumulative, please provide: Occupation  Business Address Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  Name & Address Putnam, John 1520 W Lenawee St Lansing, MI 48915-1150  |             |          |
| Name & Address  Puchala, Benjamin 2801 Bryon Cir Lansing, MI 48912-5103  5. If over \$100.00 cumulative, please provide: Occupation  Business Address Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  Name & Address Putnam, John 1520 W Lenawee St Lansing, MI 48915-1150  5. If over \$100.00 cumulative, please provide: |             |          |
| Name & Address  Puchala, Benjamin 2801 Bryon Cir Lansing, MI 48912-5103  5. If over \$100.00 cumulative, please provide: Occupation  Business Address Type of Contribution:   |             |          |

Page Subtotal \$700.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. | Committee | Name | Schor | for | Lans: | ing |
|----|-----------|------|-------|-----|-------|-----|
|    |           |      |       |     |       |     |

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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

Cumulative for Election Cycle for Each
Contributor (Through date of receipt)

| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/12/2021                |          |            |
|---|----------|------------|
| Name & Address  |          |            |
| Rasor, Mr.Philip A Jr.  |          |            |
| 5287 Jamerlea Ln  | \$100.00 | \$100.00   |
| Fowlerville, MI 48836-9622  | 3100.00  |            |
| 5. If over \$100.00 cumulative, please provide:                   |          |            |
| Occupation Employer   |          |            |
| Business Address  |          |            |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser |          |            |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 02/10/2021  Name & Address |          |            |
| Rau, Richard  |          |            |
| 6173 E Golfridge Dr   | \$500.00 | \$500.00   |
| East Lansing, MI 48823-9740                                       | \$500.00 |            |
| 5. If over \$100.00 cumulative, please provide:                   |          |            |
| Occupation retired president of hayker Employer Retired           |          |            |
| Business Address  |          |            |
| Type of Contribution:   |          |            |
|   | _        |            |
| Name & Address  PAC Receipt? TYES  4. DATE OF RECEIPT 07/12/2021  | -        |            |
| Rau, Richard  |          |            |
| 6173 E Golfridge Dr   | 4500.00  | 61 000 00  |
| East Lansing, MI 48823-9740                                       | \$500.00 | \$1,000.00 |
| 5. If over \$100.00 cumulative, please provide:                   |          |            |
| Occupation retired president of hayker Employer Retired           |          |            |
| Business Address  |          |            |
| Type of Contribution: ✓ Direct                                    |          |            |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/30/2021                 |          |            |
| Name & Address  | _        |            |
| Reid, Patrick   |          |            |
| 110 W Michigan Ave<br>Ste 750                                     | \$100.00 | \$100.00   |
| Lansing, MI 48933-1375  |          |            |
| 5. If over \$100.00 cumulative, please provide:                   |          |            |
| Occupation Employer   |          |            |
| Business Address  | -        |            |
| Type of Contribution: ✓ Direct  Loan from a person  Fund Raiser   |          |            |

Page Subtotal

\$1,200.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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1. Committee I.D. Number 46696

|   | TE COMMITTEE                     | 2. Committee Nam  | e Schor    | for Lansing |   |
|---|----------------------------------|---|------------|-------------|---|
| Enter contributor's name and a                          | to indicate if contribution is t | om an individual, enter last name, f<br>from a Political Committee or an<br>gardless of amount. | îrst name, | 6. Amount   | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3.<br>Name & Address                                    | PAC Receipt? YES                 | 4. DATE OF RECEIPT 02   | /19/2021   | ·           |   |
| Resch, Matt<br>1474 Cambridge Rd<br>Lansing, MI 48911-1 | 005                              |   |            | \$1,000.00  | \$2,000.00  |
| 5. If over \$100.00 cumulative                          | e, please provide:               |   |            |             |   |
| Occupation Consultant                                   |                                  | Employer Resch Strateg  | ies        |             |   |
| Business Address 300 S Wa                               | ashington Sq Ste 4               | 15 Lansing, MI 48933-21   | 02         |             |   |
| Type of Contribution:                                   | irect                            | erson   |            |             |   |

| Lansing, MI 48911-1005  |                            | \$1,000.00 | \$2,000.00 |
|---|----------------------------|------------|------------|
| 5. If over \$100.00 cumulative, please provide:                     |                            |            |            |
|   | ployer Resch Strategies    |            |            |
| Business Address 300 S Washington Sq Ste 415 L                      |                            |            |            |
| Type of Contribution:   | <u>-</u>                   | -          |            |
| 3. PAC Receipt? TYES 4.   | DATE OF RECEIPT 06/01/2021 | _          |            |
| Ricketts, Heather<br>2600 Hunters Pt<br>Kalamazoo, MI 49048-6105    | <u></u>                    | \$100.00   | \$2,100.00 |
| 5. If over \$100.00 cumulative, please provide:                     |                            |            |            |
| Occupation Consultant Em  | ployer Self                |            |            |
| Business Address 2600 Hunters Pt Kalamazoo, MI                      | 49048-6105                 |            |            |
| Type of Contribution:  Direct  Loan from a person                   | Fund Raiser                |            | _          |
| 3. PAC Receipt? YES 4. Name & Address                               | DATE OF RECEIPT 05/31/2021 | _          |            |
| Ridgell, Rochelle<br>3770 Butte Dr<br>Apt 12<br>Holt, MI 48842-7723 |                            | \$500.00   | \$500.00   |
| 5. If over \$100.00 cumulative, please provide:                     |                            |            |            |
| Occupation Real Estate Em   | ployer Self                |            |            |
| Business Address 6607 W St Joe Hwy Lansing, MI                      | 48917-7824                 |            |            |
| Type of Contribution: Direct Loan from a person                     | Fund Raiser                | -          |            |
| 3. PAC Receipt? TYES 4. Name & Address                              | DATE OF RECEIPT 03/04/2021 | _          |            |
| Riehl, Traci<br>2807 N Cambridge Rd                                 |                            |            |            |
| Lansing, MI 48911-1012  |                            | \$100.00   | \$100.00   |
| 5. If over \$100.00 cumulative, please provide:                     |                            |            |            |
| Occupation Em   | ployer                     |            |            |
| Business Address  |                            |            |            |
| Type of Contribution: Direct Loan from a person                     | Fund Raiser                | -          |            |

Page Subtotal \$1,700.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for | Lansing |  |
|-------------------|-------|-----|---------|--|
|                   |       |     |         |  |

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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   | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-------------|---|
| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/03/2021   |             | ·   |
| Name & Address   |             |   |
| Rishar, Lorri  |             |   |
| 117 E Kalamazoo St   | *** *** *** | 41 000 00   |
| Lansing, MI 48933-2137   | \$1,000.00  | \$1,000.00  |
| 5. If over \$100.00 cumulative, please provide:  |             |   |
| Occupation CEO/Partner Employer EDGE Partnerships  |             |   |
| Business Address 117 E Kalamazoo St Lansing, MI 48933-2137   |             |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | _           |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  |             |   |
| Name & Address   | <u> </u>    |   |
| Rogers, Marilyn  |             |   |
| 3601 Lucie St  | 405.00      | \$25.00   |
| Lansing, MI 48911-2800   | \$25.00     | \$25.00   |
| 5, If over \$100.00 cumulative, please provide:  |             |   |
| Occupation Employer  |             |   |
| Business Address   |             |   |
| Type of Contribution:  |             |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 07/12/2023   |             |   |
| Name & Address   |             |   |
| Ross, Chad   |             |   |
| 11420 Eden Trl<br>Eagle, MI 48822-9652   | \$250.00    | \$250.00  |
| Bagie, MI 40022 3032   | 7230.00     |   |
| 5. If over \$100.00 cumulative, please provide:  |             |   |
| Occupation Controller Employer Christman Company   |             |   |
| Business Address 208 N Capitol Ave Lansing, MI 48933-1353  |             |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |             |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 04/28/2021  | <br>[       | _   |
| Name & Address   | <del></del> |   |
| Ross, Mr.Ken   |             |   |
| 1408 Cambridge Rd<br>Lansing, MI 48911-1005  | \$500.00    | \$1,900.00  |
| Hallandy, M. 40311 1003  |             |   |
| 5. If over \$100.00 cumulative, please provide:  |             |   |
| Occupation Executive Employer John Hancock   |             |   |
| Business Address 200 E Berkeley St Ste 4 Roxbury, MA 02118-2208  |             |   |
|  |             |   |

Page Subtotal \$1,775.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

Enter this total on line 3a of Summary

Page.

| CANDIDATE COMMITTEE 2. Committee Name Script   | ror Lansing  |   |
|--|--------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. DAG - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1  |              |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 07/12/2021   |              |   |
|  |              |   |
| Roznowski, Melinda<br>45 E Grand River Rd  |              |   |
| Williamston, MI 48895-9343   | \$1,000.00   | \$1,000.00  |
| -  |              |   |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Board Employer Steven F & Melinda I.  |              |   |
| Business Address 45 E Grand River Rd Williamston, MIRQEBOYS 343  | <u></u>      |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |              |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 03/20/2021   |              |   |
| Name & Address   |              |   |
| Ruddell, Peter   |              |   |
| 501 Northlawn Ave<br>East Lansing, MI 48823-3120   |              |   |
| East Dalisting, MI 40023-3120  | \$1,000.00   | \$1,000.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Attorney Employer RWC Advocacy  |              |   |
| Business Address 222 Washington Sq, suite 400 Lansing, MI  |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |              |   |
|  |              |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021 Name & Address  | <del></del>  |   |
| Rycus, Ronald  |              |   |
| 5300 S Pennsylvania Ave  |              |   |
| Lansing, MI 48911-4006   | \$250.00     | \$500.00  |
| E If over \$100,00 cumulative places provide:  |              |   |
| 5. If over \$100.00 cumulative, please provide:  Occupation sales Employer Rycus Flooring  |              |   |
| Occupation sales Employer Rycus Flooring  Business Address 5300 S Pennsylvania Ave Lansing, MI 48911-4006  |              |   |
| - (A 1) (  | <del></del>  |   |
| Type of Contribution:  |              |   |
| Name & Address  PAC Receipt? YES  4. DATE OF RECEIPT  03/04/2021   |              |   |
| Sadler, Christopher  |              |   |
| 1623 W Barnes Ave<br>Lansing, MI 48910-1120  |              |   |
| Lansing, MI 48910-1120   | \$5.00       | <u>\$5.00</u>   |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Employer  |              |   |
| Business Address   | -            |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |              |   |
|  |              |   |
| Page Subtotal  | \$2,255.00   |   |
| Grand Total of all Schedules 1A (Complete  | \$179,745.36 |   |
| on last page of Schedule)  | . ,          |   |

Page 91 of 142

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE  2. Committee Name School   | or for Lansing |   |
|---|----------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name and 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      | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|   |                |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/05/20.  Name & Address  | 21             |   |
| Sanborn, Diane<br>720 Seymour Ave<br>Lansing, MI 48906-5127   | \$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. PAC Receipt? YES 4. DATE OF RECEIPT 03/04/20 Name & Address  | 21             |   |
| Sanchez, Linda M<br>3913 Sierra Hts<br>Holt, MI 48842-7701  | \$150.00       | \$150.00  |
| 5. If over \$100.00 cumulative, please provide:   |                |   |
| Occupation Assistant to the Mayor Employer City of Lansing  |                |   |
| Business Address  |                |   |
|   | <del></del>    |   |
|   |                |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/01/20 Name & Address   | 21             |   |
| Schmidt, Susan<br>532 S Ashley St<br>Ann Arbor, MI 48103-5064   | \$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. PAC Receipt? YES 4. DATE OF RECEIPT 07/05/20   | 21             |   |
| Name & Address  |                |   |
| Schneider, AnnMarie<br>1161 Woodingham Dr<br>East Lansing, MI 48823-1859  | \$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   | \$325.00       |   |
|   | 7              |   |

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

Enter this total on line 3a of Summary Page.

\$179,745.36

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### ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for Lansing |                         |
|-------------------|-------|-------------|-------------------------|
|                   |       | 6. Amount   | Cumulative for Election |

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

Cumulative for Election
Cycle for Each
Contributor (Through
date of receipt)

| 3.                              | DAC Bossint?       | 4. DATE OF RECEIPT | 03/20/2021       |               |          |
|---------------------------------|--------------------|--------------------|------------------|---------------|----------|
| Name & Address                  | PAC Receipt? YES   |                    |                  |               |          |
| Schrader, Mr.Dale               |                    |                    |                  |               |          |
| 1101 Seymour Ave                |                    |                    |                  |               |          |
| Lansing, MI 48906-48            | 38                 |                    |                  | \$100.00      | \$150.00 |
| _                               | t                  |                    |                  |               |          |
| 5. If over \$100.00 cumulative, | please provide:    |                    |                  |               |          |
| Occupation Property Mana        |                    | Employer Schrader, | Inc              | _ <del></del> |          |
| Business Address 1101 Seyr      | mour Ave Lansing,  | MI 48906-4838      |                  |               | 1        |
| Type of Contribution:           | ect Loan from a p  | erson Fund Raiser  |                  |               |          |
| 3.                              | PAC Receipt? TYES  | 4. DATE OF RECEIPT | 07/07/2021       |               |          |
| Name & Address                  | 11.01.000.pt.      | <del>-</del>       |                  |               |          |
| Scott, Thomas B                 |                    |                    |                  |               | l        |
| 4291 Cherry Hill Dr             | _                  |                    |                  | č25 00        | \$25.00  |
| Okemos, MI 48864-297            | 70                 |                    | -                | \$25.00       |          |
|                                 |                    |                    |                  |               |          |
| 5. If over \$100.00 cumulative, | please provide:    | Compleyor          |                  |               |          |
| Occupation                      |                    | Employer           |                  |               |          |
| Business Address                |                    |                    |                  |               |          |
| Type of Contribution:           | rect Loan from a p | person Fund Raiser |                  |               |          |
| 3.                              | PAC Receipt? TYES  | 4. DATE OF RECEIPT | 04/20/2021       | _             |          |
| Name & Address                  |                    | -                  |                  |               |          |
| Serkaian, Mr.Stephe             |                    |                    |                  |               |          |
| 3770 Chippendale Cir            | r                  |                    |                  | \$250.00      | \$250.00 |
| Okemos, MI 48864-386            | 61                 |                    |                  | <del></del>   |          |
| 5. If over \$100.00 cumulative  | nlease provide:    |                    |                  |               |          |
|                                 |                    | Employer Lansing F | 3oard of Water 8 | <u> </u>      |          |
| Occupation Executive Di         | rector customer    |                    |                  |               |          |
| Business Addiess 1201 S V       |                    |                    |                  |               |          |
| Type of Contribution:           | irect Loan from a  | porcer.            | <del></del>      |               |          |
| 3.                              | PAC Receipt? TYES  | 4. DATE OF RECEIPT | 03/20/2021       | _             |          |
| Name & Address                  |                    |                    |                  |               |          |
| Sethi, Manoj                    |                    |                    |                  |               |          |
| 6154 Graebear Trl               | 023-9209           |                    |                  | \$100.00      | \$100.00 |
| East Lansing, MI 48             | U2J-J2VJ           |                    |                  | <u> </u>      | <u> </u> |
| 5. If over \$100.00 cumulative  | e, please provide: |                    |                  |               |          |
| Occupation                      | •                  | Employer           |                  |               |          |
| Business Address                |                    |                    |                  | <del></del>   |          |
| ·                               | irect Loan from a  | person Fund Raise  |                  | •             |          |
| Type of Continueson.            |                    | <u> </u>           |                  |               |          |

Page Subtotal

\$475.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

### ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| Committee Name Schor for Lansing |
|----------------------------------|
|----------------------------------|

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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

Cumulative for Election Cycle for Each Contributor (Through date of receipt)

| ### 3. PAC Receipt?   YES   4. DATE OF RECEIPT   07/07/2021   07/07/20 | S. PAC Bec   |  |  |              |          |          |
|--|--|--|--|--------------|----------|----------|
| Shanker, Lawrence 6111 W Longview Dr East Lansing, MI 48823-9739 \$100.00 \$100.00  5. If over \$100.00 cumulative, please provide:  Occupation  |  | eipt?  | . DATE OF RECEIP!  | 07/07/2021   | -        |          |
| \$11.1 W. Longview Dr Bast Lansing, MI 48823-9739 \$100.00 \$100.00  5. If over \$100.00 cumulative, please provide:  Occupation   |  |  |  |              |          |          |
| 5. If over \$100.00 cumulative, please provide:  Occupation  | <del>-</del>   |  |  |              |          |          |
| Docupation   |  | 9  |  |              | \$100.00 | \$100.00 |
| Docupation   |  |  |  |              |          |          |
| Business Address Type of Contribution:   | 5. If over \$100.00 cumulative, please p   |  |  |              |          |          |
| Type of Contribution:  | Occupation   | En   | nployer<br>  |              |          |          |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/12/2021  Name & Address Shapiro, Amy 2645 Edgebrook Dr Lansing, MI 48906-3816 \$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. PAC Receipt? YES 4. DATE OF RECEIPT 02/26/2021  Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012  Type of Contribution: Direct Loan from a person Fund Raiser  5. If over \$100.00 cumulative, please provide:  Occupation Retired. Employer Retired  Business Address 1139 Hillgate Way Lansing, MI 48912-5012  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021  Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012  Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012   | Business Address   |  |  |              |          |          |
| Name & Address   | Type of Contribution:  | Loan from a perso  | n Fund Raiser  |              |          |          |
| 2645 Edgebrook Dr Lansing, MI 48906-3816 \$20.00 \$20.00  5. If over \$100.00 cumulative, please provide:  Cccupation  | PACREC   | eipt? YES 4  | I. DATE OF RECEIPT   | 07/12/2021   | -        |          |
| 2645 Edgebrook Dr Lansing, MI 48906-3816 \$20.00 \$20.00  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution:   | Shapiro. Amy   |  |  |              |          |          |
| 5. If over \$100.00 cumulative, please provide:  Occupation  | - · -  |  |  |              |          |          |
| Cocupation Employer  Business Address Type of Contribution:  | Lansing, MI 48906-3816   |  |  | <u></u>      | \$20.00  | \$20.00  |
| Business Address  Type of Contribution:  Direct  Loan from a person  Fund Raiser  3.  PAC Receipt?  4. DATE OF RECEIPT  02/26/2021  Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012 \$50.00 \$100.00  5. If over \$100.00 cumulative, please provide:  Occupation Retired.  Employer Retired  Business Address 1139 Hillgate Way Lansing, MI 48912-5012  Type of Contribution:  Direct  Loan from a person  Fund Raiser  3.  PAC Receipt? YES  4. DATE OF RECEIPT  03/20/2021  Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012 \$50.00 \$150.00  | 5. If over \$100.00 cumulative, please p   | rovide:  |  |              |          |          |
| Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 02/26/2021  Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012 \$50.00 \$100.00  5. If over \$100.00 cumulative, please provide:  Occupation Retired. Employer Retired Business Address 1139 Hillgate Way Lansing, MI 48912-5012  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021  Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012 \$50.00 \$150.00  | Occupation   | En   | mployer  |              |          |          |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 02/26/2021  Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012 \$50.00 \$100.00  5. If over \$100.00 cumulative, please provide: Occupation Retired. Employer Retired Business Address 1139 Hillgate Way Lansing, MI 48912-5012  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021  Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012 \$50.00 \$150.00  | Business Address   |  |  |              |          | i        |
| Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012  Spoon S | Type of Contribution: Direct   | Loan from a perso  | n Fund Raiser  |              |          |          |
| Name & Address  Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012 \$50.00 \$100.00  5. If over \$100.00 cumulative, please provide:  Occupation Retired. Employer Retired  Business Address 1139 Hillgate Way Lansing, MI 48912-5012  Type of Contribution:   | 3. BAC Por   | oint2 DVEC 4   | DATE OF RECEIPT  | 02/26/2021   |          |          |
| 1139 Hillgate Way Lansing, MI 48912-5012 \$50.00 \$100.00  5. If over \$100.00 cumulative, please provide:  Occupation Retired.  Business Address 1139 Hillgate Way Lansing, MI 48912-5012  Type of Contribution:  |  | æibr: □ 1E3 4  | - LOCAL OF NEOLIN .  | - 02/20/2021 | _        |          |
| 1139 Hillgate Way Lansing, MI 48912-5012 \$50.00 \$100.00  5. If over \$100.00 cumulative, please provide:  Occupation Retired.  Business Address 1139 Hillgate Way Lansing, MI 48912-5012  Type of Contribution:  |  |  |  |              |          | 1        |
| 5. If over \$100.00 cumulative, please provide:  Occupation Retired.   | Sharkey, Joel  |  |  |              |          |          |
| Occupation Retired.  Business Address 1139 Hillgate Way Lansing, MI 48912-5012  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021  Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012 \$50.00  | 1139 Hillgate Way  |  |  |              |          |          |
| Occupation Retired.  Business Address 1139 Hillgate Way Lansing, MI 48912-5012  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021  Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012 \$50.00  | 1139 Hillgate Way  |  |  |              | \$50.00  | \$100.00 |
| Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021  Name & Address  Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012 \$50.00   | 1139 Hillgate Way<br>Lansing, MI 48912-5012  | rovide:  |  |              | \$50.00  | \$100.00 |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021  Name & Address  Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012 \$50.00  | 1139 Hillgate Way Lansing, MI 48912-5012  5. If over \$100.00 cumulative, please p   |  | mployer Retired  |              | \$50.00  | \$100.00 |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021  Name & Address  Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012  \$50.00 \$150.00  | 1139 Hillgate Way Lansing, MI 48912-5012  5. If over \$100.00 cumulative, please p Occupation Retired.   | Er   | · • —  |              | \$50.00  | \$100.00 |
| Name & Address  Sharkey, Joel  1139 Hillgate Way  Lansing, MI 48912-5012 \$50.00   | 1139 Hillgate Way Lansing, MI 48912-5012  5. If over \$100.00 cumulative, please p Occupation Retired. Business Address 1139 Hillgate  | Er<br>Way Lansing, M   | 11 48912-5012  |              | \$50.00  | \$100.00 |
| 1139 Hillgate Way Lansing, MI 48912-5012 \$50.00 \$150.00  | 1139 Hillgate Way Lansing, MI 48912-5012  5. If over \$100.00 cumulative, please p Occupation Retired. Business Address 1139 Hillgate Type of Contribution:  Direct  | Er Way Lansing, M Loan from a perso  | II 48912-5012<br>on Fund Raiser  | 03/20/2021   | \$50.00  | \$100.00 |
| Lansing, MI 48912-5012 \$50.00 \$150.00  | 1139 Hillgate Way Lansing, MI 48912-5012  5. If over \$100.00 cumulative, please procupation Retired.  Business Address 1139 Hillgate Type of Contribution:  Direct  3. PAC Received.  | Er Way Lansing, M Loan from a perso  | II 48912-5012<br>on Fund Raiser  | 03/20/2021   | \$50.00  | \$100.00 |
|  | 1139 Hillgate Way Lansing, MI 48912-5012  5. If over \$100.00 cumulative, please p Occupation Retired. Business Address 1139 Hillgate Type of Contribution:  | Er Way Lansing, M Loan from a perso  | II 48912-5012<br>on Fund Raiser  | 03/20/2021   | \$50.00  | \$100.00 |
| 5. If over \$100.00 cumulative, please provide:  | 1139 Hillgate Way Lansing, MI 48912-5012  5. If over \$100.00 cumulative, please p Occupation Retired. Business Address 1139 Hillgate Type of Contribution:  | Er Way Lansing, M Loan from a perso  | II 48912-5012<br>on Fund Raiser  | 03/20/2021   |          |          |
|  | 1139 Hillgate Way Lansing, MI 48912-5012  5. If over \$100.00 cumulative, please p Occupation Retired. Business Address 1139 Hillgate Type of Contribution:  | Er Way Lansing, M Loan from a perso  | II 48912-5012<br>on Fund Raiser  | 03/20/2021   |          |          |
| Occupation Retired. Employer Retired   | 1139 Hillgate Way Lansing, MI 48912-5012  5. If over \$100.00 cumulative, please p Occupation Retired. Business Address 1139 Hillgate Type of Contribution:  Direct  3. PAC Rev Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012  | Err Way Lansing, M Loan from a perso   | II 48912-5012<br>on Fund Raiser  | 03/20/2021   |          |          |
| Business Address 1139 Hillgate Way Lansing, MI 48912-5012  | 1139 Hillgate Way Lansing, MI 48912-5012  5. If over \$100.00 cumulative, please processed occupation Retired.  Business Address 1139 Hillgate Type of Contribution: Direct  3. PAC Rev Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012  5. If over \$100.00 cumulative, please processed in the second s | Err Way Lansing, M Loan from a perso ceipt? YES                              | II 48912-5012  on Fund Raiser  4. DATE OF RECEIPT                                  | 03/20/2021   |          |          |
|  | 1139 Hillgate Way Lansing, MI 48912-5012  5. If over \$100.00 cumulative, please processed occupation Retired.  Business Address 1139 Hillgate Type of Contribution:  Direct  3. PAC Rev Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012  5. If over \$100.00 cumulative, please processed occupation Retired.   | Err Way Lansing, M Loan from a perso ceipt? YES                              | TI 48912-5012  on Fund Raiser  4. DATE OF RECEIPT  imployer Retired                | 03/20/2021   |          |          |
| Type of Contribution: Direct Loan from a person Fund Raiser  | 1139 Hillgate Way Lansing, MI 48912-5012  5. If over \$100.00 cumulative, please p Occupation Retired. Business Address 1139 Hillgate Type of Contribution:  Direct  3. PAC Rev Name & Address Sharkey, Joel 1139 Hillgate Way Lansing, MI 48912-5012  5. If over \$100.00 cumulative, please p Occupation Retired. Business Address 1139 Hillgate   | Err Way Lansing, M Loan from a perso ceipt? YES  provide: Err Way Lansing, M | TI 48912-5012  On Fund Raiser  4. DATE OF RECEIPT  Imployer Retired  4I 48912-5012 | 03/20/2021   |          |          |

Page Subtotal

\$220.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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1. Committee I.D. Number 46696

| SCHEDULE TA  CANDIDATE COMMITTEE  2. Committee Name Schor  | for Lansing                                  |  |
|--|--|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name,  | 6. Amount                                    | Cumulative for Election Cycle for Each |
| and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. |  | Contributor (Through date of receipt)  |
| · · · · · · · · · · · · · · · · · ·  |  |  |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021 Name & Address   | <u>.                                    </u> |  |
| Sharkey, Joel<br>1139 Hillgate Way   |  |  |
| Lansing, MI 48912-5012   | \$25.00                                      | \$175.00                               |
| 5. If over \$100.00 cumulative, please provide:  |  |  |
| Occupation Retired. Employer Retired   |  |  |
| Business Address 1139 Hillgate Way Lansing, MI 48912-5012  | _  |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |  |  |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021  | <u> </u>                                     |  |
| Shawa, Ms.Heather  |  |  |
| 2665 Walnut Grv  |  |  |
| Grand Ledge, MI 48837-8430   | \$250.00                                     | \$250.00                               |
| 5. If over \$100.00 cumulative, please provide:  |  |  |
| Occupation Chief Financial Officer Employer Lansing Board of Wate  | er &   |  |
| Business Address PO Box 13007 Lansing, MI 48901-3007 Light   |  |  |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser   | _  |  |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021  | 1  |  |
| Name & Address   | <u> </u>                                     |  |
| Sheehan, Robert  |  |  |
| 2114 Boxwood Ln<br>Lansing, MI 48917-1317  |  |  |
| Lansing, MI 40917-1317   | \$250.00                                     | \$750.00                               |
| 5. If over \$100.00 cumulative, please provide:  |  |  |
| Occupation Social worker Employer CMH Association of Mi  | ichigan                                      |  |
| Business Address 426 S Walnut St Lansing, MI 48933-2039  |  |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |  |  |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 05/31/2021   | <u>.                                    </u> |  |
| Sheehan, Robert<br>2114 Boxwood In   |  |  |
| Lansing, MI 48917-1317   | \$250.00                                     | \$1,000.00                             |
| <del>-</del>   |  |  |
| 5. If over \$100.00 cumulative, please provide:  |  |  |
| Occupation Social worker Employer CMH Association of Mi  | ichigan<br>———                               |  |
| Business Address 426 S Walnut St Lansing, MI 48933-2039  | <u></u>                                      |  |
| 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)  | \$179,745.36                                 |  |

Enter this total on line 3a of Summary Page.

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## **SCHEDULE 1A**

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE   | 2. Committee Name   | Schor   | for Lansing |   |
|---|---------------------|---------|-------------|---|
| Enter contributor's name and address. If contribution is from an indiv and middle initial. Check box to indicate if contribution is from a Polit Independent Committee (PAC) Report all contributions regardless of | cal Committee or an | t name, | 0., 4       | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |

| 3.                                       | PAC Receipt? ✓YES    | 4. DATE   | OF RECEIPT               | 06/03/2021    |                 | į          |
|--|----------------------|-----------|--------------------------|---------------|-----------------|------------|
| Name & Address                           |                      |           |                          |               | <del>-</del>    |            |
| Sheet Metal Workers                      | Local 7 PAC          |           |                          |               |                 |            |
| 4921 Contec Dr                           | 1.01                 |           |                          |               | \$1,500.00      | \$1,500.00 |
| Lansing, MI 48910-7                      | TOT                  |           |                          | -             | 4-,             |            |
| 5. If over \$100.00 cumulative           | e, please provide:   |           |                          |               |                 |            |
| Occupation                               |                      | Employer  |                          |               |                 |            |
| Business Address                         |                      |           |                          |               | _               |            |
| Type of Contribution:                    | irect Loan from a pe | erson     | Fund Raiser              |               |                 |            |
| 3.                                       | PAC Receipt? TYES    | 4. DATE   | OF RECEIPT               | 04/28/2021    |                 |            |
| Name & Address                           |                      |           | _                        | <u>-</u>      | _ <del></del> _ |            |
| Smalligan, Jim                           |                      |           |                          |               |                 |            |
| 8735 Olive Shore Av                      |                      |           |                          |               | \$1,350.00      | \$1,850.00 |
| West Olive, MI 4946                      | )A-3T03              |           |                          | -             | <u> </u>        |            |
| 5. If over \$100.00 cumulative           | e, please provide:   |           |                          |               |                 |            |
| Occupation Engineer                      | er produce pro       | Employer  | Fishbeck,                | Thompson, C   | arr &           |            |
| Business Address 5913 Ex                 | recutive Dr Ste 100  | Lansing   | , М <sup>рь</sup> 48911- | 5343          |                 |            |
|  | Direct Loan from a p |           | Fund Raiser              |               |                 |            |
| 3.                                       | <u> </u>             |           | OF RECEIPT               | 01/05/2021    |                 |            |
| Name & Address                           | PAC Receipt? YES     | 4. DATE   | OF RECEIPT               | 01/05/2021    | <del>-</del>    |            |
| Smiertka, James                          |                      |           |                          |               |                 |            |
| 9416 Colby Lake Rd                       |                      |           |                          |               |                 |            |
| Laingsburg, MI 488                       | 48-8756              |           |                          |               | \$100.00        | \$600.00   |
|  |                      |           |                          |               |                 |            |
| 5. If over \$100.00 cumulativ            | e, please provide:   | F         | . gi f •                 | maina         |                 |            |
| Occupation attorney                      |                      | Employer  |                          |               | <u> </u>        |            |
| Business Address 124 W N                 |                      |           |                          |               | <del></del>     |            |
| Type of Contribution:                    | Direct Loan from a p | erson     | Fund Raiser              |               |                 |            |
| 3.                                       | PAC Receipt? YES     | 4. DATE   | OF RECEIPT               | 03/04/202     | <u> </u>        |            |
| Name & Address                           | _                    |           | •                        |               |                 |            |
| Smiertka, James                          |                      |           |                          |               |                 |            |
| 9416 Colby Lake Rd<br>Laingsburg, MI 488 |                      |           |                          |               | \$300.00        | \$900.00   |
| Laingspurg, MI 400                       |                      |           |                          |               |                 |            |
| 5. If over \$100.00 cumulative           | ve, please provide:  |           |                          |               |                 |            |
| Occupation attorney                      |                      | Employe   | r Ciy of L               | ansing        |                 |            |
|  | Michigan Ave Lansin  | ig, MI 48 | 3933-1646                |               |                 |            |
|  | Direct Loan from a   |           | Fund Raise               | r             |                 |            |
| 100                                      |                      |           |                          |               |                 |            |
|  |                      |           | F                        | Page Subtotal | \$3,250.00      |            |

Grand Total of all Schedules 1A (Complete \$179,745.36 on last page of Schedule)

Enter this total on line 3a of Summary Page.

of 142 Page 96

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

| 0/111010                     | ALE COMMITTEE   |                              |            |           |   |
|------------------------------|---|------------------------------|------------|-----------|---|
| and middle initial. Check bo | f address. If contribution is fro<br>x to indicate if contribution is fi<br>C) Report all contributions reg | rom a Political Committee or |            | 6. Amount | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Name & Address            | PAC Receipt? TYES   | 4. DATE OF RECEIPT           | 04/20/2021 |           |   |

| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 04/20/2021                |             |            |
|---|-------------|------------|
| Name & Address  |             |            |
| Smiertka, James<br>9416 Colby Lake Rd                             |             |            |
| Laingsburg, MI 48848-8756   | \$46.00     | \$946.00   |
|   |             |            |
| 5. If over \$100.00 cumulative, please provide:                   |             |            |
| Occupation attorney Employer Ciy of Lansing                       |             |            |
| Business Address 124 W Michigan Ave Lansing, MI 48933-1646        |             |            |
| Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser    |             |            |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 05/31/2021 Name & Address |             |            |
|   |             |            |
| Smiertka, James<br>9416 Colby Lake Rd                             |             |            |
| Laingsburg, MI 48848-8756   | \$200.00    | \$1,146.00 |
| <del></del>   |             |            |
| 5. If over \$100.00 cumulative, please provide:                   |             |            |
| Occupation attorney Employer City of Lansing                      |             |            |
| Business Address 124 W Michigan Ave Lansing, MI 48933-1646        |             |            |
| Type of Contribution: Direct Loan from a person Fund Raiser       |             |            |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/28/2021 Name & Address | -           |            |
| Smiertka, James   |             |            |
| 9416 Colby Lake Rd  |             |            |
| Laingsburg, MI 48848-8756   | \$250.00    | \$1,396.00 |
| 5. If over \$100.00 cumulative, please provide:                   |             |            |
| Occupation attorney Employer Ciy of Lansing                       |             |            |
| Business Address 124 W Michigan Ave Lansing, MI 48933-1646        |             |            |
| Type of Contribution: Direct Loan from a person Fund Raiser       |             |            |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 07/18/2021                |             | ·          |
| Name & Address  | -           |            |
| Smiertka, James<br>  9416 Colby Lake Rd                           |             |            |
| Laingsburg, MI 48848-8756   | \$200.00    | \$1,596.00 |
|   |             |            |
| 5. If over \$100.00 cumulative, please provide:                   |             |            |
| Occupation attorney Employer Ciy of Lansing                       |             |            |
| Business Address 124 W Michigan Ave Lansing, MI 48933-1646        | <del></del> |            |
| Type of Contribution: Direct Loan from a person Fund Raiser       |             |            |

Page Subtotal \$696.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for | Lansing |  |
|-------------------|-------|-----|---------|--|
|                   |       |     |         |  |

| Name & Address   Smith, Craig   Spot   Sp       | Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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      | Cycle for Each Contributor (Through date of receipt) |
|---|--|----------------|--|
| Name & Address Smith, Craig 907 Franklin Farm Dr Mason, MI 48854-9367  S. If over \$100.00 cumulative, please provide:  Cocupation Engineer Business Address 208 N Capitol Ave Lansing, MI 48933-1353 Type of Contribution:   Direct   Loan from a person   Fund Raiser  3. PAC Receipt?   YES   4. DATE OF RECEIPT   02/01/2021  Smith, David 3505 W Clark Rd   Dewitt, MI 48820-9414   \$1,000.00   \$1,000.00    S. If over \$100.00 cumulative, please provide:  Cocupation Information Requested   Employer   Information Requested   Business Address   Type of Contribution:   Direct   Loan from a person   Fund Raiser    3. PAC Receipt?   YES   4. DATE OF RECEIPT   07/12/2021    Name & Address   Smith, Jennifer   14570   Hardtke Dr Lansing, MI 48936-9283   \$250.00   \$500.00    S. If over \$100.00 cumulative, please provide:  Cocupation Lobby ist   Employer   Michigan   Assoc. of School    Business Address   Direct   Loan from a person   Fund Raiser    3. PAC Receipt?   YES   4. DATE OF RECEIPT   07/12/2021    S. If over \$100.00 cumulative, please provide:  Cocupation Lobby ist   Employer   Michigan   Assoc. of School    Business Address   PAC Receipt?   YES   4. DATE OF RECEIPT   04/30/2021    Name & Address   PAC Receipt?   YES   4. DATE OF RECEIPT   04/30/2021    Name & Address   PAC Receipt?   YES   4. DATE OF RECEIPT   04/30/2021    Name & Address   PAC Receipt?   YES   4. DATE OF RECEIPT   04/30/2021    Name & Address   PAC Receipt?   YES   4. DATE OF RECEIPT   04/30/2021    S. If over \$100.00 cumulative, please provide:   \$500.00   \$500.00    5. If over \$100.00 cumulative, please provide:   \$500.00   \$500.00  |  |                |  |
| ## Smith, Craig  ## Spoon   | PAC Receipt? TES 4. DATE OF NEEDEN 1 077117 ESTE   | _ <del>_</del> |  |
| 997 Franklin Farm Dr Mason, MI 48654-9367 \$200.00 \$200.00  5. If over \$100.00 cumulative, please provide:  Cccupation Engineer   |  |                |  |
| Mason, MI 48854-9367 \$200.00 \$200.00  5. If over \$100.00 cumulative, please provide:  Occupation Engineer  Business Address 208 N Capitol Ave Lansing, MI 48933-1353 Type of Contribution:   |  |                |  |
| Decupation Engineer   |  | \$200.00       | \$200.00   |
| Decupation Engineer   |  | <del></del>    |  |
| Business Address 208 N Capitol Ave Lansing, MI 48933-1353 Type of Contribution:  Direct  Loan from a person  Fund Raiser  3.  PAC Receipt?  YES  4. DATE OF RECEIPT  02/01/2021 Name & Address Smith, David  3505 W Clark Rd Dewitt, MI 48820-9414  \$1,000.00 \$1,000.00  5. If over \$100.00 cumulative, please provide: Occupation Information Requested  Employer Information Requested Business Address Type of Contribution:  Direct  Loan from a person  Fund Raiser  3.  PAC Receipt?  A. DATE OF RECEIPT  07/12/2021 Name & Address Smith, Jennifer 14570 Hardtke Dr Lansing, MI 48906-9283  \$250.00 \$500.00  5. If over \$100.00 cumulative, please provide: Occupation Lobby ist  Employer Michigan Assoc. of School Business Address 1001 Centennial Way Ste 400 Lansing BOM* 48917-8249 Type of Contribution:  Direct  Loan from a person  Fund Raiser  3.  PAC Receipt?  A. DATE OF RECEIPT  04/30/2021 Name & Address 1001 Centennial Way Ste 400 Lansing BOM* 48917-8249 Type of Contribution:  Direct  Loan from a person  Fund Raiser  3.  PAC Receipt?  A. DATE OF RECEIPT  04/30/2021 Name & Address  | <b>=</b> 1   |                |  |
| Type of Contribution:   Direct  | Coodpanion Engineer  |                |  |
| 3. PAC Receipt?   YES   4. DATE OF RECEIPT   02/01/2021   Name & Address   Smith, David   3505 W Clark Rd   Devitt, MI 48820-9414   \$1,000.00   \$1,000.00    5. If over \$100.00 cumulative, please provide: Occupation Information Requested   Employer   Information Requested   Informatio |  | _              |  |
| Name & Address  Smith, David 3505 W Clark Rd Dewitt, MI 48820-9414  S1,000.00 \$1,000.00  S. If over \$100.00 cumulative, please provide:  Occupation Information Requested Employer Information Requested  Business Address Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/12/2021  Name & Address Smith, Jennifer 14570 Hardtke Dr Lansing, MI 48906-9283 \$250.00 \$500.00  5. If over \$100.00 cumulative, please provide:  Occupation Lobbyist Employer Michigan Assoc. of School  Business Address 1001 Centennial Way Ste 400 Lansing Polity 48917-8249  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  Name & Address Smith, Joann 7417 Velleux St Reunion, FL 34747-6724 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:   | Type of Continuence   Direct   December   Direct   Direct | <del></del>    |  |
| Smith, David 3505 W Clark Rd Dewitt, MT 48820-9414 \$1,000.00 \$1,000.00  5. If over \$100.00 cumulative, please provide: Occupation Information Requested Employer Information Requested Business Address Type of Contribution:  Direct  Loan from a person  Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/12/2021  Name & Address Smith, Jennifer 14570 Hardtke Dr Lansing, MI 48906-9283 \$250.00 \$500.00  5. If over \$100.00 cumulative, please provide: Occupation Lobbyist Employer Michigan Assoc. of School Business Address 1001 Centennial Way Ste 400 Lansing NA 48917-8249  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  Name & Address Smith, Joann 7417 Velleux St Reunion, FL 34747-6724 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:  | PAC Receipt: TES 4: DATE OF RESERVE  |                |  |
| 3505 W Clark Rd Dewitt, MI 48820-9414 \$1,000.00 \$1,000.00  5. If over \$100.00 cumulative, please provide: Occupation Information Requested Employer Information Requested Business Address Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/12/2021 Name & Address Smith, Jennifer 14570 Hardtke Dr Lansing, MI 48906-9283 \$250.00 \$500.00  5. If over \$100.00 cumulative, please provide: Occupation Lobbyist Employer Michigan Assoc. of School Business Address 1001 Centennial Way Ste 400 Lansing PONT 48917-8249 Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021 Name & Address Smith, Joann 7417 Velleux St Reumion, FL 34747-6724 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:   | Name & Address   |                |  |
| Dewitt, MI 48820-9414 \$1,000.00 \$1,000.00  5. If over \$100.00 cumulative, please provide:  Occupation Information Requested Employer Information Requested  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/12/2021  Name & Address  Smith, Jennifer 14570 Hardtke Dr Lansing, MI 48906-9283 \$250.00 \$500.00  5. If over \$100.00 cumulative, please provide: Occupation Lobbyist Employer Michigan Assoc. of School  Business Address 1001 Centennial Way Ste 400 Lansing Port 48917-8249  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  Name & Address  Smith, Joann 7417 Velleux St Reunion, FL 34747-6724 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:  | · · · · · · · · · · · · · · · · · · ·  |                |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Information Requested Employer Information Requested  Business Address  Type of Contribution:   |  | \$1,000.00     | \$1,000.00   |
| Occupation Information Requested Employer Information Requested  Business Address Type of Contribution:   |  |                |  |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/12/2021  Name & Address Smith, Jennifer 14570 Hardtke Dr Lansing, MI 48906-9283 \$250.00 \$500.00  5. If over \$100.00 cumulative, please provide: Occupation Lobbyist Employer Michigan Assoc. of School Business Address 1001 Centennial Way Ste 400 Lansing NAT 48917-8249  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  Name & Address Smith, Joann 7417 Velleux St Reunion, FL 34747-6724 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:  | 5. If over \$100.00 cumulative, please provide:  |                |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 07/12/2021  Name & Address Smith, Jennifer 14570 Hardtke Dr Lansing, MI 48906-9283 \$250.00 \$500.00  5. If over \$100.00 cumulative, please provide: Occupation Lobbyist Employer Michigan Assoc. of School Business Address 1001 Centennial Way Ste 400 Lansing Pont 48917-8249  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  Name & Address Smith, Joann 7417 Velleux St Reunion, FL 34747-6724 \$500.00 \$500.00   | Occupation Information Requested Employer Information Requested  |                |  |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/12/2021  Name & Address  Smith, Jennifer 14570 Hardtke Dr Lansing, MI 48906-9283 \$250.00 \$500.00  5. If over \$100.00 cumulative, please provide: Occupation Lobbyist Employer Michigan Assoc. of School Business Address 1001 Centennial Way Ste 400 Lansing Book 48917-8249  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  Name & Address Smith, Joann 7417 Velleux St Reunion, FL 34747-6724 \$500.00  5. If over \$100.00 cumulative, please provide:   | Business Address   | <u> </u>       |  |
| Name & Address  Smith, Jennifer  14570 Hardtke Dr  Lansing, MI 48906-9283 \$250.00 \$500.00  5. If over \$100.00 cumulative, please provide:  Occupation Lobbyist Employer Michigan Assoc. of School  Business Address 1001 Centennial Way Ste 400 Lansing Bookf 48917-8249  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  Name & Address  Smith, Joann 7417 Velleux St Reunion, FL 34747-6724 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:   | Type of Contribution: Direct Loan from a person Fund Raiser  |                |  |
| Name & Address  Smith, Jennifer  14570 Hardtke Dr  Lansing, MI 48906-9283 \$250.00 \$500.00  5. If over \$100.00 cumulative, please provide:  Occupation Lobbyist Employer Michigan Assoc. of School  Business Address 1001 Centennial Way Ste 400 Lansing PONF 48917-8249  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  Name & Address  Smith, Joann  7417 Velleux St  Reunion, FL 34747-6724 \$500.00  5. If over \$100.00 cumulative, please provide:   | 3. PAC Receipt? TYES 4. DATE OF RECEIPT 07/12/2021   |                |  |
| 14570 Hardtke Dr Lansing, MI 48906-9283 \$250.00 \$500.00  5. If over \$100.00 cumulative, please provide: Occupation Lobbyist Employer Michigan Assoc. of School Business Address 1001 Centennial Way Ste 400 Lansing BOMF 48917-8249  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  Name & Address Smith, Joann 7417 Velleux St Reunion, FL 34747-6724 \$500.00  5. If over \$100.00 cumulative, please provide:  |  | <del>.</del>   |  |
| Lansing, MI 48906-9283 \$250.00 \$500.00  5. If over \$100.00 cumulative, please provide:  Occupation Lobbyist Employer Michigan Assoc. of School  Business Address 1001 Centennial Way Ste 400 Lansing For 48917-8249  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  Name & Address  Smith, Joann 7417 Velleux St Reunion, FL 34747-6724 \$500.00  5. If over \$100.00 cumulative, please provide:   | Smith, Jennifer  |                |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Lobbyist Employer Michigan Assoc. of School  Business Address 1001 Centennial Way Ste 400 Lansing Book 48917-8249  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  Name & Address  Smith, Joann 7417 Velleux St Reunion, FL 34747-6724 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:   |  | \$250.00       | \$500.00   |
| Occupation Lobbyist Employer Michigan Assoc. of School Business Address 1001 Centennial Way Ste 400 Lansing For 48917-8249  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  Name & Address Smith, Joann 7417 Velleux St Reunion, FL 34747-6724 \$500.00  5. If over \$100.00 cumulative, please provide:  | Lansing, MI 48906-9283   |                |  |
| Occupation Lobbyist Employer Michigan Assoc. of School Business Address 1001 Centennial Way Ste 400 Lansing BOMF 48917-8249  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  Name & Address Smith, Joann 7417 Velleux St Reunion, FL 34747-6724 \$500.00  5. If over \$100.00 cumulative, please provide:   | 5. If over \$100.00 cumulative, please provide:  |                |  |
| Business Address 1001 Centennial Way Ste 400 Lansing BOMF 48917-8249  Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  Name & Address Smith, Joann 7417 Velleux St Reunion, FL 34747-6724 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:   |  | hool           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  3. PAC Receipt? YES 4. DATE OF RECEIPT 04/30/2021  Name & Address Smith, Joann 7417 Velleux St Reunion, FL 34747-6724 \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:   | Business Address 1001 Centennial Way Ste 400 Lansing Boar 48917-8249   |                |  |
| Name & Address  Smith, Joann 7417 Velleux St Reunion, FL 34747-6724  5. If over \$100.00 cumulative, please provide:  |  |                |  |
| Name & Address  Smith, Joann 7417 Velleux St Reunion, FL 34747-6724  \$500.00 \$500.00  5. If over \$100.00 cumulative, please provide:   | 3. PAC Receipt? TIVES 4 DATE OF RECEIPT 04/30/2021   |                | <u> </u>   |
| 7417 Velleux St Reunion, FL 34747-6724 \$500.00  5. If over \$100.00 cumulative, please provide:  |  |                |  |
| 7417 Velleux St Reunion, FL 34747-6724 \$500.00  5. If over \$100.00 cumulative, please provide:  | Smith. Joann   |                |  |
| 5. If over \$100.00 cumulative, please provide:   | ·  |                |  |
|   | Reunion, FL 34747-6724   | \$500.00       | \$500.00   |
|   | E. Mayor \$100.00 cumulative please provide:   |                |  |
|   | Occupation Not Employed Employed Employed  |                |  |

Page Subtotal

\$1,950.00

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

Fund Raiser

\$179,745.36

Enter this total on line 3a of Summary Page.

Page 98 of 142

Type of Contribution:

Business Address 7417 Velleux St Reunion, FL 34747-6724

Loan from a person

**☑** Direct

### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. | Committee | Name | Schor | for | Lansing |  |
|----|-----------|------|-------|-----|---------|--|
|    |           |      |       |     |         |  |

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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

Cumulative for Election Cycle for Each Contribution (Through date of receipt)

| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 02/15/2021   |          |             |
|--|----------|-------------|
| Name & Address   |          |             |
| Smith, Noah<br>14570 Hardtke Dr  |          |             |
| Lansing, MI 48906-9283   | \$100.00 | \$100.00    |
|  |          | <del></del> |
| 5. If over \$100.00 cumulative, please provide:  |          |             |
| Occupation Employer  |          |             |
| Business Address   |          |             |
| Type of Contribution:  |          |             |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/07/2021   |          |             |
| Name & Address   |          |             |
| Smith, Samuel<br>2901 Raby Rd.   |          |             |
| Haslett, MI 48840  | \$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. PAC Receipt? TYES 4. DATE OF RECEIPT 04/21/2021   |          |             |
| Name & Address   |          |             |
| Solak, Matthew   |          |             |
| 1718 Rock Way<br>Lansing, MI 48910-2569  | \$500.00 | \$1,050.00  |
| Latising, MI 48710 2303  |          |             |
| 5. If over \$100.00 cumulative, please provide:  |          |             |
|  |          |             |
| Occupation Vice President Employer Kindsvatter Dalling and   |          | Ì           |
|  |          |             |
| Occupation Vice President Employer Kindsvatter Dalling and Business Address 629 W Hillsdale St Lansing, MI 4893  Type of Contribution: Direct Loan from a person Fund Raiser   |          |             |
| Business Address 629 W Hillsdale St Lansing, MI 4893 4892 5 Type of Contribution: Direct Loan from a person Fund Raiser  |          |             |
| Business Address 629 W Hillsdale St Lansing, MI 4893 ASS STE   |          |             |
| Business Address 629 W Hillsdale St Lansing, MI 4893 \$\frac{3}{2} \frac{9}{2} \frac{1}{6}\$  Type of Contribution:  | <u> </u> |             |
| Business Address 629 W Hillsdale St Lansing, MI 4893 \$\frac{3}{2} \frac{9}{2} \frac{1}{6}\$  Type of Contribution:  | \$500.00 | \$1.550.00  |
| Business Address 629 W Hillsdale St Lansing, MI 4893 \$\frac{3}{2} \frac{9}{2} \frac{1}{6}\$  Type of Contribution:  | \$500.00 | \$1,550.00  |
| Business Address 629 W Hillsdale St Lansing, MI 4893 \$\frac{3}{2} \frac{9}{2} \frac{1}{6}\$  Type of Contribution:  | \$500.00 | \$1,550.00  |
| Business Address 629 W Hillsdale St Lansing, MI 4893 \$\frac{3\frac{3}{2}\frac{9}{2}\frac{1}{6}}{\frac{1}{2}}\$  Type of Contribution:   | \$500.00 | \$1,550.00  |
| Business Address 629 W Hillsdale St Lansing, MI 4893 \$\frac{3\frac{3}{2}\frac{9}{2}\frac{1}{6}}{\frac{1}{2}}\$  Type of Contribution:   | \$500.00 | \$1,550.00  |
| Business Address 629 W Hillsdale St Lansing, MI 4893 \$\frac{3\frac{3}{2}\frac{9}{2}\frac{5}{6}}{\frac{1}{2}}\$  Type of Contribution: \[ \subseteq \text{Direct} \] Loan from a person \[ \text{Fund Raiser} \]  3. PAC Receipt? \[ \text{YES} \] 4. DATE OF RECEIPT \[ 05/31/2021 \]  Name & Address  Solak, Matthew  1718 Rock Way  Lansing, MI 48910-2569  5. If over \$100.00 cumulative, please provide: | \$500.00 | \$1,550.00  |

Page Subtotal \$1,200.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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1. Committee I.D. Number 46696

| SCHEDULE 1A  CANDIDATE COMMITTEE  2. Committee Name Schor  | for Lansing  | _   |
|--|--------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. PAG Paristo Flyer A PATE OF PROFIDE   |              |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 02/26/2021 Name & Address  |              |   |
| Sorg, Walter 121 E Jolly Rd Apt D1 Lansing, MI 48910-6686  | \$50.00      | \$400.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Retired Employer Retired  |              |   |
| Business Address 121 E Jolly Rd Apt D1 Lansing, MI 48910-6686  | <del></del>  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |              |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 04/20/2021   | _            | _   |
| Name & Address   |              |   |
| Sorg, Walter 121 E Jolly Rd Apt D1 Lansing, MI 48910-6686  | \$100.00     | \$500.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Retired Employer Retired  |              |   |
| Business Address 121 E Jolly Rd Apt D1 Lansing, MI 48910-6686  |              |   |
| Type of Contribution: ✓ Direct  Loan from a person  Fund Raiser  |              |   |
| PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021   |              |   |
| Name & Address   | <del></del>  |   |
| Speaker, Liisa R<br>2120 Moores River Drive 2120 M<br>Lansing, MI 48910  | \$500.00     | \$500.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Attorney Employer Speaker Law Firm, PLLC  | 2            |   |
| Business Address 819 N Washington Ave Lansing, MI 48906-5135   |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <del></del>  |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/23/2021 Name & Address   |              |   |
| Speiser, Mark<br>1037 Glenhaven Ave  |              |   |
| East Lansing, MI 48823-2622  | \$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  |              |   |
| Electrical a bolooti Li ana talooti  |              | <u> </u>  |
| Page Subtotal  | \$750.00     |   |
| Grand Total of all Schedules 1A (Complete on last page of Schedule)  | \$179,745.36 |   |

Enter this total on line 3a of Summary Page.

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696 2. Committee Name Schor for Lansing

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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   | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-------------|---|
|  |             |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 03/02/2021 Name & Address  |             |   |
| Spyke, Patrick<br>6128 Graebear Trl  |             |   |
| East Lansing, MI 48823-9209  | \$1,000.00  | \$2,000.00  |
| 5. If over \$100.00 cumulative, please provide:  |             |   |
| Occupation CEO Employer LAFCU Credit Union   |             |   |
| Business Address 106 N Marketplace Blvd Lansing, MI 48917-7753   |             |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |             |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 04/30/2021 Name & Address  |             |   |
| Stajos, James  |             |   |
| 3011 Crofton Dr  |             |   |
| Dewitt, MI 48820-7770  | \$1,000.00  | \$1,000.00  |
| 5. If over \$100.00 cumulative, please provide:  |             |   |
| Occupation Owner- American Eagle Employer Self Employed  |             |   |
| Business Address 901 N Larch St Lansing, MI 48906-5229   |             |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <del></del> |   |
|  |             |   |
| Name & Address  PAC Receipt? YES 4. DATE OF RECEIPT 07/12/2021   |             |   |
| Staley, Donald   |             |   |
| 350 Sagamore Trl<br>Lowell, MI 49331-8952  |             |   |
| LOWEII, MI 43331-0352  | \$350.00    | \$350.00  |
| 5. If over \$100.00 cumulative, please provide:  |             |   |
| Occupation VP Employer Christman Company   |             |   |
| Business Address 208 N Capitol Ave Lansing, MI 48933-1353  |             |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <del></del> |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 07/02/2021   |             |   |
| Name & Address   |             |   |
| Stamas, Mr.Tony<br>2704 Walden Woods Ct  |             |   |
| Midland, MI 48640-6955   | \$150.00    | \$150.00  |
| 5. If over \$100.00 cumulative, please provide:  |             |   |
| Occupation Government Relations Employer Small Business Associ   | ation       |   |
| Business Address 120 N Washington Sq Ste 1000 Lansing MI 48933-1631  |             |   |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser   | <del></del> |   |
| <del></del>  |             |   |
| Page Subtotal  | \$2,500.00  |   |

Grand Total of all Schedules 1A (Complete

on last page of Schedule)

Enter this total on line 3a of Summary Page.

Page 101 of 142

1. Committee I.D. Number 46696

Committee Name Schor for Lansing CANDIDATE COMMITTEE Cumulative for Election 6. Amount Enter contributor's name and address. If contribution is from an individual, enter last name, first name, Cycle for Each and middle initial. Check box to indicate if contribution is from a Political Committee or an Contributor (Through Independent Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021 Name & Address STANAWAY, LORETTA 546 Armstrong Rd Lansing, MI 48911-3811 \$50.00 \$125.00 5. If over \$100.00 cumulative, please provide: Employer Memorial Minders Occupation Owner Business Address 546 Armstrong Rd Lansing, MI 48911-3811 Type of Contribution: ✓ Direct Loan from a person Fund Raiser 3. 4. DATE OF RECEIPT PAC Receipt? TYES 06/28/2021 Name & Address STANAWAY, LORETTA 546 Armstrong Rd Lansing, MI 48911-3811 \$25.00 \$150.00 5. If over \$100.00 cumulative, please provide: Employer Memorial Minders Occupation Owner Business Address 546 Armstrong Rd Lansing, MI 48911-3811 Type of Contribution: Fund Raiser ✓ Direct Loan from a person 3. 4. DATE OF RECEIPT 07/18/2021 PAC Receipt? YES Name & Address STANAWAY, LORETTA 546 Armstrong Rd Lansing, MI 48911-3811 \$175.00 \$25.00 5. If over \$100.00 cumulative, please provide: Employer Memorial Minders Occupation Owner Business Address 546 Armstrong Rd Lansing, MI 48911-3811 Type of Contribution: ✓ Direct Fund Raiser Loan from a person 4. DATE OF RECEIPT 07/18/2021 PAC Receipt? TYES Name & Address Stella, Olga 1300 E Lafayette St Apt 2412 \$50.00 \$150.00 Detroit, MI 48207-2924 5, If over \$100.00 cumulative, please provide: Employer College for Creative Occupation Economic developer м<mark>\$t48328-44</mark>02 Business Address 500 Griswold St Ste 2200 Detroit, Fund Raiser Type of Contribution: ✓ Direct Loan from a person \$150.00 Page Subtotal Grand Total of all Schedules 1A (Complete \$179,745.36

> Enter this total on line 3a of Summary Page.

on last page of Schedule)

of Page 102 142

1. Committee I.D. Number 46696

Enter this total on line 3a of Summary

Page.

| CANDIDATE COMMITTEE 2. Committee Name Schor  | for Lansing  |   |
|--|--------------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. PAGE 140 FRANCE A PATE OF RECEIPT   |              | <del></del>   |
| PAC Receipt? TYES 4. DATE OF RECEIPT 02/26/2021  |              |   |
| Name & Address   |              |   |
| Stralkowski, Mr.Christopher<br>1223 Turner St  |              |   |
| Ste 300  | \$500.00     | \$1,000.00  |
| Lansing, MI 48906-4363 —   | <del></del>  |   |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Executive Project Manager Employer Ferguson Development   |              |   |
| Business Address 1223 Turner St Ste 300 Lansing, MI 48906-4363   |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | _            |   |
|  |              |   |
| PAC Receipt? TYES 4. DATE OF RECEIPT 03/20/2021 Name & Address   |              |   |
| Stralkowski, Mr.Christopher  |              |   |
| 1223 Turner St   |              |   |
| Ste 300  | \$100.46     | \$1,100.46  |
| Lansing, MI 48906-4363 —   |              |   |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Executive Project Manager Employer Ferguson Development   |              |   |
| Business Address 1223 Turner St Ste 300 Lansing, MI 48906-4363   | _            |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |              |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/30/2021  |              |   |
| Name & Address   | <del></del>  | 1   |
| Stralkowski, Mr.Christopher  |              |   |
| 1223 Turner St<br>Ste 300  | ¢250.00      | ¢1 350 46   |
| Lansing, MI 48906-4363   | \$250.00     | \$1,350.46  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Executive Project Manager Employer Ferguson Development   |              |   |
| Business Address 1223 Turner St Ste 300 Lansing, MI 48906-4363   |              |   |
| Type of Contribution:  | <del>_</del> |   |
|  |              |   |
| Name & Address  PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021   | _            |   |
| Sullivan, Ellen  |              |   |
| 424 Everett Dr   |              |   |
| Lansing, MI 48915-1106   | \$100.00     | \$100.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Employer  |              |   |
| Business Address   |              |   |
|  | <u> </u>     |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |              |   |
| Page Subtotal  | \$950.46     |   |
| Grand Total of all Schedules 1A (Complete  | \$179,745.36 |   |
| on last page of Schedule)  | 72.5,735.50  |   |

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### SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee 1.D. Number 46696

| 2. | Committee | Name | Schor | for | Lansing |
|----|-----------|------|-------|-----|---------|
|    |           |      |       |     |         |

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

| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2                 | 2021  |
|--|---|
| Name & Address   |   |
| Sutton, Jordan<br>1710 Moores River Dr                         |   |
| Lansing, MI 48910-1002   | \$100.00 \$100.00                               |
|  |   |
| 5. If over \$100.00 cumulative, please provide:                | _   |
| Occupation Employer  |   |
| Business Address   | <del></del>                                     |
| Type of Contribution: ✓ Direct                                 |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 06/03/2                | 2021  |
|  |   |
| Swan, Mr.Dennis A<br>3741 Chippendale Cir                      |   |
| Okemos, MI 48864-3861  | \$250.00 \$250.00                               |
|  |   |
| 5. If over \$100.00 cumulative, please provide:                |   |
| Occupation President & CEO Employer Sparrow                    |   |
| Business Address 1215 E Michigan Ave Lansing, MI 48912-1811    |   |
| Type of Contribution: ✓ Direct  Loan from a person Fund Raiser |   |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 02/26/                 | <u>′2021                                   </u> |
| Name & Address   |   |
| Swartz, Jerry PO Box 274                                       |   |
| PO BOX 274<br>  Williamston, MI 48895-0274                     | \$250.00 \$650.00                               |
|  |   |
| 5. If over \$100.00 cumulative, please provide:                |   |
| Occupation Not Employed Employed Employed                      |   |
| Business Address PO Box 274 Williamston, MI 48895-0274         | <del></del>                                     |
| Type of Contribution:  |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/28/                  | /2021   |
| Name & Address   |   |
| Swartz, Jerry  |   |
| PO Box 274<br>  Williamston, MI 48895-0274                     | \$250.00 \$900.00                               |
| WITTERMSCOM, MI 40000 CENT                                     | <del></del>                                     |
| 5. If over \$100.00 cumulative, please provide:                |   |
| Occupation Not Employed Employer Not Employed                  |   |
| Business Address PO Box 274 Williamston, MI 48895-0274         |   |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser |   |
|  |   |

Page Subtotal

\$850.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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### MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1, Committee I.D. Number 46696

| 6. Amount Cum | nulative for Election |
|---------------|-----------------------|

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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    | Cycle for Each Contributor (Through date of receipt) |
|--|--------------|--|
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 05/31/2021  | _            |  |
| Name & Address Szirtes, Mr.Joel R  |              |  |
| 1902 Maryland Blvd Birmingham, MI 48009-4120   | \$2,100.00   | \$2,100.00   |
| 5. If over \$100.00 cumulative, please provide:  |              |  |
| Occupation COO Employer HealthCall   | <del>_</del> |  |
| Business Address 52 Oakdale Blvd Pleasant Ridge, MI 48069-1034   | _            |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |              |  |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021 Name & Address   |              |  |
| Tate, Nicholas<br>1230 Garden City Rd<br>Apt 380<br>East Lansing, MI 48823-6078  | \$100.46     | \$400.46   |
| 5. If over \$100.00 cumulative, please provide:  |              |  |
| Occupation Deputy Mayor Employer City of Lansing   |              |  |
| Business Address 1230 Garden City Rd East Lansing, MI 48823-6066   | <u> </u>     |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |              |  |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 04/20/2021 Name & Address  |              |  |
| Tate, Nicholas   |              |  |
| 1230 Garden City Rd  | \$100.00     | \$600.92   |
| Apt 380  |              |  |
| 5. If over \$100.00 cumulative, please provide:  |              |  |
| Occupation Deputy Mayor Employer City of Lansing   |              |  |
| Business Address 1230 Garden City Rd East Lansing, MI 48823-6066   | <del></del>  |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <del></del>  |  |

4. DATE OF RECEIPT

Employer City of Lansing

Fund Raiser

PAC Receipt? YES

Business Address 1230 Garden City Rd East Lansing, MI 48823-6066

Loan from a person

Page Subtotal \$2,400.92 Grand Total of all Schedules 1A (Complete \$179,745.36 on last page of Schedule)

04/20/2021

Enter this total on line 3a of Summary Page.

\$100.46

\$600.92

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Occupation Deputy Mayor

Type of Contribution:

East Lansing, MI 48823-6078 5. If over \$100.00 cumulative, please provide:

✓ Direct

Name & Address Tate, Nicholas 1230 Garden City Rd

Apt 380

1. Committee I.D. Number 46696

| SCHEDULE 1A  |              | <del></del>   |
|--|--------------|---|
|  | for Lansing  |   |
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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    | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. PAC Possint'S TIMES A PATE OF PEOCINT OF 101 (2001  |              |   |
| Name & Address  PAC Receipt? YES 4. DATE OF RECEIPT 05/31/2021   | <del></del>  |   |
| Tate, Nicholas   |              |   |
| 1230 Garden City Rd  |              |   |
| Apt 380 East Lansing, MI 48823-6078 -  | \$100.46     | <u> </u>  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Deputy Mayor Employer City of Lansing   |              |   |
| Business Address 1230 Garden City Rd East Lansing, MI 48823-6066   |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <u> </u>     |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021  |              |   |
| Name & Address   |              |   |
| Tennis, Todd   |              |   |
| 1924 Fairmont St<br>Lansing, MI 48911-7121   |              |   |
| - Landing, MI 40311-7121   | \$460.00     | \$460.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Lobbyist Employer Capitol Services Inc.   |              |   |
| Business Address 110 W Michigan Ave Lansing, MI 48933-1611   |              |   |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser   | _            |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021.   |              | •   |
| Name & Address   | <del></del>  |   |
| Terry, Mr.Terry N  |              |   |
| 6204 Coleman Rd  |              |   |
| East Lansing, MI 48823-9303  | \$1,000.00   | \$1,000.00  |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation President Employer Message Makers   |              |   |
| Business Address 1217 Turner St Lansing, MI 48906-4341   |              |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <del>_</del> |   |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/07/2021  | <u> </u>     | <u> </u>  |
| Name & Address   | <del></del>  |   |
| Tobey, Scott   |              |   |
| PO Box 4816<br>East Lansing, MI 48826-4816   |              |   |
|  | \$50.00      | \$50.00   |
| 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Employer  |              |   |
| Business Address   |              |   |
| Type of Contribution:  |              |   |
| Dec Colored  |              |   |
| Page Subtotal  | \$1,610.46   |   |
| Grand Total of all Schedules 1A (Complete  | \$179,745.36 |   |
| on last page of Schedule)  |              |   |

Enter this total on line 3a of Summary Page.

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for Lansing |                         |
|-------------------|-------|-------------|-------------------------|
| <u>.</u>          |       |             | 10 10 10                |
|                   |       | 6. Amount   | Cumulative for Election |

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, Cycle for Each and middle initial. Check box to indicate if contribution is from a Political Committee or an Contributor (Through Independent Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. PAC Receipt? YES 4. DATE OF RECEIPT 04/20/2021 Name & Address Trahey, Amy 521 Seymour Ave Lansing, MI 48933-8103 \$250.00 \$250.00 5. If over \$100.00 cumulative, please provide: Occupation Engineer Employer Great Lakes Engineering Business Address 521 Seymour Ave Lansing, MI 48933-8 959up, Type of Contribution: ✓ Direct Loan from a person Fund Raiser 4. DATE OF RECEIPT PAC Receipt? YES 04/20/2021 Name & Address Tunks, Timothy 2191 College Rd Holt, MI 48842-9706 \$100.46 \$100.46 5. If over \$100.00 cumulative, please provide: Employer Not Employed Occupation Not Employed Business Address 2191 College Rd Holt, MI 48842-9706 Type of Contribution: Direct Fund Raiser Loan from a person 4. DATE OF RECEIPT PAC Receipt? YES 05/31/2021 Name & Address Venturino, Lynn 1918 Willowbrook Dr Lansing, MI 48917-1224 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation **Employer Business Address** Type of Contribution: ✓ Direct Fund Raiser Loan from a person 4. DATE OF RECEIPT PAC Receipt? TYES 04/20/2021 Name & Address Waldman, Bryan 3380 Pinetree Rd Lansing, MI 48911-4207 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address

Page Subtotal \$550.46

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Fund Raiser

Enter this total on line 3a of Summary Page.

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Type of Contribution:

✓ Direct

Loan from a person

## SCHEDULE 1A CANDIDATE COMMITTEE

2. Committee Name Schor for Lansing

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE  |                | Computation for Election   |
|--|----------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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      | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|  |                |  |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/12/2021  |                |  |
| Name & Address   |                | '  |
| Ward, Timothy  |                |  |
| 515 N Glenhurst Dr   |                | 4050.00  |
| Birmingham, MI 48009-1107  | \$250.00       | <u> </u>   |
| 5. If over \$100.00 cumulative, please provide:  |                |  |
| Occupation Consultant Employer Michigan Legislative  |                |  |
| Business Address 110 W Michigan Ave Lansing, MI 4893 Consultan   |                |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  | <del></del>    |  |
| Type of contabation.   |                |  |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 06/28/2021 Name & Address   |                |  |
|  |                |  |
| Watson-bolger, Maureen 3420 Donamere Dr  |                |  |
| Lansing, MI 48906-9249   | \$500.00       | \$1,750.00   |
|  | <u> </u>       |  |
| 5. If over \$100.00 cumulative, please provide:  |                |  |
| Occupation Consultant Employer Mcalvey merchant  |                |  |
| Business Address 3420 Donamere Dr Lansing, MI 48906-9249   | _              |  |
| Type of Contribution:  |                |  |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 05/31/2021   |                |  |
| Name & Address   | <del></del>    |  |
| Waymire, David   |                |  |
| 4557 Otto Rd   | ****           | <b>6350.00</b>   |
| Charlotte, MI 48813-9723   | \$250.00       | \$250.00   |
| 5. If over \$100.00 cumulative, please provide:  |                |  |
| Occupation Partner Employer Martin Waymire Advoca  | су             |  |
| Business Address 600 W Saint Joseph St Lansing, MI 48933-2265  |                |  |
| Type of Contribution:  |                |  |
|  |                |  |
| Name & Address  PAC Receipt? TYES 4. DATE OF RECEIPT 02/15/2021  | _ <del>_</del> |  |
| Weaver, Scott  |                |  |
| 4609 Comanche Dr   | aron oo        |  |
| Okemos, MI 48864-2041  | \$500.00       | \$500.00   |

Employer Douglas J

✓ Fund Raiser

Page Subtotal \$1,500.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$179,745.36

Enter this total on line 3a of Summary Page.

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Occupation President

Type of Contribution:

5. If over \$100.00 cumulative, please provide:

Business Address 5119 Harper Rd Holt, MI 48842-8620

✓ Direct

Loan from a person

## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS SCHEDULE 1A

**CANDIDATE COMMITTEE** 

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, |
|---|
| and 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

Cumulative for Election
Cycle for Each
Contributor (Through
date of receipt)

|  |                        |                                 |             | date of recorpty |
|--|------------------------|---------------------------------|-------------|------------------|
| 3.<br>Name & Address   | PAC Receipt? YES       | 4. DATE OF RECEIPT 04/20/20     | )2i         |                  |
| Whitney, Ms.Bark<br>119 N Washington<br>Ste 101<br>Lansing, MI 48933 | Sq                     |                                 | \$46.00     | \$46.00          |
| 5. If over \$100.00 cumula   |                        |                                 |             |                  |
| Occupation   | aro, process promas.   | Employer                        |             |                  |
| Business Address   |                        |                                 |             |                  |
|  | Direct Loan from a p   | person                          | <del></del> |                  |
| 3.   | _                      |                                 | 22          |                  |
| Name & Address   | PAC Receipt? YES       | 4. DATE OF RECEIPT 03/20/20     | <u> </u>    |                  |
| Widigan, Robert<br>310 N Cedar St<br>Apt 411<br>Lansing, MI 48912    | 2-1224                 |                                 | \$100.46    | \$150.46         |
| 5. If over \$100.00 cumula   |                        |                                 |             |                  |
| Occupation Finance D   | •                      | Employer City of Lansing        |             |                  |
| Business Address 124 W   | Michigan Ave Lansin    | ng, MI 48933-1646               | <del></del> |                  |
|  | Direct Loan from a     |                                 | <del></del> |                  |
| 3.   | PAC Receipt? TYES      | 4. DATE OF RECEIPT 03/20/20     | 121         |                  |
| Name & Address   | 1710 11000pt. 1 1 2 0  |                                 |             |                  |
| Widigan, Robert<br>310 N Cedar St<br>Apt 411<br>Lansing, MI 48912    | ·<br>2-1224            |                                 | \$50.00     | \$150.46         |
| 5. If over \$100.00 cumula   | tive, please provide:  |                                 |             |                  |
| Occupation Finance D   | irector                | Employer City of Lansing        |             |                  |
| Business Address 124 W   | Michigan Ave Lansin    | ng, MI 4893 <mark>3-1646</mark> |             |                  |
| Type of Contribution:  | Direct Loan from a     | person Fund Raiser              |             |                  |
| 3.<br>Name & Address   | PAC Receipt? TYES      | 4. DATE OF RECEIPT 02/26/20     | 021         |                  |
| Wiener, Richard<br>4445 Rodeo Trl<br>Williamston, MI 4               |                        |                                 | \$1,000.00  | \$1,000.00       |
|  | 18895-9439             |                                 |             |                  |
| 5. If over \$100.00 cumula   |                        |                                 |             |                  |
| 5. If over \$100.00 cumula Occupation Attorney                       |                        | Employer Wiener Associates      |             |                  |
| Occupation Attorney  | itive, please provide: | Employer Wiener Associates      |             |                  |
| Occupation Attorney Business Address 721 N                           | itive, please provide: | ansing, MI 48906-5163           |             |                  |

Page Subtotal

\$1,196.46

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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#### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. | Committee Name | Schor | for | Lansir | ıg |
|----|----------------|-------|-----|--------|----|
|    |                |       |     |        |    |

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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

Cumulative for Election Cycle for Each
Contributor (Through date of receipt)

| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/07/2021                 |             | _        |
|--|-------------|----------|
| Name & Address   |             |          |
| Wilder, Laura<br>1619 Blue Ridge Dr<br>Lansing, MI 48917-9557      | \$200.00    | \$200.00 |
| 5. If over \$100.00 cumulative, please provide:                    |             |          |
| Occupation Real estate Employer Self Employed                      | <del></del> |          |
| Business Address 1619 Blue Ridge Dr Lansing, MI 48917-9557         |             |          |
| Type of Contribution:  |             |          |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/18/2021  Name & Address  | -           |          |
| Wilkerson Johnson, Veronica  |             |          |
| 915 Darlington Ave   | ¢50.00      | \$50.00  |
| East Lansing, MI 48823-1882  | \$50.00     | \$30.00  |
| 5. If over \$100.00 cumulative, please provide:                    |             | ١        |
| Occupation Employer  |             |          |
| Business Address   | <del></del> |          |
| Type of Contribution: Direct Loan from a person Fund Raiser        |             |          |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 03/04/2021                 |             |          |
| Name & Address   | -           |          |
| Wilkerson-Johnson, Ms. Veronica A                                  |             |          |
| 1350 Kendale Blvd  | \$100.00    | \$150.00 |
| East Lansing, MI 48823-2010  |             |          |
| 5. If over \$100.00 cumulative, please provide:                    |             |          |
| Occupation Director, Lansing Service Employer Office of Government |             |          |
| Business Address 1350 Kendale Blvd East Lansing, MI Relations      |             |          |
| Type of Contribution: Direct Loan from a person Fund Raiser        | ·           |          |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 03/20/2021                  |             |          |
| Name & Address   | _           |          |
| Wilkerson-Johnson, Ms. Veronica A                                  |             |          |
| 1350 Kendale Blvd  | \$46.00     | \$696.00 |
| East Lansing, MI 48823-2010  |             |          |
| 5. If over \$100.00 cumulative, please provide:                    |             |          |
| Occupation Director, Lansing Service Employer Office of Government |             |          |
| Business Admess 1350 Kendale Blvd East Lansing, MI Relations       | <del></del> |          |
| Type of Contribution: Direct Loan from a person Fund Raiser        |             |          |

Page Subtotal

\$396.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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### MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

### ITEMIZED CONTRIBUTIONS

| HEWIZED CONTRIBUTIONS   | Committee I.D. Number                                 | 4669 <u>6</u>  |   |
|---|---|----------------|---|
| SCHEDULE 1A   | 2. Committee Name Scho                                | or for Lansing |   |
| Enter contributor's name and address. If contribution is from an indiand middle initial. Check box to indicate if contribution is from a Poindependent Committee (PAC) Report all contributions regardless of | litical Committee or an                               | 6. Amount      | Cumulative for Election<br>Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3 PAGE - 140 FLATE - 4 PA   | TE OF RECEIPT 03/20/20                                |                |   |
| PAC Receipt? TYES 4. DA Name & Address  | 1E OF RECEIFT 03/20/20                                | <del></del>    |   |
| Wilkerson-Johnson, Ms. Veronica A   |   |                |   |
| 1350 Kendale Blvd   |   | \$500.00       | \$696.00  |
| East Lansing, MI 48823-2010   |   |                |   |
| 5. If over \$100.00 cumulative, please provide:   |   |                |   |
| Occupation Director, Lansing Service Employ   |   | t              |   |
| Business Ad <u>ffest 1350 Kendale Blvd East La</u> nsing,   | мі <u>4882512010                                 </u> | <del></del>    |   |
| Type of Contribution:   | Fund Raiser   | <u> </u>       |   |
| 3. PAC Receipt? ☐YES 4. DA  | TE OF RECEIPT 07/05/20                                | 21             |   |
| Name & Address  |   |                |   |
| Wilkerson-Johnson, Ms.Veronica A<br>1350 Kendale Blvd   |   |                |   |
| East Lansing, MI 48823-2010   |   | \$100.00       | \$821.00  |
|   |   |                |   |
| 5. If over \$100.00 cumulative, please provide:  Occupation Director Lansing Service Emplo  | ver Office of Governmen                               | +              |   |
| Occupation Director, Lansing Service Emplo Business Address 1350 Kendale Blvd East Lansing,   | ,   |                |   |
| Type of Contribution: Direct Loan from a person   | Fund Raiser   |                |   |
| <u> </u>  | ATE OF RECEIPT 07/05/20                               | 121            |   |
| <ol> <li>PAC Receipt? ☐YES 4. DA</li> <li>Name &amp; Address</li> </ol>   | - 07/03/20  |                |   |
| Wilkerson-Johnson, Ms. Veronica A   |   |                |   |
| 1350 Kendale Blvd   |   | \$25.00        | \$821.00  |
| East Lansing, MI 48823-2010   |   |                |   |
| 5. If over \$100.00 cumulative, please provide:   |   |                |   |
| Occupation Director, Lansing Service Emplo  | •   | ıt             |   |
| Business Addies 1350 Kendale Blvd East Lansing,   | мі <u>48825-29</u> 50                                 |                |   |
| Type of Contribution:   | Fund Raiser   | <u> </u>       |   |
| 3. PAC Receipt? TYES 4. DA  | ATE OF RECEIPT 01/28/20                               | 021            |   |
| Name & Address  | •   |                |   |
| Williams, Edward<br>806 Oneida Woods Trl  |   |                |   |
| Grand Ledge, MI 48837-2266  |   | \$200.00       | \$200.00  |
|   |   |                |   |
| 5. If over \$100.00 cumulative, please provide:   | wer NA  |                |   |
| Occupation Retired Emplo  | oyer <u>NA</u>  | <del>_</del>   |   |
| Type of Contribution:  Direct  Loan from a person   | Fund Raiser   |                |   |
| - Aber a constitution of barrows  |   |                | 1   |
|   | Page Subtotal   | \$825.00       |   |
| Grand To  | tal of all Schedules 1A (Complete                     | \$179,745.36   |   |

on last page of Schedule)

Enter this total on line 3a of Summary Page.

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### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. | Committee Name | Schor | for | Lansing |
|----|----------------|-------|-----|---------|
|    |                |       |     |         |

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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

Cumulative for Election Cycle for Each
Contributor (Through date of receipt)

| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 05/31/2021   | _             |                       |
|--|---------------|-----------------------|
| Name & Address   | _             |                       |
| Williams, Mr.Jeff  |               |                       |
| 5566 White Ash<br>Haslett, MI 48840-8700   | \$500.00      | \$500.00              |
| nasiett, mi 10010-0/00   |               | <u> </u>              |
| 5. If over \$100.00 cumulative, please provide:  |               |                       |
| Occupation CEO Employer Public Sector Consultan  | ts            |                       |
| Business Address 201 Front Ave SW Grand Rapids, MI 49504-6482  |               |                       |
| Type of Contribution:  |               |                       |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 07/12/2021 Name & Address   | _             |                       |
| Wilson, Ms.Catherine A   |               |                       |
| 4102 Shoals Dr   | 41.00.00      | ¢100.00               |
| Okemos, MI 48864-3433  | \$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  | -             |                       |
|  |               |                       |
| Name & Address  PAC Receipt? YES  4. DATE OF RECEIPT 03/04/2021  | _             |                       |
| Wilson, Troy   |               |                       |
| 2117 Moores River Dr   | d1 000 00     | \$2,000.00            |
| Lansing, MI 48910-1017   | \$1,000.00    | <del>φ</del> 2,000.00 |
| 5. If over \$100.00 cumulative, please provide:  |               |                       |
| Occupation Banker Employer Societe Generale  |               |                       |
| Business Address 2117 Moores River Dr Lansing, MI 48910-1017   | _             |                       |
| Type of Contribution:  |               | - <u>-</u>            |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 02/26/2021  |               |                       |
| Name & Address   | _             |                       |
| Worthams, David  |               |                       |
| 4356 Sweet Cherry Ln<br>Kalamazoo, MI 49004-3763   | \$100.00      | \$200.00              |
| Raignagoo, Mi 1904 5.05  |               |                       |
| 5. If over \$100.00 cumulative, please provide:  |               |                       |
|  |               |                       |
|  |               |                       |
|  | <del></del> _ |                       |
| Business Address & Capitol Ave Liansing, MI 48933 Assagia  Type of Contribution: Direct Loan from a person Fund Raiser |               |                       |

Page Subtotal

\$1,700.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS SCHEDULE 1A

Independent Committee (PAC) Report all contributions regardless of amount.

1. Committee I.D. Number 46696

date of receipt)

| CANDIDATE COMMITTEE   | 2. Committee Name | scnor | ror  | Lansing |   |
|---|-------------------|-------|------|---------|---|
| CANDIDATE OOMINITTEE  |                   |       |      |         |   |
| Enter contributor's name and address. If contribution is from an individuand middle initial. Check box to indicate if contribution is from a Politica |                   | name, | 6. A |         | Cumulative for Election<br>Cycle for Each<br>Contributor (Through |

3. PAC Receipt? YES 4. DATE OF RECEIPT 06/03/2021 Name & Address Wyckoff, Mark 696 Holly Rd Cadillac, MI 49601-2420 \$250.00 \$250.00 5. If over \$100.00 cumulative, please provide: Occupation Professor Employer MSU Business Address 324 Administration Bldg East Lansing, MI 48825 **V** Direct Type of Contribution: Fund Raiser Loan from a person PAC Receipt? TYES 4. DATE OF RECEIPT 03/20/2021 Name & Address Young, Kristopher 2410 Wellington Rd Lansing, MI 48910-2446 \$500.00 \$500.00 5. If over \$100.00 cumulative, please provide: Occupation Government Relations Employer Plunkett Cooney Business Address 101 N Washington Sq Ste 1200 Lansing, MI 48933-1620 Type of Contribution: ✓ Direct Loan from a person Fund Raiser 3. 4. DATE OF RECEIPT PAC Receipt? YES 06/28/2021 Name & Address Young, Stephen 2133 Moores River Dr Lansing, MI 48910-1017 \$350.00 \$350.00 5. If over \$100.00 cumulative, please provide: Occupation Not Employed Employer Not Employed Business Address 2133 Moores River Dr Lansing, MI 48910-1017 Type of Contribution: ✓ Direct Loan from a person 4. DATE OF RECEIPT PAC Receipt? YES 06/30/2021 Name & Address Zaagman, William 530 W Ionia St Lansing, MI 48933-1062 \$350.00 \$350.00 5. If over \$100.00 cumulative, please provide: Occupation Govn't Affairs Employer Governmental Consultant Business Address 530 W Ionia St Lansing, MI 48933-10 Servic Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser

Page Subtotal

\$1,450.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| . Tolling to the state of the s | . Committee Name | Schor | for | Lansing |  |
|--|------------------|-------|-----|---------|--|
|--|------------------|-------|-----|---------|--|

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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

Cycle for Each
Contributor (Through date of receipt)

| 3. PAC Receipt? YES 4. DATE OF RECEIPT 00 Name & Address Zamiara, Mr.Mike 1012 N Walnut St Lansing, MI 48906-5061 | \$100.00 \$100.00 | 00 |
|---|-------------------|----|
| 5. If over \$100.00 cumulative, please provide:   |                   |    |
| Occupation Employer   |                   |    |
| Business Address  |                   |    |
| Type of Contribution: Direct Loan from a person Fund Raiser   |                   |    |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 0 Name & Address Zerkle, Sandra   | 6/04/2021         |    |
| 1216 Goodrich St<br>Lansing, MI 48910-1239  | \$300.00 \$300.00 | 00 |
| 5. If over \$100.00 cumulative, please provide:   |                   |    |
|   | Michigan Works    |    |
| Business Address 1216 Goodrich St Lansing, MI 48910-1239  | <del>_</del> _    |    |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser   |                   |    |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 0 Name & Address   | 7/12/2021         |    |
| Zerkle, Sandra<br>1216 Goodrich St<br>Lansing, MI 48910-1239  | \$100.00 \$400.00 | 00 |
| 5. If over \$100.00 cumulative, please provide:   |                   |    |
|   | Michigan Works    |    |
| Business Address 1216 Goodrich St Lansing, MI 48910-1239  |                   |    |
| Type of Contribution: Direct Loan from a person Fund Raiser   | <del>_</del>      |    |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 0  | 4/20/2021         |    |
| Ziarko, Jeffrey<br>1408 A St SE<br>Apt 201<br>Washington, DC 20003-1592   | \$500.00 \$600.00 | 00 |
| 5. If over \$100.00 cumulative, please provide:   |                   |    |
|   | icy Strategies    |    |
| Business Address 1408 A St SE Apt 201 Washington, DC 20003-1592   |                   |    |
| Type of Contribution: Direct Loan from a person Fund Raiser   |                   |    |

Page Subtotal

\$1,000.00

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

\$179,745.36

Enter this total on line 3a of Summary Page.

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#### MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS** ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE  | 2. Committee Name Schor fo                   | or Lansing                           |  |
|--|--|--------------------------------------|--|
| 3. Name and Address from whom received If contribution from an individual, enter last name first. Check box to indificontribution is from a Political Committee or an Independent of the Committee (Both are commonly called PACs). Report all i kind contributions. | cate applicable box) dent 5. Date of Receipt | 7. Amount or<br>Fair Market<br>Value | Cumulative for Election Cycle (Through date in Item 5) |
| PAC Receipt? YES   | 4. Endorsement or guarantee of bank loan     |                                      |  |
| Name & Address   | Goods Donated or Loaned                      |                                      |  |
| Bahar-Cook, Rebecca  | Services Donated                             | \$250.00                             | \$550.00   |
| 525 Westmoreland Ave<br>Lansing, MI 48915-1972   | ✓ Goods or Services Purchased by Candidate   | or Others                            |  |
| Lansing, MI 48915-1972   | Goods or Services Purchased by Candidate     | or Others-LOAN                       |  |
| If over \$100.00 cumulative, please provide:   | Description Food for Event                   |                                      |  |
| Occupation CEO   | 5. DATE OF RECEIPT: 07/13/2021               |                                      |  |
| Employer Name and Address  | 6. VENDOR NAME & ADDRESS:                    | _                                    |  |
| Capitol Fundraising Associates   | Professional Party Planner Inc               |                                      |  |
| 124 W Allegan St   | 1117 Pine St                                 |                                      |  |
| Lansing, MI 48933-1718   | Grand Ledge, MI 48837-2120                   |                                      |  |
|  |  |                                      |  |
| PAC Receipt? TYES  | 4. Endorsement or guarantee of bank loan     |                                      |  |
| Name & Address   | Goods Donated or Loaned                      |                                      |  |
| Cook, Todd   | Services Donated                             | \$250.00                             | \$250.00   |
| 525 Westmoreland Ave   | Goods or Services Purchased by Candidate     | or Others                            |  |
| Lansing, MI 48915-1972   | Goods or Services Purchased by Candidate     | or Others-LOAN                       |  |
| If over \$100.00 cumulative, please provide:   | Description Food for Event                   |                                      |  |
| Occupation UIA   | 5. DATE OF RECEIPT: 07/13/2021               |                                      |  |
| Employer Name and Address  | 6. VENDOR NAME & ADDRESS:                    |                                      |  |
| State of Michigan  | Professional Party Planner Inc               |                                      |  |
|  | 1117 Pine St                                 |                                      |  |
|  | Grand Ledge, MI 48837-2120                   |                                      |  |
|  |  |                                      |  |
|  | 4. Endorsement or guarantee of bank loan     |                                      |  |
| Name & Address   | ✓ Goods Donated or Loaned                    |                                      |  |
| Hepler, Harry  | Services Donated                             | \$2,100.00                           | \$2,350.00   |
| PO Box 12147   | Goods or Services Purchased by Candidate     | or Others                            |  |
| Lansing, MI 48901-2147   | Goods or Services Purchased by Candidate     | or Others-LOAN                       |  |
| If over \$100.00 cumulative, please provide:   | Description Office Space                     |                                      |  |
| Occupation Partner   | 5. DATE OF RECEIPT: 06/30/2021               |                                      |  |
| Employer Name and Address  | 6. VENDOR NAME & ADDRESS:                    | <del></del>                          |  |
| Summit Street Development LLC  |  |                                      |  |
| 707 Prudden St   |  |                                      |  |
| Lansing, MI 48906-5383   |  |                                      |  |
| Sund Brian Contribution  |  |                                      |  |
| Fund Raiser Contribution   |  |                                      |  |

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

\$2,600.00 \$3,107.42

Enter this total on line 6 of Summary Page

### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

### SCHEDULE 1-IK CANDIDATE COMMITTEE

| 1. Committee | I.D. | Number | 46696 |
|--------------|------|--------|-------|
|--------------|------|--------|-------|

|   | <ol> <li>Name and Address from whom received If contribution is<br/>from an individual, enter last name first. Check box to indici<br/>if contribution is from a Political Committee or an Independ<br/>Committee (Both are commonly called PACs). Report all in<br/>kind contributions.</li> </ol> | ate applicable box) ent 5. Date of Receipt | 7. Amount or<br>Fair Market<br>Value | Cumulative for Election Cycle     (Through date in Item 5) |
|---|---|--|--------------------------------------|--|
| ſ | PAC Receipt? YES 4.   | Endorsement or guarantee of bank loan      |                                      |  |
| l | Name & Address  | Goods Donated or Loaned                    |                                      |  |
| l | Iannuzzi, Christopher K J.D.  | Services Donated                           | \$507.42                             | \$857.42   |
| l | 124 W Allegan St<br>Ste 1800  | Goods or Services Purchased by Candidate   | or Others                            | -  |
| l | Lansing, MI 48933-1715  | Goods or Services Purchased by Candidate   | or Others-LOAN                       |  |
| l | If over \$100.00 cumulative, please provide:  | Description Food for Event                 |                                      |  |
| l | Occupation State Governmental Affairs   | 5. DATE OF RECEIPT: 07/12/2021             | <u> </u>                             |  |
| l | Employer Name and Address   | 6. VENDOR NAME & ADDRESS:                  |                                      |  |
| l | Consumers Energy  | Costco                                     |                                      |  |
| I | 1 Energy Plaza Dr   | 2540 E Saginaw Hwy                         |                                      |  |
| l | Jackson, MI 49201-2357  | East Lansing, MI 48823-9719                |                                      |  |
|   | ✓ Fund Raiser Contribution  |  |                                      |  |

Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule) \$507.42 \$3,107.42

Enter this total on line 6 of Summary Page

#### SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| <ol><li>Committee Name</li></ol> | Schor | for | Lansing |
|----------------------------------|-------|-----|---------|
|----------------------------------|-------|-----|---------|

| 3. Name and address of person or vendor to whom paid               | 4. Purpose (Required Information)  | 5. Date            | 6. Amount |
|--|--|--------------------|-----------|
| Name Actblue  Address PO Box 441146 West Somerville, MA 02144-0031 | Purpose: Credit Card Processing  Check box if this expenditure is paymen debt or obligation reported on previous statement | 01/04/2021<br>Date | \$35.65   |
| Name Actblue  Address PO Box 441146 West Somerville, MA 02144-0031 | Purpose: Credit Card Processing  Check box if this expenditure is paymen debt or obligation reported on previous statement | 02/05/2021<br>Date | \$20.45   |
| Name Actblue  Address PO Box 441146 West Somerville, MA 02144-0031 | Purpose: Credit Card Processing  Check box if this expenditure is paymen debt or obligation reported on previous statement | 03/03/2021<br>Date | \$94.74   |
| Name Actblue  Address PO Box 441146 West Somerville, MA 02144-0031 | Purpose: Credit Card Processing  Check box if this expenditure is paymen debt or obligation reported on previous statement | 04/02/2021<br>Date | \$259.15  |
| Name Actblue  Address PO Box 441146 West Somerville, MA 02144-0031 | Purpose: Credit Card Processing  Check box if this expenditure is paymen debt or obligation reported on previous statement | 05/03/2021<br>Date | \$60.30   |
|  |  | Subtotal this name | 6470 20   |

Grand Total of All Schedules 1B (Complete on last page of Schedule) Enter this total on line 8a of Summary Page

\$125,324.61

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name     | Schor  | for | Lansing |           |  |
|-----------------------|--------|-----|---------|-----------|--|
|                       |        |     |         |           |  |
| oose (Required Inform | ation) |     | 5. Date | 6. Amount |  |

| 3. Name and address of person or vendor to whom paid               | 4. Purpose (Required Information)   | 5. Date                  | 6. Amount |
|--|---|--------------------------|-----------|
| Name Actblue  Address PO Box 441146 West Somerville, MA 02144-0031 | Purpose: Credit Card Processing  Check box if this expenditure is payment debt or obligation reported on previous statement | 05/05/2021<br>Date       | \$213.70  |
| Name Actblue  Address PO Box 441146 West Somerville, MA 02144-0031 | Purpose: Credit Card Processing  Check box if this expenditure is payment debt or obligation reported on previous statement | 06/02/2021<br>Date       | \$22.50   |
| Name Actblue  Address PO Box 441146 West Somerville, MA 02144-0031 | Purpose: Credit Card Processing  Check box if this expenditure is payment debt or obligation reported on previous statement | 06/02/2021<br>Date<br>of | \$235.73  |
| Name Actblue  Address PO Box 441146 West Somerville, MA 02144-0031 | Purpose: Credit Card Processing  Check box if this expenditure is payment debt or obligation reported on previous statement | 07/02/2021<br>Date       | \$22.50   |
| Name Actblue  Address PO Box 441146 West Somerville, MA 02144-0031 | Purpose: Credit Card Processing  Check box if this expenditure is payment debt or obligation reported on previous statement | 07/02/2021<br>Date       | \$234.77  |

Subtotal this page Grand Total of All Schedules 1B (Complete on last page of Schedule)

\$729.20 \$125,324.61

Enter this total on line 8a of Summary Page

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### SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I.D. Number 46696
2. Committee Name Schor for Lansing

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information)   | 5. Date            | 6. Amount     |
|--|---|--------------------|---------------|
| Name<br>Allied Media                                 |   | 05/18/2021         | - 0460 16     |
| Address  | Purpose: printing   | Date               | \$467.13<br>— |
| 240 N Fenway Dr                                      |   | -                  |               |
| Fenton, MI 48430-2699                                | Check box if this expenditure is paymen debt or obligation reported on previous statement | nt of              |               |
| Fund Raiser  | Statement   |                    |               |
| Name   |   |                    |               |
| Andrea Fontana                                       |   | 06/22/2021         |               |
| Address  | Purpose: Camera Services  | Date               | \$90.00       |
| Information Requested                                |   | :                  |               |
|  | Check box if this expenditure is paymen debt or obligation reported on previous           | it of              |               |
| Fund Raiser  | statement   |                    |               |
| Name   |   | 07/07/000          | <del></del>   |
| Best Buy   |   | 03/25/2021<br>Date | \$137.79      |
| Address<br>5216 W Saginaw Hwy                        | Purpose: Video Conferencing<br>Hardware   | . Date             |               |
| Lansing, MI 48917-1913                               | Check box if this expenditure is payment debt or obligation reported on previous          | t of               |               |
|  | statement   |                    |               |

| Lansing, MI 48912-1151      | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |        |  |  |  |  |
|-----------------------------|---|------------|--------|--|--|--|--|
| Name<br>Capitol City Market |   | 06/21/2021 | \$51.9 |  |  |  |  |
| Address                     | Purpose: Food for Volunteers  | Date       |        |  |  |  |  |

Purpose: Food for Event

600 E Michigan Ave
Lansing, MI 48912-1151

Check box if this expenditure is payment of debt or obligation reported on previous statement

Fund Raiser

Subtotal this page

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

05/21/2021

Date

\$1,129.52 \$125,324.61

\$382.62

Enter this total on line 8a of Summary Page

Fund Raiser

Capitol City Market

600 E Michigan Ave

Name

Address

Address

### MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

#### ITEMIZED EXPENDITURES SCHEDULE 1B

CANDIDATE COMMITTEE

| 1. | Committee | I.D. | Number | 46696 |
|----|-----------|------|--------|-------|
|----|-----------|------|--------|-------|

| CANDIDATE COMMITTEE   | 2. Committee Name Schor for Lansing   |                    |            |
|---|---|--------------------|------------|
| 3. Name and address of person or vendor to whom paid                        | 4. Purpose (Required Information)   | 5. Date            | 6. Amount  |
| Name<br>Crane, Megan<br>Address   | Purpose: Reimbursement  | 03/09/2021<br>Date | \$314.32   |
| 1010 Catherine St Apt 501 Ann Arbor, MI 48104-1647  Fund Raiser             | Check box if this expenditure is payment debt or obligation reported on previous statement                                    | of                 |            |
| Name<br>Staples<br>Address<br>3003 E Michigan Ave<br>Lansing, MI 48912-4616 | Purpose: Subitem: 104.32 Office Supplies  | 03/09/2021<br>Date | \$0.00     |
| □ Fund Raiser   | Check box if this expenditure is payment debt or obligation reported on previous statement                                    | of                 |            |
| Name<br>USPS  |   | 03/05/2021<br>Date | \$0.00     |
| Address<br>315 W Allegan St<br>Lansing, MI 48933-1500                       | Purpose: Subitem: 210.00  Postage  Check box if this expenditure is payment debt or obligation reported on previous statement |                    |            |
| Fund Raiser   | Statement   |                    |            |
| Name<br>Crane, Megan  |   | 03/15/2021<br>Date | \$3,500.00 |
| Address<br>1010 Catherine St<br>Apt 501<br>Ann Arbor, MI 48104-1647         | Check box if this expenditure is payment of debt or obligation reported on previous   |                    |            |
| Fund Raiser   | statement   |                    |            |
| Name<br>Crane, Megan  |   | 03/15/2021<br>Date | \$243.29   |
| Address<br>1010 Catherine St<br>Apt 501                                     | Purpose: Health Care Stipend  | •                  | · _        |
| Ann Arbor, MI 48104-1647  | Check box if this expenditure is payment of debt or obligation reported on previous statement                                 | лf                 |            |
|   | _ <del></del>   |                    | ,          |

Subtotal this page Grand Total of All Schedules 1B (Complete on last page of Schedule)

\$4,057.61 \$125,324.61

Enter this total on line 8a of Summary Page

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name Schor for Lansing | 2. Committee Name | Schor | for | Lansing |  |  |
|-------------------------------------|-------------------|-------|-----|---------|--|--|
|-------------------------------------|-------------------|-------|-----|---------|--|--|

| 3. Name and address of person or vendor to whom paid            | 4. Purpose (Required Information)  | 5. Date            | 6. Amount  |
|---|--|--------------------|------------|
| Name<br>Crane, Megan  | Purpose: Campaign Consulting   | 04/15/2021<br>Date | \$3,500.00 |
| Address 1010 Catherine St Apt 501 Ann Arbor, MI 48104-1647      | Check box if this expenditure is payment debt or obligation reported on previous statement | of                 |            |
| Name<br>Crane, Megan<br>Address<br>1010 Catherine St            | Purpose: Health Care Stipend   | 04/15/2021<br>Date | \$243.29   |
| Apt 501 Ann Arbor, MI 48104-1647  Fund Raiser                   | Check box if this expenditure is payment debt or obligation reported on previous statement | t of               |            |
| Name<br>Crane, Megan<br>Address                                 | Purpose: Campaign Consulting   | 05/14/2021<br>Date | \$3,500.00 |
| 1010 Catherine St Apt 501 Ann Arbor, MI 48104-1647  Fund Raiser | Check box if this expenditure is paymen debt or obligation reported on previous statement  | t of               |            |
| Name<br>Crane, Megan<br>Address                                 | Purpose: Health Care Stipend   | 05/14/2021<br>Date | \$243.29   |
| 1010 Catherine St Apt 501 Ann Arbor, MI 48104-1647              | Check box if this expenditure is paymen debt or obligation reported on previous statement  | it of              |            |
| Name Crane, Megan   | Purpose: Campaign Consulting   | 06/15/2021<br>Date | \$3,500.00 |
| Address 1010 Catherine St Apt 501 Ann Arbor, MI 48104-1647      | Check box if this expenditure is paymer debt or obligation reported on previous, statement |                    |            |
| Fund Raiser   |  |                    |            |

Subtotal this page

\$10,986.58

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

Enter this total on line 8a of Summary Page

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2.Committee Name Schor for Lansing |
|------------------------------------|
|------------------------------------|

| 3. Name and address of person or vendor to whom paid            | Purpose (Required Information)   | 5. Date            | 6. Amount  |
|---|--|--------------------|------------|
| Name<br>Crane, Megan  | Purpose: Health Care Stipend   | 06/15/2021<br>Date | \$243.29   |
| Address 1010 Catherine St Apt 501 Ann Arbor, MI 48104-1647      | Check box if this expenditure is payment debt or obligation reported on previous statement | l of               |            |
| Name<br>Crane, Megan<br>Address                                 | Purpose: Campaign Consulting   | 07/15/2021<br>Date | \$3,500.00 |
| 1010 Catherine St Apt 501 Ann Arbor, MI 48104-1647              | Check box if this expenditure is paymen debt or obligation reported on previous statement  | t of               |            |
| Name<br>Crane, Megan<br>Address                                 | Purpose: Health Care Stipend   | 07/15/2021<br>Date | \$243.29   |
| 1010 Catherine St Apt 501 Ann Arbor, MI 48104-1647  Fund Raiser | Check box if this expenditure is paymen debt or obligation reported on previous statement  | t of               |            |
| Name<br>Cubesmart Lansing<br>Address                            | Purpose: Storage   | 01/05/2021<br>Date | \$1,800.00 |
| 506 S Hosmer St Lansing, MI 48912-1320  Fund Raiser             | Check box if this expenditure is paymer debt or obligation reported on previous statement  | at of              | ,          |
| Name<br>Cubesmart Lansing                                       | Purpose: Storage   | 01/21/2021<br>Date | \$69.19    |
| Address 506 S Hosmer St Lansing, MI 48912-1320                  | Check box if this expenditure is paymer debt or obligation reported on previous statement  | nt of              |            |
| Fund Raiser   |  |                    |            |

Subtotal this page

\$5,855.77

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

Enter this total on line 8a of Summary Page

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name Schor for Lansing |  |
|-------------------------------------|--|
|-------------------------------------|--|

| 3. Name and address of person or vendor to whom paid                              | 4. Purpose (Required Information)  | 5. Date                  | 6. Amount  |
|---|--|--------------------------|------------|
| Name Cubesmart Lansing  Address 506 S Hosmer St Lansing, MI 48912-1320            | Purpose: Storage  Check box if this expenditure is payment debt or obligation reported on previous statement         |                          | \$69.19    |
| Name<br>Cubesmart Lansing  Address 506 S Hosmer St Lansing, MI 48912-1320         | Purpose: Storage  Check box if this expenditure is payme debt or obligation reported on previous                     | 03/22/2021<br>Date       | \$69.19    |
| ∏Fund Raiser  | statement  |                          |            |
| Name<br>Cubesmart Lansing<br>Address<br>506 S Hosmer St<br>Lansing, MI 48912-1320 | Purpose: Storage  Check box if this expenditure is payme debt or obligation reported on previous statement           |                          | \$69.19    |
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157              | Purpose: Invoice for Services  Check box if this expenditure is payme debt or obligation reported on previous        | 01/01/2021<br>Date       | \$7,500.00 |
| Fund Raiser   | statement  | <u> </u>                 |            |
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157              | Purpose: General Consulting  Check box if this expenditure is paymedebt or obligation reported on previous statement | 02/25/2021  Date  ent of | \$2,500.00 |
| Fund Raiser   |  | Subtotal this page       | \$10,207.5 |
|   |  | Cubicital tills page     | 910,407.5  |

\$125,324.61

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

Enter this total on line 8a of Summary Page

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for | Lansing |
|-------------------|-------|-----|---------|
|-------------------|-------|-----|---------|

| 3. Name and address of person or vendor to whom paid                 | 4. Purpose (Required Information)   | 5. Date            | 6. Amount  |
|--|---|--------------------|------------|
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: Video Shoot  Check box if this expenditure is paymen debt or obligation reported on previous statement                             | 03/01/2021<br>Date | \$1,150.00 |
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: Subitem: 150.00 Consulting on Video  Check box if this expenditure is paymer debt or obligation reported on previous statement     | 03/01/2021<br>Date | \$0.00     |
| Name Mike, Grabemeyer  Address                                       | Purpose: Subitem: 1000.00  Video Shoot and Edit  Check box if this expenditure is paymer  debt or obligation reported on previous statement | 03/01/2021<br>Date | \$0.00     |
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: General Consulting  Check box if this expenditure is paymen debt or obligation reported on previous statement                      | 03/02/2021<br>Date | \$2,500.00 |
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: General Consulting  Check box if this expenditure is payme  debt or obligation reported on previous statement                      |                    | \$2,500.00 |

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

Subtotal this page

\$6,150.00 \$125,324.61

Enter this total on line 8a of Summary Page

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for | Lansing |  |
|-------------------|-------|-----|---------|--|
|-------------------|-------|-----|---------|--|

| 3. Name and address of person or vendor to whom paid                    | 4. Purpose (Required Information)  | 5. Date            | 6. Amount  |
|---|--|--------------------|------------|
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157    | Purpose: General Consulting  Check box if this expenditure is payment debt or obligation reported on previous statement                            | 05/03/2021<br>Date | \$2,500.00 |
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157    | Purpose: Mailing and Printing  Check box if this expenditure is payment debt or obligation reported on previous statement                          | 05/07/2021<br>Date | \$9,325.31 |
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157    | Purpose: Subitem: 1014.42 Consulting, Proofing, Editing Check box if this expenditure is payment debt or obligation reported on previous statement | 05/07/2021<br>Date | \$0.00     |
| Name Inland Press  Address 2001 W Lafayette Blvd Detroit, MI 48216-1852 | Purpose: Subitem: 5072.10  Printing  Check box if this expenditure is payment debt or obligation reported on previous statement                    | 05/01/2021<br>Date | \$0.00     |
| Name USPS  Address 315 W Allegan St Lansing, MI 48933-1500              | Purpose: Subitem: 1186.66  Postage  Check box if this expenditure is payment debt or obligation reported on previous statement                     | 05/07/2021<br>Date | \$0.00     |

Subtotal this page
Grand Total of All Schedules 1B
(Complete on last page of Schedule)

\$11,825.31

Enter this total on line 8a of Summary Page

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| ee Name Schor for Lansing | Committee Name Schor |
|---------------------------|----------------------|
|---------------------------|----------------------|

| 3. Name and address of person or vendor to whom paid                    | 4. Purpose (Required Information)  | 5. Date                    | 6. Amount  |
|---|--|----------------------------|------------|
| Name<br>USPS<br>Address<br>315 W Allegan St<br>Lansing, MI 48933-1500   | Purpose: Subitem: 2052.13  Postage  Check box if this expenditure is payment debt or obligation reported on previous statement | 05/07/2021<br>Date         | \$0.00     |
| Fund Raiser   | Statement  |                            |            |
| Name<br>Grassroots Midwest<br>Address<br>PO Box 12157                   | Purpose: Printing  | 05/07/2021<br>Date         | \$428.41   |
| Lansing, MI 48901-2157  | Check box if this expenditure is payment debt or obligation reported on previous statement                                     | t of                       |            |
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157    | Purpose: Subitem: 72.40 Consulting  Check box if this expenditure is paymen debt or obligation reported on previous statement  | 05/07/2021<br>Date<br>t of | \$0.00     |
| Name Inland Press  Address 2001 W Lafayette Blvd Detroit, MI 48216-1852 | Purpose: Subitem: 356.01  Printing  Check box if this expenditure is paymen  debt or obligation reported on previous statement | 05/07/2021<br>Date<br>t of | \$0.00     |
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157    | Purpose: General Consulting  Check box if this expenditure is paymer debt or obligation reported on previous statement         |                            | \$2,500.00 |
|   |  | Subtotal this page         | <u> </u>   |

Subtotal this page

\$2,928.41

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

Enter this total on line 8a of Summary Page

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| <ol><li>Committee Name</li></ol> | Schor | for | Lansing |  |
|----------------------------------|-------|-----|---------|--|
|                                  |       |     |         |  |

| 3. Name and address of person or vendor to whom paid                 | 4. Purpose (Required Information)   | 5. Date                    | 6. Amount  |
|--|---|----------------------------|------------|
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: General Consulting  Check box if this expenditure is payment debt or obligation reported on previous statement                     | 07/01/2021.  Date          | \$2,500.00 |
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: Printing and Postage  Check box if this expenditure is paymen debt or obligation reported on previous statement                    | 07/01/2021<br>Date         | \$4,924.96 |
| Name Allied Media  Address 240 N Fenway Dr Fenton, MI 48430-2699     | Purpose: Subitem: 4336.10  Printing and Postage  Check box if this expenditure is paymen  debt or obligation reported on previous statement | 07/01/2021<br>Date<br>t of | \$0.00     |
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: Printing  Check box if this expenditure is paymen debt or obligation reported on previous statement                                | 07/01/2021<br>Date         | \$1,742.28 |
| Name Allied Media  Address 240 N Fenway Dr Fenton, MI 48430-2699     | Purpose: Subitem: 1251.90  Printing  Check box if this expenditure is paymer  debt or obligation reported on previous statement             | 07/01/2021<br>Date         | \$0.00     |

Subtotal this page

\$9,167.24

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

Enter this total on line 8a of Summary Page

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| . Committee Name | Schor | for | Lansing |  |
|------------------|-------|-----|---------|--|
|------------------|-------|-----|---------|--|

| 3. Name and address of person or vendor to whom paid                   | 4. Purpose (Required Information)   | 5. Date            | 6. Amount |
|--|---|--------------------|-----------|
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157   | Purpose: Subitem: 290.38  Consulting  Check box if this expenditure is payment  debt or obligation reported on previous statement | 07/01/2021<br>Date | \$0.00    |
| Name Plumbley Creative  Address 1916 W Maple St Lansing, MI 48915-1454 | Purpose: Subitem: 200.00  Design  Check box if this expenditure is payment debt or obligation reported on previous statement      | 07/01/2021<br>Date | \$0.00    |
| Name Grassroots Midwest  Address PO Box 12157 Lansing, MI 48901-2157   | Purpose: Design Services  Check box if this expenditure is payment debt or obligation reported on previous statement              | 07/01/2021<br>Date | \$182.03  |
| Name Johnson, Kylee  Address 8949 Frederick St Livonia, MI 48150-3940  | Purpose: Field Consulting  Check box if this expenditure is paymen debt or obligation reported on previous statement              | 04/15/2021<br>Date | \$333.33  |
| Name Johnson, Kylee  Address 8949 Frederick St Livonia, MI 48150-3940  | Purpose: Field Consulting  Check box if this expenditure is paymen  debt or obligation reported on previous statement             | 05/01/2021<br>Date | \$500.00  |

Subtotal this page

Grand Total of All Schedules 1B \$

(Complete on last page of Schedule)

\$1,015.36

Enter this total on line 8a of Summary Page

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### CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 3. Name and address of person or vendor to whom paid        | 4. Purpose (Required Information)   | 5. Date            | 6. Amount  |
|---|---|--------------------|------------|
| Name<br>Johnson, Kylee<br>Address<br>8949 Frederick St      | Purpose: Field Consulting   | 05/25/2021<br>Date | \$1,000.00 |
| Livonia, MI 48150-3940                                      | Check box if this expenditure is paymen debt or obligation reported on previous statement | t of               |            |
| Name<br>Johnson, Kylee                                      | Purpose: Field Consulting   | 07/02/2021<br>Date | \$1,000.00 |
| Address<br>8949 Frederick St<br>Livonia, MI 48150-3940      | Check box if this expenditure is paymen debt or obligation reported on previous statement | t of               |            |
| Fund Raiser   |   |                    |            |
| Name Lansing City Clerk Address                             | Purpose: Filing Fee   | 03/03/2021<br>Date | \$100.00   |
| 124 W Michigan Ave F1 9 Lansing, MI 48933-1612  Fund Raiser | Check box if this expenditure is paymen debt or obligation reported on previous statement | t of               |            |
|   |   |                    |            |
| Name McEldowney, Cole Address                               | Purpose: Field Consultant   | 04/15/2021<br>Date | \$333.33   |
| Address Requested   | Check box if this expenditure is paymen debt or obligation reported on previous statement | t of               |            |
| Fund Raiser   |   | <del></del>        |            |
| Name<br>McEldowney, Cole<br>Address                         | Purpose: Field Consultant   | 04/28/2021<br>Date | \$167.00   |
| Address Requested   | Check box if this expenditure is paymen debt or obligation reported on previous statement | it of              |            |
| Fund Raiser   | 1   |                    |            |
|   | 5   | Subtotal this page | \$2,600.33 |

Grand Total of All Schedules 1B

\$2,600.33 \$125,324.61

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

Enter this total on line 8a of Summary Page

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

|--|

| 3. Name and address of person or vendor to whom paid                              | 4. Purpose (Required Information)  | 5. Date            | 6. Amount  |
|---|--|--------------------|------------|
| Name Meijer  Address 1350 W Lake Lansing Rd East Lansing, MI 48823-1314           | Purpose: Food for Volunteers  Check box if this expenditure is payment debt or obligation reported on previous statement | 05/22/2021<br>Date | \$38.51    |
| Name Meijer  Address 1350 W Lake Lansing Rd East Lansing, MI 48823-1314           | Purpose: Parade Supplies  Check box if this expenditure is payment debt or obligation reported on previous statement     | 07/02/2021<br>Date | \$85.10    |
| Name Michigan Chronicle  Address 1452 Randolph St Ste 400 Detroit, MI 48226-2284  | Purpose: Advertising  Check box if this expenditure is payment debt or obligation reported on previous statement         | 04/28/2021<br>Date | \$750.00   |
| Name Michigan Democratic Party  Address 606 Townsend St Lansing, MI 48933-2313    | Purpose: VAN Access  Check box if this expenditure is payment debt or obligation reported on previous statement          | 02/23/2021<br>Date | \$275.00   |
| Name NGP VAN, Inc  Address 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 | Purpose: Database Services  Check box if this expenditure is paymen debt or obligation reported on previous statement    | 01/05/2021<br>Date | \$5,880.00 |

Subtotal this page

\$7,028.61 \$125,324.61

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

Enter this total on line 8a of Summary Page

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE   | 2. Committee Name Schor for I  | Lansing                     |                 |
|---|--|-----------------------------|-----------------|
| 3. Name and address of person or vendor to whom paid                      | 4. Purpose (Required Information)  | 5. Date                     | 6. Amount       |
| Name Nostrant, Raylynn  Address 6990 Aberdeen Dr Dimondale, MI 48821-9402 | Purpose: Field Consulting  Check box if this expenditure is paymen debt or obligation reported on previous statement       | 05/01/2021<br>Date<br>      | \$500.00        |
| Name party city  Address 420 Frandor Ave Lansing, MI 48912-5204           | Purpose: Parade Supplies  Check box if this expenditure is paymen debt or obligation reported on previous statement        | 07/05/2021<br>Date<br>at of | \$50.70         |
| Name Ricketts, Heather  Address 2600 Hunters Pt Kalamazoo, MI 49048-6105  | Purpose: 2019 Consulting  Check box if this expenditure is paymendebt or obligation reported on previous statement         | 01/01/2021<br>Date          | \$24,000.00     |
| Name Ricketts, Heather  Address 2600 Hunters Pt Kalamazoo, MI 49048-6105  | Purpose: Fundraising Consulting  Check box if this expenditure is paymer debt or obligation reported on previous statement | 01/05/2021<br>Date          | \$4,000.00      |
| Name Ricketts, Heather  Address 2600 Hunters Pt Kalamazoo, MI 49048-6105  | Purpose: Fundraising Consulting  Check box if this expenditure is paymer debt or obligation reported on previous statement | 02/05/2021<br>Date          | -<br>\$2,000.00 |

Subtotal this page

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

\$30,550.70 \$125,324.61

Enter this total on line 8a of Summary Page

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

|                   | _     |     |         | <br> |
|-------------------|-------|-----|---------|------|
| 2. Committee Name | Schor | for | Lansing |      |

| 3. Name and address of person or vendor to whom paid                     | 4. Purpose (Required Information)   | 5. Date                    | 6. Amount   |
|--|---|----------------------------|-------------|
| Name Ricketts, Heather  Address 2600 Hunters Pt Kalamazoo, MI 49048-6105 | Purpose: Fundraising Consulting  Check box if this expenditure is payment debt or obligation reported on previous statement | 03/05/2021<br>Date         | \$2,000.00  |
| Name Ricketts, Heather  Address 2600 Hunters Pt Kalamazoo, MI 49048-6105 | Purpose: Fundraising Consulting  Check box if this expenditure is payment debt or obligation reported on previous statement | 04/05/2021<br>Date         | \$2,000.00  |
| Name Ricketts, Heather  Address 2600 Hunters Pt Kalamazoo, MI 49048-6105 | Purpose: Fundraising Consulting  Check box if this expenditure is paymen debt or obligation reported on previous statement  | 05/05/2021<br>Date<br>t of | \$2,000.00  |
| Name Ricketts, Heather  Address 2600 Hunters Pt Kalamazoo, MI 49048-6105 | Purpose: Fundraising Consulting  Check box if this expenditure is paymen debt or obligation reported on previous statement  | 06/05/2021<br>Date         | \$2,000.00  |
| Name Ricketts, Heather  Address 2600 Hunters Pt Kalamazoo, MI 49048-6105 | Purpose: Fundraising Consulting  Check box if this expenditure is paymen debt or obligation reported on previous statement  | 07/05/2021<br>Date         | \$2,000.00  |
|  | 5   | Subtotal this page         | \$10.000.00 |

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

\$10,000.00 \$125,324.61

Enter this total on line 8a of Summary Page

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#### CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE   | 2. Committee Name Schor for Lansing  |                            |            |
|---|--|----------------------------|------------|
| 3. Name and address of person or vendor to whom paid                      | 4. Purpose (Required Information)  | 5. Date                    | 6. Amount  |
| Name Sawicki & Sons  Address 1521 W Lafayette Blvd Detroit, MI 48216-1926 | Purpose: yard signs  Check box if this expenditure is paymen debt or obligation reported on previous statement           | 04/23/2021<br>Date         | \$3,232.10 |
| Name Speedway  Address 1202 N Cedar St Lansing, MI 48906-4450             | Purpose: Gas Card  Check box if this expenditure is paymen debt or obligation reported on previous statement             | 05/11/2021<br>Date<br>t of | \$300.00   |
| Name Speedway  Address 1202 N Cedar St Lansing, MI 48906-4450             | Purpose: Water for Volunteers  Check box if this expenditure is paymen debt or obligation reported on previous statement | 05/22/2021<br>Date         | \$8.00     |
| Name Speedway  Address 1202 N Cedar St Lansing, MI 48906-4450             | Purpose: Gas Cards  Check box if this expenditure is paymen debt or obligation reported on previous statement            | 07/10/2021<br>Date         | \$60.00    |
| Name Speedway  Address 1202 N Cedar St Lansing, MI 48906-4450             | Purpose: Water for Volunteers  Check box if this expenditure is paymen debt or obligation reported on previous statement | _                          | \$20.45    |
|   | 5  | Subtotal this page         | \$3,620.55 |

Grand Total of All Schedules 1B \$125,324.61 (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

| 3. Name and address of person or vendor to whom paid           | 4. Purpose (Required Information)  | 5. Date            | 6. Amount  |
|--|--|--------------------|------------|
| Name Squarespace  Address 459 Broadway New York, NY 10013-3001 | Purpose: Website Hosting  Check box if this expenditure is paymen debt or obligation reported on previous statement  | 01/13/2021<br>Date | \$16.00    |
| Name Squarespace Address 459 Broadway New York, NY 10013-3001  | Purpose: Website Hosting   | 02/12/2021<br>Date | \$16.00    |
| ☐Fund Raiser   | Check box if this expenditure is paymen debt or obligation reported on previous statement                            | it of              | · <u> </u> |
| Name Squarespace  Address 459 Broadway New York, NY 10013-3001 | Purpose: Website Hosting  Check box if this expenditure is payment debt or obligation reported on previous statement | 03/15/2021<br>Date | \$16.00    |
| Name Squarespace  Address 459 Broadway New York, NY 10013-3001 | Purpose: Website Hosting  Check box if this expenditure is paymen debt or obligation reported on previous statement  | 04/13/2021<br>Date | \$16.00    |
| Name Squarespace  Address 459 Broadway New York, NY 10013-3001 | Purpose: Website Hosting  Check box if this expenditure is paymen debt or obligation reported on previous statement  | 05/13/2021<br>Date | \$16.00    |
|  | \$   | Subtotal this page | \$80.00    |

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

\$125,324.61

Enter this total on line 8a of Summary Page

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| <ol><li>Committee Name Sc</li></ol> | hor for | Lansing |  |
|-------------------------------------|---------|---------|--|
|-------------------------------------|---------|---------|--|

| 3. Name and address of person or vendor to whom paid             | 4. Purpose (Required Information)   | 5. Date            | 6. Amount |
|--|---|--------------------|-----------|
| Name Squarespace Address 459 Broadway New York, NY 10013-3001    | Purpose: Website Hosting  Check box if this expenditure is paymen debt or obligation reported on previous statement | 06/14/2021<br>Date | \$16.00   |
| Fund Raiser  |   |                    |           |
| Name<br>Squarespace<br>Address                                   | Purpose: Website Hosting  | 07/13/2021<br>Date | \$16.00   |
| 459 Broadway<br>New York, NY 10013-3001                          | Check box if this expenditure is paymen debt or obligation reported on previous statement                           | t of               |           |
| Fund Raiser  |   |                    |           |
| Name<br>Staples<br>Address<br>3003 E Michigan Ave                | Purpose: office supplies  | 03/02/2021<br>Date | \$81.16   |
| Lansing, MI 48912-4616   | Check box if this expenditure is paymer debt or obligation reported on previous statement                           | it of              |           |
| Name<br>Staples  | Purpose: Printer  | 03/03/2021<br>Date | \$449.33  |
| Address 3003 E Michigan Ave Lansing, MI 48912-4616               | Check box if this expenditure is paymer debt or obligation reported on previous statement                           | ut of              |           |
|  |   |                    |           |
| Name Staples  Address 3003 E Michigan Ave Lansing, MI 48912-4616 | Purpose: Office Supplies  Check box if this expenditure is paymer debt or obligation reported on previous statement | 07/10/2021<br>Date | \$96.00   |
| <u> </u>   |   | Subtotal this page | \$659.49  |

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

Enter this total on line 8a of Summary Page

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor | for | Lansing |  |
|-------------------|-------|-----|---------|--|
|-------------------|-------|-----|---------|--|

| 3. Name and address of person or vendor to whom paid         | 4. Purpose (Required Information)   | 5. Date            | 6. Amount |
|--|---|--------------------|-----------|
| Name<br>Uahul  | Durage, Dankel  | 04/24/2021<br>Date | \$123.51  |
| Address<br>3511 N East St<br>Lansing, MI 48906-2025          | Purpose: Rental  Check box if this expenditure is payment  debt or obligation reported on previous statement  | of                 |           |
| Fund Raiser  |   | <u> </u>           |           |
| Name<br>USPS<br>Address                                      | Purpose: postage  | 03/27/2021<br>Date | \$180.00  |
| 315 W Allegan St<br>Lansing, MI 48933-1500                   | Check box if this expenditure is payment debt or obligation reported on previous statement                    | of                 |           |
| Fund Raiser  |   | <del></del>        |           |
| Name<br>USPS   |   | 05/01/2021<br>Date | \$235.00  |
| Address 315 W Allegan St Lansing, MI 48933-1500  Fund Raiser | Purpose: postage  Check box if this expenditure is payment  debt or obligation reported on previous statement |                    |           |
| Name<br>USPS<br>Address                                      | Purpose: postage  | 05/13/2021<br>Date | \$110.00  |
| 315 W Allegan St Lansing, MI 48933-1500                      | Check box if this expenditure is payment debt or obligation reported on previous statement                    | of                 |           |
| Fund Raiser  |   |                    |           |
| Name<br>USPS<br>Address                                      | Purpose: postage  | 05/25/2021<br>Date | \$110.00  |
| 315 W Allegan St<br>Lansing, MI 48933-1500                   | Check box if this expenditure is payment debt or obligation reported on previous statement                    | tof                |           |
| Fund Raiser  |   |                    |           |

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

Subtotal this page

\$758.51 \$125,324.61

Enter this total on line 8a of Summary Page

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CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| 2. Committee Name | Schor  | for | Lansing   |  |
|-------------------|--------|-----|-----------|--|
| 2. 00             | DOLLOT | -0- | 141101119 |  |

| 3. Name and address of person or vendor to whom paid       | 4. Purpose (Required Information)  | 5. Date            | 6. Amount  |
|--|--|--------------------|------------|
| Name<br>USPS<br>Address                                    | Purpose: Postage   | 06/22/2021<br>Date | \$345.00   |
| 315 W Allegan St Lansing, MI 48933-1500  Fund Raiser       | Check box if this expenditure is payment debt or obligation reported on previous statement | of                 |            |
|  | l .  | <del></del>        |            |
| Name<br>Ventura, Jose                                      | Purpose: Field Consulting  | 04/15/2021<br>Date | \$820.00   |
| Address<br>4123 Main St<br>Saline, MI 48176                | Check box if this expenditure is payment debt or obligation reported on previous statement | of                 |            |
| Fund Raiser  | Statement  |                    |            |
| Name<br>Ventura, Jose                                      |  | 05/25/2021         | \$1,000.00 |
| Address<br>4123 Main St                                    | Purpose: Field Consulting  | Date               |            |
| Saline, MI 48176   | Check box if this expenditure is payment debt or obligation reported on previous statement | of                 |            |
| Name<br>Ventura, Jose                                      | Purpose: Field Consulting  | 07/02/2021<br>Date | \$1,000.00 |
| Address<br>4123 Main St<br>Saline, MI 48176                | Check box if this expenditure is payment debt or obligation reported on previous statement | of                 |            |
| Fund Raiser  |  |                    |            |
| Name<br>Winfield, Rachel                                   | Purpose: Field Consulting  | 05/25/2021<br>Date | \$1,000.00 |
| Address<br>44632 Larchwood Dr<br>Northville, MI 48168-4372 | Check box if this expenditure is payment debt or obligation reported on previous statement | of                 |            |
| Fund Raiser  |  |                    |            |

Subtotal this page

\$4,165.00 \$125,324.61

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

Enter this total on

line 8a of Summary Page

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE   | 2. Committee Name Schor for  | Lansing                          | _          |
|---|--|----------------------------------|------------|
| 3. Name and address of person or vendor to whom paid                        | 4. Purpose (Required Information)  | 5. Date                          | 6. Amount  |
| Name Winfield, Rachel  Address 44632 Larchwood Dr Northville, MI 48168-4372 | Purpose: Field Consulting  Check box if this expenditure is paymer debt or obligation reported on previous statement |                                  | \$1,000.00 |
| Name Wix  Address 235 W 23rd St Fl 8 New York, NY 10011-2371  Fund Raiser   | Purpose: Website Design  Check box if this expenditure is paymer debt or obligation reported on previous statement   |                                  | \$276.00   |
| Name Zoom.us  Address 55 Almaden Blvd San Jose, CA 95113-1608               | Purpose: Video Conference  Check box if this expenditure is paymer debt or obligation reported on previous statement |                                  | \$15.89    |
| Name Zoom.us  Address 55 Almaden Blvd San Jose, CA 95113-1608               | Purpose: Video Conference  Check box if this expenditure is paymer debt or obligation reported on previous statement | 04/22/2021<br>Date<br>–<br>nt of | \$15.89    |
| Name Zoom.us  Address 55 Almaden Blvd San Jose, CA 95113-1608               | Purpose: Video Conference  Check box if this expenditure is paymer debt or obligation reported on previous statement |                                  | \$15.89    |
|   | .1 .   | Subtotal this page               | \$1,323.67 |

(Complete on last page of Schedule) Enter this total on

Grand Total of All Schedules 1B

line 8a of Summary Page

\$125,324.61

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CANDIDATE COMMITTEE

| <ol> <li>Committee I.D. Number 46</li> </ol> | 696 |
|--|-----|
|--|-----|

| 2. Committee Name | Schor | for | Lansing |  |
|-------------------|-------|-----|---------|--|

| 3. Name and address of person or vendor to whom paid          | 4. Purpose (Requ | rired Information)  | 5. Date | 6. Amount |
|---|------------------|---|---------|-----------|
| Name Zoom.us  Address 55 Almaden Blvd San Jose, CA 95113-1608 | Check box if     | eo Conference<br>this expenditure is payr<br>ation reported on previo |         | \$15.85   |

Subtotal this page

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

\$15.89 \$125,324.61

Enter this total on line 8a of Summary Page

### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

#### FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

| 1. Committee I.D. Nur | mber | 46 | 696 |         |  |  |
|-----------------------|------|----|-----|---------|--|--|
| 2. Committee Name     | Scho | r  | for | Lansing |  |  |

| 3. Date Event Was Held      | <ol> <li>Number of Individuals Attending<br/>or Participating (whichever is<br/>greater)</li> </ol> | 5. Type of Fund Raising Activity | Address and Name (if any) of the place where the activity was held         |
|-----------------------------|---|----------------------------------|--|
|                             |   | Kickoff 2021                     |  |
| 03/10/2021                  |   |                                  |  |
|                             |   |                                  | ☐ Private Residence  |
| 7. Total Contributions      |   | \$9,700.00                       |  |
| 3. Other Receipts           |   | \$0.00                           |  |
| 9. Gross Receipts (Add line | es 7 and 8)   | \$9 <mark>,700.00</mark>         |  |
| 10. Total Cost of Event     |   | \$0.00                           | *Includes In-Kind Contributions and All<br>Expenditures Made For the Event |
| 11. Check if event was      | s a joint fund raiser and complete the fo   | llowing:                         |  |
| Co-Sponsor(s)               | C   | 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. Nur | nber | 46696 |         |   |   |
|-----------------------|------|-------|---------|---|---|
| 2. Committee Name     | Scho | r for | Lansing | - | - |

| 3. Date Event Was Held     | - USE A SEPARA  4. Number of Individuals Attending | ATE SHEET FOR EACH EVE | 6. Address and Name (if any) of the  |  |
|----------------------------|--|------------------------|--|--|
|                            | or Participating (whichever is greater)            |                        | place where the activity was held  |  |
|                            | 14   | Lansing Happy Hour     |  |  |
| 06/30/2021                 |  |                        |  |  |
|                            |  |                        | ✓ Private Residence  |  |
| 7. Total Contributions     |  | \$5,400.00             |  |  |
| 8. Other Receipts          |  | \$0.00                 |  |  |
| 9. Gross Receipts (Add lin | nes 7 and 8)                                       | \$5,400.00             |  |  |
| 10. Total Cost of Event    |  | \$507.42               | *Includes In-Kind Contributions and All<br>Expenditures Made For the Event |  |
| 11. Check if event wa      | as a joint fund raiser and complete the fo         | ollowing:              |  |  |
| 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 |      | 46696  |         |   |  |  |
|--------------------------|------|--------|---------|---|--|--|
| 2. Committee Name        | Scho | or for | Lansing | • |  |  |

| 3. Date Event Was Held                | Number of Individuals Attending or Participating (whichever is greater) | 5. Type of Fund Raising Activity | Address and Name (if any) of the place where the activity was held         |  |
|---------------------------------------|---|----------------------------------|--|--|
|                                       | 22  | Lansing Westside                 |  |  |
| 07/13/2021                            |   |                                  |  |  |
|                                       |   |                                  | ✓ Private Residence  |  |
| 7. Total Contributions                |   | \$1,625.00                       |  |  |
| 8. Other Receipts                     |   | \$0.00                           |  |  |
| 9. Gross Receipts (Add lines 7 and 8) |   | \$1,625.00                       |  |  |
| 10. Total Cost of Event               |   | \$500.00                         | *Includes In-Kind Contributions and All<br>Expenditures Made For the Event |  |
|                                       | as a joint fund raiser and complete the fo                              | =                                |  |  |
| Co-Sponsor(s)                         | C   | 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.