CANDIDATE COMMITTEE **COVER PAGE**

F2021-0493
10/22/21 4:45 PM Page 1 of 1
CAMP \$0.00
Barb Byrum, Ingham County Clerk

FOR OFFICIAL USE ONLY

| Report must be legible, typed or printed in ink and si by the treasurer (or designated record keeper) and candidate. | gned | 3. This Statement covers From: 0 | 8/24/2021 Mo Day Year | To: | 10/17/2021 Mo Day Year |
|--|-----------------------|--|--------------------------|-------------|--|
| 1. Committee I.D. Number | | 4. Candidate Last Name | First | Name | M.I. |
| 46696 | | Schor | Andy | | |
| | | 4a. Office Sought including District | # or Community S | erved (If | applicable) |
| 2. Committee Name | | Mayor - City of Lans | ing | | |
| Schor for Lansing | | 4b. County of Residence | | | |
| | | Ingham | E | 36 7 | 2 has 13 1 has has |
| 5. Committee's Mailing Address | | 6. Treasurer's Name & Residential | Address | ZC | CEIVED |
| PO Box 13073 Lansing, MI 48901 | | Heather Ricketts 2600 Hunters Pt | | 007 | |
| nansing, MI 40901 | | Kalamazoo, MI 490 | 48 | UCI | 22 2021 |
| | | | INGH | IAM COL | Alteria |
| Area Code and Phone (517) 927-5179 If the address in this box is different from the commit | ttoo | | | MIN COU | NTY CLERK'S OFFICE |
| mailing address on the Statement of Organization, n | | Area Code & Phone (517) 923 | 7-5179 | | . |
| may be sent to this address by the filing official. | | | | | |
| 7. Treasurer's Business Address | | Designated Record Keeper's Na Designated Record Keeper) | ame and Mailing Ad | idress (if | the committee has a |
| 2600 Hunters Pt Kalamazoo, MI 49048 | | | | | |
| Ralamazoo, MI 49046 | | | | | |
| | | | | | |
| Area Code and Phone | | Area Code & Phone | | | |
| 9. TYPE OF STATEMENT | Req | uired ONLY if candidate is | 9e. Dissolut | tion of C | andidate Committee |
| 9a. ☑ Pre-Election OR 9b. ☐ Post-Election | | on the ballot for the ent year: | | | em I/We certify any |
| | | • | the candi | date or hi | y the committee to s or her spouse is |
| Pre-Election or Post Election Statement relates to: | | July Quarterly | | | d and forgiven and no rom the committee. |
| Primary | | October Quarterly | | | s no outstanding te fees or has any |
| ☐ Special | | | outstandi | | |
| Convention | 00 5 | TA Ciatamani | | | olution cannot be |
| ✓ General | 3 0. | Annual Statement Coverage Year | | | e considered a porting Waiver. |
| ☐School | 9d. 「 | , 7 | | | |
| ☐ Caucus | Ju | Amendment to Campaign | Effectiv | ve Date d | f Dissolution |
| | | Statement (Complete item 9a, 9b, 9c or 9e to indicate | | | |
| 5. (5 6 | | which Statement is being | | | n of residual funds Schedule 1B and |
| Date of Election, Convention, or Caucus 11/02/2021 | | amended) | the Summa | ary Page. | |
| | | | | | |
| Verification: I/We certify that all reasonable diligious best of my/our knowledge and belief the contents are | ence was e true, a | s used in the preparation of this staten ccurate and complete. | nent and attached | schedule | s (if any) and to the |
| Current Treasurer or | _ | کر بیار / | Dilotta | Date | 10/22/2021 |
| Designated Record Keeper Heather Ricketts Type or Print Name | <u> </u> | / Heathury. Signature / Andy: Signature | | | 10/22/2021 |
| Candidate Andy Schor | | 1 Andy: | Schor | Date | 10/22/2021 |
| Type or Print Name | | Signature | | | |

1. Committee I.D. Number 46696

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Schor for Lansing

| CANDIDATE COMMITTEE | | Column I | I | Column II |
|---|----------|----------------|------------|---------------------------|
| RECEIPTS | | This Period | Cumulativ | e for this Election cycle |
| 3. Contributions | | | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) | \$43,299.00 | | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) | NOT APPLICABLE | | |
| c. Subtotal of "Contributions" | (3c.) _ | \$43,299.00 | (18.) | \$356,000.36 |
| 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.) | \$43,299.00 | (20.) | \$356,000.36 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) | \$737.50 | (21.) | \$4,165.06 |
| 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.) | \$53,207.90 | | · |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) | \$0.00 | | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) | \$116.90 | | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) | \$53,324.80 | (23.) | \$241,823.80 |
| 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 | | | | |
| Debts and Obligations a. Owed by the Committee (Schedule 1E) | (12a.) | \$0.00 | | |
| b. Owed to the Committee (Schedule 1E) | (12b.) | \$0.00 | | |
| , , , , , , , , , , , , , , , , , , , | | | ŀ | |
| BALANCE S | STATEMEN | NT - | <u> </u> | |
| Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) | \$2: | 32,179.29 | |
| Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I) | (14.) + | s | 43,299.00 | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = | \$2 | 75,478.29 | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - | \$: | 53,324.80 | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) | \$2: | 22,153.49* | |
| <u></u> _ | | | | |

^{*}If your ending balance is negative, please recheck your math.

| ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number 4 | 6696 | |
|--|---------------|---|
| SCHEDULE 1A CANDIDATE COMMITTEE 2. Committee Name School | 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 Cycle for Each Contributor (Through date of receipt) |
| 3. PAG Pagainta FINES A PATE OF PEGEIDY 10/15/000 | | |
| Name & Address PAC Receipt? TYES 4. DATE OF RECEIPT 10/15/202 | 1 | |
| Abbasi, Farha | | |
| 4800 Thornapple Ln | | |
| Lansing, MI 48917-4433 | \$100.00 | \$200.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Assistant Professor Employer Michigan State Unive | rsity | |
| Business Address 804 Service Rd East Lansing, MI 48824-7015 | | |
| Type of Contribution: | | |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 08/31/202 | 1 | |
| Name & Address | <u></u> | |
| Abood, Andrew P | | |
| 4771 Nakoma Dr Okemos, MI 48864-2026 | 61 000 00 | ຕາ ຄວ ດ ຄວ |
| OKEMOS, MI 40004 2020 | \$1,000.00 | \$2,000.00 |
| 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 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/15/202 | 1 | |
| Name & Address | | |
| Abraham, Charles 4111 River Cove Dr | | |
| Lansing, MI 48917-8528 | \$500.00 | \$1,000.00 |
| , | | |
| 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? YES 4. DATE OF RECEIPT 10/15/202 | 1 | |
| Name & Address | | |
| Abrams, Nina 12959 Talbot Ln | | |
| Huntington Woods, MI 48070-1049 | \$100.00 | \$100.00 |
| | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer Business Address | | |
| Type of Contribution: | | |
| 1770 O. COMBINION NO. 1 TOWN HOLD TOWN THE PROPERTY OF THE PRO | | · · |

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$43,299.00 Enter this total on line 3a of Summary

Page Subtotal

Page.

\$1,700.00

Page 3 of 52

| | | IBUTIONS | | 1. Committe | e I.D. Number | 46696 | |
|--|--------------------------------------|---------------------|---------------|--------------------|--------------------------|--|---|
| | SCHEDULE DIDATE COM | | | 2. Committe | e Name Sci | nor for Lansing | |
| Enter contributor's name and middle initial. Checl Independent Committee | and address. If k box to indicate | contribution is fro | from a Politi | cal Committee or | arne, first nam an | e, 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. | PAC Rec | eipt? TYES | 4. DATE | OF RECEIPT | 10/04/2 | 021 | |
| Name & Address | | | | _ | | | |
| Addiego, Rima 620 Ardson Rd East Lansing, M | I 48823-320 | 3 | | | | \$200.00 | \$200.00 |
| 5. If over \$100.00 cumu | ılative, please p | rovide: | | | | | |
| Occupation Not Empl | loyed | | Employer | Not Emplo | yed | | |
| Business Address 620 | Ardson Rd | East Lansing | g, MI 48 | 823-3203 | | | |
| Type of Contribution: | ✓ Direct | Loan from a p | erson | Fund Raiser | | | |
| 3. Name & Address | PAC Rec | eipt? YES | 4. DATE | OF RECEIPT - | 09/30/2 | 021 | - |
| Adler, Steve 210 Lavaca St Apt 2605 Austin, TX 7870 | 1-4592 | | | | | \$250.00 | \$250.00 |
| 5. If over \$100.00 cumu | ılative, please p | rovide: | | | | | |
| Occupation Mayor | | | Employe | | | | |
| Business Address 210 | Lavaca St . | Apt 2605 Au | stin, TX | 78701-4592 | | | |
| Type of Contribution: | Direct | Loan from a p | erson | Fund Raiser | | | |
| 3. Name & Address | PAC Rec | eipt? YES | 4. DATE | OF RECEIPT _ | 10/15/2 | 021 | |
| Affolter-Caine, 500 E Michigan Ste 120 Lansing, MI 489 | Ave | ч | | | | \$50.00 | \$50.00 |
| 5. If over \$100.00 cum | ılative, please p | rovide: | | | | | |
| Occupation | | | Employe | · | | | |
| Business Address | | | | | | | |
| Type of Contribution: | ✓ Direct | Loan from a p | erson | Fund Raiser | | | <u> </u> |
| 3. Name & Address | PAC Red | ceipt? TYES | 4. DATE | OF RECEIPT | 09/30/2 | 021 | |
| Ahmad, Zubair 3960 Baulistrol Okemos, MI 4886 | | | | | | \$50.00 | \$50.00 |
| 5. If over \$100.00 cum | ulative, please o | rovide: | | | | | |
| Occupation | | | Employe | r | | | |
| Business Address | | | . , | | | | |
| Type of Contribution: | ✓ Direct | Loan from a p | person | Fund Raiser | | | |
| | | <u> </u> | | P | age Subtotal | \$550.00 | |
| | | G | irand Total | of all Schedules 1 | A (Complete of Schedule) | \$43,299.00 | |
| | | | | | | Enter this total on line 3a of Summary | |

Page.

Page ____ of ___52

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1, Committee I.D. Number 46696

| SCHEDULE 1A CANDIDATE COMMITTEE 2. Committee Name s | chor for Lansing | |
|---|------------------|---|
| 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. | ame, 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| | | <u> </u> |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 10/17/ | <u></u> | |
| Name & Address | | |
| Albon, Christopher 1108 Chester Rd | | |
| Lansing, MI 48912-4807 | \$100.00 | \$100.00 |
| , , , , , , , , , , , , , , , , , , , | <u> </u> | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: ✓ Direct | | |
| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/15/ | /2021 | |
| Name & Address | | |
| Alden, Carl | | |
| 416 W Ionia St | | **** |
| Lansing, MI 48933-1104 | \$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? TYES 4. DATE OF RECEIPT 09/30 | <u></u> | |
| Alderson, Louise | | |
| 2575 Oxford Rd | | |
| Lansing, MI 48911-1036 | \$100.00 | \$100.00 |
| | <u> </u> | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address | <u> </u> | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/15, | /2021 | |
| Name & Address | _ | |
| Amburgey, Samantha | | |
| 1562 Belvedere Ave Okemos. MI 48864-1259 | \$100.00 | \$200.00 |
| 010000) 111 10001 1100 | \$100.00 | 7200100 |

Employer MSUFCU

Fund Raiser

Page Subtotal \$400.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$43,299.00

Enter this total on line 3a of Summary Page.

Page 5 of 52

Occupation Management

Type of Contribution:

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

✓ Direct

Business Address 3777 West Rd East Lansing, MI 48823-8029

Loan from a person

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS** ITEMIZED CONTRIBUTIONS 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. | e, 6. Amount | Cumulative for Election Cycle for Each Contributor (Through |
| Independent Committee (FAC) Report all Communitions regardless of amount. | | date of receipt) |
| 3. PAG DANIELO ELVED. A DATE OF DECEMPT. A DATE OF | | |
| Name & Address PAC Receipt? TYES 4. DATE OF RECEIPT 10/15/20 | 021 | |
| Anderson, William | | |
| 2910 Crestwood Dr | | |
| East Lansing, MI 48823-2319 | \$25.00 | \$25.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: | | |
| | 22 | |
| Name & Address PAC Receipt? TYES 4. DATE OF RECEIPT 10/15/20 |)21 | |
| Andrews, Pamela | | |
| 12126 Tullymore Dr | | |
| Stanwood, MI 49346-8355 | \$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 | 221 | |
| PAC Receipt? YES 4. DATE OF RECEIPT 09/30/20 Name & Address | <u> </u> | |
| Antonelli, Anthony | | |
| 115 N Jenison Ave | | |
| Lansing, MI 48915-1769 | <u>\$100.00</u> | \$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 10/15/20 | 121 | |
| Name & Address | | |
| Appel, Diane | | |
| 2939 Margate Ln East Lansing, MI 48823-9732 | åE0.00 | ČEO OO |
| base banding, and 10020 year | \$50.00 | \$50.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: | | |
| Page Subtotal | \$275.00 | |
| Grand Total of all Schedules 1A (Complete | | |
| on last page of Schedule) | \$43,299.00 | |
| | Enter this total on | |
| | line 3a of Summary Page. | |
| Page 6 of 52 | • | |

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS 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 Cycle for Each Contributor (Through date of receipt) |
| 3. | | |
| PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 | | |
| Name & Address | | |
| Appel, Mrs.Laura | | |
| 1607 Stanlake Dr East Lansing, MI 48823-2083 | 4500 00 | 41 000 00 |
| - Last Dansing, MI 40025-2005 | \$500.00 | \$1,000.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Vice President, Federal Employer Michigan Health & Hosp | pital | |
| Business Address 440 W Michigan Ave Lansing, MI 4893 45 611 | - | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 09/30/2021 | | |
| Name & Address | | |
| Bacon, ron | | |
| 533 Avocet Dr | | |
| East Lansing, MI 48823-8679 | \$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 10/15/2021 Name & Address | | |
| | | |
| Bastian, Donald 1544 Craig St | | |
| Lansing, MI 48906-5724 | \$100.00 | \$100.00 |
| | \$100.00 | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: | | |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 09/22/2021 | | |
| Name & Address | | |

Employer Kositchek's

✓ Fund Raiser

Page Subtotal \$800.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$43,299.00

Enter this total on line 3a of Summary Page.

\$100.00

\$150.00

Page 7 of 52

Benjamin, Mark 1705 N Genesee Dr Lansing, MI 48915-1225

Occupation Sales

Type of Contribution:

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

✓ Direct

Business Address 113 N Washington Sq Lansing, MI 48933-1604

Loan from a person

| ITEMIZED CONTRIBUTIONS | 1. Committee I.D. Number 46 | 5696 | |
|--|--|-----------------|---|
| 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 regardles | Political Committee or an | 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. PAC Receipt? ☐YES 4. [| DATE OF RECEIPT 09/30/2023 | | |
| Name & Address | | <u> </u> | |
| Benjamin, Stephen | | | |
| 100 Island View Cir Elgin, SC 29045-9180 | | A E00 00 | 4500.00 |
| 21g1n, 5c 25045 5100 | | \$500.00 | \$500.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Mayor Emp | loyer City of Columbia | | |
| Business Address PO Box 11394 Columbia, SC 2921 | .1-1394 | | |
| Type of Contribution: | Fund Raiser | | |
| 3. PAC Receipt? ☐YES 4. E | DATE OF RECEIPT 10/17/2021 | | |
| Name & Address | | | |
| Benson, Jeffrey | | | |
| 2837 Ballybunion Way Okemos, MI 48864-3358 | | | |
| OKEMOS, MI 48864-3336 | | \$500.00 | \$500.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| | loyer CAS Credit Union | | |
| Business Address 4316 S Pennsylvania Ave Lansin | ng, MI 48910-5608 | | |
| | - | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| Type of Contribution: Direct Loan from a person | | <u> </u> | |
| Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. Direct Name & Address Bhatti, Farhan | Fund Raiser | <u>-</u> | |
| Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. [Name & Address Bhatti, Farhan 201 E Saint Joseph St | Fund Raiser | | 47.050.00 |
| Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. Direct Name & Address Bhatti, Farhan | Fund Raiser | \$500.00 | \$1,250.00 |
| Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. [Name & Address Bhatti, Farhan 201 E Saint Joseph St | Fund Raiser | | \$1,250.00 |
| Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. I Name & Address Bhatti, Farhan 201 E Saint Joseph St Lansing, MI 48933-2408 5. If over \$100.00 cumulative, please provide: | Fund Raiser | | \$1,250.00 |
| Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. D Name & Address Bhatti, Farhan 201 E Saint Joseph St Lansing, MI 48933-2408 5. If over \$100.00 cumulative, please provide: | Fund Raiser DATE OF RECEIPT 09/30/2021 loyer Sparrow Hospital | | \$1,250.00 |
| Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. D Name & Address Bhatti, Farhan 201 E Saint Joseph St Lansing, MI 48933-2408 5. If over \$100.00 cumulative, please provide: Occupation Physician Emp | Fund Raiser DATE OF RECEIPT 09/30/2021 loyer Sparrow Hospital | | \$1,250.00 |
| Type of Contribution: | Fund Raiser DATE OF RECEIPT 09/30/2021 loyer Sparrow Hospital msing, MI 48912-1897 Fund Raiser | \$500.00 | \$1,250.00 |
| Type of Contribution: | Fund Raiser DATE OF RECEIPT 09/30/2021 loyer Sparrow Hospital unsing, MI 48912-1897 | \$500.00 | \$1,250.00 |
| Type of Contribution: | Fund Raiser DATE OF RECEIPT 09/30/2021 loyer Sparrow Hospital msing, MI 48912-1897 Fund Raiser | \$500.00 | \$1,250.00 |
| Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. I Name & Address Bhatti, Farhan 201 E Saint Joseph St Lansing, MI 48933-2408 5. If over \$100.00 cumulative, please provide: Occupation Physician Emp Business Address 1200 E Michigan Ave Ste 245 La Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. I Name & Address Bingman, Teresa 1425 Ambassador Dr | Fund Raiser DATE OF RECEIPT 09/30/2021 loyer Sparrow Hospital msing, MI 48912-1897 Fund Raiser | \$500.00 | |
| Type of Contribution: | Fund Raiser DATE OF RECEIPT 09/30/2021 loyer Sparrow Hospital msing, MI 48912-1897 Fund Raiser | \$500.00 | \$1,250.00 \$1,500.00 |
| Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. I Name & Address Bhatti, Farhan 201 E Saint Joseph St Lansing, MI 48933-2408 5. If over \$100.00 cumulative, please provide: Occupation Physician Emp Business Address 1200 E Michigan Ave Ste 245 La Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. I Name & Address Bingman, Teresa 1425 Ambassador Dr | Fund Raiser DATE OF RECEIPT 09/30/2021 loyer Sparrow Hospital msing, MI 48912-1897 Fund Raiser | \$500.00 | |
| Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. If Name & Address Bhatti, Farhan 201 E Saint Joseph St Lansing, MI 48933-2408 5. If over \$100.00 cumulative, please provide: Coccupation Physician Emp Business Address 1200 E Michigan Ave Ste 245 La Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. If Name & Address Bingman, Teresa 1425 Ambassador Dr Okemos, MI 48864-4081 5. If over \$100.00 cumulative, please provide: | Fund Raiser DATE OF RECEIPT 09/30/2021 loyer Sparrow Hospital msing, MI 48912-1897 Fund Raiser | \$500.00 | |
| Name & Address Bhatti, Farhan 201 E Saint Joseph St Lansing, MI 48933-2408 5. If over \$100.00 cumulative, please provide: Coccupation Physician Emp Business Address 1200 E Michigan Ave Ste 245 La Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. If Name & Address Bingman, Teresa 1425 Ambassador Dr Okemos, MI 48864-4081 5. If over \$100.00 cumulative, please provide: Coccupation Consultant Emp Business Address 120 N Washington Sq Lansing, M | Fund Raiser DATE OF RECEIPT 09/30/2021 loyer Sparrow Hospital ansing, MI 48912-1897 Fund Raiser DATE OF RECEIPT 09/30/2021 | \$500.00 | |
| Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. I Name & Address Bhatti, Farhan 201 E Saint Joseph St Lansing, MI 48933-2408 5. If over \$100.00 cumulative, please provide: Occupation Physician Emp Business Address 1200 E Michigan Ave Ste 245 La Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. I Name & Address Bingman, Teresa 1425 Ambassador Dr Okemos, MI 48864-4081 5. If over \$100.00 cumulative, please provide: | Fund Raiser DATE OF RECEIPT 09/30/2021 loyer Sparrow Hospital ansing, MI 48912-1897 Fund Raiser DATE OF RECEIPT 09/30/2021 | \$500.00 | |
| Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. If Name & Address Bhatti, Farhan 201 E Saint Joseph St Lansing, MI 48933-2408 5. If over \$100.00 cumulative, please provide: Cocupation Physician Emp Business Address 1200 E Michigan Ave Ste 245 La Type of Contribution: Direct Loan from a person 3. PAC Receipt? YES 4. If Name & Address Bingman, Teresa 1425 Ambassador Dr Okemos, MI 48864-4081 5. If over \$100.00 cumulative, please provide: Cocupation Consultant Emp Business Address 120 N Washington Sq Lansing, M | Fund Raiser DATE OF RECEIPT 09/30/2021 loyer Sparrow Hospital 19/30/2021 Insing, MI 48912-1897 Fund Raiser DATE OF RECEIPT 09/30/2021 loyer Self 148933-1617 Fund Raiser | \$500.00 | |
| Type of Contribution: | Fund Raiser OATE OF RECEIPT 09/30/2021 loyer Sparrow Hospital msing, MI 48912-1897 Fund Raiser OATE OF RECEIPT 09/30/2021 loyer Self MI 48933-1617 | \$500.00 | |

Enter this total on line 3a of Summary Page.

Page 8 of 52

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS SCHEDULE 14

| ITEMIZED CONTRIBUTIONS | 1. Committee I.D. Number 46 | 696 | |
|---|-------------------------------------|-------------|---|
| SCHEDULE 1A CANDIDATE COMMITTEE | 2. Committee Name Schor | for Lansing | |
| Enter contributor's name and address. If contribution is from and middle initial. Check box to indicate if contribution is from Independent Committee (PAC) Report all contributions regard | a Political Committee or an | 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. PAC Receipt? YES | 4. DATE OF RECEIPT 09/30/2021 | | - |
| Name & Address | | <u> </u> | |
| Bingman, Teresa | | | |
| 1425 Ambassador Dr Okemos, MI 48864-4081 | | \$500.00 | \$1,500.00 |
| | | | |
| 5, if over \$100.00 cumulative, please provide: | | | |
| Occupation Consultant E | mployer Self | | |
| Business Address 120 N Washington Sq Lansing, | MI 48933-1617 | <u></u> | |
| Type of Contribution: Direct Loan from a person | on Fund Raiser | | |
| | 4. DATE OF RECEIPT 09/29/2021 | | |
| Name & Address | | | |
| Boji, Heather 5334 Trillium Ct | | | |
| Orchard Lake, MI 48323-1577 | | \$250.00 | \$750.00 |
| | - | | |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation NA E | mployer Not Employed | | |
| Business Address | | _ | |
| Type of Contribution: Direct Loan from a person | on Fund Raiser | | |
| 3. PAC Receipt? ☐YES | 4. DATE OF RECEIPT 08/31/2021 | | |
| Name & Address | | | |
| Bolger, Matt 3420 Donamere Dr | | | |
| Lansing, MI 48906-9249 | | \$100.00 | \$100.00 |
| - | | | |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation E | mployer | | |
| Business Address | _ | | |
| Type of Contribution: Direct Loan from a person | on Fund Raiser | | |
| 3. PAC Receipt? TYES | 4. DATE OF RECEIPT 08/31/2021 | . <u> </u> | |
| Boyd, Liz | | | |
| 3035 Westchester Rd | | | |
| Lansing, MI 48911-1045 | _ | \$250.00 | \$500.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| | mployer Self Employed | | |
| Business Address 3035 Westchester Rd Lansing, | | | |
| Type of Contribution: Direct Loan from a person | | | |
| ' | | | |
| | Page Subtotal | \$1,100.00 | |
| Grand | Total of all Schedules 1A (Complete | \$43,299.00 | |
| | on last page of Schedule) | | |

Enter this total on line 3a of Summary Page.

Page 9 of 52

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

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

| 5,1,10,10,11,10 | C A | Completive for Floation |
|--|--|---|
| 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 08/31/2021 | | |
| Name & Address | | |
| Buck, Christopher 2642 Loon Ln | | |
| Okemos, MI 48864-3350 | \$100.00 | \$200.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Commercial Real Estate Employer Martin Commercial | | |
| Business Address 1111 Michigan Ave Ste 300 East Lans Prepenti §823-4050 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/15/2021 | | |
| Name & Address | <u> </u> | |
| Cherrin, Daniel | | |
| 26694 Humber St | | |
| Huntington Woods, MI 48070-1224 | \$250.00 | \$350.00 |
| | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation PR Employer North Coast Strategie | <u> </u> | |
| Business Address PO Box 2128 Royal Oak, MI 48068-2128 | | |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser | | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 08/31/2021 | <u> </u> | |
| Name & Address | | |
| Clark, John 10785 W Clark Rd | | |
| Eagle, MI 48822-9713 | \$1,000.00 | \$3,100.00 |
| | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Partner Employer Clark Construction | | |
| Business Address 3535 Moores River Dr Lansing, MI 48911-1073 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 | <u>. </u> | |
| Name & Address | , | |
| Cochran, Thomas | | |
| 621 N Cedar Run Ct Williamston, MI 48895-9036 | \$250.00 | \$500.00 |
| | 7250.00 | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Director Employer City of Lansing | | |
| Business Address 124 W Michigan Ave Fl 9 Lansing, MI 48933-1612 | | |
| Type of Contribution: | | |

Page Subtotal \$1,600.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$43,299.00

Enter this total on line 3a of Summary Page.

Page 10 of 52

ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number 46696 SCHEDULE 1A 2. 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 10/17/2021 Name & Address Conway, Lloyd 726 Ridgewood Ave Lansing, MI 48910-4654 \$25.00 \$175.00 5. If over \$100.00 cumulative, please provide: Employer Spring Arbor University Occupation Teacher Business Address 106 E Main St Spring Arbor, MI 49283-9701 Type of Contribution: Loan from a person Fund Raiser ✓ Direct 3. 4. DATE OF RECEIPT 10/17/2021 PAC Receipt? YES Name & Address Cooke-Brown, Brandee 4133 Oak St Grand Blanc, MI 48439-3447 \$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 10/15/2021 PAC Receipt? YES Name & Address Cunningham, Cathy 3881 Breckinridge Dr Okemos, MI 48864-3846 \$200.00 \$100.00 5. If over \$100.00 cumulative, please provide: Employer Michigan Association of Occupation Communications Director Business Address 3881 Breckinridge Dr Okemos, MI 4888419846 ✓ Direct Type of Contribution: Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/23/2021 Name & Address Demmer, Mr.William A 1600 N Larch St P.O. Box 12030 \$1,000.00 \$1,000.00 Lansing, MI 48906-4168 5. If over \$100.00 cumulative, please provide: Occupation President & CEO Employer Demmer Corp. Business Address 1600 N Larch St P.O. Box 12030 Lansing, MI 48906-4168 Type of Contribution: **V** Fund Raiser ✓ Direct Loan from a person Page Subtotal \$1,225.00 Grand Total of all Schedules 1A (Complete \$43,299.00 on last page of Schedule)

Enter this total on line 3a of Summary Page.

Page 11 of 52

ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

| Committee I.D. Number 4669 | 1. | Committee | I.D. | Number | 4669 |
|--|----|-----------|------|--------|------|
|--|----|-----------|------|--------|------|

| 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. | 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|------------|--|
| | | |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 09/30/2021 Name & Address | _ | |
| Denno, Dennis 410 Clarendon Rd East Lansing, MI 48823-2621 | \$500.00 | \$500.00 |
| Base Ballstrig, NI 40023 2021 | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Owner Employer Denno Research | | |
| Business Address 410 Clarendon Rd East Lansing, MI 48823-2621 | | |
| Type of Contribution: ✓ Direct | _ | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/08/2021 Name & Address | _ | |
| Donahue, Jeff 10070 Harvest Park | | |
| Dimondale, MI 48821 | \$500.00 | \$500.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation CEO Employer Green Peak Industries | | |
| Business Address 10070 Harvest Park Dimondale, MI 48821 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | _ | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 10/15/2021 | | |
| Name & Address | | |
| Donahue, Jeff | | |
| 10070 Harvest Park | ** -00 00 | 40.000.00 |
| Dimondale, MI 48821 | \$1,500.00 | \$2,000.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation CEO Employer Green Peak Industries | | |
| Business Address 10070 Harvest Park Dimondale, MI 48821 | | |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser | _ | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 08/31/2021 Name & Address | | - |
| Doss, Jean | | |
| 2276 Hulett Rd Okemos, MI 48864-2510 | \$50.00 | \$250.46 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Consultant Employer Capitol Services Inc | | |
| Business Address 110 W Michigan Ave Ste 700 Lansing, MI 48933-1368 | | |
| Type of Contribution: ✓ Direct | | |
| | | |

Grand Total of all Schedules 1A (Complete

on last page of Schedule)

Enter this total on line 3a of Summary Page.

\$43,299.00

Page 12 of 52

ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee I.D. Number 46696 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, 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 09/23/2021 PAC Receipt? TYES Name & Address Duffy, Susan 1514 Boston Blvd Lansing, MI 48910-1134 \$150.00 \$150.00 5. If over \$100.00 cumulative, please provide: Occupation CPA Employer Simplified Accounting Business Address 1120 Keystone Ave Lansing, MI 48911-4032 Type of Contribution: ✓ Direct Loan from a person Fund Raiser 4. DATE OF RECEIPT 09/30/2021 PAC Receipt? TYES Name & Address Elnabtity, Mohamed H M.D. 6402 Woodcliffe Ln East Lansing, MI 48823-9781 \$500.00 \$500.00 5. If over \$100.00 cumulative, please provide: Employer Lansing Neurosurgical Occupation Neurosurgeon Business Address 1575 Ramblewood Dr East Lansing, MIA48823-6384 Type of Contribution: Direct Loan from a person Fund Raiser 4. DATE OF RECEIPT 09/30/2021 PAC Receipt? TYES Name & Address Esmay, M 400 Carey St Lansing, MI 48915-1810 \$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 PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address Eyia, Michael 5330 Hawk Hollow Dr E Bath, MI 48808-9608 \$50.00 \$50.00 5. If over \$100.00 cumulative, please provide: Occupation Employer **Business Address** Type of Contribution: Fund Raiser ✓ Direct Loan from a person Page Subtotal \$750.00 Grand Total of all Schedules 1A (Complete \$43,299.00 on last page of Schedule)

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

Page 52 of 13

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

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

| Enter contributor's name and and middle initial. Check box Independent Committee (PAC | | 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | | | |
|---|-----------|----------------|---|---------------|-------------|--------------|---------------|
| 3. | | | | - | | | - |
| | PAC Re | ceipt? YES | 4. DATE | OF RECEIPT | 09/30/2021 | | |
| Name & Address | | | | | | | |
| Farhat, Leo | | | | | | | |
| 1740 Wellington Rd | | | | | | | |
| Apt 103 Lansing, MI 48910-1 | 171 | | | | | \$75.00 | \$75.00 |
| 5. If over \$100.00 cumulative | | provide: | | | | | |
| Occupation | • | • | Employer | | | | |
| Business Address | | | | | - | | |
| Type of Contribution: | irect | Loan from a pe | erson | ✓ Fund Raiser | | _ | |
| 3. | | <u> </u> | - | | | | |
| Name & Address | PAC Re | eceipt? YES | 4. DATE | OF RECEIPT | 09/22/2021 | | |
| | | | | | | | |
| Farrell, M.B. | 7 | | | | | | |
| 2843 E Grand River Ste 234 | Ave | | | | | ¢500 00 | 61 000 00 |
| East Lansing, MI 48 | 823-67 | 24 | | | | \$500.00 | \$1,000.00 |
| 5. If over \$100.00 cumulative | | | | | | | |
| Occupation Attorney | | | Employer | mblglaw | | | |
| Business Address 2843 E | Grand 1 | River Ave Ste | 234 Eas | t Lansing | , MI 48823- | | |
| Type of Contribution 6.724 ✓ D | | Loan from a pe | _ | ✓ Fund Raise | | | |
| 3. | DAC D | | 4 DATE | OF RECEIPT | 00/20/2022 | | |
| Name & Address | PACRE | eceipt? YES | 4, DATE | OFRECEIFT | 09/30/2021 | <u> </u> | |
| Faruqi, Tabassum | | | | | | | |
| 1338 Tavistock Pl | | | | | | | |
| East Lansing, MI 48 | 823-22 | 00 | | | | \$300.00 | \$300.00 |
| <u> </u> | | | | | - | | |
| 5. If over \$100.00 cumulative | e, please | provide: | | | | | |
| Occupation Physician | | _ | Employer | McLaren | | | |
| Business Address 2727 S | Pennsy: | lvania Ave La | nsing, N | 1I 48910-3 | 488 | | |
| Type of Contribution: | irect | Loan from a pe | erson | Fund Raise | r | _ | |
| 3. | DAC D | eceipt? YES | 4 DATE | OF RECEIPT | 09/30/2021 | | |
| Name & Address | INOIN | sceibr: 1153 | 4. DAIL | OI REGENT | 05/30/2021 | | |
| Fatteh, Mehboob | | | | | | | |
| 3615 Beech Tree Ln | | | | | | | |
| # 3615 | | | | | _ | \$250.00 | \$250.00 |
| Okemos, MI 48864-38 | | | | | _ | | |
| E If over \$100.00 eumulative | nioaco | provide: | | | | | |

Employer mclaren

Fund Raiser

Business Address 3615 Beech Tree Ln # 3615 Okemos, MI 48864-3867

Loan from a person

✓ Direct

Page Subtotal \$1,125.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$43,299.00

Enter this total on line 3a of Summary Page.

Page 14 of 52

Occupation physian

Type of Contribution:

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

CANDIDATE COMMITTEE

Committee I.D. Number 46696
 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 Cycle for Each Contributor (Through date of receipt) |
| 3. PAG Parrieto ETATO A PATE DE RECEIRT - 00 /00 /000 | - | <u> </u> |
| PAC Receipt? TYES 4. DATE OF RECEIPT 09/30/202 | 1 | |
| Name & Address | | |
| Fedewa, Joseph | | |
| 1515 W Shiawassee St Lansing, MI 48915-1203 | \$100.00 | \$100.00 |
| mainting, for 40,10 1200 | | 7100.00 |
| 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 10/05/202 | 91 | |
| Name & Address | - | |
| Ferguson, Joel I | | |
| 1223 Turner St | | |
| Ste 300 | \$250.00 | \$250.00 |
| Lansing, MI 48906-4363 | • | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Real Estate Developer Employer Ferguson Development | <u> </u> | |
| Business Address 1223 Turner St Ste 300 Lansing, MI 48906-4363 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 09/30/202 | 21 | |
| Name & Address | | |
| Fleming, Douglas | | |
| 4406 Carmine Ct | | |
| Dewitt, MI 48820-9183 | \$250.00 | \$250.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Consultant Employer Self Employed | | |
| Business Address 4406 Carmine Ct Dewitt, MI 48820-9183 | | |
| Type of Contribution: | | |
| 2 | - | <u> </u> |
| Name & Address PAC Receipt? YES 4. DATE OF RECEIPT 10/05/202 | | |
| Fournier, Brandon | | |
| 28311 Oakmonte Cir W | | |
| New Hudson, MI 48165-8042 | \$250.00 | \$500.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Attorney Employer Shiffman Fournier | | |
| Business Address 31600 Telegraph Rd Ste 10 Bingham Farms, MI 48025-4370 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| <u> </u> | | |
| Page Subtotal | \$850.00 | |
| Grand Total of all Schedules 1A (Complete | \$43,299.00 | |
| on last page of Schedule) | | |

Page 15 of 52

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS** 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 Cycle for Each Contributor (Through date of receipt) |
| | | • |
| 3. PAC Receipt? ✓YES 4. DATE OF RECEIPT 10/05/2021 Name & Address | _ _ | |
| Friends of McLaren PAC | | |
| 2711 Loon Ln Okemos, MI 48864-3353 | \$1,000.00 | \$1,000.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/23/2021 | _ | |
| G PAC | | |
| 642 S 4th St | | |
| Ste 300 Louisville, KY 40202-2467 | \$250.00 | \$250.00 |
| 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 09/30/2021 | - | |
| Name & Address | | |
| Gagliardi, Patrick | | |
| PO Box 191 | | ÷0=0 00 |
| Drummond Island, MI 49726-0191 | \$250.00 | \$250.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Liquor Commissioner Employer State of Michigan | | |
| Business Address PO Box 191 Drummond Island, MI 49726-0191 | | |
| Type of Contribution: | _ | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/23/2021 | | |
| Name & Address | | |
| Gerring, Joel 260 Churchill Downs Blvd | | |
| Williamston, MI 48895-9053 | \$100.00 | \$400.00 |
| F. Karras \$400.00 array lating places provide: | | |
| 5. If over \$100.00 cumulative, please provide: | , | |
| Occupation Advisor Employer University of Michigar Business Address 2901 Hubbard St Ann Arbor, MI 48109-2435 | <u>•</u> | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| We as a series and a larger later a betaget later and transport | | |
| Page Subtotal | \$1,600.00 | |
| Grand Total of all Schedules 1A (Complete | \$43,299.00 | |

Enter this total on line 3a of Summary Page.

on last page of Schedule)

\$43,299.00

Page 16 of 52

ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number 46696

| SCHEDULE 1A CANDIDATE COMMITTEE | 2. Committee Name | Schor f | or Lansing | |
|--|-------------------------|---------|-------------|---|
| 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 | name, | 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| | · | | | |
| 3. PAC Receipt? ☐YES 4. DATE OF | RECEIPT 08/31 | /2021 | | |
| Name & Address | | | _ | |
| Gillespie, Pat 330 Marshall St | | | | |
| Ste 100 | | | \$100.00 | \$300.00 |
| Lansing, MI 48912-2317 | | | | |
| 5. If over \$100.00 cumulative, please provide: | | | | |
| Occupation President Employer G | illespie Group | | | |
| Business Address 330 Marshall St Ste 100 Lansing, MI | 48912-2317 | | | |
| Type of Contribution: | und Raiser | | - | |
| 3. PAC Receipt? ✓YES 4. DATE OF | RECEIPT 10/15 | /2021 | | |
| Name & Address | | 72021 | | |
| Great Lakes Community Investment PAC | | | | |
| 10333 River Rock Blvd | | | | |
| Dimondale, MI 48821-8758 | | | \$1,500.00 | \$1,500.00 |
| 5. If over \$100.00 cumulative, please provide: | | | | |
| | | | | |
| Occupation Employer | | | | |
| Business Address | | | _ | |
| | und Raiser | | | |
| 3. PAC Receipt? ☐YES 4. DATE OF | RECEIPT 10/15 | /2021 | | |
| Name & Address | | | | |
| Greig, Christine 21031 Eastfarm Lane Ct | | | | |
| Northville, MI 48167-9094 | | | \$100.00 | \$100.00 |
| | | _ | | |
| 5. If over \$100.00 cumulative, please provide: | | | | |
| Occupation Employer | | | | |
| Business Address | | | | |
| Type of Contribution: ✓ Direct | und Raiser | | | |
| 3. PAC Receipt? TYES 4. DATE OF Name & Address | RECEIPT 09/30 | /2021 | _ | |
| Gustafson, Joan | | | | |
| 4999 Hawk Hollow Dr E | | | | |
| Bath, MI 48808-8765 | | | \$100.00 | \$200.00 |
| 5. If over \$100.00 cumulative, please provide: | | | | |
| · | Michigan Nonprof | :i+ | | |
| Business Address 330 Marshall St Ste 200 Lansing, MI | | | | |
| | Fund Raiser | | | |
| Type of Continuous V Direct Loan noin a person V | una italsei | | | |
| | Page Subtot | al | \$1,800.00 | |
| Grand Total of all | Schedules 1A (Comple | ete | \$43,299.00 | |
| | on last page of Schedul | | | |

Enter this total on line 3a of Summary Page.

Page 17 of 52

ITEMIZED CONTRIBUTIONS

1. Committee I.D. Number 46696

| SCHEDULE 1A 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? TYES 4. DATE OF RECEIPT 10/15/2021 Name & Address Guzinski, Constance | | . |
| 2445 Bennett St Dearborn, MI 48124-3412 | \$250.00 | \$250.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Flight attendant Employer Delta Air Lines | | |
| Business Address 1030 Delta Blvd Atlanta, GA 30354-1989 | | |
| Type of Contribution: | | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address | | |
| Haddad, Rami 55 Ottawa Ave SW Apt 916 Grand Rapids, MI 49503-4062 | \$300.00 | \$300.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Account Executive Employer Johnson Controls | | |
| Business Address 55 Ottawa Ave SW Apt 916 Grand Rapids, MI 49503-4062 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address | · | |
| Haider, Ali 105 Samuel Oaks Dr Okemos, MI 48864-3178 | \$250.00 | \$250.00 |
| | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Bussines owner Employer 7 eleven | | |
| Business Address 311 Grove St East Lansing, MI 48823-4326 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 08/31/2021 Name & Address | <u>. </u> | |
| Hall, Dennis J 2495 Miramonte Cir W Unit C | \$100.00 | \$100.00 |
| Palm Springs, CA 92264-5730 | | |
| 5. If over \$100.00 cumulative, please provide: Occupation Employer | | |
| Occupation Employer Employer | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| | | |
| Page Subtotal | \$900.00 | |
| Grand Total of all Schedules 1A (Complete on last page of Schedule) | \$43,299.00 | |
| , | ter this total on | |

line 3a of Summary Page.

Page 18 of 52

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS** ITEMIZED CONTRIBUTIONS

| | | . 4 4 | | 1. Committee | e I.D. Num | iber 46 | 596 | |
|--|-----------------|---|----------------|----------------------|------------|---------|--------------|---|
| | CHEDULE | | | 2. Committee | e Name | Schor | for Lansing | |
| Enter contributor's name a and middle initial. Check Independent Committee (| box to indicate | contribution is froit contribution is t | from a Politic | cal Committee or | | name, | 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. | | | | | | | | |
| Name & Address | PAC Rec | eipt? TYES | 4. DATE | OF RECEIPT | 09/30 | /2021 | <u></u> | |
| _ | | | | | | | | |
| Hart, Quentin 745 Boston Ave | | | | | | | | |
| Waterloo, IA 507 | 03-2038 | | | | | _ | \$100.00 | \$100.00 |
| 5. If over \$100.00 cumula | ative, please p | rovide: | | | | _ | - | |
| Occupation | attro, prodoc p | | Employer | | | | | |
| Business Address | | | p | | | | | |
| | Direct | Loan from a p | ereon | Fund Raiser | | | _ | |
| 3. | | | | | | | | |
| Name & Address | PAC Red | eipt? TYES | 4. DATE | OF RECEIPT _ | 08/31 | /2021 | | |
| Herbart, Paula J | | | | | | | | |
| 3027 Westchester | | | | | | | | |
| Lansing, MI 4891 | 1-1045 | | | | | | \$250.00 | \$250.00 |
| | | | | | | - | | |
| 5. If over \$100.00 cumula | ative, please p | rovide: | | | | | | |
| Occupation President | | | Employer | Michigan | | .on | | |
| Business Address 3346 | 6 Garfield | Rd Fraser, | MI 4802 | 6- <u>4850</u> 01ati | on | | <u> </u> | |
| Type of Contribution: | ✓ Direct | Loan from a p | erson | Fund Raiser | | | | |
| 3. Name & Address | PAC Rec | eipt? TYES | 4. DATE | OF RECEIPT _ | 10/15 | /2021 | | |
| Hollister, Chris | tine | | | | | | | |
| 1943 Byrnes Rd | | | | | | | | |
| Lansing, MI 4890 | 6-3402 | | | | | _ | \$100.00 | \$100.00 |
| 5. If over \$100.00 cumula | ativo nlesson | rovide: | | | | | | |
| Occupation | diive, piedoe p | | Employer | | | | | |
| Business Address | | | , | | | | | |
| | Direct | Loan from a p | erson | Fund Raiser | | | | |
| 3. | | | - | | | | | |
| Name & Address | PAC Rec | æipt? ∐YES | 4. DATE | OF RECEIPT _ | 09/30 |)/2021 | . | |
| Hornshaw, Laura | | | | | | | | |
| 1911 Autumn Ln | | | | | | | | |
| Lansing, MI 4891 | 2-4507 | | | | | | \$100.00 | \$100.00 |
| | | | | | | _ | | |
| 5. If over \$100.00 cumul | ative, please p | rovide: | | | | | | |
| Occupation | | | Employer | | | | | |
| Business Address | | | | <u> </u> | | | | |
| Type of Contribution: | ✓ Direct | Loan from a p | person | ✓ Fund Raiser | | | | |

Page Subtotal \$550.00 Grand Total of all Schedules 1A (Complete on last page of Schedule) \$43,299.00

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

Page 19 of 52

ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE Enter contribution: came and address. If contribution is from an individual, enter last name, first name, | CANI | SCHEDUL | | | 2. Committe | ee Name | Schor | for Lansing | |
|--|--|-----------------------------------|---|---------------|----------------|-------------|---------|-------------------|--|
| Name & Address | Enter contributor's name and middle initial. Chec | e and address. k box to indica | If contribution is fro te if contribution is f | rom a Politic | al Committee o | | name, | 6. Amount | Cycle for Each Contributor (Through |
| Rouk, Peter 3342 Canopy Dr Devitt, MI 48820-7768 \$100.00 \$100.00 | 3. | PAC R | eceipt? TYES | 4. DATE | OF RECEIPT | 10/1 | 7/2021 | | |
| Sand | | | _ | | , | | | | |
| Employer | 3342 Canopy Dr | 10-7768 | | | | | | \$100.00 | \$100.00 |
| Public Suppose Suppo | 5. If over \$100.00 cum | ulative, please | provide: | | | | | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | Occupation | | | Employer | | | | | |
| 3. PAC Receipt? | Business Address | | | | | | | | |
| Name & Address | Type of Contribution: | ✓ Direct | Loan from a po | erson | Fund Raise | • | | | |
| Name & Address Hovenkamp, Robert 2415 Ridgeline Dr Lansing, MI 48912-3433 \$75.00 \$75.00 5. If over \$100.00 cumulative, please provide: Cocupation | 3. | PAC R | eceint? 🗆 VES | 4. DATE | OF RECEIPT | 10/1 | 5/2021 | | |
| \$75.00 \$75.00 Lansing, MI 48912-3433 \$75.00 \$75.00 5. If over \$100.00 cumulative, please provide: Cocupation | Name & Address | 1,701 | Cocpti LTES | 4. 0/112 | OI KEOEN I | 10/1 | .5/2021 | · | |
| ### Lansing, MI 48912-3433 | - · | | | | | | | | |
| 5. If over \$100.00 cumulative, please provide: Coccupation | | | | | | | | | 4 |
| Surject Surj | Lansing, MI 46: | 114-3433 | | | | | - | \$75.00 | \$75.00 |
| Surject Surj | 5. If over \$100.00 cum | ulative, please | provide: | | | | | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | Occupation | • | | Employer | | | | | |
| 3. | Business Address | | | | | | | | |
| Name & Address | Type of Contribution: | ✓ Direct | ☐Loan from a p | erson | Fund Raise | | | | |
| Name & Address Hubbard, Sarah 1462 Forest Hills Dr Okemos, MI 48864-3038 \$100.00 \$350.00 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: | 3. | DAC D | | | OE DECEIDT | 00/2 | 0/0001 | | |
| 1462 Forest Hills Dr Okemos, MI 48864-3038 \$100.00 \$350.00 5. If over \$100.00 cumulative, please provide: Occupation Consultant | Name & Address | PACR | ecelbry TAES | 4. DATE | OF RECEIPT | 09/3 | 0/2021 | | |
| S. If over \$100.00 cumulative, please provide: Occupation Consultant | The state of the s | | | | | | | | |
| 5. If over \$100.00 cumulative, please provide: Occupation Consultant | | | | | | | | ¢1.00.00 | 6250.00 |
| Occupation Consultant Employer Acuitas Business Address 110 W Michigan Ave Ste 100 Lansing, MI 48933-1650 Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address Hussain, Fayyaz 2408 Chatham Rd Lansing, MI 48910-2452 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal \$375.00 Grand Total of all Schedules 1A (Complete on last page of Schedule) | ORCHOD, HI TOOL | ,1 5050 | | | | | - | \$100.00 | \$350.00 |
| Business Address 110 W Michigan Ave Ste 100 Lansing, MI 48933-1650 Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address Hussain, Fayyaz 2408 Chatham Rd Lansing, MI 48910-2452 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal \$375.00 Grand Total of all Schedules 1A (Complete on last page of Schedule) | 5. If over \$100,00 cum | ulative, please | provide: | | | | | | |
| Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address Hussain, Fayyaz 2408 Chatham Rd Lansing, MI 48910-2452 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal \$375.00 Grand Total of all Schedules 1A (Complete on last page of Schedule) | Occupation Consult | ant | | Employer | Acuitas | | | | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address Hussain, Fayyaz 2408 Chatham Rd Lansing, MI 48910-2452 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal \$375.00 Grand Total of all Schedules 1A (Complete on last page of Schedule) | Business Address 110 | W Michiga | n Ave Ste 100 | Lansing | g, MI 4893 | 3-1650 | | | |
| Name & Address Hussain, Fayyaz 2408 Chatham Rd Lansing, MI 48910-2452 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal \$375.00 Grand Total of all Schedules 1A (Complete on last page of Schedule) | Type of Contribution: | ☑ Direct | Loan from a p | erson | ✓ Fund Raise | r | | | |
| Name & Address Hussain, Fayyaz 2408 Chatham Rd Lansing, MI 48910-2452 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal \$375.00 Grand Total of all Schedules 1A (Complete on last page of Schedule) | 3. | PAC R | ereint? [VES | 4 DATE | OF RECEIPT | 09/3 | 0/2021 | | |
| 2408 Chatham Rd Lansing, MI 48910-2452 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution: | Name & Address | 17101 | 1 L 3 | 4. D/ 11 L | O. ALGEN I | 057.5 | 0,2021 | · | |
| Lansing, MI 48910-2452 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution: | Hussain, Fayya | 3 | | | | | | | |
| 5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution: | | | | | | | | | |
| Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal \$375.00 Grand Total of all Schedules 1A (Complete on last page of Schedule) | Lansing, MI 485 | 10-2452 | | | | | | \$100.00 | \$100.00 |
| Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal \$375.00 Grand Total of all Schedules 1A (Complete on last page of Schedule) | 5. If over \$100.00 cum | ulative, please | provide: | | | | | | |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal \$375.00 Grand Total of all Schedules 1A (Complete on last page of Schedule) | | , , | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Employer | | | | | |
| Page Subtotal \$375.00 Grand Total of all Schedules 1A (Complete on last page of Schedule) \$43,299.00 | · | | | • • | | | | | |
| Page Subtotal \$375.00 Grand Total of all Schedules 1A (Complete on last page of Schedule) \$43,299.00 | Type of Contribution: | Direct | Loan from a p | erson | Fund Raise | | | | |
| Grand Total of all Schedules 1A (Complete \$43,299.00 on last page of Schedule) | | | | | <u>—</u> | | | | |
| on last page of Schedule) | | | | | F | age Subto | otal | \$375.00 | |
| · · | | | Gı | rand Total of | | | | \$43,299.00 | |
| | | | | | on last page | . 5. 56,100 | • | ter this total on | |

line 3a of Summary Page.

Page 20 of 52

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

1. Committee I.D. Number 46696

| | DIDATE CO | | | 2. Committee | Name | Schor | for Lansing | _ |
|--|-------------------------------------|-----------------------|---------------|--------------------------------------|------------------|---------|-------------|---|
| Enter contributor's name and middle initial. Checl Independent Committee | and address. I k box to indicate | f contribution is fro | rom a Politic | al Committee or | ame, first an | name, | 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| | | | _ | | | | | |
| 3. Name & Address | PAC Re | ceipt? YES | 4. DATE | OF RECEIPT _ | 09/30 | 0/2021 | | |
| Ikram, Khawaja 2585 Hummingbir Holt, MI 48842- | | | | | | _ | \$500.00 | \$500.00 |
| 5. If over \$100.00 cumu | ılative, please p | provide: | | | | | | |
| Occupation Physicia | an | | Employer | Henry For | d Healt | ch Sys | tem | |
| Business Address 200 | Summit Ave | Jackson, M | E 49201- | 2464 | | | | |
| Type of Contribution: | Direct | Loan from a p | erson | Fund Raiser | | | | |
| 3. | PAC Re | ceipt? TYES | 4. DATE | OF RECEIPT | 08/3: | 1/2021 | | |
| Name & Address | | | | _ | <u> </u> | | | |
| Jackson, Brian 3011 N Cambridg Lansing, MI 489 | | | | | | _ | \$70.00 | \$70.00 |
| 5. If over \$100.00 cumu | ılative, please ı | orovide: | | | | | | |
| Occupation | | | Employer | | | | | |
| Business Address | | | | | | | | |
| Type of Contribution: | Direct | Loan from a p | erson | Fund Raiser | | | | |
| 3. | | | | | 00/2 | 0 /0001 | | |
| Name & Address | PACRE | ceipt? TYES | 4. DATE | OF RECEIPT _ | 09/3 | 0/2021 | | |
| Jacobs, Gilda | | | | | | | | |
| 8353 Hendrie Bl | | | | | | | | |
| Huntington Wood | s, MI 4807 | 0-1613 | | | | _ | \$100.00 | \$100.00 |
| 5. If over \$100.00 cumu | ulative, please (| provide: | | | | | | |
| Occupation | | | Employer | | | | | |
| Business Address | | | | | | | | |
| Type of Contribution: | ✓ Direct | Loan from a p | erson | Fund Raiser | | | _ | |
| 3. Name & Address | PAC Re | ceipt? YES | 4. DATE | OF RECEIPT | 10/1 | 5/2021 | | |
| John, Katie | | | | | | | | |
| 325 Roundtop Rd | l | | | | | | | |
| Lansing, MI 489 | 17-9680 | | | | | _ | \$100.00 | \$100.00 |
| 5. If over \$100.00 cumu | ilative nlease i | nrovide: | | | | | | |
| Occupation | piou00 | | Employer | | | | | |
| Business Address | | | | | | | | |
| Type of Contribution: | ✓ Direct | Loan from a p | erson | Fund Raiser | | | | |
| | | <u>`</u> | | | | | | |
| | | | | Pa | ige Subto | tal | \$770.00 | |
| | | G | rand Total o | f all Schedules 1/ on last page o | | | \$43,299.00 | |

Enter this total on line 3a of Summary Page.

Page 21 of 52

ITEMIZED CONTRIBUTIONS

1. Committee I.D. Number 46696

| | SCHEDUL | .E 1A DMMITTEE | | | ee Name Sc | hor for Lansing | |
|--|---|-------------------------|---------------|---------------------------------|---------------------------|-----------------|---|
| Enter contributor's name and middle initial. Check Independent Committee | and address. box to indicat | If contribution is free | from a Politi | cal Committee o | | ne, 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. | PAC R | eceipt? YES | 4. DATE | OF RECEIPT | 10/15/2 | 021 | |
| Name & Address | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 903/km [] 1 [3 | | . Or rieden r | | | |
| Johnston, Mike | | | | | | | |
| 6625 Old River T Lansing, MI 4891 | | | | | | | |
| ballsing, MI 4691 | 17-0043 | | | | | \$50.0 | \$50.00 |
| 5. If over \$100.00 cumul | lative, please | provide: | | | | | |
| Occupation | | F | Employer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | ✓ Direct | Loan from a p | erson | Fund Raise | • | | |
| 3. | | | | <u> </u> | | | |
| Name & Address | PACR | eceipt? YES | 4. DATE | OF RECEIPT | 10/01/2 | 021 | |
| Kaiser, Beth | | | | | | | |
| 3508 Schultz St | | | | | | | |
| Lansing, MI 4890 | 6-3246 | | | | | \$50.0 | \$50.00 |
| 5 M | | | | | | | |
| 5. If over \$100.00 cumul | lative, please | provide: | . . | | | | |
| Occupation | | | Employer | | | <u>-</u> | |
| Business Address | | | | | | | |
| | ✓ Direct | Loan from a p | erson | Fund Raise | • | | |
| 3. | PAC R | eceipt? YES | 4. DATE | OF RECEIPT | 09/30/2 | 021 | |
| Name & Address | | | | | | | |
| Kambin, Shirin 2086 Lac Du Mont | | | | | | | |
| Haslett, MI 4884 | | | | | | \$100.0 | \$100.00 |
| | | | | | | | |
| 5. If over \$100.00 cumul | ative, please | provide: | | | | | |
| Occupation | | | Employer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | ✓ Direct | Loan from a p | erson | Fund Raise | r | | |
| 3. Name & Address | PAC R | eceipt? TYES | 4. DATE | OF RECEIPT | 08/31/2 | 021 | |
| King, Marvin | | | | | | | |
| PO Box 2356 | | | | | | | |
| # 1421 Oxford, MS 38655 | -6000 | | | | | \$50.0 | \$150.00 |
| 5. If over \$100.00 cumul | | provido: | | | | | |
| o. If over \$100.00 cultur Occupation Professo | • • | provide. | Employer | . Imieromai | of Wiss | iaaimmi | |
| Business Address PO B | | mirromaiter M | Employer | | ty of Miss | | |
| Type of Contribution: | | _ | | | • | | |
| 1,755 OF CONTRIDUCTION. | ✓ Direct | Loan from a p | G13011 | Fund Raise | _ | | |
| | | | | F | Page Subtotal | \$250.00 | |
| | | G | rand Total o | f all Schedules on last page | 1A (Complete of Schedule) | \$43,299.0 | 9 |

Enter this total on line 3a of Summary Page.

Page 22 of 52

ITEMIZED CONTRIBUTIONS

| HEMIZED CONTRIBUTION | 1. Committee I.D. Number 4 | 6696 | |
|---|-------------------------------------|----------------|--|
| SCHEDULE 1A | 2. Committee Name School | r for Lansing | |
| CANDIDATE COMMITTEE | | | |
| Enter contributor's name and address. If contribution is and middle initial. Check box to indicate if contribution Independent Committee (PAC) Report all contributions | is from a Political Committee or an | 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. PAG Parating (7) 475 | | | |
| Name & Address PAC Receipt? YES | 4. DATE OF RECEIPT 08/31/202 | <u> </u> | |
| Klatt, Jeff | | | |
| 2120 E 11 Mile Rd Royal Oak, MI 48067-2343 | | | **** |
| ROYAL CAR, MI 48067-2343 | | \$200.00 | \$200.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Architect | Employer Krieger Klatt Archite | ects | |
| Business Address 2120 E 11 Mile Rd Royal | Oak, MI 48067-2343 | | |
| Type of Contribution: Direct Loan from a | a person Fund Raiser | _ _ | |
| 3. PAC Receipt? TYES | S 4. DATE OF RECEIPT 08/31/202 | 1 | |
| Name & Address | - 4. DATE OF REGER 1 08/31/202 | - | |
| Koenig, Carol | | | |
| 690 N Hagadorn Rd | | | |
| East Lansing, MI 48823-3659 | | \$75.00 | \$375.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Attorney | Employer Law Office of Carol : | Ň. | |
| Business Address 313 W Kalamazoo St Lans | ing, MI 4893 <u>899048</u> | | |
| Type of Contribution: Direct Loan from | | | |
| 3. PAC Receipt? TYES | 3 4. DATE OF RECEIPT 08/31/202 | 1 | _ |
| Name & Address | 4. Bittle of theorem : | <u>-</u> | |
| Krieger, Jason | | | |
| 607 Knowles St | | | |
| Royal Oak, MI 48067-2715 | | \$200.00 | \$200.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Owner | Employer Krieger Klatt Archit | ects | |
| Business Address 1824 Greenleaf Dr Royal | Oak, MI 48067-1011 | | |
| Type of Contribution: Direct Loan from | a person Fund Raiser | | |
| 3. PAC Receipt? YES | S 4. DATE OF RECEIPT 09/23/202 | 1 | |
| Name & Address | | - | |
| Lambropoulous, Peter | | | |
| PO Box 15036 | | | |
| Lansing, MI 48901-5036 | | \$250.00 | \$250.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Attorney | Employer Self | | |
| Business Address PO Box 15036 Lansing, M. | I 48901-5036 | | |
| Type of Contribution: Direct Loan from | a person Fund Raiser | | |
| | | | |
| | Page Subtotal | \$725.00 | |
| | | | |

Enter this total on line 3a of Summary Page.

Page 23 of 52

ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

| | 1. | Committee | I.D. | Number | 4669 |
|--|----|-----------|------|--------|------|
|--|----|-----------|------|--------|------|

| 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, 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 09/30/2021 | | |
|--|-----------------|-----------------|
| | _ | |
| Name & Address | | |
| Land, Samantha 314 West St | | |
| Lansing, MI 48915-1165 | \$50.00 | \$50.00 |
| | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address | _ | |
| Type of Contribution: | | _ |
| 3. PAC Receipt? VYES 4. DATE OF RECEIPT 10/15/2021 Name & Address | | |
| Lansing Regional Chamber PAC 500 E Michigan Ave | | |
| Ste 200 | \$1,000.00 | \$1,000.00 |
| Lansing, MI 48912-1185 | <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? YES 4. DATE OF RECEIPT 09/30/2021 | | |
| Name & Address | | |
| Lawrence, Gabrielle | | |
| 2313 Northampton Way | | |
| Lansing, MI 48912-3533 | \$500.00 | \$500.00 |
| Lansing, MI 48912-3533 | <u>\$500.00</u> | \$500.00 |
| Lansing, MI 48912-3533 5. If over \$100.00 cumulative, please provide: | \$500.00 | <u> </u> |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Loomis Law Firm | \$500.00 | \$500.00 |
| 5. If over \$100.00 cumulative, please provide: | \$500.00 | <u>\$500.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Loomis Law Firm | \$500.00 | \$500.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Loomis Law Firm Business Address 124 W Allegan St Lansing, MI 48933-1718 | \$500.00 | \$500.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Loomis Law Firm Business Address 124 W Allegan St Lansing, MI 48933-1718 Type of Contribution: Direct Loan from a person Fund Raiser | \$500.00 | \$500.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Loomis Law Firm Business Address 124 W Allegan St Lansing, MI 48933-1718 Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 10/15/2021 Name & Address Lis, Mrs.Lisa I | \$500.00 | \$500.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorney Business Address 124 W Allegan St Lansing, MI 48933-1718 Type of Contribution: PAC Receipt? YES A. DATE OF RECEIPT 10/15/2021 Name & Address Lis, Mrs.Lisa I 28619 Oakcrest Ct | | |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Loomis Law Firm Business Address 124 W Allegan St Lansing, MI 48933-1718 Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 10/15/2021 Name & Address Lis, Mrs.Lisa I | \$500.00 | \$500.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorney Business Address 124 W Allegan St Lansing, MI 48933-1718 Type of Contribution: PAC Receipt? YES A. DATE OF RECEIPT 10/15/2021 Name & Address Lis, Mrs.Lisa I 28619 Oakcrest Ct | | |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Loomis Law Firm Business Address 124 W Allegan St Lansing, MI 48933-1718 Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 10/15/2021 Name & Address Lis, Mrs.Lisa I 28619 Oakcrest Ct Farmington Hills, MI 48334-1839 | | |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorney Business Address 124 W Allegan St Lansing, MI 48933-1718 Type of Contribution: PAC Receipt? YES Lis, Mrs.Lisa I 28619 Oakcrest Ct Farmington Hills, MI 48334-1839 5. If over \$100.00 cumulative, please provide: | | |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorney Business Address 124 W Allegan St Lansing, MI 48933-1718 Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 10/15/2021 Name & Address Lis, Mrs.Lisa I 28619 Oakcrest Ct Farmington Hills, MI 48334-1839 5. If over \$100.00 cumulative, please provide: Occupation Business Leader Employer The WW Group | | |

Page Subtotal \$2,050.00 \$43,299.00

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

Enter this total on line 3a of Summary Page.

Page 24 of 52

ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

| . 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 Politica Independent Committee (PAC) Report all contributions regardless of an | ıl Committee or an | name, | 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |

| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 09/30/2021 | | |
|---|-------------|---------------------------------------|
| Name & Address | | |
| MacCluer, Charles R | | |
| 1390 E Haslett Rd | | <u> </u> |
| Williamston, MI 48895-9655 | \$150.00 | <u>\$150.00</u> |
| | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Not Employed Employed Not Employed | | |
| Business Address 1390 E Haslett Rd Williamston, MI 48895-9655 | | |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser | | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 | | |
| Name & Address | | |
| Mahmoud, Bassam | | |
| 2476 Barnsbury Rd | | ممصد |
| East Lansing, MI 48823-7742 | \$500.00 | \$500.00 |
| E Kana 6400 00 aumulatina mlagga aravida: | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Co-owner Employer Sultan's Delight | | |
| Business Address 1381 E Grand River Ave East Lansing, MI 48823-4913 | | |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser | | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 | | |
| Name & Address | | |
| Malone, Daniel | | |
| 8518 N Shore Dr | 6000 00 | én 100 00 |
| Clarklake, MI 49234-9793 | \$600.00 | \$2,100.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Owner Employer Ozone's Brewhouse, LLC | | |
| Business Address 305 Beaver St Lansing, MI 48906-4411 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 2 | | · · · · · · · · · · · · · · · · · · · |
| Name & Address PAC Receipt? TYES 4. DATE OF RECEIPT 10/15/2021 | | |
| Manni, Andy | | |
| 4149 Luff Ct | | |
| Okemos, MI 48864-3420 | \$250.00 | <u> </u> |
| | | _ |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Consultant Employer Timesavers Government | | |
| Business Address 11000 W McNichols Rd Detroit, MI 48 5975455 | | |
| Type of Contribution: | | |

Page Subtotal

\$1,500.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$43,299.00

Enter this total on line 3a of Summary Page.

Page 25 of 52

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

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

| CANDIDATE COMMITTEE | TOT HallStrig | |
|--|----------------|---|
| 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 09/23/2021 Name & Address | | |
| Martin, Mr.Van W | | |
| 1111 Michigan Ave | | |
| Ste 300 East Lansing, MI 48823-4050 | \$200.00 | \$1,200.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Chairman & Chief Executive Employer CBRE Martin | | |
| Business Address 1111 Michigan Ave Ste 300 East Lansing, MI 48823-4050 | | |
| Type of Contribution: | | |
| | - | |
| Name & Address PAC Receipt? TYES 4. DATE OF RECEIPT 09/30/2021 | | |
| MARTRIN, GK | | |
| 1818 Teton Ln NE | | |
| Rochester, MN 55906-4295 | \$100.00 | \$400.00 |
| 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: | | |
| 2 | <u> </u> | - |
| Name & Address PAC Receipt? YES 4. DATE OF RECEIPT 10/15/2021 | _ _ | |
| MARTRIN, GK | | |
| 1818 Teton Ln NE Rochester, MN 55906-4295 | \$100.00 | \$500.00 |
| Modification, PM 33300 1233 | | |
| 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? TYES 4. DATE OF RECEIPT 10/15/2021 | | |
| Name & Address | | |
| McClellan, Marian | | |
| 14100 Balfour St Oak Park, MI 48237-4106 | \$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 \$500.00 Grand Total of all Schedules 1A (Complete on last page of Schedule)

\$43,299.00

Enter this total on line 3a of Summary Page.

Page 26 of 52

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS** ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

1. Committee I.D. Number 46696

2. 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. 4. DATE OF RECEIPT 09/30/2021 PAC Receipt? YES Name & Address McCollum, Mike 320 Regent St Lansing, MI 48912-2729 \$250.00 \$250.00 5. If over \$100.00 cumulative, please provide: Employer Michigan house dems Occupation Political director Business Address 215 S Washington Sq Lansing, MI 48933-1887 Type of Contribution: ✓ Direct ✓ Fund Raiser Loan from a person 4. DATE OF RECEIPT 10/15/2021 PAC Receipt? YES Name & Address McGarry, Bryanna 1618 N Genesee Dr Lansing, MI 48915-1224 \$100.00 \$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 10/15/2021 PAC Receipt? YES Name & Address McKinney, Kevin 6950 W Eaton Hwy Lansing, MI 48906-9060 \$500.00 \$1,250.00 5. If over \$100.00 cumulative, please provide: McKinney & Associates Occupation Principle Business Address 216 N Chestnut St Lansing, MI 48933-1061 Type of Contribution: Fund Raiser ✓ Direct Loan from a person 4. DATE OF RECEIPT 08/31/2021 PAC Receipt? TYES Name & Address Medrano, Daniel 1800 Ray St Lansing, MI 48910-9115 \$250.00 \$250.00 5. If over \$100.00 cumulative, please provide: Occupation Executive Employer McLaren Health Care Business Address 1 McLaren Pkwy Grand Blanc, MI 48439-7471 Type of Contribution: ✓ Direct Loan from a person Fund Raiser Page Subtotal \$1,100.00 Grand Total of all Schedules 1A (Complete \$43,299.00 on last page of Schedule)

Enter this total on line 3a of Summary Page.

Page of 27 .52

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

6. Amount

Cumulative for Election

\$50.00

\$8,500.00

| 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 Contributor (Through date of receipt) |
|--|------------------------|--------------------|------------|-------------|--|
| 3. | PAC Receipt? TYES | 4. DATE OF RECEIPT | 10/15/2021 | | |
| Name & Address | _ | _ | | _ | |
| MHSA PAC | | | | | |
| PO Box 16152 Lansing, MI 48901 | -6152 | | | \$500.00 | \$500.00 |
| | | | _ | | |
| 5. If over \$100.00 cumula | tive, please provide: | | | | |
| Occupation | | Employer | | | |
| Business Address | | | | | |
| Type of Contribution: | Direct Loan from a p | erson Fund Raiser | | | |
| 3. | PAC Receipt? YES | 4. DATE OF RECEIPT | 09/08/2021 | | |
| Name & Address | | - | | | |
| Michigan Regional | L Council of | | | | |
| Carpenters PAC 400 Tower | | | | \$5,000.00 | \$18,500.00 |
| Renaissance Cente | er | | _ | | - 420/303.00 |
| 5.Pf 5.Ver \$100.00 confuta | itive, please provide: | | | | |
| Occupation | | Employer | | | |
| Business Address | | - | | | |
| Type of Contribution: | ✓ Direct Loan from a p | erson Fund Raiser | | | |
| 3. | PAC Receipt? YES | 4. DATE OF RECEIPT | 08/31/2021 | | |
| Name & Address | | • | | | |

Occupation **Employer** Business Address Type of Contribution: ✓ Direct Loan from a person Fund Raiser Page Subtotal \$6,550.00

Employer

Loan from a person

PAC Receipt? YES

Fund Raiser

Grand Total of all Schedules 1A (Complete

on last page of Schedule)

10/01/2021

4. DATE OF RECEIPT

Enter this total on line 3a of Summary Page.

\$43,299.00

\$50.00

\$1,000.00

Page 28 of 52

Millbrook, Courtney 315 S Jefferson Grand Ledge, MI 48837

Occupation Business Address Type of Contribution:

Name & Address

Ste 2500

Miller Canfield PAC 150 W Jefferson Ave

Detroit, MI 48226-4432

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

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

✓ Direct

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 46696

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, 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? TYES 4. DATE OF RECEIPT 10/15/2021 Name & Address Miller, Fred 162 Riverside Dr Mount Clemens, MI 48043-2513 \$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 PAC Receipt? YES 4. DATE OF RECEIPT 09/22/2021 Name & Address Moroun, Matthew 835 Lake Shore Rd Grosse Pointe Shores, MI 48236-1354 \$1,000.00 \$1,000.00 5. If over \$100.00 cumulative, please provide: Occupation CEO Employer CenTa Business Address 3685 Central St Detroit, MI 48210-2749 Type of Contribution: ✓ Direct Loan from a person Fund Raiser PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/15/2021 Name & Address Moss, Jeremy 18405 Melrose Ave Southfield, MI 48075-4112 \$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 4. DATE OF RECEIPT PAC Receipt? TYES 10/15/2021 Name & Address Nedziwe, Chido 1030 Marigold Ave East Lansing, MI 48823-5129 \$100.00 \$50.00 5. If over \$100.00 cumulative, please provide: Occupation Employer **Business Address** Type of Contribution: **✓** Direct Loan from a person Fund Raiser Page Subtotal \$1,200.00

Grand Total of all Schedules 1A (Complete \$43,299.00 on last page of Schedule)

Enter this total on line 3a of Summary Page.

Page of 29 52

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 fro and middle initial. Check box to indicate if contribution is fi Independent Committee (PAC) Report all contributions reg | rom a Political Committee or an | 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| | | | |
| 3. PAC Receipt? TYES Name & Address | 4. DATE OF RECEIPT10/15/2021 | | |
| Nordhaus, Tanya | | | |
| 27451 W 9 Mile Rd | | | |
| Farmington Hills, MI 48336-3801 | | \$250.00 | \$496.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Center Director | Employer Eye Level Learning Ce | nter | |
| Business Address 35562 Grand River Ave Farm | nington Hills, MI 48335-3123 | | |
| Type of Contribution: Direct Loan from a po | erson Fund Raiser | _ | |
| 3. PAC Receipt? ☐YES | 4. DATE OF RECEIPT 10/15/2021 | | |
| Name & Address | | · | |
| Norkin, Oded | | | |
| 3803 Sandlewood Dr | | | **** |
| Okemos, MI 48864-3650 | | \$250.00 | \$700.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Vice President | Employer Michigan Flyer | | |
| Business Address 333 Albert Ave East Lansin | ng, MI 48823-4393 | | |
| Type of Contribution: Direct Loan from a p | erson Fund Raiser | | |
| 3. PAC Receipt? ✓YES | 4. DATE OF RECEIPT 10/15/2021 | - | |
| Name & Address | | | |
| Operating Engineers Local 324 PAC | | | |
| 500 Hulet Dr Bloomfield Township, MI 48302-0345 | | ¢500 00 | \$500.00 |
| browning, ar 10002 0010 | | \$500.00 | |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation | Employer | | |
| Business Address | | | |
| Type of Contribution: Direct Loan from a p | erson Fund Raiser | | |

Page Subtotal

08/31/2021

\$1,025.00

\$25.00

\$25.00

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

Fund Raiser

4. DATE OF RECEIPT

Employer

Loan from a person

PAC Receipt? YES

\$43,299.00

Enter this total on line 3a of Summary Page.

Page 30 of 52

3.

Name & Address

Occupation

Business Address Type of Contribution:

Orourke, Timothy A 327 Moores River Dr Lansing, MI 48910-1433

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

✓ Direct

ITEMIZED CONTRIBUTIONS

1 Committee I D. Number, 46696

| 11 [14117 | | . 4 4 | | 1. Committee | I.D, Number | 46696 | | |
|---|-------------------|--|------------|-----------------------|-----------------------|-----------|--------|---|
| CANI | SCHEDULE | | | 2. Committee | Name Sch | or for La | nsing | |
| Enter contributor's name and middle initial. Chec Independent Committee | k box to indicate | contribution is fro if contribution is fi | rom a Poli | itical Committee or | nme, first name an | 6. Amo | ount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| | | | | | | | | |
| 3. Name & Address | PAC Rec | ceipt? TYES | 4. DAT | E OF RECEIPT - | 09/30/20 | <u> </u> | | |
| Orourke, Timoth 327 Moores Rive Lansing, MI 489 | er Dr | | | | | | 25.00 | \$50.00 |
| 5. If over \$100.00 cum | ulative, please p | rovide: | | | | | | |
| Occupation | | | Employe | er | | | | |
| Business Address | | | | | | | _ | |
| Type of Contribution: | ✓ Direct | Loan from a po | erson | ✓ Fund Raiser | | | | |
| 3. | PAC Re | ceipt? YES | 4. DAT | E OF RECEIPT | 09/30/20 |)21 | | |
| Name & Address Peffley, Mr.R: 6414 Delta Rive Lansing, MI 489 | er Dr | | | _ | | \$2 | 250.00 | \$950.00 |
| 5. If over \$100.00 cum | ulative, please r | orovide: | | | | | | |
| Occupation CEO | , . | | Employ | er Lansing B | oard of Wa | ater and | | |
| Business Address 120 | 1 S Washing | ton Ave Lans | sing, M | 11 4 <u>89¥0-1650</u> | | _, | _ | |
| Type of Contribution: | ✓ Direct | Loan from a p | | ✓ Fund Raiser | | | | |
| 3. | PAC Pa | | | E OF RECEIPT | 09/30/20 | 121 | | . |
| Name & Address | PAC Re | ceipt? YES | 4. DAI | | 09/30/20 | | | |
| Pingston, Julie 2347 Rolling R Holt, MI 48842 | idge Ln | | | | | \$ | 250.00 | \$296.00 |
| 5. if over \$100.00 cum | ulativa nlesse i | orovide: | | | | | | |
| Occupation Senior | | | Employ | er Greater I | ansing Cor | nvention | | |
| Business Addies 500 | | | | | | | | |
| Type of Contribution: | ✓ Direct | Loan from a p | _ | Fund Raiser | | | _ | |
| 3 | | | | | | | | |
| Name & Address | PAC Re | ceipt? YES | 4. DA | TE OF RECEIPT | 09/30/2 | 021 | | • |
| Polsdofer, Mari 1611 Wenonah D | r | | | | | ^ | 300.00 | ¢100.00 |
| Okemos, MI 488 | 04-403T | | | | | <u>\$</u> | 100.00 | \$100.00 |
| 5. If over \$100.00 cum | ulative, please | provide: | | | | | | |
| Occupation | ., , | | Employ | er | | | | |
| Business Address | | | . • | _ | | | _ | |
| Type of Contribution: | ✓ Direct | Loan from a p | erson | ✓ Fund Raiser | " | | | |
| | <u> </u> | | | | age Subtotal | Ś | 625.00 | |
| | | G | rand Tota | I of all Schedules 1 | | | 299.00 | |
| | | | | on last page | | | | |

Enter this total on line 3a of Summary Page.

Page 31 of 52

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ITEMIZED CONTRIBUTION

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 Cycle for Each Contributor (Through date of receipt) |
| | | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address | | |
| Pugh, Josh & Breina 317 W Madison St | | |
| Lansing, MI 48906-5104 | \$500.00 | \$500.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Strategist Employer Truscott Rossman | | |
| Business Address 123 W Allegan St Ste 100 Lansing, MI 48933-1738 | | |
| Type of Contribution: | - _ | |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 10/15/2021 | | |
| Name & Address | | |
| Quinney, Derrick 2010 Wellesley Dr | | |
| Lansing, MI 48911-1603 | \$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 09/30/2021 | | |
| Name & Address | | |
| Ross, Kim | | |
| 847 Hurley Dr Howell, MI 48843-8955 | \$100.00 | \$100.00 |
| | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: ✓ Direct | | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2023 | <u>. </u> | |
| Rossi, Lynda | | |
| 1066 Foxborough Dr | | |
| Williamston, MI 48895-9206 | \$250.00 | \$250.00 |
| 5. If over \$100.00 cumulative, please provide: | | |

Employer BCBSM

✓ Fund Raiser

Business Address 600 E Lafayette Blvd Detroit, MI 48226-2927

Loan from a person

✓ Direct

Page Subtotal \$950.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$43,299.00

Enter this total on line 3a of Summary Page.

Page 32 of 52

Occupation Executive

Type of Contribution:

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS 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, 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) |
| | | |
| Name & Address Sayegh, Andre | | |
| 215 Dundee Ave Paterson, NJ 07503-1016 | \$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 09/30/2021 | | |
| Name & Address | | |
| Schrader, Mr.Dale 1101 Seymour Ave Lansing, MI 48906-4838 | \$150.00 | \$300.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| | | |
| Occupation Property Manager Employer Schrader, Inc Business Address 1101 Seymour Ave Lansing, MI 48906-4838 | | |
| | _ | |
| 2 | | |
| PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address | <u></u> | |
| Segalman, Daniel | | |
| 290 Kenberry Dr | | |
| East Lansing, MI 48823-4621 | \$54.00 | \$54.00 |
| 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 09/30/2021 Name & Address | | · · |
| Shah, Ibrahim | | |
| 3588 Otsego Dr | | |
| Okemos, MI 48864-4084 | \$500.00 | \$500.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Physican Employer McLaren Medical Group | | |
| Business Address 2134 Hampton Pl Okemos, MI 48864-3691 | | |
| Type of Contribution: | | |
| | | |
| Page Subtotal | \$804.00 | |
| Grand Total of all Schedules 1A (Complete on last page of Schedule) | \$43,299.00 | |

Enter this total on line 3a of Summary Page.

Page 33 of 52

SCHEDULE 1A

ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number 46696 2. 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. 4. DATE OF RECEIPT 09/30/2021 PAC Receipt? TYES Name & Address Shaski, John 2911 Stoneleigh Dr Lansing, MI 48910-3705 \$200.00 \$300.00 5. If over \$100.00 cumulative, please provide: Occupation Administrator Employer Sparrow Health System Business Address 1215 E Michigan Ave Lansing, MI 48912-1811 Type of Contribution: ✓ Fund Raiser ✓ Direct Loan from a person 3. 4. DATE OF RECEIPT 10/05/2021 PAC Receipt? TYES Name & Address Shifman, Howard 370 E Maple Rd Birmingham, MI 48009-6303 \$750.00 \$250.00 5. If over \$100.00 cumulative, please provide: Employer Shifman Fournier Law Occupation Attorney Business Address 31600 Telegraph Rd Bingham Farms, MI 48025-4370 Type of Contribution: **✓** Direct Loan from a person Fund Raiser 4. DATE OF RECEIPT 10/15/2021 PAC Receipt? YES Name & Address Smiertka, James 9416 Colby Lake Rd Laingsburg, MI 48848-8756 \$2,446.00 \$100.00 5. If over \$100.00 cumulative, please provide: Employer Ciy of Lansing Occupation City Attorney Business Address 124 W Michigan Ave Lansing, MI 48933-1646 Type of Contribution: ✓ Direct Loan from a person Fund Raiser PAC Receipt? TYES 4. DATE OF RECEIPT 09/29/2021 Name & Address Smith, Samuel 2901 Raby Rd. Haslett, MI 48840 \$200.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation Retired Employer **Business Address** Type of Contribution: Fund Raiser ✓ Direct Loan from a person Page Subtotal \$650.00 Grand Total of all Schedules 1A (Complete \$43,299.00 on last page of Schedule)

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

52 of Page 34

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS** 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 and 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 Cycle for Each Contributor (Through date of receipt) |

| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 08/31/2021 | | |
|---|----------|------------|
| Name & Address | | |
| Sorg, Walter | | |
| 121 E Jolly Rd Apt Dl | \$250.00 | \$1,000.00 |
| Lansing, MI 48910-6686 | \$250.00 | |
| 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 | | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/29/2021 Name & Address | | |
| Speaker, Liisa R | | |
| 2120 Moores River Drive 2120 M | | |
| Lansing, MI 48910 | \$500.00 | \$1,000.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Attorney Employer Speaker Law Firm, PLLC | | |
| Business Address 819 N Washington Ave Lansing, MI 48906-5135 | | |
| Type of Contribution: | | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 10/15/2021 | | |
| Name & Address | | |
| Stokes, James | | |
| 3517 Autumnwood Ln | **** | #A#A A- |
| Okemos, MI 48864-5995 | \$250.00 | \$250.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Not Employed Employed Employed | | |
| Business Address 3517 Autumnwood Ln Okemos, MI 48864-5995 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/23/2021 | | |
| Name & Address | • | |
| Stralkowski, Mr.Christopher | | |
| 1223 Turner St Ste 300 | \$100.00 | \$1,450.46 |
| Lansing, MI 48906-4363 | 2100.00 | 41,450.40 |
| | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| 5. If over \$100.00 cumulative, please provide: Occupation Executive Project Manager Employer Ferguson Development | | |
| | | |
| Occupation Executive Project Manager Employer Ferguson Development | | |

Page Subtotal

\$1,100.00

Grand Total of all Schedules 1A (Complete on last page of Schedule) \$43,299.00

Enter this total on line 3a of Summary Page.

35 of 52 Page

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS

1. Committee I.D. Number 46696

SCHEDULE 1A 2. 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. 4. DATE OF RECEIPT 09/30/2021 PAC Receipt? YES Name & Address Sumbal, Ahsan 900 Gulick Rd Haslett, MI 48840-9118 \$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 4. DATE OF RECEIPT PAC Receipt? TYES 08/31/2021 Name & Address Truscott, John 140 Prospect St Grand Haven, MI 49417-1765 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: **Employer** Occupation **Business Address** Type of Contribution: Fund Raiser ✓ Direct Loan from a person 3. PAC Receipt? TYES 4. DATE OF RECEIPT 09/23/2021 Name & Address Watson, Paul 1030 S Grand Traverse St Flint, MI 48502-1092 \$500.00 \$500.00 5. If over \$100.00 cumulative, please provide: Employer Self Occupation Attorney Business Address 1030 S Grand Traverse St Flint, MI 48502-1092 Type of Contribution: Loan from a person ✓ Fund Raiser ✓ Direct 4. DATE OF RECEIPT PAC Receipt? TYES 09/30/2021 Name & Address Webber, Alan 1330 Canyon Rd Santa Fe, NM 87501-6132 \$250.00 \$250.00 5. If over \$100.00 cumulative, please provide: Employer City of Santa Fe Occupation Mayor Business Address 1330 Canyon Rd Santa Fe, NM 87501-6132 Type of Contribution: ✓ Direct Loan from a person Fund Raiser \$950.00 Page Subtotal Grand Total of all Schedules 1A (Complete \$43,299.00 on last page of Schedule)

Enter this total on line 3a of Summary Page.

Page 36 of 52

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

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

| Of (I DID) I I COMMITTIEE | | |
|--|-----------|---|
| 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) |
| | | |

| Name & Address | | | |
|---|---|----------------|------------|
| Name & Address Weinfeld, Mr.Arnold \$250.00 \$25 | 3. PAC Receipt? TYES 4. DATE OF RECEIPT 08/31/2021 | | |
| 1018 Powderhorn Lansing, MI 48917-4064 \$250.00 \$250.00 | | - . | |
| Lansing, MI 48917-4064 5. If over \$100.00 cumulative, please provide: Occupation Director Business Address 219 S Harrison Rd 5te 93 East Lansing, MI 48824-4551 Type of Contribution: PAC Receipt? YES 4. DATE OF RECEIPT 10/11/2021 S. PAC Receipt YES 4. DATE OF RECEIPT 10/11/2021 S. If over \$100.00 cumulative, please provide: Occupation CEO Employer Michigan Association of Business Address 820 N Capitol Ave Lansing, MI 48906-B5934c Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address 820 N Capitol Ave Lansing, MI 48906-B5934c Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address Willacker, Gene 3114 Stoneleigh Dr Lansing, MI 48910-3740 \$100.00 \$100.00 S. If over \$100.00 cumulative, please provide: Occupation Employer Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/29/2021 Name & Address PAC Receipt? YES 4. DATE OF RECEIPT 09/29/2021 Name & Address PAC Receipt? YES 4. DATE OF RECEIPT 09/29/2021 Name & Address PAC Receipt? YES 4. DATE OF RECEIPT 09/29/2021 Name & Address PAC Receipt? YES 4. DATE OF RECEIPT 09/29/2021 Name & Address PAC Receipt? YES 4. DATE OF RECEIPT 09/29/2021 Name & Address PAC Receipt? YES 4. DATE OF RECEIPT 09/29/2021 | • | | |
| S. If over \$100.00 cumulative, please provide: Cocupation Director Employer Urban Policy Initiatives | | 4050.00 | 4050 00 |
| Description Director Business Address 219 S Harrison Rd Ste 93 East Lansing, MI 48824-4551 Type of Contribution: | Lansing, MI 4891/-4064 | \$250.00 | <u> </u> |
| Business Address 219 S Harrison Rd Ste 93 East Lansing, MI 48824-4551 Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 10/11/2021 Name & Address White, Karole 819 N Washington Ave Lansing, MI 48906-5135 \$1,000.00 \$1,000.00 5. If over \$100.00 cumulative, please provide: Occupation CEO Employer Michigan Association of Business Address 820 N Capitol Ave Lansing, MI 48906-8529% Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address Willacker, Gene 3114 Stoneleigh Dr Lansing, MI 48910-3740 \$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 09/29/2021 Name & Address Wooden, Stephen PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 \$250.00 | 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 10/11/2021 Name & Address White, Karole 819 N Washington Ave Lansing, MI 48906-5135 \$1,000.00 \$1,000.00 5. If over \$100.00 cumulative, please provide: Cocupation CEO Employer Michigan Association of Business Address 820 N Capitol Ave Lansing, MI 48906-85944 Cocupation Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address Willacker, Gene 3114 Stoneleigh Dr Lansing, MI 48910-3740 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Cocupation Employer Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Potential Raiser Type of Contribution: Direct Loan from a person Potential Raiser Type of Contribution: Type | Occupation Director Employer Urban Policy Initiative | s | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 10/11/2021 Name & Address White, Karole 819 N Washington Ave Lansing, MI 48906-5135 \$1,000.00 | Business Address 219 S Harrison Rd Ste 93 East Lansing, MI 48824-4551 | | |
| Name & Address White, Karole 819 N Washington Ave Lansing, MI 48906-5135 \$1,000.00 \$1,000.00 5. If over \$100.00 cumulative, please provide: Occupation CEO Employer Michigan Association of Business Address 820 N Capitol Ave Lansing, MI 48906 \$240 \$2 Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address Willacker, Gene 3114 Stoneleigh Dr Lansing, MI 48910-3740 \$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 09/29/2021 Name & Address Wooden, Stephen PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 \$250.00 | Type of Contribution: Direct Loan from a person Fund Raiser | <u></u> | |
| Name & Address White, Karole als N Washington Ave Lansing, MI 48906-5135 S1,000.00 \$1,000.00 5. If over \$100.00 cumulative, please provide: Occupation CEO | 3. PAC Receipt? TVFS 4. DATE OF RECEIPT 10/11/2021 | | |
| 819 N Washington Ave Lansing, MI 48906-5135 \$1,000.00 \$1,000.00 5. If over \$100.00 cumulative, please provide: Occupation CEO Employer Michigan Association of Business Address 820 N Capitol Ave Lansing, MI 48906 \$5944^{C}\$ Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address Willacker, Gene 3114 StoneLeigh Dr Lansing, MI 48910-3740 \$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 09/29/2021 Name & Address Wooden, Stephen PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 \$250.00 | | _ | |
| Lansing, MI 48906-5135 \$1,000.00 \$1,000.00 5. If over \$100.00 cumulative, please provide: Occupation CEO | White, Karole | | |
| 5. If over \$100.00 cumulative, please provide: Occupation CEO Employer Michigan Association of Business Address 820 N Capitol Ave Lansing, MI 48906 P52 P2 C Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address Willacker, Gene 3114 Stoneleigh Dr Lansing, MI 48910-3740 \$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 09/29/2021 Name & Address Wooden, Stephen PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 \$250.00 | | | |
| Cccupation CEO Employer Michigan Association of Business Address 820 N Capitol Ave Lansing, MI 48906 \$\frac{\text{BFQFAC}}{\text{CPT}}\$C Type of Contribution: \[\sqrt{Direct} \] Loan from a person \[\sqrt{Fund Raiser} \] 3. \[PAC Receipt? \] YES \[4. DATE OF RECEIPT \] 09/30/2021 Name & Address Willacker, Gene 3114 Stoneleigh Dr Lansing, MI 48910-3740 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution: \[\sqrt{Direct} \] Loan from a person \[\sqrt{Fund Raiser} \] 3. \[PAC Receipt? \] YES \[4. DATE OF RECEIPT \] 09/29/2021 Name & Address Wooden, Stephen PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 \$250.00 | Lansing, MI 48906-5135 | \$1,000.00 | \$1,000.00 |
| Cccupation CEO Employer Michigan Association of Business Address 820 N Capitol Ave Lansing, MI 48906 \$\frac{\text{BFQFAC}}{\text{CPT}}\$C Type of Contribution: \[\sqrt{Direct} \] Loan from a person \[\sqrt{Fund Raiser} \] 3. \[PAC Receipt? \] YES \[4. DATE OF RECEIPT \] 09/30/2021 Name & Address Willacker, Gene 3114 Stoneleigh Dr Lansing, MI 48910-3740 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution: \[\sqrt{Direct} \] Loan from a person \[\sqrt{Fund Raiser} \] 3. \[PAC Receipt? \] YES \[4. DATE OF RECEIPT \] 09/29/2021 Name & Address Wooden, Stephen PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 \$250.00 | 5. If over \$100.00 cumulative please provide: | | |
| Business Address \$20 N Capitol Ave Lansing, MI 48906 BFFFFC Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address Willacker, Gene 3114 Stoneleigh Dr Lansing, MI 48910-3740 \$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 09/29/2021 Name & Address Wooden, Stephen PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 | | | |
| Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address Willacker, Gene 3114 Stoneleigh Dr Lansing, MI 48910-3740 \$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 09/29/2021 Name & Address Wooden, Stephen PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 \$250.00 | | | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address Willacker, Gene 3114 Stoneleigh Dr Lansing, MI 48910-3740 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: | | - | |
| Name & Address Willacker, Gene 3114 Stoneleigh Dr Lansing, MI 48910-3740 \$100.00 \$100.00 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 09/29/2021 Name & Address Wooden, Stephen PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 | | | - |
| Willacker, Gene 3114 Stoneleigh Dr Lansing, MI 48910-3740 \$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 09/30/2021 | | |
| 3114 Stoneleigh Dr Lansing, MI 48910-3740 \$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 09/29/2021 Name & Address Wooden, Stephen PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 | | | |
| Lansing, MI 48910-3740 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution: | · · | | |
| 5. If over \$100.00 cumulative, please provide: Occupation | | \$100.00 | \$100.00 |
| Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/29/2021 Name & Address Wooden, Stephen PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 \$250.00 | | , | · · · · · |
| Business Address 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 09/29/2021 Name & Address Wooden, Stephen PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 \$250.00 | Occupation Employer | | |
| 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/29/2021 Name & Address Wooden, Stephen PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 \$250.00 | Business Address | | |
| Name & Address Wooden, Stephen PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 \$250.00 | Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Name & Address Wooden, Stephen PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 \$250.00 | 3. PAC Receipt? TVES 4. DATE OF RECEIPT 09/29/2021 | | <u></u> |
| PO Box 3684 Grand Rapids, MI 49501-3684 \$250.00 | 1 | _ | |
| Grand Rapids, MI 49501-3684 \$250.00 | Wooden, Stephen | | |
| | | | |
| | Grand Rapids, MI 49501-3684 | \$250.00 | \$250.00 |
| 5. If over \$100.00 cumulative, please provide: | 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Consultant Employer Self Employed | Occupation Consultant Employer Self Employed | | |
| | Business Address PO Box 3684 Grand Rapids, MI 49501-3684 | | |
| | Type of Contribution: Direct Loan from a person Fund Raiser | - | |
| | 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) \$43,299.00

Enter this total on line 3a of Summary Page.

Page 37 of 52

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

CANDIDATE COMMITTEE

| 1. Committee I.D. Nur | nber 46 | 696 | | _ | |
|-----------------------|---------|-----|---------|---|--|
| 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, 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 09/30/2021 Name & Address Wriggelsworth, Scott 630 N Cedar St Mason, MI 48854-1017 \$100.00 \$200.00 5. If over \$100.00 cumulative, please provide: Occupation Sheriff Employer Ingham County Business Address 630 N Cedar St Mason, MI 48854-1017 Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address |
|--|
| Wriggelsworth, Scott 630 N Cedar St Mason, MI 48854-1017 \$100.00 \$200.00 5. If over \$100.00 cumulative, please provide: Occupation Sheriff Employer Ingham County Business Address 630 N Cedar St Mason, MI 48854-1017 Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 |
| 630 N Cedar St Mason, MI 48854-1017 \$100.00 \$200.00 5. If over \$100.00 cumulative, please provide: Occupation Sheriff Employer Ingham County Business Address 630 N Cedar St Mason, MI 48854-1017 Type of Contribution: Direct Loan from a person Fund Raiser 3. PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address |
| Mason, MI 48854-1017 \$100.00 \$200.00 5. If over \$100.00 cumulative, please provide: Occupation Sheriff Employer Ingham County Business Address 630 N Cedar St Mason, MI 48854-1017 Type of Contribution: |
| 5. If over \$100.00 cumulative, please provide: Occupation Sheriff Employer Ingham County Business Address 630 N Cedar St Mason, MI 48854-1017 Type of Contribution: |
| Occupation Sheriff Business Address 630 N Cedar St Mason, MI 48854-1017 Type of Contribution: |
| Business Address 630 N Cedar St Mason, MI 48854-1017 Type of Contribution: |
| Type of Contribution: |
| 3. PAC Receipt? TYES 4. DATE OF RECEIPT 09/30/2021 Name & Address |
| Name & Address PAC Receipt? TYES 4. DATE OF RECEIPT 09/30/2021 |
| Name & Address |
| Vildia Haban |
| Yildiz, Hakan |
| 4328 Indian Glen Dr |
| Okemos, MI 48864-3822 \$200.00 \$200.00 |
| 5. If over \$100.00 cumulative, please provide: |
| Occupation Professor Employer MSU |
| Business Address 2771 Woodward Ave Detroit, MI 48201-3030 |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser |
| |
| PAC Receipt? YES 4. DATE OF RECEIPT 09/30/2021 Name & Address |
| Zeidan, Tareq |
| 6211 Windrush Ln |
| East Lansing, MI 48823-9400 \$250.00 |
| 5. If over \$100.00 cumulative, please provide: |
| Occupation Business Development Manager Employer Sunrise Seeds |
| Business Address 3823 Plover Pl East Lansing, MI 48823-8323 |
| Type of Contribution: Direct Loan from a person Fund Raiser |
| 3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/17/2021 |
| Name & Address |
| Zillgitt, Raynor |
| 12669 Holly In |
| Dewitt, MI 48820-9338 \$250.00 \$250.00 |
| 5. If over \$100.00 cumulative, please provide: |
| Occupation General Counsel Employer Lake Trust Credit Union |
| Business Address 4605 S Old US Highway 23 Brighton, MI 48114-7521 |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser |

\$800.00 Page Subtotal Grand Total of all Schedules 1A (Complete \$43,299.00 on last page of Schedule)

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

of Page 38 52

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK CANDIDATE COMMITTEE

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

2. Committee Name Schor for Lansing

| Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in- kind contributions. | | 7. Amount or Fair Market 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 | | |
| Spadafore, Peter | Services Donated | \$737. <u>5</u> 0 | \$787.50 |
| | Goods or Services Purchased by Candidate | or Others | |
| Lansing, MI 48911-1010 | Goods or Services Purchased by Candidate | or Others-LOAN | |
| If over \$100.00 cumulative, please provide: | escription For 9/29 Event | | |
| | DATE OF RECEIPT: 09/29/2021 | | |
| Employer Name and Address 6. | VENDOR NAME & ADDRESS: | | |
| 1111111 | odexo MAGIC | | |
| 2002 0011001212 | 815 Wise Rd | | |
| Lunbing, iii 1071, olis | m B101 | | |
| Γ | ansing, MI 48911-4503 | | |
| ✓ Fund Raiser Contribution | | | |

Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule) \$737.50 \$737.50

Enter this total on line 6 of Summary Page

Page 39 of 52

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 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 | 08/26/2021 Date | \$9.00 |
| 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 | 09/02/2021 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 | 09/02/2021 Date | \$207.09 |
| 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 | 10/04/2021 Date t of | \$171.44 |
| 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 | 10/04/2021 Date | \$117.25 |
| | | Subtotal this name | ¢E27 20 |

Grand Total of All Schedules 1B (Complete on last page of Schedule) \$527.28

Enter this total on line 8a of Summary Page

Page 40 of 52

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 Actblue Address PO Box 441146 West Somerville, MA 02144-0031 | Purpose: Credit Card Processing Check box if this expenditure is paymer debt or obligation reported on previous statement | 10/12/2021 Date | \$271.06 |
| Name Cottage Inn Address 303 S Washington Sq Lansing, MI 48933-2114 | Purpose: Food for Volunteers Check box if this expenditure is paymer debt or obligation reported on previous statement | 10/04/2021 Date | \$71.50 |
| Fund Raiser | | | |
| Name Crane, Megan Address 1010 Catherine St Apt 501 Ann Arbor, MI 48104-1647 | Purpose: Campaign Consulting Check box if this expenditure is payme. debt or obligation reported on previous statement | | \$3,500.00 |
| Name Crane, Megan Address 1010 Catherine St Apt 501 Ann Arbor, MI 48104-1647 | Purpose: Health Care Stipend Check box if this expenditure is payme debt or obligation reported on previous statement | 09/15/2021 Date - | \$243.29 |
| Name Crane, Megan Address 1010 Catherine St Apt 501 Ann Arbor, MI 48104-1647 | Purpose: Campaign Consulting Check box if this expenditure is payme debt or obligation reported on previous statement | 10/15/2021 Date | \$3,500.00 |
| | | Subtotal this page | \$7,585.85 |

Subtotal this page \$7,585.85

Grand Total of All Schedules 1B (Complete on last page of Schedule) \$53,207.90

Enter this total on line 8a of Summary Page

Page 41 of 52

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 Crane, Megan Address 1010 Catherine St Apt 501 Ann Arbor, MI 48104-1647 | Purpose: Health Care Stipend Check box if this expenditure is payment debt or obligation reported on previous statement | 10/15/2021 Date | \$243.29 |
| Name Cullen, Joy Address 4185 Merritt Rd Ypsilanti, MI 48197-9315 | Purpose: Field Consulting Check box if this expenditure is payment debt or obligation reported on previous statement | 09/28/2021 Date | \$1,000.00 |
| Fund Raiser | | | _ |
| Name Cullen, Joy Address 4185 Merritt Rd Ypsilanti, MI 48197-9315 | Purpose: Field Consulting Check box if this expenditure is payment debt or obligation reported on previous statement | 09/30/2021 Date | \$1,000.00 |
| Name Grassroots Midwest Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: Campaign Consulting Check box if this expenditure is payment debt or obligation reported on previous statement | 09/14/2021 Date | \$2,600.00 |
| Name Grassroots Midwest Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: Campaign Consulting Check box if this expenditure is paymen debt or obligation reported on previous statement | 10/01/2021 Date | \$2,500.00 |
| | S | Subtotal this page | \$7,343.29 |

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

\$53,207.90

Enter this total on line 8a of Summary Page

Page 42 of 52

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ſ | 3 | ç | ٤ | ٤ | ٤ | ٤ | S | S | s | s | 3 : | j | i | i | i | Ĺ | Ĺ | | . 3 | | | | | | | | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----|------|------|------|------|-----|-----|-----|-----|-----|-----|----|-----|-----|-----|-----|----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ſ | sing | sing | sing | sing | ing | ing | ing | ing | ing | ing | ng | .ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ī | sing | sing | sing | sing | ing | ing | ing | ing | ing | ing | ng | .ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ſ | sing | sing | sing | sing | ing | ing | ing | ing | ing | ing | ng | .ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ī | sing | sing | sing | sing | ing | ing | ing | ing | ing | ing | ng | .ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ſ | sing | sing | sing | sing | ing | ing | ing | ing | ing | ing | ng | .ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ī | sing | sing | sing | sing | ing | ing | ing | ing | ing | ing | ng | .ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ſ | sing | sing | sing | sing | ing | ing | ing | ing | ing | ing | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ſ | sing | sing | sing | sing | ing | ing | ing | ing | ing | ing | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ſ | sing | sing | sing | sing | ing | ing | ing | ing | ing | ing | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng | ng |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | | | sin | sin | in | in | in | in | in | in | in | Ĺn | n | n | n | n | n | Ω | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | g | ç | | | sir | sir | ii | ii | ii | ii | ii | ii | ĹI | ĹI | 1 | .1 | 1 | I | 1 | 1 | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| ng | ng | ng | ıg | ng | ıg | ıg | ıg | ıg | ıg | ng | ng | ng | ng | ıg | ıg | ng | ıg | ng | ıg | ıg | ıg | ng | ıg | 19 | 19 | 19 | 1 | зi | зi | βi | βi | i | i | i | i | Ĺ | Ĺ | - | | | | | | | | | | | | | | | | | | | | | | | | | |
| ng | n | 3i | 3i | 3i | 3i | i | i | i | i | i | Ĺ | | | | - | - | | | | | | | | | | | | | | | | | | | | | |
| ng | n | 3] | 3] | 3 | 3 | ij | ij | j | j | | | l | Ĺ | Ĺ | Ĺ | Ĺ | | | | | | | | | | | | | | | | | | | | | |
| .ng | ng | ng | n | 3 . | 3 . | 3 . | 3 . | | | | | | | i | i | i | Ĺ | | | | | | | | | | | | | | | | | | | | | | |
| ing | Ĺn | 3 | 3 | 3 | 3 | , | , | | | | j | j | j | | | | l | l | Ĺ | Ĺ | Ĺ | Ĺ | Ĺ | Ĺ | Ĺ | Ĺ | Ĺ | Ĺ | Ĺ | Ĺ | Ĺ | Ĺ | Ĺ | Ĺ | Ĺ | Ĺ | Ĺ |
| ing | in | 3 | 3 | | | | | | | | | | | | | j | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i |
| ing | in | | | | | | | | | | | | | | | | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i |
| ing | in | | | | | | | 3 | 3 | 3 | | | | | | j | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i |
| ing | in | | | | | 3 | 3 | 3 | 3 | 3 | | | | | | j | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i |
| ing | in | | | = | = | 3 | 3 | 3 | 3 | 3 | | | | | | j | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i |
| ing | in | = | = | = | = | 3 | 3 | 3 | 3 | , | | | | | | j | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i |
| ing | in | E | E | £ | £ | 8 | 8 | 8 | 8 | | | | | | : | j | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i |
| ing | in | ٤ | ٤ | ٤ | ٤ | 8 | 8 | 8 | 8 | | | , | , | | | ċ | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i |
| sing | sin | ٤ | ٤ | ٤ | ٤ | ٤ | ٤ | ٤ | ٤ | | | 3 | 3 | 3 : | 3 : | į | i | i | 3i | 3i | 3i | 3i | 3i | i | i | 3i | i | i | i | i | i | i | i | 3i | 3i | 3i | 3i |
| sing | sin | ٤ | ٤ | ٤ | ٤ | ٤ | ٤ | ٤ | ٤ | | 3 | 3 | 3 | 3 : | 3 : | 3 j | 3i | 3i | 3i | 3i | 3i | 3i | 3i | 3i | 3i | 3i | 3i | 3i | 3i | 3i | 3i | 3i | 3i | 3i | 3i | 3i | 3i |
| ing | in | ٤ | ٤ | ٤ | ٤ | 8 | 8 | s | s | , | | | | | | j | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i |
| ing | in | E | E | £ | £ | 8 | 8 | 8 | 8 | 3 | | | | | | j | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i |
| ing | in | E | E | £ | £ | 8 | 8 | 8 | 8 | 3 | | | | | | j | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i |
| ing | in | = | = | = | = | 3 | 3 | 3 | 3 | 3 | | | | | | j | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i |
| ing | in | | | | | 3 | 3 | 3 | 3 | 3 | | | | | | j | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i |
| ing | in | | | | | | | 3 | 3 | 3 . | | | | | | | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i |
| ing | in | | | | | | | 3 | 3 | 3 . | | | | | | | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i | i |

| 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, Edit and Delivery Check box if this expenditure is payment debt or obligation reported on previous statement | | \$1,500.00 |
| Name Burton, Jeffrey Address 2297 White Pine Dr Williamston, MI 48895-9199 | Purpose: Subitem: 1500.00 Video Shoot and Production Check box if this expenditure is payment debt or obligation reported on previous statement | 10/01/2021 Date of | \$0.00 |
| Name Grassroots Midwest Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: Walk piece Check box if this expenditure is payment debt or obligation reported on previous statement | 10/04/2021 Date | \$1,856.86 |
| Name Allied Media Address 240 N Fenway Dr Fenton, MI 48430-2699 | Purpose: Subitem: 1359.88 Literature Check box if this expenditure is payment debt or obligation reported on previous statement | 10/04/2021 Date of | \$0.00 |
| Name Grassroots Midwest Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: Subitem: 296.98 Vendor Coordination Check box if this expenditure is payment debt or obligation reported on previous statement | 10/04/2021 Date | \$0.00 |

Subtotal this page \$3,356.86

Grand Total of All Schedules 1B \$53,207.90

(Complete on last page of Schedule)

iter this total on

Enter this total on line 8a of Summary Page

Page 43 of 52

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE | 2. Committee Name Schor for I | Cansing | |
|--|--|----------------------------------|------------|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Name Plumbley Creative Address 1916 W Maple St Lansing, MI 48915-1454 | Purpose: Subitem: 200.00 Design Services Check box if this expenditure is paymen debt or obligation reported on previous statement | 10/04/2021 Date | \$0.00 |
| Name Grassroots Midwest Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: Mail Piece Check box if this expenditure is paymen debt or obligation reported on previous statement | 10/04/2021 Date | \$7,232.46 |
| Name Allied Media Address 240 N Fenway Dr Fenton, MI 48430-2699 | Purpose: Subitem: 6597.28 Printing and postage Check box if this expenditure is paymen debt or obligation reported on previous statement | 10/04/2021 Date at of | \$0.00 |
| Name Grassroots Midwest Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: Subitem: 435.18 Vendor Coordination Check box if this expenditure is paymen debt or obligation reported on previous statement | | \$0.00 |
| Name Plumbley Creative Address 1916 W Maple St Lansing, MI 48915-1454 | Purpose: Subitem: 200.00 Design Services Check box if this expenditure is paymen debt or obligation reported on previous statement | 10/04/2021 Date - nt of | \$0.00 |
| | ? | Subtotal this page | \$7,232.46 |
| | | | |

Grand Total of All Schedules 1B \$53,207.90 (Complete on last page of Schedule)

> Enter this total on line 8a of Summary Page

Page 44 of 52

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE | 2. Committee Name Schor for I | ansing | |
|--|---|----------------------------|------------------------|
| 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 paymen debt or obligation reported on previous statement | 10/04/2021 Date | \$2,500.00 |
| Name Grassroots Midwest Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: Printing, Design and Social Media Check box if this expenditure is paymen debt or obligation reported on previous statement | 10/04/2021 Date | \$305.97 |
| Name Allied Media Address 240 N Fenway Dr Fenton, MI 48430-2699 | Purpose: Subitem: 182.58 Printing Check box if this expenditure is paymen debt or obligation reported on previous statement | 10/04/2021 Date t of | \$0.00 |
| Name Grassroots Midwest Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: Subitem: 123.39 Consulting Check box if this expenditure is paymen debt or obligation reported on previous statement | 10/04/2021 Date | \$0.0 |
| Name Grassroots Midwest Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: Mail Piece Check box if this expenditure is paymer debt or obligation reported on previous statement | 10/07/2021 Date | \$7,232.4 ¹ |

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

Subtotal this page

\$10,038.43 \$53,207.90

Enter this total on line 8a of Summary Page

Page 45 of 52

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

| 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 Allied Media Address 240 N Fenway Dr Fenton, MI 48430-2699 | Purpose: Subitem: 6597.28 Printing and Postage Check box if this expenditure is paymer debt or obligation reported on previous statement | 10/07/2021 Date | \$0.00 |
| Name Grassroots Midwest Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: Subitem: 435.18 Vendor Coordination Check box if this expenditure is paymer debt or obligation reported on previous statement | 10/07/2021 Date | \$0.00 |
| Name Plumbley Creative Address 1916 W Maple St Lansing, MI 48915-1454 | Purpose: Subitem: 200.00 Graphic Design Check box if this expenditure is paymer debt or obligation reported on previous statement | 10/07/2021 Date | \$0.00 |
| Name Grassroots Midwest Address PO Box 12157 Lansing, MI 48901-2157 | Purpose: Mail Piece Check box if this expenditure is paymer debt or obligation reported on previous statement | 10/07/2021 Date - | \$3,964.30 |
| Name Allied Media Address 240 N Fenway Dr Fenton, MI 48430-2699 | Purpose: Subitem: 3483.45 Printing and Postage Check box if this expenditure is payment debt or obligation reported on previous statement | | \$0.00 |
| | | Subtotal this page | \$3,964.30 |

Grand Total of All Schedules 1B \$53,207.90 (Complete on last page of Schedule)

> Enter this total on line 8a of Summary Page

Page 46 of 52

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE | 2. Committee Name Schor for 1 | 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: 280.85 Vendor Coordination Check box if this expenditure is paymer debt or obligation reported on previous statement | 10/07/2021 Date | \$0.00 |
| Name Plumbley Creative Address 1916 W Maple St Lansing, MI 48915-1454 | Purpose: Subitem: 200.00 Graphic Design Check box if this expenditure is paymer debt or obligation reported on previous statement | 10/07/2021 Date - nt of | \$0.00 |
| Name Johnson, Kylee Address 8949 Frederick St Livonia, MI 48150-3940 | Purpose: Field Consulting Check box if this expenditure is paymendebt or obligation reported on previous statement | 08/30/2021 Date | \$1,000.00 |
| Name Johnson, Kylee Address 8949 Frederick St Livonia, MI 48150-3940 | Purpose: Field Consulting Check box if this expenditure is paymer debt or obligation reported on previous statement | 09/28/2021 Date | \$1,000.00 |
| | | | |

Purpose: Software

statement

Check box if this expenditure is payment of

debt or obligation reported on previous

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

10/15/2021

Date

\$2,895.61 \$53,207.90

\$895.61

Enter this total on line 8a of Summary Page

47 of 52

Name

KnockCo

300 W 23rd St Apt 10N

Fund Raiser

New York, NY 10011-2244

Address

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 Lloyd, Claudia Address 410 Ann St Mason, MI 48854-1206 | Purpose: Consulting Services Check box if this expenditure is paymendebt or obligation reported on previous statement | | \$100.00 |
| Name Lugnuts Address 505 E Michigan Ave Lansing, MI 48912-1148 | Purpose: Food and Bevearge Check box if this expenditure is paymer debt or obligation reported on previous statement | 09/16/2021 Date | \$241.79 |
| Name Meijer Address 1350 W Lake Lansing Rd East Lansing, MI 48823-1314 | Purpose: Snacks for Volunteers Check box if this expenditure is paymer debt or obligation reported on previous statement | - | \$67.81 |
| Name Meijer Address 1350 W Lake Lansing Rd East Lansing, MI 48823-1314 | Purpose: Beverages for Event Check box if this expenditure is paymer debt or obligation reported on previous statement | 09/29/2021 Date | \$121.33 |
| Name Michigan Chronicle Address 1452 Randolph St Ste 400 Detroit, MI 48226-2284 Fund Raiser | Purpose: Advertising Check box if this expenditure is paymer debt or obligation reported on previous statement | 09/09/2021 Date | \$360.00 |

Subtotal this page \$890.93

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

Enter this total on line 8a of Summary Page

Page 48 of 52

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

| CANDIDATE COMMITTEE | 2. Committee Name Schor for 1 | Lansing | |
|---|---|--------------------|------------|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Name Moore, Adam Address 4861 W 118th St Grant, MI 49327-9721 | Purpose: Field Consulting Check box if this expenditure is paymen debt or obligation reported on previous statement | 08/30/2021 Date | \$1,000.00 |
| Name Moore, Adam Address 4861 W 118th St Grant, MI 49327-9721 | Purpose: Field Consulting Check box if this expenditure is paymen debt or obligation reported on previous statement | 09/30/2021 Date | \$1,000.00 |
| Name NAACP Address 3105 S Martin Luther King Jr B # 141 Lansing, MI 48910-2939 | Purpose: Donation Check box if this expenditure is paymen debt or obligation reported on previous statement | 09/08/2021 Date | \$325.00 |
| Name Ricketts, Heather Address 2600 Hunters Pt Kalamazoo, MI 49048-6105 | Purpose: Consulting Check box if this expenditure is paymer debt or obligation reported on previous statement | 09/03/2021 Date | \$2,000.00 |
| Name Ricketts, Heather Address 2600 Hunters Pt Kalamazoo, MI 49048-6105 | Purpose: Consulting Check box if this expenditure is paymer debt or obligation reported on previous statement | 10/05/2021 Date | \$2,000.00 |
| | | Subtotal this page | \$6,325.00 |
| | | 1 | |

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

\$53,207.90

Enter this total on line 8a of Summary Page

Page 49 of 52

CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

| CANDIDATE COMMITTEE | 2. Committee Name Schor for 1 | 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 | 09/13/2021 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 | 10/13/2021 Date | \$16.00 |
| Name Ventura, Jose Address 4123 Main St Saline, MI 48176 | Purpose: Field Consulting Check box if this expenditure is paymer debt or obligation reported on previous statement | 08/30/2021 Date | \$1,000.00 |
| Name Ventura, Jose Address 4123 Main St Saline, MI 48176 | Purpose: Field Consulting Check box if this expenditure is paymer debt or obligation reported on previous statement | 09/30/2021 Date - at of | \$1,000.00 |
| 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 | 08/30/2021 Date | \$1,000.0 |
| | : | Subtotal this page | \$3,032.00 |

Enter this total on line 8a of Summary Page

Grand Total of All Schedules 1B (Complete on last page of Schedule) \$53,207.90

Page 50 of 52

CANDIDATE COMMITTEE

| 1. C | committee | 1.D. | Number | 46696 |
|------|-----------|------|--------|-------|
|------|-----------|------|--------|-------|

| | nsing |
|--|-------|
|--|-------|

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|--------------------|-----------|
| Name Zoom.us | Purpose: Software | 09/22/2021 Date | \$15.89 |
| Address 55 Almaden Blvd | Tupose. Bullwate | | |
| San Jose, CA 95113-1608 | Check box if this expenditure is pay debt or obligation reported on previous tatement | yment of ous | |
| ☐ Fund Raiser | | | |

Subtotal this page

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

\$15.89 \$53,207.90

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

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

(%)

2. Committee Name Schor 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 |
|----------------------------|---|----------------------------------|--|
| | 50 | Fundraiser with Gove | |
| 09/29/2021 | | | |
| | | | ✓ Private Residence |
| 7. Total Contributions | | \$11,300.00 | |
| 8. Other Receipts | | \$0.00 | |
| 9. Gross Receipts (Add lir | nes 7 and 8) | \$11,300.00 | |
| 10. Total Cost of Event | | \$858.83 | *Includes In-Kind Contributions and All Expenditures Made For the Event |
| 11. Check if event wa | as a joint fund raiser and complete the fo | ollowing: 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.

Page 52 of 52