MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 04/13/26 to 10/18/26

1. Committee I.D. Number
47217

2. Committee Name
East Lansing Residents for Good Governme

4. Candidate Last Name: DeLay | First Name: Adam | M.I.: T

4a. Office Sought Including District # or Community Served (If applicable)
Ballot Question

4b. County of Residence: Ingham

5. Committee's Mailing Address
PO Box 13111
East Lansing MI 48826

Area Code and Phone: (734) 558-0179

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
Adam T DeLay
215 Bessemaur Dr East Lansing MI 48823
East Lansing MI 48823

Area Code & Phone: (734) 558-0179

7. Treasurer's Business Address
215 Bessemaur Dr East Lansing MI 48823
East Lansing MI 48823

Area Code and Phone: (734) 558-0179

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)
Adam T DeLay
215 Bessemaur Dr East Lansing MI 48823
East Lansing MI 48823

Area Code and Phone: (734) 558-0179

9. **TYPE OF STATEMENT**

9a. ☑ Pre-Election **OR** 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
- ☑ General
- ☐ Convention
- ☐ Special
- ☐ School
- ☐ Caucus

Date of Election, Convention or Caucus
11/03/26

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

- ☐ July Quarterly
- ☐ October Quarterly

9c. ☐ Annual Statement (_____)
Coverage Year

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

9e. **Dissolution of Candidate Committee**

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

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

Effective date of dissolution

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

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

Current Treasurer or Designated Record keeper _____ / _____ Date _____
Type or Print Name — Signature

Adam DeLay
10/23/26 - 12:10 PM

Candidate _____ / _____ Date _____
Type or Print Name — Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 47217

# SUMMARY PAGE
# CANDIDATE COMMITTEE

2. Committee Name East Lansing Residents for Good Governme

| **RECEIPTS** | | Column I This Period | Column II Cumulative this election cycle |
|---|---|---|---|
| 3. Contributions | | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) $ | $9,595.00 | |
| b. Unitemized (less than $20.01 each - no Schedule) | (3b.) $ | NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) $ | $9,595.00 | (18.) $ $9,595.00 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) $ | $0.00 | (19.) $ $0.00 |
| **5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS** (Add Line 3c + Line 4) | (5.) $ | $9,595.00 | (20.) $ $9,595.00 |
| **IN-KIND CONTRIBUTIONS & EXPENDITURES** | | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) $ | $462.51 | (21.) $ $462.51 |
| 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.) $ | $5,143.98 | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) $ | $0.00 | |
| c. Unitemized (less than $50.01 each - no Schedule) | (8c.) $ | $50.88 | |
| **9. TOTAL EXPENDITURES** (Add Line 8a + Line 8b + Line 8c) | (9.) $ | $5,194.86 | (23.) $ $5,194.86 |
| **INCIDENTAL EXPENSE DISBURSEMENTS** (Officeholders Only) | | | |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.) $ | $0.00 | |
| b. Unitemized (less than $50.01 each - no Schedule) | (10b.) $ | $0.00 | |
| **11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS** (Add Line 10a + Line 10b) | (11.) $ | $0.00 | (24.) $ $0.00 |
| **DEBTS AND OBLIGATIONS** | | | |
| 12. Debts and Obligations | | | |
| a. Owed **by** the Committee (Schedule 1E) | (12a.) $ | $1,000.00 | |
| b. Owed **to** the Committee (Schedule 1E) | (12b.) $ | $0.00 | |

**BALANCE STATEMENT**

| | | |
|---|---|---|
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) $ | $0.00 |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + $ | $9,595.00 |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = $ | $9,595.00 |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - $ | $5,194.86 |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) $ | $4,400.14 * |

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

## CANDIDATE COMMITTEE

1. Committee I.D. Number 47217

2. Committee Name East Lansing Residents for Good Governme

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/17/2026

Name & Address:

Adam DeLay
215 Bessemaur Dr.
East Lansing MI 48823

$45.00 | $45.00

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

Occupation _____ Employer _____

Business Address _____

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/24/2026

Name & Address

Helen Kuhnmuench
812 Applegate Ln
East Lansing MI 48823

$500.00 | $500.00

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

Occupation Not Employed Employer NA

Business Address NA NA MI 48823

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/25/2026

Name & Address:

Sarah Reckhow
1001 Glenhaven Ave.
East Lansing MI 48823

$250.00 | $250.00

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

Occupation Professor Employer Michigan State University

Business Address 368 Farm Lane East Lansing MI 48824

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/25/2026

Name & Address

Nazita Lajevardi
817 Touraine Ave
East Lansing MI 48823

$1,000.00 | $1,000.00

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

Occupation Professor Employer University of Michigan

Business Address 505 South State Street Ann Arbor MI 48109

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

---

| | |
|---|---|
| Page Subtotal | $1,795.00 |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | $9,595.00 |

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

## CANDIDATE COMMITTEE

1. Committee I.D. Number 47217

2. Committee Name East Lansing Residents for Good Governme

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/03/2026

Name & Address:

Abigail Tycocki
1131 Blanchette Dr.
East Lansing MI 48823

$100.00 | $100.00

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/03/2026

Name & Address

Carol Siemon
704 Wood St
East Lansing MI 48912

$50.00 | $100.00

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/05/2026

Name & Address:

Robert Draheim
158 Oakland Dr.
East Lansing MI 48823

$100.00 | $100.00

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

Occupation _____ Employer _____

Business Address _____

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

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

Name & Address

RO Mitts
1221 Eagles Point Ct.
East Lansing MI 48823

$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 | $350.00 |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | $9,595.00 |

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

## CANDIDATE COMMITTEE

1. Committee I.D. Number 47217

2. Committee Name East Lansing Residents for Good Governme

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

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

Name & Address:

Chris Torres
720 N. Harrison Rd.
East Lansing MI 48823

$50.00 | $50.00

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

Occupation _____ Employer _____

Business Address _____

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

---

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

Name & Address

Chris Martin
524 Woodland Dr.
East Lansing MI 48823

$100.00 | $100.00

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

Occupation _____ Employer _____

Business Address _____

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

---

3. Contribution # 3 PAC Receipt? ☑ YES 4. Date of Receipt 09/14/2026

Name & Address:

Miake Michigan Great (LIUNA)
1118 Centennial Way, Ste 100
Lansing MI 48917

$5,000.00 | $5,000.00

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

Occupation Make Michigan Great Employer LIUNA

Business Address 1118 Centennial Way, Ste 100 Lansing MI 48917

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/16/2026

Name & Address

Jennifer Shuster
147 Lexington Ave.
East Lansing MI 48823

$25.00 | $25.00

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

Occupation _____ Employer _____

Business Address _____

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

| | |
|---|---|
| Page Subtotal | $5,175.00 |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | $9,595.00 |

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

## CANDIDATE COMMITTEE

1. Committee I.D. Number 47217

2. Committee Name East Lansing Residents for Good Governme

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|---|---|---|

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/18/2026

Name & Address:

Kristine Bowman
929 Roxburgh Ave.
East Lansing MI 48823

$250.00 | $250.00

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

Occupation Professor Employer Michigan State University

Business Address 146 Erickson Hall East Lansing MI 48824

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/18/2026

Name & Address

Heidi Schroeder
1253 Bryant Dr.
East Lansing MI 48823

$50.00 | $40.00

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

Occupation _____ Employer _____

Business Address _____

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/18/2026

Name & Address:

Abigail Clery
707 Prudden St Unit 233
Lansing MI 48906

$40.00 | $40.00

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

Occupation _____ Employer _____

Business Address _____

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/18/2026

Name & Address

Joshua Vermaas
619 Elizabeth St.
East Lansing MI 48823

$40.00 | $40.00

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

Occupation _____ Employer _____

Business Address _____

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

| | |
|---|---|
| Page Subtotal | $380.00 |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | $9,595.00 |

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

## CANDIDATE COMMITTEE

1. Committee I.D. Number 47217

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|---|---|---|

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/18/2026

Name & Address:

Erick Williams
1209 Old Hickory Lane
East Lansing MI 48823

$100.00 | $100.00

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

Occupation _____ Employer _____

Business Address _____

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/18/2026

Name & Address

Kathleen Edsall
1026 Daisy Ln
East Lansing MI 48823

$200.00 | $200.00

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

Occupation Not Employed Employer NA

Business Address NA NA MI 48823

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/20/2026

Name & Address:

Scott Powell
243 Kensington Rd
East Lansing MI 48823

$40.00 | $40.00

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

Occupation _____ Employer _____

Business Address _____

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/20/2026

Name & Address

Tali Faris-Hylen
609 Beech St.
East Lansing MI 48823

$50.00 | $50.00

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

Occupation _____ Employer _____

Business Address _____

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

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Page Subtotal $390.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) $9,595.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

## CANDIDATE COMMITTEE

1. Committee I.D. Number 47217

2. Committee Name East Lansing Residents for Good Governme

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|---|---|---|

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/21/2026

Name & Address:

Matthew Kazmierski
136 Oakland Dr.
East Lansing MI 48823

$50.00 | $50.00

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

Occupation _____ Employer _____

Business Address _____

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/22/2026

Name & Address

Victoria Anderson
1702 Woodsview Drive
Marshfield WI 54449

$40.00 | $40.00

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

Occupation _____ Employer _____

Business Address _____

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/23/2026

Name & Address:

RO Mitts
1221 Eagles Point Ct
East Lansing MI 48823

$100.00 | $200.00

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

Occupation Not Employed Employer _____

Business Address _____

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/24/2026

Name & Address

Jan Brascamp
1063 Rosewood Ave
East Lansing MI 48823

$25.00 | $25.00

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

Occupation _____ Employer _____

Business Address _____

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

| | |
|---|---|
| Page Subtotal | $215.00 |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | $9,595.00 |

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

## CANDIDATE COMMITTEE

1. Committee I.D. Number 47217

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|---|---|---|

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/24/2026

Name & Address:

Terah Chambers
1433 Dennison Rd
East Lansing MI 48823

$100.00 | $100.00

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

Occupation _____ Employer _____

Business Address _____

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/24/2026

Name & Address

Melissa Jimison
137 University Dr.
East Lansing MI 48823

$50.00 | $50.00

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

Occupation _____ Employer _____

Business Address _____

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/24/2026

Name & Address:

Adam DeLay
215 Bessemaur Dr.
East Lansing MI 48823

$500.00 | $545.00

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

Occupation Departmental Specialist Employer Michigan Department of Health and

Business Address 400 S. Pine Street Lansing MI 48933

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/25/2026

Name & Address

Jennifer Shuster
147 Lexington Ave
East Lansing MI 48823

$40.00 | $65.00

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

Occupation _____ Employer _____

Business Address _____

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

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| | |
|---|---|
| Page Subtotal | $690.00 |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | $9,595.00 |

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

## CANDIDATE COMMITTEE

1. Committee I.D. Number 47217

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|---|---|---|

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/25/2026

Name & Address:

Ryan Todd
335 Kensington Road
East Lansing MI 48823

$40.00 | $40.00

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

Occupation _____ Employer _____

Business Address _____

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/25/2026

Name & Address

Mary Rouleau
835 Westlawn Ave
East Lansing MI 48823

$100.00 | $100.00

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

Occupation _____ Employer _____

Business Address _____

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/25/2026

Name & Address:

Abigail Tycocki
1131 Blanchette Drive
East Lansing MI 48823

$60.00 | $160.00

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

Occupation Theatre Manager Employer Community Circle Players Inc

Business Address 228 Museum Drive Lansing MI 48933

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/25/2026

Name & Address

Sarah Hoover
3687 Parula Dr
East Lansing MI 48823

$80.00 | $80.00

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

Occupation _____ Employer _____

Business Address _____

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

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Page Subtotal $280.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) $9,595.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

## CANDIDATE COMMITTEE

1. Committee I.D. Number 47217

2. Committee Name East Lansing Residents for Good Governme

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|---|---|---|

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/28/2026

Name & Address:

Robert Powel
638 Baldwin Court
East Lansing MI 48823

$100.00 | $100.00

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/28/2026

Name & Address

Andrew Henrikson
600 Spartan Ave
East Lansing MI 48823

$20.00 | $20.00

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/29/2026

Name & Address:

Barb Byrum
4697 Stone Road
Onondaga MI 49264

$100.00 | $100.00

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/08/2026

Name & Address

Bruce Hulse
1497 Dennison Road
East Lansing MI 48823

$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 | $320.00 |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | $9,595.00 |

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED IN-KIND CONTRIBUTIONS
## SCHEDULE 1-IK
## CANDIDATE COMMITTEE

1. Committee I. D. Number: 47217

2. Committee Name: East Lansing Residents for Good Government

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---|---|---|---|
| Contribution # 1 PAC Receipt? ☐ Yes<br>Name & Address:<br>Sarah Reckhow<br>1001 Glenhaven Ave.<br>East Lansing MI 48823<br>**If over $100.00 cumulative, please provide:**<br>Occupation:<br>Employer Name & Business Address:<br>368 Farm Lane<br>East Lansing MI, 48824<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☑ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description: Web Domain<br>5. Date Of Receipt: 04/18/2026<br>6. **Vendor Name & Address:**<br>Squarespace<br>225 Varrick St. 12th Floor<br>New York NY, 10014 | $14.00 | $14.00 |
| Contribution # 2 PAC Receipt? ☐ Yes<br>Name & Address<br>Sarah Reckhow<br>1001 Glenhaven Ave.<br>East Lansing MI 48823<br>**If over $100.00 cumulative, please provide:**<br>Occupation:<br>Employer Name & Address:<br>368 Farm Lane<br>East Lansing MI, 48824<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☑ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description: Website<br>5. Date Of Receipt: 04/18/2026<br>6. **Vendor Name & Address:**<br>Squarespace<br>225 Varrick St. 12th Floor<br>New York NY, 10014 | $25.00 | $39.00 |
| Contribution #3 PAC Receipt? ☐ Yes<br>Name & Address:<br>Sarah Reckhow<br>1001 Glenhaven Ave.<br>East Lansing MI 48823<br>**If over $100.00 cumulative, please provide:**<br>Occupation:<br>Employer Name & Address:<br>368 Farm Lane<br>East Lansing MI, 48824<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☑ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description: Website<br>5. Date Of Receipt: 05/18/2026<br>6. **Vendor Name & Address:**<br>Squarespace<br>225 Varrick St. 12th Floor<br>New York NY, 10014 | $25.00 | $64.00 |

| | |
|---|---|
| Page Subtotal | $64.00 |
| Grand Total of all Schedules 1-IK (Complete on last page of Schedule) | $462.51 |

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED IN-KIND CONTRIBUTIONS
## SCHEDULE 1-IK
## CANDIDATE COMMITTEE

1. Committee I. D. Number: 47217

2. Committee Name: East Lansing Residents for Good Government

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---|---|---|---|
| Contribution # 1 PAC Receipt? ☐ Yes<br>Name & Address:<br>Adam DeLay<br>215 Bessemaur Dr.<br>East Lansing MI 48823<br>**If over $100.00 cumulative, please provide:**<br>Occupation: Departmental Specialist<br>Employer Name & Business Address:<br>Michigan Department of Health and Human Services<br>400 S. Pine st<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☑ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description: Petitions<br>5. Date Of Receipt: 05/29/2026<br>6. **Vendor Name & Address:**<br>Allied Media<br>240 N Fenway Dr<br>Fenton MI, 48430 | $158.97 | $158.97 |
| Contribution # 2 PAC Receipt? ☐ Yes<br>Name & Address<br>Sarah Reckhow<br>1001 Glenhaven Ave.<br>East Lansing MI 48823<br>**If over $100.00 cumulative, please provide:**<br>Occupation:<br>Employer Name & Address:<br>368 Farm Lane<br>East Lansing MI, 48824<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☑ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description: Website<br>5. Date Of Receipt: 06/18/2026<br>6. **Vendor Name & Address:**<br>Squarespace<br>225 Varrick St. 12th Floor<br>New York NY, 10014 | $25.00 | $89.00 |
| Contribution #3 PAC Receipt? ☐ Yes<br>Name & Address:<br>Sarah Reckhow<br>1001 Glenhaven Ave.<br>East Lansing MI 48823<br>**If over $100.00 cumulative, please provide:**<br>Occupation: Professor<br>Employer Name & Address:<br>Michigan State University<br>368 Farm Lane<br>East Lansing MI, 48824<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☑ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description: Website<br>5. Date Of Receipt: 07/18/2026<br>6. **Vendor Name & Address:**<br>Squarespace<br>225 Varrick St. 12th Floor<br>New York NY, 10014 | $25.00 | $114.00 |

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|---|---|
| Page Subtotal | $208.97 |
| Grand Total of all Schedules 1-IK (Complete on last page of Schedule) | $462.51 |

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED IN-KIND CONTRIBUTIONS
## SCHEDULE 1-IK
## CANDIDATE COMMITTEE

1. Committee I. D. Number: 47217

2. Committee Name: East Lansing Residents for Good Government

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---|---|---|---|
| Contribution # 1 PAC Receipt? ☐ Yes<br>Name & Address:<br>Liam Richichi<br>6170 Abbot Rd. Apt 9<br>East Lansing MI 48823<br>**If over $100.00 cumulative, please provide:**<br>Occupation:<br>Employer Name & Business Address:<br>23133 Woodward Ave, Number 116<br>Ferndale MI, 48220<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☑ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description: PO Box Usage<br>5. Date Of Receipt: 08/13/2026<br>6. **Vendor Name & Address:**<br>USPS<br>1140 Abbot Rd<br>East Lansing MI, 48823 | $70.00 | $70.00 |
| Contribution # 2 PAC Receipt? ☐ Yes<br>Name & Address<br>Sarah Reckhow<br>1001 Glenhaven Ave.<br>East Lansing MI 48823<br>**If over $100.00 cumulative, please provide:**<br>Occupation: Professor<br>Employer Name & Address:<br>Michigan State University<br>368 Farm Lane<br>East Lansing MI, 48824<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☑ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description: Website<br>5. Date Of Receipt: 08/18/2026<br>6. **Vendor Name & Address:**<br>Squarespace<br>225 Varrick St. 12th Floor<br>New York NY, 10014 | $25.00 | $139.00 |
| Contribution #3 PAC Receipt? ☐ Yes<br>Name & Address:<br>Sarah Reckhow<br>1001 Glenhaven Ave.<br>East Lansing MI 48823<br>**If over $100.00 cumulative, please provide:**<br>Occupation: Professor<br>Employer Name & Address:<br>Michigan State University<br>368 Farm Lane<br>East Lansing MI, 48824<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☑ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description: Website<br>5. Date Of Receipt: 09/18/2026<br>6. **Vendor Name & Address:**<br>Squarespace<br>225 Varrick St. 12th Floor<br>New York NY, 10014 | $25.00 | $164.00 |

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|---|---|
| Page Subtotal | $120.00 |
| Grand Total of all Schedules 1-IK (Complete on last page of Schedule) | $462.51 |

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED IN-KIND CONTRIBUTIONS
## SCHEDULE 1-IK
## CANDIDATE COMMITTEE

1. Committee I. D. Number 47217

2. Committee Name East Lansing Residents for Good Government

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---|---|---|---|
| Contribution # 1 PAC Receipt? ☐ Yes<br>Name & Address:<br>Sarah Reckhow<br>1001 Glenhaven Ave.<br>East Lansing MI 48823<br>**If over $100.00 cumulative, please provide:**<br>Occupation: Professor<br>Employer Name & Business Address:<br>Michigan State University<br>368 Farm Lane<br>East Lansing MI, 48824<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☑ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description Website<br>5. Date Of Receipt: 09/25/2026<br>6. **Vendor Name & Address:**<br>Hooked<br>Hooked 3142 E. Michigan Ave.<br>Lansing MI, 48912 | $ $69.54 | $ $233.54 |
| Contribution # 2 PAC Receipt? ☐ Yes<br>Name & Address<br>**If over $100.00 cumulative, please provide:**<br>Occupation:<br>Employer Name & Address:<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☐ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description<br>5. Date Of Receipt:<br>6. **Vendor Name & Address:** | $ | $ |
| Contribution #3 PAC Receipt? ☐ Yes<br>Name & Address:<br>**If over $100.00 cumulative, please provide:**<br>Occupation:<br>Employer Name & Address:<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☐ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description<br>5. Date Of Receipt:<br>6. **Vendor Name & Address:** | $ | $ |

| | | |
|---|---|---|
| Page Subtotal | $69.54 | |
| Grand Total of all Schedules 1-IK (Complete on last page of Schedule) | $462.51 | |

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED EXPENDITURES
# SCHEDULE 1B
# CANDIDATE COMMITTEE

1. Committee I. D. Number 47217

2. Committee Name East Lansing Residents for Good Government

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 6. Amount |
|---|---|---|
| Expenditure #1<br>Name<br>Allied Media<br>Address<br>240 N Fenway Dr<br>Fenton MI 48430<br>☐ Fund Raiser | Purpose: Petitions<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 09/08/2026<br>Date<br>$ $61.58 |
| Expenditure #2<br>Name<br>Allied Media<br>Address<br>240 N Fenway Dr<br>Fenton MI 48430<br>☐ Fund Raiser | Purpose: Mailer<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 09/14/2026<br>Date<br>$ $931.60 |
| Expenditure #3<br>Name<br>Allied Media<br>Address<br>240 N Fenway Dr<br>Fenton MI 48430<br>☐ Fund Raiser | Purpose: Mailer<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 09/25/2026<br>Date<br>$ $2,593.7 |
| Expenditure #4<br>Name<br>Allied Media<br>Address<br>240 N Fenway Dr<br>Fenton MI 48430<br>☐ Fund Raiser | Purpose: Palm Cards<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 09/29/2026<br>Date<br>$ $239.82 |
| Expenditure #5<br>Name<br>ActBlue<br>Address<br>PO Box 962017<br>Boston MA 02196<br>☐ Fund Raiser | Purpose: Service Fees<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/01/2026<br>Date<br>$ $28.81 |

| | |
|---|---|
| Subtotal this page | $3,855.54 |
| Grand Total of all Schedules 1B (Complete on last page of Schedule) | $5,143.98 |

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED EXPENDITURES
# SCHEDULE 1B
# CANDIDATE COMMITTEE

1. Committee I. D. Number 47217

2. Committee Name East Lansing Residents for Good Government

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 6. Amount |
|---|---|---|
| Expenditure #1<br>Name<br>Allied Media<br>Address<br>240 N Fenway Dr<br>Fenton MI 48430<br>☐ Fund Raiser | Purpose: Yard Signs<br>10/02/2026 Date<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | $ $786.94 |
| Expenditure #2<br>Name<br>Adam DeLay<br>Address<br>215 Bessemaur Dr.<br>East Lansing MI 48823<br>☐ Fund Raiser | Purpose: Loan Repayment<br>10/02/2026 Date<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | $ $500.00 |
| Expenditure #3<br>Name<br>ActBlue<br>Address<br>PO Box 962017<br>Boston MA 02196<br>☐ Fund Raiser | Purpose: Service Fees<br>10/13/2026 Date<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | $ $1.50 |
| Expenditure #4<br>Name<br>Address<br>☐ Fund Raiser | Purpose: _____<br>_____ Date<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | $ _____ |
| Expenditure #5<br>Name<br>Address<br>☐ Fund Raiser | Purpose: _____<br>_____ Date<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | $ _____ |
| | Subtotal this page | $1,288.44 |
| | Grand Total of all Schedules 1B (Complete on last page of Schedule) | $5,143.98 |

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# DEBTS AND OBLIGATIONS
## SCHEDULE 1E
## CANDIDATE COMMITTEE

1. Committee I.D. Numb: 47217

2. Committee Na: East Lansing Residents for Good Government

This Schedule itemizes:

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

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|---|---|---|---|---|
| Debt #1 Corp? ☐ Yes<br>Owed to or by:<br>Nazita Lajevardi<br>817 Touraine Ave<br>East Lansing MI 48823 | 4. Type: Loan<br>5. **Date Debt Was Incurred**: 08/25/2026<br>6. **Original Amount of Debt**: $1,000.00 | $0.00<br>$0.00<br>$0.00<br>$0.00<br>$0.00 | $0.00 | $1,000.00<br>☐ FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $0.00 | | | | |
| Debt #2 Corp? ☐ Yes<br>Owed to or by:<br>Adam DeLay<br>215 Bessemaur Dr.<br>East Lansing MI 48823 | 4. Type: Loan<br>5. **Date Debt Was Incurred**: 09/24/2026<br>6. **Original Amount of Debt**: $500.00 | 10/21/20: $500.00<br>$0.00<br>$0.00<br>$0.00<br>$0.00 | $500.00 | $0.00<br>☐ FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $0.00 | | | | |
| Debt #3 Corp? ☐ Yes<br>Owed to or by: | 4. Type:<br>5. **Date Debt Was Incurred**:<br>6. **Original Amount of Debt**: $ | $<br>$<br>$<br>$<br>$ | $ | $<br>☐ FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ | | | | |

Page Subtotal (Outstanding debt): $1,000.00

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee): $1,000.00

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

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

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# FUND RAISER SCHEDULE 1F
# CANDIDATE COMMITTEE

1. Committee I.D. Number 47217

2. Committee Name East Lansing Residents for Good Government

**- USE A SEPARATE SHEET FOR EACH EVENT -**

| 3. Date Event Was Held | 4. Number of Individuals Attending or Participating (whichever is greater) | 5. Type of Fund Raising Activity | 6. Address and Name (If any) of the place where the activity was held. |
|---|---|---|---|
| 09/25/2026 | 20 | Mixer | Hooked<br>3142 E. Michigan Ave.<br>☐ Private Residence |

7. Total Contributions $5.00

8. Other Receipts $0.00

9. Gross Receipts (Add lines 7 and 8) $260.00

10. Total Cost of Event $69.54
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

- 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.