

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Michigan Peoples Choice

ADDRESS (number and street)

P.O. Box 32992

Check if different
than previously
reported. (ACC)

Detroit

MI

48232

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00733915

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☒ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y
08 04 2026in the
State of

MI

(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2026

through

M M M / D D D / Y Y Y Y Y Y
07 15 2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Barber, Frances, , ,

Signature of Treasurer

Barber, Frances, , ,

Date

M M M / D D D / Y Y Y Y Y Y
07 23 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Michigan Peoples Choice

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2026 To: M M / D D / Y Y Y Y Y 07 / 15 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2026		138884.88
(b) Cash on Hand at Beginning of Reporting Period.....	137935.62	
(c) Total Receipts (from Line 19)	19137.25	45333.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	157072.87	184218.53
7. Total Disbursements (from Line 31)	19157.25	46302.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	137915.62	137915.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	500626.31	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Michigan Peoples Choice

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2026

To:

M M	/	D D	/	Y Y Y Y
07	/	15	/	2026

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

0.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

19137.25

45331.18

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

19137.25

45331.18

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

2.47

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

19137.25

45333.65

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

19137.25

45333.65

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	19157.25	46302.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	19157.25	46302.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19157.25	46302.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19157.25	46302.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19137.25	45331.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19137.25	45331.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	19157.25	46302.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	19157.25	46302.91

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 29

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EVERYDAY PEOPLE

Mailing Address 1212 BROADWAY SUITE 700

City
OAKLAND

State
CA

Zip Code
94612

FEC ID number of contributing
federal political committee.

C C00720029

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

36185.86

Date of Receipt

07 / **10** / **2026**

Transaction ID : SA11C.4620

Amount of Each Receipt this Period

9991.93

☐ Memo Item

In-kind - Staff Salaries

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EVERYDAY PEOPLE

Mailing Address 1212 BROADWAY SUITE 700

City
OAKLAND

State
CA

Zip Code
94612

FEC ID number of contributing
federal political committee.

C C00720029

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45331.18

Date of Receipt

07 / **15** / **2026**

Transaction ID : SA11C.4548

Amount of Each Receipt this Period

9145.32

☐ Memo Item

In-kind - Travel and Supplies

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

19137.25

19137.25

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name (Last, First, Middle Initial)

A. EVERYDAY PEOPLE

Mailing Address 1212 BROADWAY SUITE 700

City
OAKLANDState
CAZip Code
94612

Purpose of Disbursement

In-kind - Staff Salaries

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	0		2	0	2	6		

FEC Identification Number

C C00720029

Transaction ID : SB21B.4621

Amount of Each Disbursement this Period

9991.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alvarado Flores, Jesus Ernesto, , ,

Mailing Address 1212 Broadway

City
OaklandState
CAZip Code
94612

Purpose of Disbursement

Salary

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	0		2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4621.c

Amount of Each Disbursement this Period

1708.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Ames, Jared Earl, , ,

Mailing Address 1212 Broadway

City
OaklandState
CAZip Code
94612

Purpose of Disbursement

Salary

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	0		2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4621.

Amount of Each Disbursement this Period

2049.60

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9991.93

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name (Last, First, Middle Initial)

A. Birss, Moira, , ,

Mailing Address 1212 Broadway

City
OaklandState
CAZip Code
94612

Purpose of Disbursement

Salary

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	0				2	0	2	6

FEC Identification Number

C

Transaction ID : SB21B.4621.1

Amount of Each Disbursement this Period

 306.28☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Byrne, Robert, , ,

Mailing Address 1212 Broadway

City
OaklandState
CAZip Code
94612

Purpose of Disbursement

Salary

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	0				2	0	2	6

FEC Identification Number

C

Transaction ID : SB21B.4621.3

Amount of Each Disbursement this Period

 502.08☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Chan, Michelle Mun-Yee, , ,

Mailing Address 1212 Broadway

City
OaklandState
CAZip Code
94612

Purpose of Disbursement

Salary

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	0				2	0	2	6

FEC Identification Number

C

Transaction ID : SB21B.4621.

Amount of Each Disbursement this Period

 1708.00☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name (Last, First, Middle Initial)

A. Harper-Pedersen, Angela, Sunshine, ,

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Salary

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	0			2	0	2	6	

FEC Identification Number

C

Transaction ID : SB21B.4621.!

Amount of Each Disbursement this Period

1708.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Lo Dolce, Rebecca, , ,

Mailing Address 1212 Broadway

City
OaklandState
CAZip Code
94612

Purpose of Disbursement

Salary

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	0			2	0	2	6	

FEC Identification Number

C

Transaction ID : SB21B.4621.6

Amount of Each Disbursement this Period

452.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Mendoza, Jonathan, , ,

Mailing Address 1212 Broadway

City
OaklandState
CAZip Code
94612

Purpose of Disbursement

Salary

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	0			2	0	2	6	

FEC Identification Number

C

Transaction ID : SB21B.4621.

Amount of Each Disbursement this Period

1557.85

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name (Last, First, Middle Initial)

A. EVERYDAY PEOPLE

Mailing Address 1212 BROADWAY SUITE 700

City
OAKLAND

State
CA

Zip Code
94612

Purpose of Disbursement

In-Kind - Travel and Supplies

Candidate Name

002

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 15 / 2026

FEC Identification Number

C C00720029

Transaction ID : SB21B.4549

Amount of Each Disbursement this Period

9145.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AmTrav

Mailing Address 1 Massachusetts Ave. NW

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement

In-Kind - Travel Accommodations Booking Fee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 01 / 2026

FEC Identification Number

C

Transaction ID : SB21B.4549.c

Amount of Each Disbursement this Period

15.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AmTrav

Mailing Address 1 Massachusetts Ave. NW

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement

In-Kind - Travel Accommodations Booking Fee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 03 / 2026

FEC Identification Number

C

Transaction ID : SB21B.4549.

Amount of Each Disbursement this Period

15.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9145.32

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name (Last, First, Middle Initial)

A. AmTrav

Mailing Address 1 Massachusetts Ave. NW

City
WashingtonState
DCZip Code
20001

Purpose of Disbursement

In-Kind - Travel Accommodations Booking Fee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.3

Amount of Each Disbursement this Period

15.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AmTrav

Mailing Address 1 Massachusetts Ave. NW

City
WashingtonState
DCZip Code
20001

Purpose of Disbursement

In-Kind - Travel Accommodations Booking Fee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	4			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.3

Amount of Each Disbursement this Period

15.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AmTrav

Mailing Address 1 Massachusetts Ave. NW

City
WashingtonState
DCZip Code
20001

Purpose of Disbursement

In-Kind - Airfare

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.3

Amount of Each Disbursement this Period

183.20

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

☒	21b	☐	22	☐	23	☐	26	☐	27
☐	28a	☐	28b	☐	28c	☐	29	☐	30b

Michigan Peoples Choice

A. AmTrav

Category/
Type

District:

C	
---	--

15.00

✕ Memo Item

B. AmTrav

Category/
Type

District:

C

A horizontal number line with arrows at both ends. It has major tick marks labeled 0, 5, 10, 15, and 20. There are also minor tick marks between the major ones. A point is marked on the line at the value 15.00.

✕ Memo Item

C. AmTrav

Category/
Type

District:

C

15.00

✕ Memo Item

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name (Last, First, Middle Initial)

A. AmTrav

Mailing Address 1 Massachusetts Ave. NW

City
WashingtonState
DCZip Code
20001

Purpose of Disbursement

In-Kind - Travel Accommodations Booking Fee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	9		2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.1

Amount of Each Disbursement this Period

15.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AmTrav

Mailing Address 1 Massachusetts Ave. NW

City
WashingtonState
DCZip Code
20001

Purpose of Disbursement

In-Kind - Travel Accommodations Booking Fee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	1		2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.1

Amount of Each Disbursement this Period

15.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AmTrav

Mailing Address 1 Massachusetts Ave. NW

City
WashingtonState
DCZip Code
20001

Purpose of Disbursement

In-Kind - Travel Accommodations Booking Fee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	1		2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.1

Amount of Each Disbursement this Period

15.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name (Last, First, Middle Initial)

A. AmTrav

Mailing Address 1 Massachusetts Ave. NW

City
WashingtonState
DCZip Code
20001

Purpose of Disbursement

In-Kind - Travel Accommodations Booking Fee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.1

Amount of Each Disbursement this Period

15.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Airbnb

Mailing Address 888 Brannan Street

City
San FranciscoState
CAZip Code
94103

Purpose of Disbursement

In-Kind - Lodging

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	0			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.1

Amount of Each Disbursement this Period

2157.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 1 Skyview Drive

City
Fort WorthState
TXZip Code
76155

Purpose of Disbursement

In-Kind - Airfare

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.1

Amount of Each Disbursement this Period

50.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 1 Skyview Drive

City
Fort WorthState
TXZip Code
76155

Purpose of Disbursement

In-Kind - Airfare

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.1

Amount of Each Disbursement this Period

178.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Delta Air Lines

Mailing Address 1030 Delta Boulevard

City
AtlantaState
GAZip Code
30354

Purpose of Disbursement

In-Kind - Airfare

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.1

Amount of Each Disbursement this Period

303.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Delta Air Lines

Mailing Address 1030 Delta Boulevard

City
AtlantaState
GAZip Code
30354

Purpose of Disbursement

In-Kind - Airfare

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.1

Amount of Each Disbursement this Period

189.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name (Last, First, Middle Initial)

A. Delta Air Lines

Mailing Address 1030 Delta Boulevard

City
AtlantaState
GAZip Code
30354

Purpose of Disbursement

In-Kind - Airfare

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	9			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.2

Amount of Each Disbursement this Period

558.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Delta Air Lines

Mailing Address 1030 Delta Boulevard

City
AtlantaState
GAZip Code
30354

Purpose of Disbursement

In-Kind - Airfare

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	1			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.2

Amount of Each Disbursement this Period

258.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Delta Air Lines

Mailing Address 1030 Delta Boulevard

City
AtlantaState
GAZip Code
30354

Purpose of Disbursement

In-Kind - Airfare

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.2

Amount of Each Disbursement this Period

368.40

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 29

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
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NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name (Last, First, Middle Initial)

A. ENTERPRISE RENT-A-CAR

Mailing Address 600 Corporate Park Drive

City
St. LouisState
MOZip Code
63105

Purpose of Disbursement

In-Kind - Car Rental

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.2

Amount of Each Disbursement this Period

520.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. HAMPTON INN DETROIT

Mailing Address 13555 Prechter Boulevard

City
SouthgateState
MIZip Code
48195

Purpose of Disbursement

In-Kind - Lodging

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.2

Amount of Each Disbursement this Period

2318.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN

Mailing Address 6355 Mercury Dr.

City
DearbornState
MIZip Code
48126

Purpose of Disbursement

In-Kind - Lodging

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.2

Amount of Each Disbursement this Period

431.52

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name (Last, First, Middle Initial)

A. Parks, Lisa, , ,

Mailing Address 1212 Broadway

City
Oakland

State
CA

Zip Code
94612

Purpose of Disbursement

In-Kind - Car Rental

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 08 / 2026

FEC Identification Number

C

Transaction ID : SB21B.4549.2

Amount of Each Disbursement this Period

320.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address 2702 Love Field Drive

City
Dallas

State
TX

Zip Code
75235

Purpose of Disbursement

In-Kind - Airfare

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 11 / 2026

FEC Identification Number

C

Transaction ID : SB21B.4549.2

Amount of Each Disbursement this Period

304.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Southwest Airlines

Mailing Address 2702 Love Field Drive

City
Dallas

State
TX

Zip Code
75235

Purpose of Disbursement

In-Kind - Airfare

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 11 / 2026

FEC Identification Number

C

Transaction ID : SB21B.4549.2

Amount of Each Disbursement this Period

269.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address 233 S. Wacker Drive

City
Chicago

State
IL

Zip Code
60606

Purpose of Disbursement

In-Kind - Airfare

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 06 / 2026

FEC Identification Number

C

Transaction ID : SB21B.4549.3

Amount of Each Disbursement this Period

307.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address 233 S. Wacker Drive

City
Chicago

State
IL

Zip Code
60606

Purpose of Disbursement

In-Kind - Airfare

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 11 / 2026

FEC Identification Number

C

Transaction ID : SB21B.4549.3

Amount of Each Disbursement this Period

564.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Woodspring Suites Dearborn

Mailing Address 240 Town Center Drive

City
Dearborn

State
MI

Zip Code
48126

Purpose of Disbursement

In-Kind - Lodging

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 06 / 2026

FEC Identification Number

C

Transaction ID : SB21B.4549.3

Amount of Each Disbursement this Period

92.82

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name (Last, First, Middle Initial)

A. Woodspring Suites Dearborn

Mailing Address 240 Town Center Drive

City
DearbornState
MIZip Code
48126

Purpose of Disbursement

In-Kind - Vendor Credit for Lodging Adjustment

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.4

Amount of Each Disbursement this Period

- 295.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Woodspring Suites Dearborn

Mailing Address 240 Town Center Drive

City
DearbornState
MIZip Code
48126

Purpose of Disbursement

In-Kind - Vendor Credit for Lodging Adjustment

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.4

Amount of Each Disbursement this Period

- 665.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Woodspring Suites Dearborn

Mailing Address 240 Town Center Drive

City
DearbornState
MIZip Code
48126

Purpose of Disbursement

In-Kind - Vendor Credit for Lodging Adjustment

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.

Amount of Each Disbursement this Period

- 278.46

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name (Last, First, Middle Initial)

A. Grant, Zanolee, , ,

Mailing Address P.O. Box 32992

City
DetroitState
MIZip Code
48232

Purpose of Disbursement

In-Kind - Per Diem

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.4

Amount of Each Disbursement this Period

68.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Grant, Zanolee, , ,

Mailing Address P.O. Box 32992

City
DetroitState
MIZip Code
48232

Purpose of Disbursement

In-Kind - Per Diem

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.4

Amount of Each Disbursement this Period

68.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Grant, Zanolee, , ,

Mailing Address P.O. Box 32992

City
DetroitState
MIZip Code
48232

Purpose of Disbursement

In-Kind - Per Diem

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4549.

Amount of Each Disbursement this Period

51.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 29

☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address 6200 Vernor W

City
DetroitState
MIZip Code
48209

Purpose of Disbursement

Bank Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.4636

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20.00

19157.25

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 29

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Back Office For Organizing in Michigan

Nature of Debt (Purpose):

Allocated IE staff costs, including wages,
employer payroll taxes, and supervision
allocation - Est.

Mailing Address 440 Burroughs St.

City
DetroitState
MIZip Code
48202

Outstanding Balance Beginning This Period

3282.06

Transaction ID : SD10.4430

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3282.06

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Back Office For Organizing in Michigan

Nature of Debt (Purpose):

Canvass Related Cost (Staff wages, payroll
taxes, & supervision) - Estimate

Mailing Address 440 Burroughs St.

City
DetroitState
MIZip Code
48202

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4637

Amount Incurred This Period

4503.08

Payment This Period

0.00

Outstanding Balance at Close of This Period

4503.08

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Back Office For Organizing in Michigan

Nature of Debt (Purpose):

Canvass Related Cost (Staff wages, payroll
taxes, & supervision) - Estimate

Mailing Address 440 Burroughs St.

City
DetroitState
MIZip Code
48202

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4638

Amount Incurred This Period

286.72

Payment This Period

0.00

Outstanding Balance at Close of This Period

286.72

1) SUBTOTALS This Period This Page (optional)..... ►

8071.86

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 29

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hess Printing

Nature of Debt (Purpose):

Canvass literature - printing/copying - Est.

Mailing Address 201 Elm St

City

Wyandotte

State

MI

Zip Code

48192

Outstanding Balance Beginning This Period

4488.14

Transaction ID : SD10.4431

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4488.14

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Michigan Peoples Choice

Nature of Debt (Purpose):

Personnel owed

Mailing Address P.O. Box 32992

City

Detroit

State

MI

Zip Code

48232

Outstanding Balance Beginning This Period

122381.88

Transaction ID : SD10.4241

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

122381.88

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Michigan United Action

Nature of Debt (Purpose):

Salaried

Mailing Address P.O. Box 32992

City

Detroit

State

MI

Zip Code

48232

Outstanding Balance Beginning This Period

156.25

Transaction ID : SD10.4221

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

156.25

1) SUBTOTALS This Period This Page (optional)..... ►

127026.27

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 25 OF 29

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Michigan United Action

Nature of Debt (Purpose):

salary cost sharing owed for work in support
of Dan Kildee

Mailing Address P.O. Box 32992

City
DetroitState
MIZip Code
48232

Outstanding Balance Beginning This Period

19718.05

Transaction ID : SD10.4225

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19718.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Michigan United Action

Nature of Debt (Purpose):

cost sharing agreement for work done for
Elisa Slotkin

Mailing Address P.O. Box 32992

City
DetroitState
MIZip Code
48232

Outstanding Balance Beginning This Period

610.91

Transaction ID : SD10.4227

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

610.91

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Michigan United Action

Nature of Debt (Purpose):

Personnel costs owed

Mailing Address P.O. Box 32992

City
DetroitState
MIZip Code
48232

Outstanding Balance Beginning This Period

80272.87

Transaction ID : SD10.4248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

80272.87

1) SUBTOTALS This Period This Page (optional)..... ►

100601.83

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 26 OF 29

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Michigan United Action

Nature of Debt (Purpose):

personnel owed

Mailing Address P.O. Box 32992

City
DetroitState
MIZip Code
48232

Outstanding Balance Beginning This Period

208510.12

Transaction ID : SD10.4258

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

208510.12

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Michigan United Action

Nature of Debt (Purpose):

owed for rent

Mailing Address P.O. Box 32992

City
DetroitState
MIZip Code
48232

Outstanding Balance Beginning This Period

5003.05

Transaction ID : SD10.4270

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5003.05

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Michigan United Action

Nature of Debt (Purpose):

debt owed for printing

Mailing Address P.O. Box 32992

City
DetroitState
MIZip Code
48232

Outstanding Balance Beginning This Period

7355.95

Transaction ID : SD10.4271

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7355.95

1) SUBTOTALS This Period This Page (optional)..... ►

220869.12

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 27 OF 29

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Michigan Peoples Choice

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Michigan United Action

Nature of Debt (Purpose):

Compliance Services, Fundraising Services,
and Back Office Support

Mailing Address P.O. Box 32992

City

Detroit

State

MI

Zip Code

48232

Outstanding Balance Beginning This Period

15037.94

Transaction ID : SD10.4378

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15037.94

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Michigan United Action

Nature of Debt (Purpose):

Payroll, Compliance Services, Fundraising
Services, and Back Office Support

Mailing Address P.O. Box 32992

City

Detroit

State

MI

Zip Code

48232

Outstanding Balance Beginning This Period

15263.64

Transaction ID : SD10.4379

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15263.64

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Michigan United Action

Nature of Debt (Purpose):

Back Office Support

Mailing Address P.O. Box 32992

City

Detroit

State

MI

Zip Code

48232

Outstanding Balance Beginning This Period

13755.65

Transaction ID : SD10.4380

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13755.65

1) SUBTOTALS This Period This Page (optional)..... ►

44057.23

2) TOTALS This Period (last page this line number only)..... ►

500626.31

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

500626.31

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 28 OF 29
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Michigan Peoples Choice	FEC IDENTIFICATION NUMBER ▼ C C00733915
---	---

Check if ☐ 24-hour report ☐ 48-hour report

New report

Amends report filed on

MM / DD / YYYY
 / /

Full Name of Payee
 Back Office For Organizing in Michigan

☒ Memo Item

Date of Public Distribution/Dissemination

MM / DD / YYYY
 07 / 09 / 2026

Mailing Address 440 Burroughs St.

Amount

2251.54

City

State

Zip Code

Detroit

MI

48202

Purpose of Expenditure

Canvass Related Cost (Staff wages, payroll taxes, & supervision) - Estimate

Category/
Type

004

Transaction ID : SE.4539

Date of Disbursement or Obligation

MM / DD / YYYY
 / /

Name of Federal Candidate:

EL-SAYED, ABDUL, , ,

☒ Support

☐ Oppose

Office Sought:

☐ House

District: _____

☐ President

☒ Senate

State: MI

Calendar Year-To-Date
 Per Election for Office Sought

2536.00

Disbursement For: ☒ Primary ☐ General
 2026 ☐ Other (specify) ▶

Full Name of Payee
 Back Office For Organizing in Michigan

☒ Memo Item

Date of Public Distribution/Dissemination

MM / DD / YYYY
 07 / 09 / 2026

Mailing Address 440 Burroughs St.

Amount

2251.54

City

State

Zip Code

Detroit

MI

48202

Purpose of Expenditure

Canvass Related Cost (Staff wages, payroll taxes, & supervision) - Estimate

Category/
Type

004

Transaction ID : SE.4541

Date of Disbursement or Obligation

MM / DD / YYYY
 / /

Name of Federal Candidate:

MCKINNEY, DONAVAN, , ,

☒ Support

☐ Oppose

Office Sought:

☒ House

District: 13

☐ President

☐ Senate

State: MI

Calendar Year-To-Date
 Per Election for Office Sought

3885.10

Disbursement For: ☒ Primary ☐ General
 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures

0.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Barber, Frances, , ,

Signature

Date

MM / DD / YYYY
 07 / 23 / 2026

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 29
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Michigan Peoples Choice			FEC IDENTIFICATION NUMBER ▼ C C00733915	
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY				
Full Name of Payee Doordash			☒ Memo Item Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 303 2nd Street South Tower, Suite 800			Amount 143.36	
City San Francisco	State CA	Zip Code 94107	Transaction ID : SE.4543 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Canvass Food and Beverage - Estimate		Category/ Type 004		
Name of Federal Candidate: EL-SAYED, ABDUL, , ,			☒ Support Office Sought: ☐ House District: _____ ☐ Oppose ☐ President ☒ Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought 2536.00			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ _____	
Full Name of Payee Doordash			☒ Memo Item Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 303 2nd Street South Tower, Suite 800			Amount 143.36	
City San Francisco	State CA	Zip Code 94107	Transaction ID : SE.4545 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Canvass Food and Beverage - Estimate		Category/ Type 004		
Name of Federal Candidate: MCKINNEY, DONAVAN, , ,			☒ Support Office Sought: ☒ House District: <u>13</u> ☐ Oppose ☐ President ☐ Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought 3885.10			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures 0.00 (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures 0.00				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Barber, Frances, , ,</u>			Date MM / DD / YYYY	