

RECEIVED
FEDERAL ELECTION COMMISSION
JUNE 14, 2022 3:53 PM
OFFICE OF GENERAL COUNSEL

June 13, 2022

Office of General Counsel
Federal Election Commission
1050 First Street, NE
Washington, DC 20463

MUR 8015

Office of General Counsel-

I was recently reviewing public records, specifically, the April 15 Quarterly Report for Dr. Sherry O'Donnell for Congress (C00790485) and it was quickly noticeable that required information was missing. It became apparent that the information was negligibly absent from receipts given the committee's 2021 January 31 Year-End Report was filed with none of the same errors. Given the purpose of this information is to allow citizens like me to see who is monetarily supporting candidates and what their backgrounds are, it is unacceptable that this committee has chosen to engage in such gross negligence at the cost of transparency.

I hereby request that the Federal Election Commission mandate that Dr. Sherry O'Donnell for Congress immediately fix the reports by completing all required information. If contributions were obtained and not properly accounted for, as I will show this report suggests, Dr. Sherry O'Donnell for Congress should be required to donate equal amounts to the Michigan Republican Party or a non-profit of my choosing. In addition, this committee should be assessed fines and penalties as it was apparently intentionally negligent given the previous report has zero receipts with the same errors.

Please see the enclosed print out of Dr. Sherry O'Donnell for Congress, C00790485, April 15 Quarter Report for 2022. I have highlighted the errors on the report and explained them here:

Receipt OVER the individual limit, and must be refunded

Page 33c – Cynthia Williams contributed \$10,000, exceeding the individual limit by \$4,200.

Impermissible and undocumented cash contributions.

Page 7c, Page 9a, and Page 9b – In each of these instances it is clear from the descriptions provided that random cash contributions were put "in a hat" with no accounting for who gave how much though the committee claims no one gave more than \$50. The committee cannot account for how much each person gave, nor can they account that the donor was a lawful US citizen. With the lack of record keeping associated with such a fundraising style, it is impossible for the committee to properly report if one of these unknown donors gives at the \$200 threshold requiring they be listed as itemized contributors. The committee must forgo these contributions totaling \$3,016.

Receipts missing address and employer/occupation information

Page 22b and Page 24a

Receipts missing employer/occupation

Pages 5a, 5b, 5c, 6a, 6b, 6c, 7a, 7b, 11a, 11b, 12b, 12c, 13a, 13b, 13c, 14a, 14b, 14c, 15a, 15b, 15c, 16a, 16b, 16c, 17a, 17c, 18a, 18b, 18c, 19a, 19b, 20b, 20c, 21a, 21b, 21c, 22a, 22c, 23a, 23b, 24b, 24c, 25a, 25b, 25c, 26a, 26c, 27a, 27c, 28a, 28c, 29a, 29b, 29c, 30a, 30b, 30c, 31a, 31b, 31c, 32a, 33a, 33b, 33c, 34a, 34b, 34c, and 35a.

Disbursements missing address

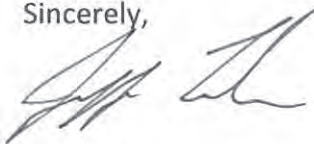
Page 37c and Page 39a. – It is invaluable for the public to be able to know how and who a campaign is spending its contributions on. In both this report and the 2021 Year End Report payment is made to Zack Borton. The purpose is described as “Campaign Manager Contract Fee” so Mr. Borton is apparently serving as the committee’s campaign manager so it is unlikely that the committee cannot obtain his address. The fact that the committee has twice now neglected to include the required information only allows me to speculate that the failure to report Mr. Borton’s information is nefarious.

As you can see this committee report includes numerous errors that are not optional. In fact, of the committee’s 82 receipts, 70 of them contain errors. That is a stifling 85%! This amount of negligence cannot be tolerated.

Thank you for taking the time to review this complaint and I look forward to hearing from you about how this committee will be held accountable for its numerous violations.

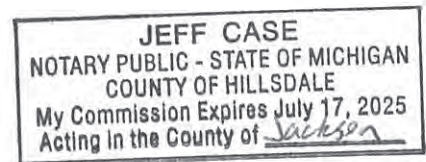
Under penalty of perjury, I sign this complaint affirming the information contained in it is complete and accurate to the best of my knowledge.

Sincerely,



Jeff Feahr

Jackson, MI 49203



notary signature



notary name

Jeff Case

signed and sworn to before me on the 14th day of June, 2022 notary public of the state of Michigan, county of Jackson the county of Jackson

my commission expires 07/17/2025 acting in

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 DR. SHERRY O'DONNELL FOR CONGRESS

ADDRESS (number and street) 4760 JAMESTOWN DRIVE STEVENSVILLE MI 49127 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00790485 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE MI DISTRICT 05

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) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 01/01/2022 through 03/31/2022

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 SCHADLER, RUTH ANN, , ,

Signature of Treasurer SCHADLER, RUTH ANN, , , [Electronically Filed] Date 04/15/2022

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
DR. SHERRY O'DONNELL FOR CONGRESS

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	80643.26	97934.26
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	80643.26	97934.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	60461.38	69176.33
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	60461.38	69176.33
8. Cash on Hand at Close of Reporting Period (from Line 27)	90657.93	
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)	61900.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DR. SHERRY O'DONNELL FOR CONGRESS

Report Covering the Period: From: To:

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	71068.26	87408.26
(ii) Unitemized.....	9575.00	10526.00
(iii) TOTAL of contributions from individuals ▶	80643.26	97934.26
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	80643.26	97934.26
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	55000.00	61900.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	55000.00	61900.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	135643.26	159834.26

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	60461.38	69176.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	60461.38	69176.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	15476.05
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	135643.26
25. SUBTOTAL (add Line 23 and Line 24).....	151119.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	60461.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	90657.93

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 54	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Abraham, Wesley, , ,

Mailing Address 10099 Range Line Rd.

City Berrien Springs	State MI	Zip Code 49103
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 19 / 2022

Transaction ID : SA11AI.4401

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Bard, John, , ,

Mailing Address 3966 Glen Haven Rd.

City St. Joseph	State MI	Zip Code 49085
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 28 / 2022

Transaction ID : SA11AI.4651

Amount of Each Receipt this Period
300.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Benson, Daniel, , ,

Mailing Address 1426 Desmond St.

City St. Joseph	State MI	Zip Code 49085
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 14 / 2022

Transaction ID : SA11AI.4411

Amount of Each Receipt this Period
300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 54	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Berndt, Stacy, , ,

Mailing Address 2401 Joni Ln

City Stevensville	State MI	Zip Code 49127
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 21 / 2022

Transaction ID : SA11AI.4413

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Berndt, Stacy, , ,

Mailing Address 2401 Joni Ln

City Stevensville	State MI	Zip Code 49127
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2022

Transaction ID : SA11AI.4414

Amount of Each Receipt this Period
100.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Biastock, Sandra, , ,

Mailing Address 303 Turnbridge Trl.

City Simpsonville	State SC	Zip Code 29680
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
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Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 25 / 2022

Transaction ID : SA11AI.4418

Amount of Each Receipt this Period
400.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	800.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 54	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Brown, Lucas, , ,

Mailing Address 10376 Miller Rd.

City Baroda	State MI	Zip Code 49101
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
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Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 25 / 2022

Transaction ID : SA11AI.4426

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Carr, Joseph, , ,

Mailing Address 7195 Youngren Rd.

City Harbert	State MI	Zip Code 49115
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
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Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 25 / 2022

Transaction ID : SA11AI.4430

Amount of Each Receipt this Period
300.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Cash, Anonymous, , ,

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1991.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2022

Transaction ID : SA11AI.4315

Amount of Each Receipt this Period
1991.00

Memo Item
Pass the Hat Cash Donations

SUBTOTAL of Receipts This Page (optional).....▶	2591.00
TOTAL This Period (last page this line number only).....▶	

Image# 202204169500000876

PAGE 8 / 54

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA11AI

Transaction ID : SA11AI.4315

Cash Donations were from January 2022 Pass the Hat at events. No individual donation exceeded \$50. Thank you.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 54	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) Cash, Anonymous, , ,			Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2022	
Mailing Address			Transaction ID : SA11AI.4317	
City	State	Zip Code	Amount of Each Receipt this Period 710.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Cash Donations	
Name of Employer Info Requested		Occupation Info Requested		
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 2701.00		

Full Name (Last, First, Middle Initial) Cash, Anonymous, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2022	
Mailing Address			Transaction ID : SA11AI.4319	
City	State	Zip Code	Amount of Each Receipt this Period 315.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Cash Donations	
Name of Employer Info Requested		Occupation Info Requested		
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 3016.00		

Full Name (Last, First, Middle Initial) Coplen, Teresa, , ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 14 / 2022	
Mailing Address 813 W Chicago Rd			Transaction ID : SA11AI.4444	
City Niles	State MI	Zip Code 49120	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Lakeland Health		Occupation Patient Accounts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date 700.00		

SUBTOTAL of Receipts This Page (optional).....▶	1625.00
TOTAL This Period (last page this line number only).....▶	

Image# 202204169500000878

PAGE 10 / 54

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA11AI

Transaction ID : SA11AI.4317

Cash Donations were from February 2022 Pass the Hat at events. No individual donation exceeded \$50. Thank you.

Form/Schedule: SA11AI

Transaction ID: SA11AI.4319

Cash Donations were from March 2022 Pass the Hat at events. No individual donation exceeded \$50. Thank you.

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 54	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dahlke, Ronald, , ,

Mailing Address 4908 Hillandale Rd.

City Sodus	State MI	Zip Code 49126
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
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Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y - Y Y Y
02 / 07 / 2022

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period
500.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Davis, Windle, , ,

Mailing Address 8751 Highland Ave.

City Watervliet	State MI	Zip Code 49098
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
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Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y - Y Y Y
01 / 31 / 2022

Transaction ID : SA11AI.4446

Amount of Each Receipt this Period
300.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
De Schaaf, Bruce, , ,

Mailing Address 4752 Naomi Lane

City Saint Joseph	State MI	Zip Code 49085
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FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
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Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y - Y Y Y
01 / 12 / 2022

Transaction ID : SA11AI.4447

Amount of Each Receipt this Period
300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
De Schaaf, Bruce, , ,

Mailing Address 4752 Naomi Lane

City: Saint Joseph State: MI Zip Code: 49085

FEC ID number of contributing federal political committee: **C**

Name of Employer: retired Occupation: retired

Receipt For:
 Primary General
 Other (specify) **Primary**

Election Cycle-to-Date: **800.00**

Date of Receipt: 03 / 30 / 2022

Transaction ID : SA11AI.4321

Amount of Each Receipt this Period: 500.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Edwards, Allan, , ,

Mailing Address 2956 Wyndwicke

City: St. Joseph State: MI Zip Code: 49085

FEC ID number of contributing federal political committee: **C**

Name of Employer: Info Requested Occupation: Info Requested

Receipt For:
 Primary General
 Other (specify) **Primary**

Election Cycle-to-Date: **300.00**

Date of Receipt: 01 / 25 / 2022

Transaction ID : SA11AI.4449

Amount of Each Receipt this Period: 300.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Edwards, Rebecca, , ,

Mailing Address 6282 Becht Rd.

City: Coloma State: MI Zip Code: 49038

FEC ID number of contributing federal political committee: **C**

Name of Employer: Info Requested Occupation: Info Requested

Receipt For:
 Primary General
 Other (specify) **Primary**

Election Cycle-to-Date: **300.00**

Date of Receipt: 01 / 31 / 2022

Transaction ID : SA11AI.4451

Amount of Each Receipt this Period: 300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Emery, Thordore, , ,

Mailing Address 7653 Forest Lawn Rd.

City Three Oaks	State MI	Zip Code 49128
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) **Primary**

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2022

Transaction ID : SA11AI.4635

Amount of Each Receipt this Period
 300.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Ender, Erik, , ,

Mailing Address 4950 Notre Dame Ave.

City Stevensville	State MI	Zip Code 49127
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
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Receipt For:
 Primary General
 Other (specify) **Primary**

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2022

Transaction ID : SA11AI.4645

Amount of Each Receipt this Period
 300.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Ender, Gloria, , ,

Mailing Address 4950 Notre Dame Ave.

City Stevensville	State MI	Zip Code 49127
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) **Primary**

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2022

Transaction ID : SA11AI.4453

Amount of Each Receipt this Period
 500.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ender, Gloria, , ,

Mailing Address 4950 Notre Dame Ave.

City: Stevensville State: MI Zip Code: 49127

FEC ID number of contributing federal political committee: **C**

Name of Employer: Info Requested Occupation: Info Requested

Receipt For:
 Primary General
 Other (specify) Primary

Election Cycle-to-Date: 650.00

Date of Receipt: 01 / 31 / 2022

Transaction ID : SA11AI.4454

Amount of Each Receipt this Period: 150.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Fynewever, Heidi, , ,

Mailing Address 1735 Naomi Ln.

City: St. Joseph State: MI Zip Code: 49085

FEC ID number of contributing federal political committee: **C**

Name of Employer: Info Requested Occupation: Info Requested

Receipt For:
 Primary General
 Other (specify) Primary

Election Cycle-to-Date: 300.00

Date of Receipt: 01 / 12 / 2022

Transaction ID : SA11AI.4456

Amount of Each Receipt this Period: 300.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Fynewever, Heidi, , ,

Mailing Address 1735 Naomi Ln.

City: St. Joseph State: MI Zip Code: 49085

FEC ID number of contributing federal political committee: **C**

Name of Employer: Info Requested Occupation: Info Requested

Receipt For:
 Primary General
 Other (specify) Primary

Election Cycle-to-Date: 400.00

Date of Receipt: 01 / 31 / 2022

Transaction ID : SA11AI.4457

Amount of Each Receipt this Period: 100.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 54		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gay, Easterling, , ,

Mailing Address 6991 Breckenwood Dr.

City Huber Heights	State OH	Zip Code 45424
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2022

Transaction ID : SA11AI.4665

Amount of Each Receipt this Period
500.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Godat, David, , ,

Mailing Address 10396 Old Briar Ln.

City Richwoods	State MO	Zip Code 63071
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 04 / 2022

Transaction ID : SA11AI.4459

Amount of Each Receipt this Period
300.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Graham, Amy, , ,

Mailing Address 14766 Flynn Rd.

City Three Oaks	State MI	Zip Code 49128
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2022

Transaction ID : SA11AI.4465

Amount of Each Receipt this Period
300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:		PAGE 16 OF 54	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) Grieser, Debra, , ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 19 / 2022	
Mailing Address 6707 E. Empire Ave.			Transaction ID : SA11AI.4467	
City	State	Zip Code	Amount of Each Receipt this Period	
Benton Harbor	MI	49022	[] 300.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Info Requested		Occupation Info Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date ▼ [] 300.00		

Full Name (Last, First, Middle Initial) Grieser, Debra, , ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2022	
Mailing Address 6707 E. Empire Ave.			Transaction ID : SA11AI.4468	
City	State	Zip Code	Amount of Each Receipt this Period	
Benton Harbor	MI	49022	[] 200.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Info Requested		Occupation Info Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date ▼ [] 500.00		

Full Name (Last, First, Middle Initial) Griffin, Christol, , ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 19 / 2022	
Mailing Address 489 E Rocky Weed Rd.			Transaction ID : SA11AI.4470	
City	State	Zip Code	Amount of Each Receipt this Period	
Berrien Springs	MI	49103	[] 300.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Info Requested		Occupation Info Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date ▼ [] 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	[] 800.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Griffin, Gregory, , ,			Date of Receipt M M / D D / Y Y Y Y 02 / 16 / 2022	
Mailing Address 489 E Rocky Weed Rd.			Transaction ID : SA11AI.4647	
City Berrien Springs	State MI	Zip Code 49103	Amount of Each Receipt this Period 5500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Info Requested		Occupation Info Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date ▼ 5500.00		

Full Name (Last, First, Middle Initial) B. Hensel, Jill, , ,			Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2022	
Mailing Address 10 Duncan drive			Transaction ID : SA11AI.4359	
City Troy	State NY	Zip Code 12182	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Troy city school district		Occupation Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Hoshaw, Lani, , ,			Date of Receipt M M / D D / Y Y Y Y 01 / 19 / 2022	
Mailing Address 68481 County Rd. 376			Transaction ID : SA11AI.4478	
City Hartford	State MI	Zip Code 49057	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Info Requested		Occupation Info Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	6050.00
TOTAL This Period (last page this line number only) ▶	6050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 18 OF 54	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jannert, Linda, , ,

Mailing Address 11986 Maple St.

City Sawyer	State MI	Zip Code 49125
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2022

Transaction ID : SA11AI.4480

Amount of Each Receipt this Period

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Johnston, Brenda, , ,

Mailing Address 2590 Primrose Path

City St. Joseph	State MI	Zip Code 49085
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2022

Transaction ID : SA11AI.4482

Amount of Each Receipt this Period

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Johnston, Brenda, , ,

Mailing Address 2590 Primrose Path

City St. Joseph	State MI	Zip Code 49085
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2022

Transaction ID : SA11AI.4483

Amount of Each Receipt this Period

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="3350.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Key, Steven, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 04 / 2022		
Mailing Address 2467 Lara Ln.			Transaction ID : SA11AI.4485		
City Stevensville	State MI	Zip Code 49127	Amount of Each Receipt this Period 683.26		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution		
Name of Employer Info Requested		Occupation Info Requested			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 683.26			
		Primary			

Full Name (Last, First, Middle Initial) B. Key, Steven, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 19 / 2022		
Mailing Address 2467 Lara Ln.			Transaction ID : SA11AI.4486		
City Stevensville	State MI	Zip Code 49127	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution		
Name of Employer Info Requested		Occupation Info Requested			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 983.26			
		Primary			

Full Name (Last, First, Middle Initial) C. King, Amanda, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 25 / 2022		
Mailing Address 5959 St Joseph Ave			Transaction ID : SA11AI.4489		
City Stevensville	State MI	Zip Code 49127	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution		
Name of Employer Whirlpool		Occupation Engineer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 650.00			
		Primary			

SUBTOTAL of Receipts This Page (optional)..... ▶	1133.26
TOTAL This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 54
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kuhlmann, Barbara, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 25 / 2022	
Mailing Address 4779 pleasant meadow circle			Transaction ID : SA11AI.4492	
City Saint Joseph	State MI	Zip Code 49085	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Homemaker		Occupation Homemaker	<input type="checkbox"/> Memo Item Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Memo Item Contribution	

Full Name (Last, First, Middle Initial) B. Liedtke, Diana, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 14 / 2022	
Mailing Address 1789 N. Benton Center Rd.			Transaction ID : SA11AI.4494	
City Benton Harbor	State MI	Zip Code 49022	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Info Requested		Occupation Info Requested	<input type="checkbox"/> Memo Item Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Memo Item Contribution	

Full Name (Last, First, Middle Initial) C. Litke, Joan, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 25 / 2022	
Mailing Address 589 E. Shawnee Rd.			Transaction ID : SA11AI.4496	
City Baroda	State MI	Zip Code 49101	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Info Requested		Occupation Info Requested	<input type="checkbox"/> Memo Item Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date ▼ 300.00	<input type="checkbox"/> Memo Item Contribution	

SUBTOTAL of Receipts This Page (optional) ▶	1450.00
TOTAL This Period (last page this line number only) ▶	1450.00

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

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

FOR LINE NUMBER:		PAGE 21 OF 54	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lyon, Henry, , ,

Mailing Address 2454 W. Glenlord Rd.

City Stevensville	State MI	Zip Code 49127
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ **Primary**

Election Cycle-to-Date ▼
4500.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2022

Transaction ID : SA11AI.4500

Amount of Each Receipt this Period
4500.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Mary, Leslie, , ,

Mailing Address 981 Plaza Dr

City Benton Harbor	State MI	Zip Code
-----------------------	-------------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2022

Transaction ID : SA11AI.4673

Amount of Each Receipt this Period
300.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Mattice, Marjorie, , ,

Mailing Address 162 Higas Park

City Benton Harbor	State MI	Zip Code 49022
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ **Primary**

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2022

Transaction ID : SA11AI.4509

Amount of Each Receipt this Period
300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	5100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 54	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mattice, Marjorie, , ,

Mailing Address 162 Higas Park

City Benton Harbor State MI Zip Code 49022

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested Occupation Info Requested

Receipt For:
 Primary General
 Other (specify) Primary

Election Cycle-to-Date **1300.00**

Date of Receipt
MM / DD / YYYY
01 / 31 / 2022

Transaction ID : **SA11AI.4510**

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
McCoy, Michaelynn, , ,

Mailing Address [REDACTED]

City [REDACTED] State [REDACTED] Zip Code [REDACTED]

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested Occupation Info Requested

Receipt For:
 Primary General
 Other (specify) Primary

Election Cycle-to-Date **300.00**

Date of Receipt
MM / DD / YYYY
01 / 21 / 2022

Transaction ID : **SA11AI.4512**

Amount of Each Receipt this Period
300.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Melton, Randall, , ,

Mailing Address 1574 Oak Terrace

City St. Joseph State MI Zip Code 49085

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested Occupation Info Requested

Receipt For:
 Primary General
 Other (specify) Primary

Election Cycle-to-Date **300.00**

Date of Receipt
MM / DD / YYYY
01 / 19 / 2022

Transaction ID : **SA11AI.4514**

Amount of Each Receipt this Period
300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:		PAGE 23 OF 54	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Miller, Daniel, , ,
Mailing Address 6010 Meadowbrook Rd.

City Benton Harbor	State MI	Zip Code 49022
FEC ID number of contributing federal political committee. C		
Name of Employer Info Requested	Occupation Info Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	Election Cycle-to-Date ▼ 399.00	

Date of Receipt
MM / DD / YYYY
02 / 07 / 2022

Transaction ID : SA11AI.4643

Amount of Each Receipt this Period
399.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Myers, Carmen, , ,
Mailing Address 1875 Lemon Creek Rd.

City Baroda	State MI	Zip Code 49101
FEC ID number of contributing federal political committee. C		
Name of Employer Info Requested	Occupation Info Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	Election Cycle-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
01 / 19 / 2022

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period
300.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Nader, Antoine, , ,
Mailing Address 50 countryside lane

City Milton	State MA	Zip Code 02186
FEC ID number of contributing federal political committee. C		
Name of Employer Star	Occupation Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	Election Cycle-to-Date ▼ 2000.00	

Date of Receipt
MM / DD / YYYY
02 / 23 / 2022

Transaction ID : SA11AI.4331

Amount of Each Receipt this Period
2000.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	2699.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:		PAGE 24 OF 54	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nicholson, Terry, , ,

Mailing Address [REDACTED]

City [REDACTED] State [REDACTED] Zip Code [REDACTED]

FEC ID number of contributing federal political committee. **C**

Name of Employer
Info Requested [REDACTED] Occupation
Info Requested [REDACTED]

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
[REDACTED] 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 14 / 2022

Transaction ID : SA11AI.4528

Amount of Each Receipt this Period
[REDACTED] 300.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Patterson, James, , ,

Mailing Address 7020 Waverland Path

City Stevensville State MI Zip Code 49127

FEC ID number of contributing federal political committee. **C**

Name of Employer
Info Requested [REDACTED] Occupation
Info Requested [REDACTED]

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
[REDACTED] 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 21 / 2022

Transaction ID : SA11AI.4538

Amount of Each Receipt this Period
[REDACTED] 300.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Prahlow, Joseph, , ,

Mailing Address 10704 Sudan St.

City Portage State MI Zip Code 49002

FEC ID number of contributing federal political committee. **C**

Name of Employer
Info Requested [REDACTED] Occupation
Info Requested [REDACTED]

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
[REDACTED] 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 25 / 2022

Transaction ID : SA11AI.4545

Amount of Each Receipt this Period
[REDACTED] 300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	[REDACTED] 900.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)		PAGE 25 OF 54	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Prahlow, Joseph, , , Mailing Address 10704 Sudan St.			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2022
City Portage	State MI	Zip Code 49002	Transaction ID : SA11AI.4546 Amount of Each Receipt this Period 2750.00 <input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Info Requested		Occupation Info Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date ▼ 3050.00	

B. Full Name (Last, First, Middle Initial) Prahlow, Tamara, , , Mailing Address 10704 Sudan St.			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2022
City Portage	State MI	Zip Code 49002	Transaction ID : SA11AI.4548 Amount of Each Receipt this Period 2750.00 <input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Info Requested		Occupation Info Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date ▼ 2750.00	

C. Full Name (Last, First, Middle Initial) Rasbach, Dennis, , , Mailing Address 3245 Estates Ct. S.			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 05 / 2022
City St. Joseph	State MI	Zip Code 49085	Transaction ID : SA11AI.4550 Amount of Each Receipt this Period 2870.00 <input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Info Requested		Occupation Info Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date ▼ 2870.00	

SUBTOTAL of Receipts This Page (optional) ▶	8370.00
TOTAL This Period (last page this line number only) ▶	8370.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 54

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rentas, Mike, , ,

Mailing Address 1456 Hideaway Ln.

City St Joseph	State MI	Zip Code 49085
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2022

Transaction ID : SA11AI.4654

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Rice, Dawn, , ,

Mailing Address 8566 Ruggles Rd

City Baroda	State MI	Zip Code 49401
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
1800.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2022

Transaction ID : SA11AI.4553

Amount of Each Receipt this Period
300.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Rimes, Phyllis, , ,

Mailing Address 3991 Lake St.

City Bridgman	State MI	Zip Code 49106
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2022

Transaction ID : SA11AI.4557

Amount of Each Receipt this Period
300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional) ▶

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

900.00

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

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

FOR LINE NUMBER:		PAGE 27 OF 54	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sanders, Preston, , ,

Mailing Address 9091 Territorial Rd.

City Benton Harbor	State MI	Zip Code 49022
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2022

Transaction ID : SA11AI.4559

Amount of Each Receipt this Period

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Schlichter, Matthew, , ,

Mailing Address 2800 Southfork Woods Path

City Stevensville	State MI	Zip Code 49127
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mac Engineering and Equipment Co.	Occupation Mechanical Engineering Manager
-------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2022

Transaction ID : SA11AI.4562

Amount of Each Receipt this Period

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Schlimper, Timothy, , ,

Mailing Address 52075 Timothy Rd.

City New Carlisle	State IN	Zip Code 46552
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2022

Transaction ID : SA11AI.4564

Amount of Each Receipt this Period

Memo Item Contribution

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 28 OF 54	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Schoeplein, Mike, , ,
Mailing Address 3800 Niles Rd.

City St. Joseph	State MI	Zip Code 49085
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2022

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Speyrer, Cindy, , ,
Mailing Address 676 Channel Ridge

City Rockwall	State TX	Zip Code 75087
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FEC ID number of contributing federal political committee. **C**

Name of Employer Oncor Electric Delivery	Occupation Special Projects
---------------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2022

Transaction ID : SA11AI.4385

Amount of Each Receipt this Period
250.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Stafford, John, , ,
Mailing Address 4297 Sunnymeade Dr.

City St. Joseph	State MI	Zip Code 49085
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2022

Transaction ID : SA11AI.4576

Amount of Each Receipt this Period
300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:		PAGE 29 OF 54	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) Stoub, Traci, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2022	
Mailing Address 2083 Mount Tabor Rd.			Transaction ID : SA11AI.4578	
City Berrien Springs	State MI	Zip Code 49103	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Info Requested		Occupation Info Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) Tate, Leslie, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 12 / 2022	
Mailing Address 4047 Pearl St.			Transaction ID : SA11AI.4583	
City Bridgman	State MI	Zip Code 49106	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Info Requested		Occupation Info Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) Taylor, Cathleen, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 25 / 2022	
Mailing Address 5001 Deerwood Trl.			Transaction ID : SA11AI.4585	
City Stevensville	State MI	Zip Code 49127	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Info Requested		Occupation Info Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Election Cycle-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
TOTAL This Period (last page this line number only).....▶	1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 54	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas, Joseph, , ,
Mailing Address 1449 Mulberry Ln.

City St. Joseph	State MI	Zip Code 49085
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
490.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 28 / 2022

Transaction ID : SA11AI.4591

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Thomas, Joseph, , ,
Mailing Address 1449 Mulberry Ln.

City St. Joseph	State MI	Zip Code 49085
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
2490.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 16 / 2022

Transaction ID : SA11AI.4652

Amount of Each Receipt this Period
2000.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Thomas, Nathan, , ,
Mailing Address 7649 Cortona Dr

City Granger	State IN	Zip Code 46350
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 01 / 2022

Transaction ID : SA11AI.4656

Amount of Each Receipt this Period
2500.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)	4800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 31 OF 54
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	15
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	

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)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas, Ryan, , ,

Mailing Address 2699 Heritage Way

City: Stevensville State: MI Zip Code: 49127

FEC ID number of contributing federal political committee: **C**

Name of Employer: Info Requested Occupation: Info Requested

Receipt For: Primary General Other (specify) Primary

Election Cycle-to-Date: 2500.00

Date of Receipt: 02 / 01 / 2022
Transaction ID : SA11AI.4637

Amount of Each Receipt this Period: 2500.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Walgram, Manfred, , ,

Mailing Address 2596 Cherrywood Ct

City: St. Joseph State: MI Zip Code:

FEC ID number of contributing federal political committee: **C**

Name of Employer: Info Requested Occupation: Info Requested

Receipt For: 2022 Primary General Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 01 / 11 / 2022
Transaction ID : SA11AI.4670

Amount of Each Receipt this Period: 1000.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Wallenslegel, Diane, , ,

Mailing Address 4712 Jameston Dr.

City: Stevensville State: MI Zip Code: 49127

FEC ID number of contributing federal political committee: **C**

Name of Employer: Info Requested Occupation: Info Requested

Receipt For: Primary General Other (specify) Primary

Election Cycle-to-Date: 300.00

Date of Receipt: 01 / 25 / 2022
Transaction ID : SA11AI.4601

Amount of Each Receipt this Period: 300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 3800.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 54

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Walsh, Robert, , ,

Mailing Address 4698 JAMESTOWN DRIVE

City Stevensville	State MI	Zip Code 49127
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Walsh Ventures, Co	Occupation CEO
----------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 17 / 2022

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period
2500.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Werner, Sofia, , ,

Mailing Address 325 Dale St.

City Benton Harbor	State MI	Zip Code 49022
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 25 / 2022

Transaction ID : SA11AI.4605

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
West, Patricia, , ,

Mailing Address 1667 Fetke Drive

City St. Joseph	State MI	Zip Code 49085
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
1900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2022

Transaction ID : SA11AI.4606

Amount of Each Receipt this Period
900.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)	4400.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:		PAGE 33 OF 54	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Whiting, Steve, , ,

Mailing Address 318 Shamrock Dr.

City Niles	State MI	Zip Code 49120
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ **Primary**

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 12 / 2022

Transaction ID : SA11AI.4608

Amount of Each Receipt this Period

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Whittaker, D.E., , ,

Mailing Address 1334 Cass St.

City Niles	State MI	Zip Code 49120
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ **Primary**

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2022

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Williams, Cynthia, , ,

Mailing Address 2179 Moark Dr.

City Harrison	State AR	Zip Code 72601
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ **Primary**

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 04 / 2022

Transaction ID : SA11AI.4614

Amount of Each Receipt this Period

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="10800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Winkel, Rosemary, , ,

Mailing Address P.O. Box 190 South Haven MI 49090

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C** _____

Name of Employer _____ Occupation _____
Info Requested _____ Info Requested _____

Receipt For:
 Primary General
 Other (specify) ▼ _____ Primary

Election Cycle-to-Date ▼ _____ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 28 / 2022

Transaction ID : SA11AI.4661

Amount of Each Receipt this Period
_____ 200.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Wolf, Sherry, , ,

Mailing Address 9340 Kramar Dr.

City _____ State _____ Zip Code _____
Bridgman MI 49106

FEC ID number of contributing federal political committee. **C** _____

Name of Employer _____ Occupation _____
Info Requested _____ Info Requested _____

Receipt For:
 Primary General
 Other (specify) ▼ _____ Primary

Election Cycle-to-Date ▼ _____ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2022

Transaction ID : SA11AI.4624

Amount of Each Receipt this Period
_____ 300.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Yeager, Jeffrey, , ,

Mailing Address 423 Dune Rdg. S

City _____ State _____ Zip Code _____
St. Joseph MI 49085

FEC ID number of contributing federal political committee. **C** _____

Name of Employer _____ Occupation _____
Info Requested _____ Info Requested _____

Receipt For:
 Primary General
 Other (specify) ▼ _____ Primary

Election Cycle-to-Date ▼ _____ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2022

Transaction ID : SA11AI.4628

Amount of Each Receipt this Period
_____ 300.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional) ▶ _____ 800.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Young, Dale, , ,

Mailing Address 30626 Topash St.

City Dowagiac	State MI	Zip Code 49047
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 12 / 2022

Transaction ID : SA11AI.4631

Amount of Each Receipt this Period
50.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	71068.26

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 54
	<input type="checkbox"/> 11a <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
O'DONNELL, SHERRY ANNE DR, , ,

Mailing Address **4760 JAMESTOWN DRIVE**

City **STEVENSVILLE** State **MI** Zip Code **49127**

FEC ID number of contributing federal political committee. **C H2MI06141**

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date **61900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 22 / 2022

Transaction ID : **SA13A.4292**

Amount of Each Receipt this Period
55000.00

Memo Item
 Candidate Loan - Personal Funds

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	55000.00
TOTAL This Period (last page this line number only).....▶	55000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Amazon			Date of Disbursement MM / DD / YYYY 02 / 11 / 2022		
Mailing Address 440 Terry Avenue North			FEC Identification Number C		
City Seattle	State WA	Zip Code 98109	Amount of Each Disbursement this Period 147.43		
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : SB17.4296		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) B. American Airlines			Date of Disbursement MM / DD / YYYY 03 / 09 / 2022		
Mailing Address 1 Skyview Dr			FEC Identification Number C		
City Fort Worth	State TX	Zip Code 76155	Amount of Each Disbursement this Period 1397.37		
Purpose of Disbursement Travel		Category/ Type	Transaction ID : SB17.4244		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) C. Borton, Zack, , ,			Date of Disbursement MM / DD / YYYY 02 / 04 / 2022		
Mailing Address			FEC Identification Number C		
City	State MI	Zip Code	Amount of Each Disbursement this Period 1950.00		
Purpose of Disbursement Campaign Manager Contract Fee		Category/ Type	Transaction ID : SB17.4311		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3494.80
TOTAL This Period (last page this line number only).....▶	

Image# 20220416950000906

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 54
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Branch County Republican Party		Date of Disbursement MM / DD / YYYY 03 / 22 / 2022	
Mailing Address 501 Marshall St			
City Coldwater	State MI	Zip Code 49036	
Purpose of Disbursement Event Fee		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period 350.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	Transaction ID : SB17.4283 <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Cass County Republican Party		Date of Disbursement MM / DD / YYYY 03 / 21 / 2022	
Mailing Address PO Box 264			
City Cassopolis	State MI	Zip Code 49031	
Purpose of Disbursement Event Fee		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period 295.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	Transaction ID : SB17.4287 <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Costco		Date of Disbursement MM / DD / YYYY 01 / 29 / 2022	
Mailing Address 999 Lake Drive			
City Issaquah	State WA	Zip Code 98027	
Purpose of Disbursement Event Food		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period 381.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	Transaction ID : SB17.4221 <input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....	1026.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cotton Gin Smokers			Date of Disbursement MM / DD / YYYY 03 / 25 / 2022		
Mailing Address			FEC Identification Number C		
City Niles	State MI	Zip Code	Amount of Each Disbursement this Period 2797.00		
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : SB17.4278		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Delicious Deliveries			Date of Disbursement MM / DD / YYYY 01 / 29 / 2022		
Mailing Address 301 Main St			FEC Identification Number C		
City St. Joseph	State MI	Zip Code 49085	Amount of Each Disbursement this Period 1978.00		
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : SB17.4223		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Delicious Deliveries			Date of Disbursement MM / DD / YYYY 01 / 29 / 2022		
Mailing Address 301 Main St			FEC Identification Number C		
City St. Joseph	State MI	Zip Code 49085	Amount of Each Disbursement this Period 1978.00		
Purpose of Disbursement Event Catering		Category/ Type	Transaction ID : SB17.4225		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	6753.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DELL Technologies			Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2022	
Mailing Address 1404 Park Center Dr			FEC Identification Number C	
City Austin	State TX	Zip Code 78754	Amount of Each Disbursement this Period 2213.85	
Purpose of Disbursement Laptop Computers		Category/ Type	Transaction ID : SB17.4274	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. DipJar			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2022	
Mailing Address 607 Washington Road			FEC Identification Number C	
City Mt Lebanon	State PA	Zip Code 15228	Amount of Each Disbursement this Period 311.76	
Purpose of Disbursement Dipjar Purchase		Category/ Type	Transaction ID : SB17.4289	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. DipJar			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2022	
Mailing Address 607 Washington Road			FEC Identification Number C	
City Mt Lebanon	State PA	Zip Code 15228	Amount of Each Disbursement this Period 149.00	
Purpose of Disbursement Service Agreement Purchase		Category/ Type	Transaction ID : SB17.4291	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional)	2674.61
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Far Ahead Advertising Inc			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2022	
Mailing Address 2202 Plaza Dr			FEC Identification Number C	
City Benton Harbor	State MI	Zip Code 49022	Amount of Each Disbursement this Period 1586.00	
Purpose of Disbursement Printing		Category/ Type	Transaction ID : SB17.4297	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Far Ahead Advertising Inc			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2022	
Mailing Address 2202 Plaza Dr			FEC Identification Number C	
City Benton Harbor	State MI	Zip Code 49022	Amount of Each Disbursement this Period 1586.00	
Purpose of Disbursement Advertising		Category/ Type	Transaction ID : SB17.4280	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Flood Creative			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2022	
Mailing Address 1976 MORRIS DR			FEC Identification Number C	
City Niles	State MI	Zip Code 49120	Amount of Each Disbursement this Period 1484.83	
Purpose of Disbursement Website Services		Category/ Type	Transaction ID : SB17.4298	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	4656.83
TOTAL This Period (last page this line number only).....▶	

Image# 20220416950000910

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

A. Granny's Confections Full Name (Last, First, Middle Initial) Mailing Address 2709 E Grand River Ave City Howell State MI Zip Code 48843 Purpose of Disbursement Food for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2022 FEC Identification Number C Amount of Each Disbursement this Period 432.00 Transaction ID : SB17.4230 <input type="checkbox"/> Memo Item
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

B. Hampton Inn Full Name (Last, First, Middle Initial) Mailing Address 2225 Shirley Dr City Jackson State MI Zip Code 49202 Purpose of Disbursement Travel - Hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2022 FEC Identification Number C Amount of Each Disbursement this Period 224.64 Transaction ID : SB17.4250 <input type="checkbox"/> Memo Item
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

C. Heritage Museum Full Name (Last, First, Middle Initial) Mailing Address 601 Main Street City St Joseph State MI Zip Code 49085 Purpose of Disbursement Event Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2022 FEC Identification Number C Amount of Each Disbursement this Period 2050.00 Transaction ID : SB17.4232 <input type="checkbox"/> Memo Item
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SUBTOTAL of Disbursements This Page (optional).....	2706.64
TOTAL This Period (last page this line number only).....	2706.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Holiday Inn			Date of Disbursement MM / DD / YYYY 03 / 20 / 2022	
Mailing Address 2650 Richmond Hwy			FEC Identification Number C	
City Arlington	State VA	Zip Code 22202	Amount of Each Disbursement this Period 1299.64	
Purpose of Disbursement Travel - Hotel		Category/ Type	Transaction ID : SB17.4246	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Holiday Inn FL			Date of Disbursement MM / DD / YYYY 02 / 25 / 2022	
Mailing Address 205 N Federal Hwy			FEC Identification Number C	
City Dania Beach	State FL	Zip Code 33004	Amount of Each Disbursement this Period 372.90	
Purpose of Disbursement Travel - Hotel		Category/ Type	Transaction ID : SB17.4299	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. In Lux Research LLC			Date of Disbursement MM / DD / YYYY 03 / 22 / 2022	
Mailing Address 106 N Denton Tap Rd			FEC Identification Number C	
City Coppell	State TX	Zip Code 75019	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Polling		Category/ Type	Transaction ID : SB17.4254	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional)	4172.54
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOHN GIBBS FOR CONGRESS, INC.			Date of Disbursement MM / DD / YYYY 02 / 04 / 2022		
Mailing Address PO BOX 2521			FEC Identification Number C C00793166		
City GRAND RAPIDS	State MI	Zip Code 49501	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Event Fee		Category/ Type	Transaction ID : SB17.4313		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: MI District: 03					

Full Name (Last, First, Middle Initial) B. Key, Kristi, , ,			Date of Disbursement MM / DD / YYYY 01 / 31 / 2022		
Mailing Address 6737 Holden Rd			FEC Identification Number C		
City Stevensville	State MI	Zip Code 49127	Amount of Each Disbursement this Period 865.00		
Purpose of Disbursement Reimbursement for event catering fees		Category/ Type	Transaction ID : SB17.4236		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Key, Kristi, , ,			Date of Disbursement MM / DD / YYYY 03 / 17 / 2022		
Mailing Address 6737 Holden Rd			FEC Identification Number C		
City Stevensville	State MI	Zip Code 49127	Amount of Each Disbursement this Period 184.81		
Purpose of Disbursement Reimbursement food for event		Category/ Type	Transaction ID : SB17.4258		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3049.81
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Krason and Wool Political Strategy Group LLC			Date of Disbursement MM / DD / YYYY 01 / 10 / 2022		
Mailing Address 715 Lee St E					
City Charleston	State WV	Zip Code 25301	FEC Identification Number C		
Purpose of Disbursement General Campaign Consulting			Amount of Each Disbursement this Period 3000.00		
Candidate Name		Category/Type	Transaction ID : SB17.4234		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. Krason and Wool Political Strategy Group LLC			Date of Disbursement MM / DD / YYYY 02 / 04 / 2022		
Mailing Address 715 Lee St E					
City Charleston	State WV	Zip Code 25301	FEC Identification Number C		
Purpose of Disbursement General Campaign Consulting			Amount of Each Disbursement this Period 3000.00		
Candidate Name		Category/Type	Transaction ID : SB17.4306		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) C. Krason and Wool Political Strategy Group LLC			Date of Disbursement MM / DD / YYYY 02 / 28 / 2022		
Mailing Address 715 Lee St E					
City Charleston	State WV	Zip Code 25301	FEC Identification Number C		
Purpose of Disbursement Expense Reimbursement			Amount of Each Disbursement this Period 340.30		
Candidate Name		Category/Type	Transaction ID : SB17.4307		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	6340.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Krason and Wool Political Strategy Group LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2022	
Mailing Address 715 Lee St E			FEC Identification Number C	
City Charleston	State WV	Zip Code 25301	Amount of Each Disbursement this Period 639.46	
Purpose of Disbursement Mail Services		Category/ Type	Transaction ID : SB17.4256	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Krason and Wool Political Strategy Group LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2022	
Mailing Address 715 Lee St E			FEC Identification Number C	
City Charleston	State WV	Zip Code 25301	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement General Campaign Consulting Fees		Category/ Type	Transaction ID : SB17.4257	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Krason and Wool Political Strategy Group LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2022	
Mailing Address 715 Lee St E			FEC Identification Number C	
City Charleston	State WV	Zip Code 25301	Amount of Each Disbursement this Period 829.71	
Purpose of Disbursement Travel Expense Reimbursement		Category/ Type	Transaction ID : SB17.4282	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional)	4469.17
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 54
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MAKE AMERICA GREAT AGAIN, AGAIN! INC.			Date of Disbursement MM / DD / YYYY 02 / 19 / 2022
Mailing Address C/O BULLDOG COMPLIANCE 138 CONANT STREET 2ND FLOOR			FEC Identification Number C C00790485
City BEVERLY	State MA	Zip Code 01915	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Event Fee		Category/ Type	Transaction ID : SB17.4294
Candidate Name DR. SHERRY O'DONNELL FOR CONGRESS		Disbursement For: 2022	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI District: 05			

Full Name (Last, First, Middle Initial) B. North Lake Events			Date of Disbursement MM / DD / YYYY 03 / 18 / 2022
Mailing Address 10577 Jones Rd			FEC Identification Number C
City Berrien Springs	State MI	Zip Code 49103	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Event Location		Category/ Type	Transaction ID : SB17.4276
Candidate Name		Disbursement For: 2022	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) c. Signal Travel			Date of Disbursement MM / DD / YYYY 02 / 22 / 2022
Mailing Address 2540 S. 11th St			FEC Identification Number C
City Niles	State MI	Zip Code 49120	Amount of Each Disbursement this Period 2037.63
Purpose of Disbursement Airfare		Category/ Type	Transaction ID : SB17.4302
Candidate Name		Disbursement For: 2022	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	9537.63
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement
Mailing Address 500 Staples Dr		M M / D D / Y Y Y Y 01 / 31 / 2022
City Framingham	State MA	Zip Code 01702
Purpose of Disbursement Campaign Supplies		FEC Identification Number C
Candidate Name	Category/Type	Amount of Each Disbursement this Period 824.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4238
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement
Mailing Address 500 Staples Dr		M M / D D / Y Y Y Y 02 / 25 / 2022
City Framingham	State MA	Zip Code 01702
Purpose of Disbursement Office Supplies		FEC Identification Number C
Candidate Name	Category/Type	Amount of Each Disbursement this Period 638.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4304
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement
Mailing Address 500 Staples Dr		M M / D D / Y Y Y Y 03 / 24 / 2022
City Framingham	State MA	Zip Code 01702
Purpose of Disbursement Office and Printing Supplies		FEC Identification Number C
Candidate Name	Category/Type	Amount of Each Disbursement this Period 1501.52
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4265
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2965.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 54
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 205 Main St		M M / D D / Y Y Y Y 01 / 03 / 2022
City St. Joseph	State MI	Zip Code 49085
Purpose of Disbursement Postage		FEC Identification Number C
Candidate Name	Category/ Type	Amount of Each Disbursement this Period 375.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4239
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 205 Main St		M M / D D / Y Y Y Y 02 / 05 / 2022
City St. Joseph	State MI	Zip Code 49085
Purpose of Disbursement Postage		FEC Identification Number C
Candidate Name	Category/ Type	Amount of Each Disbursement this Period 290.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4305
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Wacky Buttons Inc		Date of Disbursement
Mailing Address 101 Lincoln Pkwy		M M / D D / Y Y Y Y 01 / 20 / 2022
City East Rochester	State NY	Zip Code 14445
Purpose of Disbursement Printing		FEC Identification Number C
Candidate Name	Category/ Type	Amount of Each Disbursement this Period 437.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4241
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1102.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 54
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DR. SHERRY O'DONNELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wacky Buttons Inc		Date of Disbursement
Mailing Address 101 Lincoln Pkwy		M M / D D / Y Y Y Y 03 / 09 / 2022
City East Rochester	State NY	FEC Identification Number C
Zip Code 14445	Purpose of Disbursement Printing	Amount of Each Disbursement this Period 6158.18
Candidate Name	Category/Type	Transaction ID : SB17.4264
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. WinRed Technical Services LLC		Date of Disbursement
Mailing Address 1776 WILSON BLVD		M M / D D / Y Y Y Y 03 / 31 / 2022
City Arlingtyon	State VA	FEC Identification Number C
Zip Code 22219	Purpose of Disbursement Credit Card Processing Fees	Amount of Each Disbursement this Period 303.02
Candidate Name	Category/Type	Transaction ID : SB17.4318
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	FEC Identification Number C
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6461.20
TOTAL This Period (last page this line number only).....▶	59410.47

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 51 OF 54
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full) **DR. SHERRY O'DONNELL FOR CONGRESS** Transaction ID : **SC/10.4135**

LOAN SOURCE Full Name (Last, First, Middle Initial) O'DONNELL, SHERRY ANNE DR, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4760 JAMESTOWN DRIVE			
City STEVENSVILLE	State MI	ZIP Code 49127	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2500.00
------------------------------------	------------------------------------	--------------------------------------------------------

TERMS	Date Incurred M 10 / D 01 / Y 2021	Date Due M M / D D / On Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	-----------------------------------	--------------------------------------------------	---------------------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	2500.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4218

DR. SHERRY O'DONNELL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2022

O'DONNELL, SHERRY ANNE DR, , ,

Primary

General

Other (specify) ▼

Mailing Address
4760 JAMESTOWN DRIVE

City
STEVENSVILLE

State
MI

ZIP Code
49127

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2500.00

0.00

2500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11^M /

D 01^D /

Y 2021 Y

M M /

D D /

On Demand

0.00

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

2500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 53 OF 54
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full) **DR. SHERRY O'DONNELL FOR CONGRESS** Transaction ID : **SC/10.4219**

LOAN SOURCE Full Name (Last, First, Middle Initial) O'DONNELL, SHERRY ANNE DR, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4760 JAMESTOWN DRIVE			
City STEVENSVILLE	State MI	ZIP Code 49127	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1900.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1900.00
------------------------------------	------------------------------------	--------------------------------------------------------

TERMS	Date Incurred M 12 ^M / D 18 ^D / Y 2021 ^Y	Date Due M M / D D / On Demand ^Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	------------------------------------------------------------------------------	------------------------------------------------	--------------------------------------------------	---------------------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	1900.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 54 OF 54
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full) **DR. SHERRY O'DONNELL FOR CONGRESS** Transaction ID : **SC/10.4292**

LOAN SOURCE Full Name (Last, First, Middle Initial) O'DONNELL, SHERRY ANNE DR, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4760 JAMESTOWN DRIVE			
City STEVENSVILLE	State MI	ZIP Code 49127	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 55000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 55000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 03 ^M / D 22 ^D / Y 2022 ^Y	M M / D D / On Demand ^Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	55000.00
TOTALS This Period (last page in this line only).....▶	61900.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.