



FILED

24 OCT 2025 AM 11:43

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 01/01/2025 to 10/19/2025

1. Committee I.D. Number

139744

4. Candidate Last Name First Name M.I.

KROPP LAURA M

2. Committee Name

FRIENDS OF LAURA KROPP

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

MAYOR, MOUNT CLEMENS

4b. County of Residence **MACOMB COUNTY**

5. Committee's Mailing Address

**15 BELLEVIEW
MOUNT CLEMENS, MI 48043**

6. Treasurer's Name & Residential Address

**TERESA PIONK
55510 NOCTURNE LANE
SHELBY TWP, MI 48316**

Area Code and Phone (586) 933-3974
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (586) 615-2001

7. Treasurer's Business Address

**55510 NOCTURNE LANE
SHELBY TWP, MI 48316**

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone (586) 615-2001

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

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

Date of Election, Convention or Caucus

11/04/2025

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139744

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF LAURA KROPP

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>15,505.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>15,505.00</u>	(18.) \$ <u>15,505.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>15,505.00</u>	(20.) \$ <u>15,505.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>18,961.07</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>18,961.07</u>	(23.) \$ <u>18,961.07</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>593.02</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>12,528.07</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>15,505.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>28,033.07</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>18,961.07</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>9,072.00</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139744
2. Committee Name FRIENDS OF LAURA KROPP

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/14/2025</u>	
Name & Address: JULIE WRIGHTG 197 BLACK RIDGE CT. TRAVERSE CITY, MI 49696		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/14/2025</u>	
Name & Address: GARY GAMALSKI 93 KENDRICK MOUNT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/17/2025</u>	
Name & Address: RONDA ROBINSON 8358 COLONY DR CLAY TOWNSHIP, MI 48001		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/19/2025</u>	
Name & Address: SHEILA STRUCK 24106 MEADOWBRIDGE CLINTON TOWNSHIP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **350.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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1. Committee I.D. Number 139744
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/20/2025</u>	
Name & Address: JOYCE LALONDE 24801 ROSALIND AVE EASTPOINTE, MI 48021		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/20/2025</u>	
Name & Address: JAMES GEORGE 882 CUMBERLAND RDG CT ROCHESTER, MI 48307		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>DELTA MANAGEMENT</u> Business Address <u>45511 MARKET ST, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/20/2025</u>	
Name & Address: JOSEPH GEORGE 19922 WESTCHESTER DR CLINTON TWP, MI 48038		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>DELTA MANAGEMENT</u> Business Address <u>45511 MARKET ST, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/20/2025</u>	
Name & Address: JOHN A GEORGE 19634 WESTCHESTER CLINTON TOWNSHIP, MI 48038		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>DELTA MANAGEMENT</u> Business Address <u>45511 MARKET ST, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 3,100.00

Grand Total of All Schedules 1A
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 139744
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/20/2025</u> Name & Address: PATRICIA GEORGE 19634 WESTCHESTER CLINTON TOWNSHIP, MI 48038		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/20/2025</u> Name & Address: JIM GEORGE 19634 WESTCHESTER CLINTON TOWNSHIP, MI 48038		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2025</u> Name & Address: EDWARD BRULEY 38157 RADDE ST CLINTON TOWNSHIP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/22/2025</u> Name & Address: LUCILLE WILFORD 23448 TAWAS HAZEL PARK, MI 48030		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,250.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/23/2025</u>	
Name & Address: MICHELLE WEISS 18200 TARA DR. CLINTON TOWNSHIP, MI 48036		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DDA COORDINATOR</u> Employer <u>CITY OF MOUNT CLEMENS</u> Business Address <u>48 CHERRY ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/23/2025</u>	
Name & Address: GLENN VOORHESS 720 N. ESPLANADE MOUNT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/23/2025</u>	
Name & Address: JAMES GAMMICCHIA 49377 PERCHERON DR MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/25/2025</u>	
Name & Address: RONDA ROBINSON 8358 COLONY DR CLAY TOWNSHIP, MI 48001		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING DIRECTOR</u> Employer <u>ROBINSON INDUSTRIES</u> Business Address <u>3051 W CURTIS RD., COLEMAN, MI 48618</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 550.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/25/2025</u>	
Name & Address: MARIE NELSON 22315 ALEXANDER SAINT CLAIR SHORES, MI 48081		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/26/2025</u>	
Name & Address: ERIK RICK 1689 HAMPTON MOUNT CLEMENS, MI 48043		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/28/2025</u>	
Name & Address: MARISA NELSON 30207 MANHATTAN SAINT CLAIR SHORES, MI 48082		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>08/28/2025</u>	
Name & Address: I.A.F.F. LOCAL 838 PAC 2 DICKINSON ST MT CLEMENS, MI 48043		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/28/2025</u>	
Name & Address: GEBRAN ANTON 205 COUNTRY CLUB DRIVE GROSSE POINTE, MI 48236		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/28/2025</u>	
Name & Address: STEPHEN SAPH JR 44 MACOMB PL MT CLEMENS, MI 48043		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>NICKEL AND SAPH INSURANCE</u> Business Address <u>44 MACOMB PL, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/29/2025</u>	
Name & Address: FRED MILLER 51 GROSSE PINES DR ROCHESTER, MI 48309		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/30/2025</u>	
Name & Address: REBECCA VERSCHAEVE 739 N CHANNEL DR HARSENS ISLAND, MI 48028		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/30/2025</u> Name & Address: BROOKE HENDRICK 39314 NAUTICAL LN HARRISON TOWNSHIP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/02/2025</u> Name & Address: THOMAS MOCERI 674 CREST ST MOUNT CLEMENS, MI 48043		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIREFIGHTER</u> Employer <u>MT CLEMENS FIRE DEPARTMENT</u> Business Address <u>2 DICKINSON ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/02/2025</u> Name & Address: SHEILA STRUNK 24106 MEADOWBRIDGE DR CLINTON TOWNSHIP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/02/2025</u> Name & Address: MARK SWITALSKI 40 N MAIN ST MT CLEMENS, MI 48043		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SWITALSKI LAW, PLLC</u> Business Address <u>40 N MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 900.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/02/2025</u>	
Name & Address: JAMES KOPAS 126 NEW ST MOUNT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: DON & MARILYN ELLISON 191 MOROSS MOUNT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: BEVERLY LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: CAROL PASDEN 19523 GAYNON DR CLINTON TWP, MI 48035		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 440.00

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1. Committee I.D. Number 139744
2. Committee Name FRIENDS OF LAURA KROPP

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: MARK PASDEN 19523 GAYNON DR CLINTON TOWNSHIP, MI 48035		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: NICOLE PASDEN 19523 GAYNON DR CLINTON TOWNSHIP, MI 48035		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: ROBERT HUTH, JR 19500 HALL ROAD STE 100 CLINTON TOWNSHIP, MI 48035		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>KIRK HUTH LANGE & BADALEMENTI PLC</u> Business Address <u>19500 HALL ROAD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: RAECHEL BADALAMENTI 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>KIRK HUTH LANGE & BADALEMENTI PLC</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 580.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139744
2. Committee Name FRIENDS OF LAURA KROPP

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: ROBERT KIRK 4933 RAMIAMI TR N NAPLES, FL 34103		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>KIRK HUTH LANGE & BADALEMENTI PLC</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: SEIDEL KYLE 3535 ANVIL DR TROY, MI 48083		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK INC</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON, MI 48348		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: CANDICEPAC COMMITTEE #519174 PO BOX 7036 NOVI, MI 48376		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **850.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139744
2. Committee Name FRIENDS OF LAURA KROPP

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/03/2025</u> Name & Address: JASON ARLOW 5709 ARNOLD RD MARINE CITY, MI 48039		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/03/2025</u> Name & Address: GEORGE-MICHAEL HIGGINS 18331 BREEZEWAY FRASER, MI 48026		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/03/2025</u> Name & Address: JESSICA ROMSKA 41411 LITTLE RD CLINTON TOWNSHIP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/03/2025</u> Name & Address: MONICA BAKER 636 HUNTINGTON ST MT CLEMENS, MI 48043		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **360.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139744
2. Committee Name FRIENDS OF LAURA KROPP

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: TODD MIDDLETON 26144 GROSEBECK HWY WARREN, MI 48089		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>OPREUM</u> Business Address <u>26130 GROESBECK HWY, WARREN, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: LAURA FOURNIER 70 LODEWYCK ST MOUNT CLEMENS, MI 48043		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CITY COMMISSIONER</u> Employer <u>CITY OF MOUNT CLEMENS</u> Business Address <u>1 CROCKER BLVD, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: CARL KOEHLER 8359 COLONY DR CLAY TOWNSHIP, MI 48001		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: HEATHER DOSCH 39314 NAUTICAL LANE HARRISON TOWNSHIP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,050.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139744
2. Committee Name FRIENDS OF LAURA KROPP

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: JOHNNY ESCALANTE 605 WELLINGTON CRESCENT MT CLEMENS, MI 48043		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: TANYA GRILLO 38597 WELLINGTON DR CLINTON TOWNSHIP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER, EXEC VP</u> Employer <u>ANDERSON, ECKSTEIN AND WESTRICK, INC</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: STEWART BOROWSKI 63 DICKINSON PL MOUNT CLEMENS, MI 48043		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAUFFEUR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>63 DICKINSON PL, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **630.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139744
2. Committee Name FRIENDS OF LAURA KROPP

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: BOB HALAAS 152 NORTH RIVER RD. MOUNT CLEMENS, MI 48043		\$ <u>1,250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEAD CHEF</u> Employer <u>OCTOPUS GARDEN</u> Business Address <u>152 N RIVER RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 24725 W. TWELVE MILE RD. #100 SOUTHFIELD, MI 48034		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: JIMMY GWIDZALA 24685 CHANCEL ST HARRISON TWP, MI 48045		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/07/2025</u>	
Name & Address: PAUL DOPPKE 21646 ERBEN ST SAINT CLAIR SHORES, MI 48081		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>LANDSCAPE SERVICES INC</u> Business Address <u>22932 RASCH DR., CLINTON TOWNSHIP, MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,080.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139744
2. Committee Name FRIENDS OF LAURA KROPP

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/08/2025</u>	
Name & Address: MARISA NELSON 30207 MANHATTAN SAINT CLAIR SHORES, MI 48082		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>XENITH</u> Business Address <u>4333 W FORT ST, DETROIT, MI 48209</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2025</u>	
Name & Address: THOMAS FORD 15 BREITMEYER PL MOUNT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/22/2025</u>	
Name & Address: ALYSA DIEBOLT 23225 OAKWOOD AVE EASTPOINTE, MI 48021		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2025</u>	
Name & Address: SARAH STOVALL 34 PARK ST MT CLEMENS, MI 48043		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 265.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139744
2. Committee Name FRIENDS OF LAURA KROPP

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/01/2025</u>	
Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 24725 W. TWELVE MILE RD. #100 SOUTHFIELD, MI 48034		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **500.00**

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

15,505.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139744
2. Committee Name FRIENDS OF LAURA KROPP

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HUNTINGTON BANK Address PO BOX 1558 EA1W37 COLUMBUS, OH 43216 ☐ Fund Raiser	Purpose: <u>BANK FEES FROM JAN - JULY</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2025</u> Date	\$ <u>35.00</u>
Expenditure #2 Name METCOM INC Address 21643 E 9 MILE RD ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: <u>FLYERS AND MASS MAILING MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/15/2025</u> Date	\$ <u>2,074.20</u>
Expenditure #3 Name HUNTINGTON BANK Address PO BOX 1558 EA1W37 COLUMBUS, OH 43216 ☐ Fund Raiser	Purpose: <u>BANK FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/15/2025</u> Date	\$ <u>5.00</u>
Expenditure #4 Name OPENAI Address 1455 3RD ST SAN FRANCISCO, CA 94158 ☐ Fund Raiser	Purpose: <u>AI SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/18/2025</u> Date	\$ <u>20.00</u>
Expenditure #5 Name USPS Address 155 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>POSTAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/20/2025</u> Date	\$ <u>156.00</u>

Subtotal this page **2,290.20**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139744**
2. Committee Name **FRIENDS OF LAURA KROPP**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: YARD SIGNS & BUTTONS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/27/2025 Date	\$ 1,906.41
Expenditure #2 Name CITY OF MOUNT CLEMENS Address 1 CROCKER BLVD MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: VOTER LIST ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2025 Date	\$ 15.00
Expenditure #3 Name OCTOPUS GARDEN Address 152 N RIVER RD MT CLEMENS, MI 48043 ☒ Fund Raiser	Purpose: FOOD COST FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/03/2025 Date	\$ 1,772.34
Expenditure #4 Name PAYPAL Address 2211 N FIRST ST SAN JOSE, CA 95131 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/03/2025 Date	\$ 66.25
Expenditure #5 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: SIGNS & BANNERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/05/2025 Date	\$ 1,604.31

Subtotal this page **5,364.31**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139744
2. Committee Name FRIENDS OF LAURA KROPP

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: <u>PROMOTION EVENT SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/2025</u> Date	\$ <u>50.37</u>
Expenditure #2 Name MACOMB CULTURAL AND ECONOMIC PARTNERSHIP Address NORTHBOUND GRATIOT AVE MOUNT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>SCULPTURE SPONSORSHIP</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2025</u> Date	\$ <u>1,000.00</u>
Expenditure #3 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>SIGNS & BANNERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2025</u> Date	\$ <u>1,604.31</u>
Expenditure #4 Name HUNTINGTON BANK Address PO BOX 1558 EA1W37 COLUMBUS, OH 43216 ☐ Fund Raiser	Purpose: <u>BANK FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2025</u> Date	\$ <u>5.00</u>
Expenditure #5 Name MAE'S Address 64 MACOMB PL MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>LUNCH - PROMOTIONAL EVENT PLANNING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2025</u> Date	\$ <u>46.62</u>

Subtotal this page **2,706.30**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139744**
2. Committee Name **FRIENDS OF LAURA KROPP**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEIJER Address 40445 S GROESBECK HWY CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: <u>CANDY FOR PROMOTIONAL EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2025</u> Date	\$ <u>95.59</u>
Expenditure #2 Name OPENAI Address 1455 3RD ST SAN FRANCISCO, CA 94158 ☐ Fund Raiser	Purpose: <u>AI SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2025</u> Date	\$ <u>20.00</u>
Expenditure #3 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>CAMPAIGN BUTTONS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2025</u> Date	\$ <u>271.36</u>
Expenditure #4 Name C&G NEWSPAPERS Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>NEWSPAPER AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/2025</u> Date	\$ <u>1,309.00</u>
Expenditure #5 Name METCOM INC Address 21643 E 9 MILE RD ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: <u>MASS MAILING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/26/2025</u> Date	\$ <u>5,695.35</u>

Subtotal this page **7,391.30**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139744**
2. Committee Name **FRIENDS OF LAURA KROPP**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CLINTON TOWNSHIP KIWANIS CLUB Address 16981 18 MILE RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2025 Date	\$ 100.00
Expenditure #2 Name LETTERS UNLIMITED Address 1010 MORSE AVE SCHAUMBURG, IL 60193 ☐ Fund Raiser	Purpose: CAMPAIGN MATERIALS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2025 Date	\$ 670.00
Expenditure #3 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☒ Fund Raiser	Purpose: DECORATIONS FOR FUNRAISER EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/2025 Date	\$ 86.82
Expenditure #4 Name THAI ORCHID Address 60 CHERRY ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: CAMPAIGN PLANNING MEETING DINNER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2025 Date	\$ 49.34
Expenditure #5 Name HUNTINGTON BANK Address PO BOX 1558 EA1W37 COLUMBUS, OH 43216 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2025 Date	\$ 5.00

Subtotal this page **911.16**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139744**
2. Committee Name **FRIENDS OF LAURA KROPP**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NCNW MACOMB COUNTY SECTION Address 155 S MAIN ST PO BOX 463066 MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: ADVERTISEMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2025 Date	\$ 100.00
Expenditure #2 Name STICKER GENIUS Address 244 MINNESOTA RD TROY, MI 48083 ☐ Fund Raiser	Purpose: CAMPAIGN MATERIALS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2025 Date	\$ 177.80
Expenditure #3 Name OPENAI Address 1455 3RD ST SAN FRANCISCO, CA 94158 ☐ Fund Raiser	Purpose: AI SUBSCRIPTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2025 Date	\$ 20.00
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **297.80**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **18,961.07**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139744
2. Committee Name FRIENDS OF LAURA KROPP

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: LAURA KROPP 15 BELLEVIEW ST MT CLEMENS, MI 48043	4. Type: <u>OFFICE SUPPLIES</u> 5. <u>Date Debt Was Incurred:</u> <u>06/20/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>157.08</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>157.08</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: LAURA KROPP 15 BELLEVIEW ST MT CLEMENS, MI 48043	4. Type: <u>ENELOPES</u> 5. <u>Date Debt Was Incurred:</u> <u>06/25/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>11.65</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>11.65</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: LAURA KROPP 15 BELLEVIEW ST MT CLEMENS, MI 48043	4. Type: <u>POSTAGE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/26/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>220.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>220.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

388.73

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

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139744
2. Committee Name FRIENDS OF LAURA KROPP

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: LAURA KROPP 15 BELLEVIEW ST MT CLEMENS, MI 48043	4. Type: <u>CAMPAIGN MEETING SNACKS</u> 5. <u>Date Debt Was Incurred:</u> <u>06/29/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>67.42</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>67.42</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: LAURA KROPP 15 BELLEVIEW ST MT CLEMENS, MI 48043	4. Type: <u>CAMPAIGN MTG SNACKS</u> 5. <u>Date Debt Was Incurred:</u> <u>07/10/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>21.08</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>21.08</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: LAURA KROPP 15 BELLEVIEW ST MT CLEMENS, MI 48043	4. Type: <u>COOKIES/CANDY FOR CAMPAIGN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/15/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>64.94</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>64.94</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

153.44

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

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139744
2. Committee Name FRIENDS OF LAURA KROPP

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: ALYSA DIEBOLT 23255 OAKWOOD AVE EASTPOINTE, MI 48021	4. Type: <u>PAPER</u> 5. <u>Date Debt Was Incurred:</u> <u>10/31/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.85</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>50.85</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

50.85

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

593.02

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139744
2. Committee Name FRIENDS OF LAURA KROPP

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/03/2025</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>75</u>	5. Type of Fund Raising Activity GATHERING FOR SUPPORTERS, SPEECH, APPETIZERS	6. Address and Name (If any) of the place where the activity was held. <u>OCTOPUS GARDEN</u> <u>152 N RIVER RD</u> <u>MT CLEMENS, MI 48043</u> ☐ Private Residence
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7. Total Contributions 15,505.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 15,505.00
10. Total Cost of Event 3,933.36
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.