



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

27 OCT 2023 PM 03:34

OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

FOR OFFICIAL USE ONLY

**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: 04/24/2023 to 10/22/2023

1. Committee I.D. Number

98204

2. Committee Name

FRIENDS OF JUSTIN FISCHER

5. Committee's Mailing Address

**24761 PICARA DR.
NOVI, MI 48374**

Area Code and Phone (248) 679-2193
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.

4. Candidate Last Name

FISCHER

First Name

JUSTIN

M.I.

P

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

MAYOR, NOVI

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

6. Treasurer's Name & Residential Address

**JUSTIN FISCHER
24761 PICARA DR.
NOVI, MI 48374**

Area Code & Phone (248) 679-2193

7. Treasurer's Business Address

**24761 PICARA DR.
NOVI, MI 48374**

Area Code and Phone (248) 679-2193

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

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

Date of Election, Convention or Caucus

11/07/2023

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

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

9e. Dissolution of Candidate Committee

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

10/27/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/27/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98204

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF JUSTIN FISCHER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>58,856.06</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>58,856.06</u>	(18.) \$ <u>58,856.06</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>58,856.06</u>	(20.) \$ <u>58,856.06</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>38,857.20</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>38,857.20</u>	(23.) \$ <u>38,857.20</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>10,000.00</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>58,856.06</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>58,856.06</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>38,857.20</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>19,998.86</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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>04/24/2023</u> Name & Address: JUSTIN FISCHER 24761 PICARA DR NOVI, MI 48374		\$ <u>10,000.00</u>	\$ <u>10,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TREASURY DIRECTOR</u> Employer <u>ADIENT</u> Business Address <u>47200 HALYARD DR, PLYMOUTH, MI 48170</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2023</u> Name & Address: DAVID STAUDT 23715 NILAN DR NOVI, MI 48375		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>IMPACT MEDIA</u> Business Address <u>43155 MAIN ST, NOVI, MI 48375</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/12/2023</u> Name & Address: SREENIVAS CHERUKURI 25704 SHORELINE DR NOVI, MI 48374		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>SELF</u> Business Address <u>25704 SHORELINE DR, NOVI, MI 48374</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2023</u> Name & Address: MIKE VEHLEWALD 4109 N KOLMAR AVE CHICAGO, IL 60641		\$ <u>106.06</u>	\$ <u>106.06</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>DELOITTE</u> Business Address <u>30 Rockefeller Plaza, New York, NY, USA, NEW YORK, NY 10112</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **10,556.06**

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 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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>05/22/2023</u> Name & Address: DOROTHY DUCHESNEAU 1191 S LAKE DR NOVI, MI 48377		\$ <u>250.00</u>	\$ <u>250.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/06/2023</u> Name & Address: BRIAN FANNON 21555 CHASE DR NOVI, MI 48375		\$ <u>250.00</u>	\$ <u>250.00</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>06/08/2023</u> Name & Address: MARK GUIDOBONO 49426 VILLA DR NOVI, MI 48374		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CAMBRIDGE HOMES</u> Business Address <u>49426 VILLA DR, NOVI, MI 48374</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/10/2023</u> Name & Address: MIKE LYNCH 26026 ISLAND LAKE DR NOVI, MI 48374		\$ <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
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Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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>06/11/2023</u>	
Name & Address: JOHN O'BRIEN 2501 E NALONE WIXOM, MI 48393		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNERAL DIRECTOR</u> Employer <u>O'BRIEN SULLIVAN FUNERAL HOME</u> Business Address <u>41555 GRAND RIVER AVE, NOVI, MI 48375</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/13/2023</u>	
Name & Address: JAN BYRON 7826 ANDERSON LN ALDEN, MI 49612		\$ <u>500.00</u>	\$ <u>500.00</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>06/15/2023</u>	
Name & Address: ARLEEN CUNNINGHAM 21871 GREENTREE LN NOVI, MI 48375		\$ <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>06/15/2023</u>	
Name & Address: PAUL GLANTZ 303 GRAY WOODS LANE LAKE ANGELUS, MI 48326		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>303 MGMT INC</u> Business Address <u>303 GRAY WOODS LANE, LAKE ANGELUS, MI 48326</u> 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)

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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 98204
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/15/2023</u> Name & Address: ED LEININGER 24589 HAMPTON CT NOVI, MI 48375		\$ <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>06/18/2023</u> Name & Address: PATRICIA KEROS 200 RENAISSANCE CENTER DETROIT, MI 48243		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROPERTY MANAGER</u> Employer <u>G&T MGMT</u> Business Address <u>200 RENAISSANCE CENTER, DETROIT, MI 48243</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/2023</u> Name & Address: GEORGE KEROS 200 RENAISSANCE CENTER DETROIT, MI 48243		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROPERTY MANAGER</u> Employer <u>G&T MANAGEMENT</u> Business Address <u>200 RENAISSANCE CENTER, DETROIT, MI 48243</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/21/2023</u> Name & Address: JEFF WAINWRIGHT 49232 HUNT CLUB CT PLYMOUTH TWP, MI 48170		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>PARADISE PARK</u> Business Address <u>45799 GRAND RIVER AVE, NOVI, MI 48374</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,350.00**

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

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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>06/21/2023</u>	
Name & Address: THERESA WAINWRIGHT 49232 HUNT CLUB CT PLYMOUTH TWP, MI 48170		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>PARADISE PARK</u> Business Address <u>45799 GRAND RIVER AVE, NOVI, MI 48374</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/23/2023</u>	
Name & Address: SCOTT OLSON 22825 CRANBROOKE DR NOVI, MI 48375		\$ <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>06/23/2023</u>	
Name & Address: DANIEL LAWLESS 22639 HEATHERWOODE NOVI, MI 48375		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>LCCD LLC</u> Business Address <u>47964 GRAND RIVER AVE, NOVI, MI 48374</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/23/2023</u>	
Name & Address: NANCY CASSIS 700 S OCEAN BLVD BOCA RATON, FL 33432		\$ <u>150.00</u>	\$ <u>150.00</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			

Page Subtotal **1,000.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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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>06/24/2023</u>	
Name & Address: LINDA KREIGER 44920 BYRNE DR NORTHVILLE, MI 48167		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>ASCENSION</u> Business Address <u>16001 W NINE MILE RD, SOUTHFIELD, MI 48075</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/24/2023</u>	
Name & Address: CHRISTINE KREIGER 44920 BYRNE DR NORTHVILLE, MI 48167		\$ <u>125.00</u>	\$ <u>125.00</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>06/25/2023</u>	
Name & Address: PATRICIA FISCHER 23508 VALLEY STARR DR NOVI, MI 48375		\$ <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>06/25/2023</u>	
Name & Address: LATASHA KELLER 24463 MILLSTREAM NOVI, MI 48375		\$ <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 **325.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/26/2023</u> Name & Address: DENNIS O'CONNOR 975 LINCOLN DR BRIGHTON, MI 48116		\$ <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>06/26/2023</u> Name & Address: JEREMY CUNNINHAM 121 FELDSPAR DR WILLIAMSTON, MI 48895		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>MASON PUBLIC SCHOOLS</u> Business Address <u>201 W ASH ST, MASON, MI 48854</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2023</u> Name & Address: DAWN SPRINGER 4716 PINEVIEW DR HAMBURG, NY 14075		\$ <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>06/27/2023</u> Name & Address: OAKLAND LEADERSHIP FUND PAC PO BOX 281 NOVI, MI 48376		\$ <u>1,000.00</u>	\$ <u>1,000.00</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 **1,325.00**

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 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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>06/27/2023</u>	
Name & Address: WORC PAC PO BOX 113 NOVI, MI 48376		\$ <u>1,200.00</u>	\$ <u>1,200.00</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>06/27/2023</u>	
Name & Address: JAMES ROSE 46319 CORDOBA DR NOVI, MI 48374		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/27/2023</u>	
Name & Address: JOHN BALAGNA PARK RIDGE RD NOVI, MI 48375		\$ <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>06/27/2023</u>	
Name & Address: KIM NICE 43336 RIVERBRIDGE CT NOVI, MI 48375		\$ <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 **1,450.00**

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 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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>06/27/2023</u> Name & Address: BARB APPLEBEE 11051 N JENNINGS RD CLIO, MI 48420		\$ <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>06/27/2023</u> Name & Address: DANA APPLEBEE 11051 N JENNINGS RD CLIO, MI 48420		\$ <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>06/27/2023</u> Name & Address: STEVE CHAPSKI 34598 WOODVALE DR LIVONIA, MI 48154		\$ <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>06/27/2023</u> Name & Address: DAVID LANDRY 45471 KIMBERLY CT NOVI, MI 48374		\$ <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 400.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/27/2023</u>	
Name & Address: LAURA CASEY 22522 BROOK FOREST NOVI, MI 48375		\$ <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>06/27/2023</u>	
Name & Address: ED RONEY 40701 MILL RD NOVI, MI 48375		\$ <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>06/27/2023</u>	
Name & Address: CHARLES STAAB 41887 CHERRY HILL RD NOVI, MI 48375		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/27/2023</u>	
Name & Address: SEVAG VARTANIAN 50641 DRAKES BAY DR NOVI, MI 48374		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL</u> Employer <u>VARTANIAN CAPITAL MANAGEMENT</u> Business Address <u>50641 DRAKES BAY DR, NOVI, MI 48374</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

Grand Total of All Schedules 1A
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Enter this total on
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1. Committee I.D. Number 98204
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2023</u> Name & Address: DAVID JOSEPH 19613 CARDENE WAY NORTHVILLE, MI 48167		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2023</u> Name & Address: BRIAN BARTLETT 45737 JASLYN LN NOVI, MI 48374		\$ <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>06/27/2023</u> Name & Address: WILLY MENA 44926 YORKSHIRE DR NOVI, MI 48375		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM MANAGER</u> Employer <u>ORACLE</u> Business Address <u>2300 ORACLE WY, AUSTIN, TX 78741</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2023</u> Name & Address: MICHAEL MCNAMARA 44552 WILLIAMS DR NOVI, MI 48375		\$ <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			

Page Subtotal 800.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/27/2023</u>	
Name & Address: JANICE BRYANS 49776 PARKSIDE DR TOWNSHIP OF NORTHVILLE, MI 48168		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/27/2023</u>	
Name & Address: MCKENZIE BOWMAN 805 PEARSON ST FERNDAL, MI 48220		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO-OWNER</u> Employer <u>SUBURBAN COLLECTION SHOWPLACE</u> Business Address <u>46100 GRAND RIVER AVE, NOVI, MI 48374</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/27/2023</u>	
Name & Address: SUSAN BYRON 22455 FULLER DR NOVI, MI 48374		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>COOPER STANDARD</u> Business Address <u>40300 TRADITIONS DR, NORTHVILLE, MI 48167</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/27/2023</u>	
Name & Address: CAROL KLAUSING 30704 ARDMORE CT NOVI, MI 48377		\$ <u>500.00</u>	\$ <u>500.00</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			

Page Subtotal **1,700.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2023</u> Name & Address: SANDY JOSEPH 22776 RANDALL CT NOVI, MI 48374		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PET SUPPLIES PLUS</u> Business Address <u>17197 N LAUREL PARK DR, LIVONIA, MI 48152</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>06/27/2023</u> Name & Address: ALWAYS MOVING FORWARD PAC PO BOX 22 NOVI, MI 48376		\$ <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>06/27/2023</u> Name & Address: JOE PEDDIBOYINA 41326 SCARBOROUGH LN NOVI, MI 48375		\$ <u>500.00</u>	\$ <u>500.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2023</u> Name & Address: JOHN FISCHER 6463 DALTON DR FLUSHING, MI 48433		\$ <u>600.00</u>	\$ <u>600.00</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			

Page Subtotal 2,100.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 98204
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/29/2023</u>	
Name & Address: TERRY MARGOLIS 45425 ADDINGTON LN NOVI, MI 48374		\$ <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>07/08/2023</u>	
Name & Address: RON SPRINGER 753 ALTAMONTE DR LAKE WYLIE, SC 29710		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/13/2023</u>	
Name & Address: KELLY SNYDER 29885 AUTUMN GOLD DR NEW HUDSON, MI 48165		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCER</u> Employer <u>XPERIENCE COMMUNICATIONS</u> Business Address <u>3 PARKLANE BLVD, DEARBORN, MI 48126</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: KAREN CHOPJIAN 23991 SEMINOLE CT NOVI, MI 48375		\$ <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 325.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/21/2023</u>	
Name & Address: MATT QUINN 21995 MERIDIAN LN NOVI, MI 48375		\$ <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>07/30/2023</u>	
Name & Address: MIKE CLARK 1560 ORCHARD BEACH RD MANITOU BEACH-DEVILS LAKE, MI 49253		\$ <u>1,225.00</u>	\$ <u>1,225.00</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>07/30/2023</u>	
Name & Address: TERRI CLARK 1560 ORCHARD BEACH RD MANITOU BEACH-DEVILS LAKE, MI 49253		\$ <u>1,225.00</u>	\$ <u>1,225.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2023</u>	
Name & Address: HUGH CRAWFORD 46275 W 11 MILE RD NOVI, MI 48374		\$ <u>150.00</u>	\$ <u>150.00</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			

Page Subtotal 2,700.00

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**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2023</u>	
Name & Address: MARK STURING 22631 FOXMOOR DR NOVI, MI 48374		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/07/2023</u>	
Name & Address: JASON FISCHER 5967 CEDAR RIDGE DR ANN ARBOR, MI 48103		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>GENERAL MOTORS</u> Business Address <u>300 RENAISSANCE DR W, DETROIT, MI 48207</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/12/2023</u>	
Name & Address: CHRISTINA CHAPSKI 856 CHASE WAY BLVD AUBURN HILLS, MI 48326		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTHCARE</u> Employer <u>HENRY FORD HEALTH</u> Business Address <u>2799 W GRAND BLVD, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2023</u>	
Name & Address: PAUL HESS 34170 FAIRFAX CT LIVONIA, MI 48152		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO-OWNER</u> Employer <u>EPOCH HOSPITALITY</u> Business Address <u>46700 GRAND RIVER AVE, NOVI, MI 48374</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,875.00**

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 98204
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2023</u>	
Name & Address: BOB BOWMAN 6544 FIELDVIEW AVE WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FACILITIES MANAGER</u> Employer <u>SUBURBAN COLLECTION SHOWPLACE</u> Business Address <u>46100 GRAND RIVER AVE, NOVI, MI 48374</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2023</u>	
Name & Address: JOHN BOWEN 9 PEARTREE LN NE GRAND RAPIDS, MI 49546		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR</u> Employer <u>SELF</u> Business Address <u>9 PEARTREE LN NE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2023</u>	
Name & Address: TERESA SCODELLER 51722 GRAND RIVER AVE WIXOM, MI 48393		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2023</u>	
Name & Address: PETER SCODELLER 51722 GRAND RIVER AVE WIXOM, MI 48393		\$ <u>1,200.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SCODELLER CONSTRUCTION</u> Business Address <u>51722 GRAND RIVER AVE, WIXOM, MI 48393</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,425.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2023</u> Name & Address: TED BOLOVEN 44315 PLYMOUTH OAKS BLVD PLYMOUTH, MI 48170		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CERTIFIED PUBLIC ACCOUNTANT</u> Employer <u>BOLOVEN TIANO & ASSOCIATES</u> Business Address <u>44315 PLYMOUTH OAKS BLVD, PLYMOUTH, MI 48170</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2023</u> Name & Address: CHRISTIE PACIOCCO 61250 SADDLECREEK DR SOUTH LYON, MI 48178		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESATE</u> Employer <u>TRIUMPH BUILDING COMPANY</u> Business Address <u>15067 NORTHVILLE RD, PLYMOUTH, MI 48170</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2023</u> Name & Address: MCKENZIE BOWMAN 805 PEARSON ST FERNDAL, MI 48220		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO-OWNER</u> Employer <u>SUBURBAN COLLECTION SHOWPLACE</u> Business Address <u>46100 GRAND RIVER AVE, NOVI, MI 48374</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2023</u> Name & Address: MIKE STANFORD 801 W ANN ARBOR TRAIL PLYMOUTH, MI 48170		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>VARSITY LINCOLN</u> Business Address <u>49251 GRAND RIVER AVE, NOVI, MI 48374</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,725.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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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>08/21/2023</u>	
Name & Address: LIZ STANFORD 801 W ANN ARBOR TRAIL PLYMOUTH, MI 48170		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2023</u>	
Name & Address: JEFF HEYN 1310 PETTIBONE LAKE RD HIGHLAND TWP, MI 48356		\$ <u>500.00</u>	\$ <u>500.00</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>08/21/2023</u>	
Name & Address: HENRY SASSON 32605 W 12 MILE RD FARMINGTON HILLS, MI 48334		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESATE</u> Employer <u>SOLOMON INVESTMENT GROUP</u> Business Address <u>32605 W 12 MILE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2023</u>	
Name & Address: KIMBERLE BOWMAN 46100 GRAND RIVER AVE NOVI, MI 48374		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,175.00**

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

Enter this total on
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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>08/21/2023</u> Name & Address: BLAIR BOWMAN 46100 GRAND RIVER AVE NOVI, MI 48374		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO-OWNER</u> Employer <u>SUBURBAN COLLECTION SHOWPLACE</u> Business Address <u>46100 GRAND RIVER AVE, NOVI, MI 48374</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2023</u> Name & Address: GARY SHAPIRO 6689 ORCHARD LAKE RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>THE IVANHOE COMPANIES</u> Business Address <u>6689 ORCHARD LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2023</u> Name & Address: ROBERT GOODMAN 5640 W MAPLE RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>1,225.00</u>	\$ <u>1,225.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2023</u> Name & Address: MARC WEINBAUM 5640 W MAPLE RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESATE</u> Employer <u>DETROIT DEVELOPMENT CO</u> Business Address <u>5640 W MAPLE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,675.00**

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 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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>08/23/2023</u>	
Name & Address: DIANA CANUP 47201 GLAMORGAN DR NOVI, MI 48374		\$ <u>250.00</u>	\$ <u>250.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/28/2023</u>	
Name & Address: CHRISTINA DEVEY 51020 BELMONT PARK CT TOWNSHIP OF NORTHVILLE, MI 48167		\$ <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>09/05/2023</u>	
Name & Address: KATHLEEN SCHAFER 45812 IRVINE DR NOVI, MI 48374		\$ <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>09/06/2023</u>	
Name & Address: REALTORS PAC OF MI 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 1,950.00

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 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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>09/13/2023</u> Name & Address: MIKE VEHLEWALD 4109 N KOLMAR AVE CHICAGO, IL 60641		\$ <u>25.00</u>	\$ <u>131.06</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>DELOITTE</u> Business Address <u>30 Rockefeller Plaza, New York, NY, USA, NEW YORK, NY 10112</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/14/2023</u> Name & Address: RONALD BARTHLOW 24823 OVERLOOK TRL NOVI, MI 48374		\$ <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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2023</u> Name & Address: RUTH RICKARD 25348 BUCKMINSTER DR NOVI, MI 48375		\$ <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>09/15/2023</u> Name & Address: DUANE MAY 22310 CARLISLE CT NOVI, MI 48374		\$ <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 200.00

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 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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>09/17/2023</u> Name & Address: JESSICA HARRISON 309 MAGNOLIA SPRINGS TRCE CANTON, GA 30115		\$ <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>09/18/2023</u> Name & Address: DEBBIE WROBEL 24578 ACKERT CT NOVI, MI 48375		\$ <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>09/18/2023</u> Name & Address: JULIE MADAY 50876 CHESAPEAKE DR NOVI, MI 48374		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: PAMELA RITCHIE 22469 MILL RD NOVI, MI 48375		\$ <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 500.00

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 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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>09/20/2023</u> Name & Address: LOWELL SPRAGUE 24177 WESTMONT CT NOVI, MI 48374		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>TRINITY HEALTH</u> Business Address <u>20555 VICTOR PKWY, LIVONIA, MI 48152</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: MIKE NOLES 382 BLUNK ST PLYMOUTH, MI 48170		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>DIFFIN-UMLOR</u> Business Address <u>49287 WEST RD, WIXOM, MI 48393</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: JEFF KLATT 324 AQUA CT ROYAL OAK, MI 48073		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>KRIEGER KLATT ARCHITECT</u> Business Address <u>2120 E ELEVEN MILE RD, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: JASON KREIGER 607 KNOWLES ST ROYAL OAK, MI 48067		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>KRIEGER KLATT ARCHITECT</u> Business Address <u>2120 E ELEVEN MILE RD, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,000.00

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 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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>09/29/2023</u>	
Name & Address: NATASHA GOODMAN 24460 CAVENDISH AVE W NOVI, MI 48375		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2023</u>	
Name & Address: BRAD BRICKEL 70554 CLAIRWOOD LN BRUCE TWP, MI 48065		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>NOWAK & FRAUS</u> Business Address <u>46777 WOODWARD AVE, PONTIAC, MI 48342</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2023</u>	
Name & Address: MAUREEN ZACK 359 S LAKE DR NOVI, MI 48377		\$ <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>10/01/2023</u>	
Name & Address: GURMALE GREWAL 7125 ORCHARD LAKE RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SINGH DEVELOPMENT</u> Business Address <u>7125 ORCHARD LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,825.00**

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 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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>10/01/2023</u> Name & Address: LUSHMAN GREWAL 7125 ORCHARD LAKE RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SINGH DEVELOPMENT</u> Business Address <u>7125 ORCHARD LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/01/2023</u> Name & Address: JEAT GREWAL 7125 ORCHARD LAKE RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SINGH DEVELOPMENT</u> Business Address <u>7125 ORCHARD LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/03/2023</u> Name & Address: GERALD ANDERSON 127 S PONTIAC TRAIL WALLED LAKE, MI 48390		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>ANDERSON MARKETING</u> Business Address <u>802 WOODCREST AVE, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/04/2023</u> Name & Address: REALTORS PAC OF MI 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>500.00</u>	\$ <u>2,000.00</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 **3,200.00**

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 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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>10/09/2023</u> Name & Address: MARKEL DERICK 623 W MAIN ST BRIGHTON, MI 48116		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO-OWNER</u> Employer <u>NOVI FAMILY PETS</u> Business Address <u>27200 NOVI RD, NOVI, MI 48377</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/10/2023</u> Name & Address: LARRY CZEKAJ 24383 NANTUCKET DR NOVI, MI 48374		\$ <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>10/11/2023</u> Name & Address: BLAIR JR. BOWMAN 3190 WAVERLY WOODS LN HOWELL, MI 48843		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO-OWNER</u> Employer <u>SUBURBAN COLLECTION SHOWPLACE</u> Business Address <u>46100 GRAND RIVER AVE, NOVI, MI 48374</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/15/2023</u> Name & Address: JEFF WAINWRIGHT 49232 HUNT CLUB CT PLYMOUTH TWP, MI 48170		\$ <u>200.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>PARADISE PARK</u> Business Address <u>45799 GRAND RIVER AVE, NOVI, MI 48374</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,800.00**

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 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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>10/15/2023</u>	
Name & Address: JORDAN SASSON 456 WASHINGTON ST NEW YORK, NY 10013		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SEQUEL</u> Business Address <u>600 MADISON AVE, NEW YORK, NY 10022</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: JACOB SHAPIRO 2660 COMFORT ST WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESATE</u> Employer <u>SELF</u> Business Address <u>2660 COMFORT ST, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/21/2023</u>	
Name & Address: JOE PEDDIBOYINA 41326 SCARBOROUGH LN NOVI, MI 48375		\$ <u>500.00</u>	\$ <u>1,000.00</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 # 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

1,975.00

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

58,856.06

Enter this total on
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Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CITY OF NOVI Address 45175 W 10 MILE RD NOVI, MI 48375 ☐ Fund Raiser	Purpose: FILING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2023 Date	\$ 100.00
Expenditure #2 Name GODADDY.COM Address 14455 HAYDEN RD SCOTTSDALE, AZ 85260 ☐ Fund Raiser	Purpose: WEBSITE HOSTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/26/2023 Date	\$ 72.79
Expenditure #3 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2023 Date	\$ 8.30
Expenditure #4 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/12/2023 Date	\$ 10.30
Expenditure #5 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2023 Date	\$ 4.84

Subtotal this page

196.23

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 **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2023 Date	\$ 10.30
Expenditure #2 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: PRINTING SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/03/2023 Date	\$ 128.14
Expenditure #3 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/06/2023 Date	\$ 10.30
Expenditure #4 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/08/2023 Date	\$ 10.30
Expenditure #5 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/10/2023 Date	\$ 4.30

Subtotal this page

163.34

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 **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2023 Date	\$ 10.30
Expenditure #2 Name BOCO Address 46100 GRAND RIVER AVE NOVI, MI 48374 ☒ Fund Raiser	Purpose: ROOM AND BEVERAGES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2023 Date	\$ 300.00
Expenditure #3 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2023 Date	\$ 10.30
Expenditure #4 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2023 Date	\$ 10.30
Expenditure #5 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/23/2023 Date	\$ 4.30

Subtotal this page **335.20**

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 **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/23/2023 Date	\$ 20.30
Expenditure #2 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/25/2023 Date	\$ 2.30
Expenditure #3 Name MEIJER Address 49900 GRAND RIVER AVE WIXOM, MI 48393 ☒ Fund Raiser	Purpose: FOOD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2023 Date	\$ 41.49
Expenditure #4 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2023 Date	\$ 16.54
Expenditure #5 Name NOVI FINE WINE Address 43340 W 10 MILE RD NOVI, MI 48375 ☒ Fund Raiser	Purpose: FOOD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2023 Date	\$ 350.00

Subtotal this page **430.63**

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 **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2023 Date	\$ 4.30
Expenditure #2 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2023 Date	\$ 8.30
Expenditure #3 Name RED OLIVE Address 49605 GRAND RIVER AVE WIXOM, MI 48393 ☒ Fund Raiser	Purpose: FOOD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2023 Date	\$ 350.00
Expenditure #4 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2023 Date	\$ 20.30
Expenditure #5 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2023 Date	\$ 20.30

Subtotal this page **403.20**

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 **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2023 Date	\$ 4.30
Expenditure #2 Name CJ GRAPHIC DESIGN Address 14361 MELROSE ST LIVONIA, MI 48154 ☐ Fund Raiser	Purpose: FLYER DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/29/2023 Date	\$ 200.00
Expenditure #3 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/29/2023 Date	\$ 4.30
Expenditure #4 Name SAWICKI AND SONS Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2023 Date	\$ 2,461.32
Expenditure #5 Name MIKE AKOURI Address 23134 VIOLET ST FARMINGTON, MI 48336 ☐ Fund Raiser	Purpose: HOLE SPONSOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2023 Date	\$ 250.00

Subtotal this page **2,919.92**

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 **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MURRAY COMMUNICATIONS Address 1191 MIZZEN DR MERIDIAN TWP, MI 48864 ☐ Fund Raiser	Purpose: CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2023 Date	\$ 2,500.00
Expenditure #2 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2023 Date	\$ 6.30
Expenditure #3 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2023 Date	\$ 8.30
Expenditure #4 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2023 Date	\$ 8.30
Expenditure #5 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2023 Date	\$ 10.30

Subtotal this page **2,533.20**

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 **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BUFFALO WILD WINGS Address 44375 W 12 MILE RD NOVI, MI 48377 ☐ Fund Raiser	Purpose: VOLUNTEER FOOD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2023 Date	\$ 61.16
Expenditure #2 Name CTE JOE PEDDIBOYINA Address 41326 SCARBOROUGH LN NOVI, MI 48375 ☐ Fund Raiser	Purpose: FUNDRAISER TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/17/2023 Date	\$ 100.00
Expenditure #3 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/22/2023 Date	\$ 49.30
Expenditure #4 Name IMPACT MEDIA Address 43155 MAIN ST STE 2210E NOVI, MI 48375 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/23/2023 Date	\$ 365.62
Expenditure #5 Name IMPACT MEDIA Address 43155 MAIN ST STE 2210E NOVI, MI 48375 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/23/2023 Date	\$ 398.63

Subtotal this page **974.71**

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 **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CUSTOM INK Address 2910 DISTRICT AVE FAIRFAX, VA 22031 ☐ Fund Raiser	Purpose: T-SHIRTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2023 Date	\$ 506.73
Expenditure #2 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2023 Date	\$ 4.30
Expenditure #3 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: PRINTING SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/30/2023 Date	\$ 137.54
Expenditure #4 Name BOCO Address 46100 GRAND RIVER AVE NOVI, MI 48374 ☒ Fund Raiser	Purpose: ROOM AND BEVERAGES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2023 Date	\$ 250.00
Expenditure #5 Name MURRAY COMMUNICATIONS Address 1191 MIZZEN DR MERIDIAN TWP, MI 48864 ☐ Fund Raiser	Purpose: CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/05/2023 Date	\$ 2,616.51

Subtotal this page **3,515.08**
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 **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CJ GRAPHIC DESIGN Address 14361 MELROSE ST LIVONIA, MI 48154 ☐ Fund Raiser	Purpose: DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/12/2023 Date	\$ 50.00
Expenditure #2 Name SAWICKI AND SONS Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/12/2023 Date	\$ 2,328.82
Expenditure #3 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/13/2023 Date	\$ 1.30
Expenditure #4 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/14/2023 Date	\$ 1.30
Expenditure #5 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/15/2023 Date	\$ 3,637.85

Subtotal this page **6,019.27**

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 **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/15/2023 Date	\$ 4.30
Expenditure #2 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/15/2023 Date	\$ 2.30
Expenditure #3 Name FRIENDS OF JAY F. DOOLEY Address 23625 WINTERGREEN CIR NOVI, MI 48374 ☐ Fund Raiser	Purpose: FUNDRAISER TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2023 Date	\$ 100.00
Expenditure #4 Name BEST BUY Address 21051 HAGGERTY RD NOVI, MI 48375 ☐ Fund Raiser	Purpose: APPLE AIRTAGS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/17/2023 Date	\$ 105.94
Expenditure #5 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/17/2023 Date	\$ 4.30

Subtotal this page

216.84

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 **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name C&G NEWSPAPER Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2023 Date	\$ 597.50
Expenditure #2 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2023 Date	\$ 2.30
Expenditure #3 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2023 Date	\$ 20.30
Expenditure #4 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/2023 Date	\$ 3,597.85
Expenditure #5 Name C&G NEWSPAPER Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2023 Date	\$ 597.50

Subtotal this page **4,815.45**

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 **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/2023 Date	\$ 2.30
Expenditure #2 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2023 Date	\$ 2.30
Expenditure #3 Name MURRAY COMMUNICATIONS Address 1191 MIZZEN DR MERIDIAN TWP, MI 48864 ☐ Fund Raiser	Purpose: CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	\$ 3,282.96
Expenditure #4 Name HOME DEPOT Address 47950 GRAND RIVER AVE NOVI, MI 48374 ☐ Fund Raiser	Purpose: SIGN POSTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	\$ 145.77
Expenditure #5 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	\$ 1,428.22

Subtotal this page

4,861.55

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 **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FRIENDS OF DAVID STAUDT Address PO BOX 113 NOVI, MI 48375 ☐ Fund Raiser	Purpose: FUNDRAISER TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2023 Date	\$ 100.00
Expenditure #2 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2023 Date	\$ 2,731.58
Expenditure #3 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2023 Date	\$ 10.30
Expenditure #4 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/06/2023 Date	\$ 3,597.85
Expenditure #5 Name C&G NEWSPAPER Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/2023 Date	\$ 461.00

Subtotal this page **6,900.73**

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 **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/2023 Date	\$ 40.30
Expenditure #2 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/2023 Date	\$ 20.30
Expenditure #3 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2023 Date	\$ 8.30
Expenditure #4 Name IMPACT MEDIA Address 43155 MAIN ST STE 2210E NOVI, MI 48375 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2023 Date	\$ 874.50
Expenditure #5 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/19/2023 Date	\$ 10.30

Subtotal this page **953.70**

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 **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/2023 Date	\$ 20.30
Expenditure #2 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/2023 Date	\$ 3,597.85
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		

Subtotal this page	3,618.15
Grand Total of all Schedules 1B (Complete on last page of Schedule)	38,857.20

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98204
2. Committee Name FRIENDS OF JUSTIN FISCHER

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: JUSTIN FISCHER 24761 PICARA DR NOVI, MI 48374	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/24/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10,000.00</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)

10,000.00

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

10,000.00

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/27/2023	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity MEET AND GREET	6. Address and Name (If any) of the place where the activity was held. FIRESIDE LOUNGE 46100 GRAND RIVER AVE NOVI, MI 48374 ☐ Private Residence
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7. Total Contributions **7,825.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **7,825.00**
10. Total Cost of Event **1,041.49**
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **98204**
2. Committee Name **FRIENDS OF JUSTIN FISCHER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 08/21/2023	4. Number of Individuals Attending or Participating (whichever is greater) 20	5. Type of Fund Raising Activity MEET AND GREET	6. Address and Name (If any) of the place where the activity was held. FIRESIDE LOUNGE 46100 GRAND RIVER AVE NOVI, MI 48374 ☐ Private Residence
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7. Total Contributions **18,225.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **18,225.00**
10. Total Cost of Event **250.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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