



FILED

27 OCT 2023 AM 09:23

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: 05/04/2023 to 10/22/2023

1. Committee I.D. Number

98209

2. Committee Name

FRIENDS OF JAY F. DOOLEY

5. Committee's Mailing Address

**23625 WINTERGREEN CIRCLE
NOVI, MI 48374**

Area Code and Phone (248) 255-2608
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

DOOLEY

First Name

JAY

M.I.

F

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

CITY COUNCIL, NOVI

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

6. Treasurer's Name & Residential Address

**JAY F DOOLEY
23625 WINTERGREEN CIRCLE
NOVI, MI 48374**

Area Code & Phone (248) 255-2608

7. Treasurer's Business Address

**23625 WINTERGREEN CIRCLE
NOVI, MI 48374**

Area Code and Phone (248) 255-2608

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 98209

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF JAY F. DOOLEY

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>13,275.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>13,275.00</u>	(18.) \$ <u>13,275.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>13,275.00</u>	(20.) \$ <u>13,275.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,015.62</u>	(21.) \$ <u>2,015.62</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>8,354.05</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>8,354.05</u>	(23.) \$ <u>8,354.05</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>2,015.62</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>13,275.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>13,275.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>8,354.05</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4,920.95</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98209
2. Committee Name FRIENDS OF JAY F. DOOLEY

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>09/19/2023</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: GARY BOROWY 7340 ANGLE RD 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: JOHN POPE 45138 ROUNDVIEW 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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: RANDELL MCCURE 43336 RIVERBRIDGE CT 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
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98209
2. Committee Name FRIENDS OF JAY F. DOOLEY

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>09/19/2023</u>	
Name & Address: HUGH D CRAWFORD 46275 W 11 MILE RD 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>09/19/2023</u>	
Name & Address: BRIAN BARTLETT 45737 JASLYN LN NOVI, MI 48374		\$ <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>09/19/2023</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: EDWARD F KRIE WALL 53230 HIDDEN RIVER DR SOUTH LYON, MI 48178		\$ <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 475.00

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 98209
2. Committee Name FRIENDS OF JAY F. DOOLEY

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>09/19/2023</u> Name & Address: BRUCE MUGERIAN 37020 SANDALWOOD FARMINGTON HILLS, MI 48331		\$ <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>09/19/2023</u> Name & Address: PATRICIA FISCHER 23508 VALLEY STARR 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: EDWARD W RONEY 40701 MILL RD CT E 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>09/19/2023</u> Name & Address: TIFFANY M LAFONTAINE 3235 OAKRIDGE DR HIGHLAND TWP, MI 48356		\$ <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 300.00

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 98209
2. Committee Name FRIENDS OF JAY F. DOOLEY

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>09/19/2023</u>	
Name & Address: SANDY JOSEPH 22776 RANDALL CT NOVI, MI 48374		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PET SUPPLY'S 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>09/19/2023</u>	
Name & Address: GARY M SHAPIRO 6689 ORCHARD LAKE RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>500.00</u>	\$ <u>500.00</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>09/19/2023</u>	
Name & Address: LAURA M 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: THERESA M WAINWRIGHT 49232 HUNT CLUB CT PLYMOUTH TWP, MI 48170		\$ <u>150.00</u>	\$ <u>150.00</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			

Page Subtotal **1,000.00**

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 98209
2. Committee Name FRIENDS OF JAY F. DOOLEY

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>09/19/2023</u>	
Name & Address: PETER D SCODELLER 51722 GRAND RIVER AVE WIXOM, MI 48393		\$ <u>750.00</u>	\$ <u>750.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: MARK A 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: PAUL GLANTZ 303 GRAY WOODS LN LAKE ANGELUS, MI 48326		\$ <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>09/19/2023</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			

Page Subtotal **1,550.00**

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 98209
2. Committee Name FRIENDS OF JAY F. DOOLEY

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>09/19/2023</u>	
Name & Address: DAVID MADAY 50876 CHESAPEAKE 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: KENNETH A WOODRUFF 36158 LYNDON LIVONIA, MI 48154		\$ <u>75.00</u>	\$ <u>75.00</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>09/19/2023</u>	
Name & Address: LARRY M 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: BLAIR BOWMAN 46100 GRAND RIVER AVE NOVI, MI 48374		\$ <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>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			

Page Subtotal **1,275.00**

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 98209
2. Committee Name FRIENDS OF JAY F. DOOLEY

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>09/19/2023</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>REAL ESTATE</u> Employer <u>G AND 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</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>REAL ESTATE</u> Employer <u>G AND 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: GERALD L 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>09/19/2023</u> Name & Address: DIANE L CANUP 47201 GLAMORGAN 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			

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 98209
2. Committee Name FRIENDS OF JAY F. DOOLEY

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>09/19/2023</u> Name & Address: MCKENZIE BOWMAN 46100 GRAND RIVER AVE NOVI, MI 48374		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: DEBORAH M 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: JUSTIN FISCHER 24761 PICARA DR NOVI, MI 48374		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TREASURY DIRECTOR</u> Employer <u>ADIANT</u> Business Address <u>49200 HALYARD DR, PLYMOUTH TWP, MI 48170</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)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98209
2. Committee Name FRIENDS OF JAY F. DOOLEY

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>09/19/2023</u> Name & Address: FRIENDS OF JUSTIN FISCHER 24761 PICARA 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</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>09/19/2023</u> Name & Address: WORC PAC PO BOX 113 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: LINDA A KRIEGER 44920 BYRNE DR NORTHVILLE, MI 48167		\$ <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			

Page Subtotal **1,050.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98209
2. Committee Name FRIENDS OF JAY F. DOOLEY

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>09/19/2023</u>	
Name & Address: PAULETTE S DONALDSON BROOKFOREST 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: MATTHEW QUINN 21995 MERIDIAN LN 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: ANN E KLEIN 30884 GOLDEN RIDGE 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: MARYANN NOFAR 24005 BROADMOOR PARK LN NOVI, MI 48374		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 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
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98209
2. Committee Name FRIENDS OF JAY F. DOOLEY

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>09/19/2023</u> Name & Address: TERRY K MARGOLIS 45425 ADDINGTON LN NOVI, MI 48374		\$ <u>100.00</u>	\$ <u>100.00</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>09/19/2023</u> Name & Address: MARK F GUIDOBONO 49425 VILLA DR NOVI, MI 48374		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOME BUILDER</u> Employer <u>GUIDOBONO BUILDING COMPANY</u> Business Address <u>341 E MAIN ST, NORTHVILLE, MI 48167</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2023</u> Name & Address: JOHN BALAGNA 42007 PARK RIDGE 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/14/2023</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			

Page Subtotal **1,625.00**

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 98209
2. Committee Name FRIENDS OF JAY F. DOOLEY

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>10/19/2023</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: KIMBERLE BOWMAN 46100 GRAND RIVER AVE NOVI, MI 48374		\$ <u>750.00</u>	\$ <u>750.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____		Employer _____	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____		Employer _____	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

1,975.00

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

13,275.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98209**

CANDIDATE COMMITTEE

2. Committee Name **FRIENDS OF JAY F. DOOLEY**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: JAY F DOOLEY 23625 WINTERGREEN CIR NOVI, MI 48374 If over \$100.00 cumulative, please provide: Occupation: SENIOR EXECUTIVE PROVIDER LIAISON Employer Name & Business Address: UCB PHARMA 1950 LAKE PARK DR, SMYRNA, GA 30080 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description SIGNAGE 5. Date Of Receipt: 09/06/2023 6. Vendor Name & Address: SAWICKI & SONS 1521 W LAFAYETTE BLVD, DETROIT, MI 48216	\$ 1,038.80	\$ 1,038.80
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: JAY F DOOLEY 23625 WINTERGREEN CIR NOVI, MI 48374 If over \$100.00 cumulative, please provide: Occupation: SENIOR EXECUTIVE PROVIDER LIAISON Employer Name & Address: UCB PHARMA 1950 LAKE PARK DR, SMYRNA, GA 30080 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description FOOD AND DRINK 5. Date Of Receipt: 09/19/2023 6. Vendor Name & Address: MAISANO'S 26139 NOVI RD, NOVI, MI 48375	\$ 976.82	\$ 2,015.62
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal **2,015.62** **2,015.62**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **2,015.62**

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98209**
2. Committee Name **FRIENDS OF JAY F. DOOLEY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAWICKI & SONS Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: SIGNAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2023 Date	\$ 1,038.80
Expenditure #2 Name MAISANO'S Address 26139 NOVI RD NOVI, MI 48375 ☒ Fund Raiser	Purpose: FOOD & DRINK ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2023 Date	\$ 976.82
Expenditure #3 Name IMPACTMEDIA Address PO BOX 113 NOVI, MI 48376 ☐ Fund Raiser	Purpose: POSTCARDS AND POSTAGE COSTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2023 Date	\$ 4,478.62
Expenditure #4 Name IMPACTMEDIA Address PO BOX 113 NOVI, MI 48376 ☐ Fund Raiser	Purpose: DOOR HANGER POSTCARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/2023 Date	\$ 707.59
Expenditure #5 Name IMPACTMEDIA Address PO BOX 113 NOVI, MI 48376 ☐ Fund Raiser	Purpose: MISC SIGNAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/2023 Date	\$ 1,152.22

Subtotal this page **8,354.05**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **8,354.05**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98209
2. Committee Name FRIENDS OF JAY F. DOOLEY

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: JAY F DOOLEY 23625 WINTERGREEN NOVI, MI 48374	4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>09/06/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,038.80</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,038.80</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: JAY F DOOLEY 23625 WINTERGREEN NOVI, MI 48374	4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>09/19/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 976.82</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>976.82</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
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)

2,015.62

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

2,015.62

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 **98209**
2. Committee Name **FRIENDS OF JAY F. DOOLEY**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/19/2023	4. Number of Individuals Attending or Participating (whichever is greater) 60	5. Type of Fund Raising Activity MEET AND GREET	6. Address and Name (If any) of the place where the activity was held. MAISANO'S 26139 NOVI RD NOVI, MI 48375 ☐ Private Residence
---	---	---	---

7. Total Contributions **10,075.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **10,075.00**
10. Total Cost of Event **976.82**
(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.