

CANDIDATE COMMITTEE COVER PAGE

FILED 24 OCT 2025 AM 10:19

OAKLAND COUNTY CLERK PONTIAC, MICHIGAN

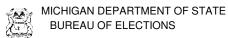
FOR OFFICIAL USE ONLY

| OOVERT AGE | | | | | |
|---|---------------------|--|--|---|--|
| Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca | signed by andidate. | 3. This Statement covers From | 04/22/2025 to 1 | 0/19/2025 | |
| 1. Committee I.D. Number | | 4. Candidate Last Name | First Name | M.I. | |
| 98742 | | GROSSBARD | GAVRIEL | | |
| 307 +2 | | 4a. Office Sought Including Dis | | If applicable) | |
| 2. Committee Name | | CITY CLERK, SOUTHF | , | арриоазіо) | |
| CTE GABI GROSSB | SARD | 4b. County of Residence OAI | CLAND COUNTY | | |
| 5. Committee's Mailing Address | | 6. Treasurer's Name & Reside | | | |
| 25428 WOODVILLA PL SOUTHFIELD, MI 48075 | | GABI GROSSBARD 25428 WOODVILLA PL | | | |
| | | SOUTHFIELD, MI 48 | 8075 | | |
| Area Code and Phone (248) 794-9449 If the address in this box is different from the comm mailing address on the Statement of Organization, r be sent to this address by the filing official. | | Area Code & Phone (248) | 794-9449 | | |
| 7. Treasurer's Business Address | | 8. Designated Record keeper' Designated Record keeper) | s Name and Mailing Address | (If the committee has a | |
| 25428 WOODVILLA PL SOUTHFIELD, MI 48075 | | GABI GROSSBARD 25428 WOODVILLA SOUTHFIELD, MI 48 | PL | | |
| Area Code and Phone (248) 794-9449 | | Area Code and Phone (24) | 8) 794-9449 | | |
| Area odde and i none | | Area Code and Frione | 9e. Dissolution of Candida | ate Committee | |
| 9a. Pre-Election OR 9b. Post-Election | | NLY if candidate ballot for the | By checking this item I/V | We certify any outstanding debt | |
| Pre-Election or Post-Election Statement relates to: | July Quart | | by discharged and forgiven, the committee. The committee | and no longer collectible from ee has no oustanding assets, | |
| Primary | October C | Muartarly | owes no lates fees or has an | ly oustanding dept. | |
| X General | October c | luarterry | Further, if the dissolution can | | |
| Convention | | | considered a request for the | Reporting Waiver. | |
| Special School | 9c. Annua | al Statement () Coverage Year | Effective date of di | ssolution | |
| Caucus | (Comp | dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being led.) | Note: The disposition of residule 1B and the Summa | dual funds must be reported on ary Page. | |
| Date of Election, Convention or Caucus | | | | | |
| 11/04/2025 | | | | | |
| | | | | | |
| 10. Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a | | | | any) and to the best of | |
| Current Treasurer or | | / | Submitted electronically, signature on file | 10/24/2025 | |
| Designated Record keeper Type or Print Name | | Signature | ——— Date | | |
| | | | Submitted electronically, | 10/04/0005 | |
| Candidate | | 1 | signature on file Date | 10/24/2025 | |
| Type or Print Name | | Signature | | | |

1. Committee I.D. Number 98742

SUMMARY PAGE CANDIDATE COMMITTEE

| Column I This Period | Column II Cumulative this election cycle |
|--|--|
| | Guindianvo tilis election cycle |
| (3a.) \$ 29,488.00 | |
| (3b.) \$NOT APPLICABLE | |
| (3c.) \$ 29,488.00 | (18.) \$ 29,488.00 |
| (4.) \$ 0.00 | (19.) \$ 0.00 |
| (5.) \$ _29,488.00 | (20.) \$ 29,488.00 |
| | |
| , , | (21.) \$ 0.00 |
| (7.) \$ 0.00 | (22.) \$ 0.00 |
| | |
| | |
| (8a.) \$ 16,663.00 | |
| (8b.) \$ 0.00 | |
| (8c.) \$ 0.00 | |
| (9.) \$ 16,663.00 | (23.) \$ 16,663.00 |
| | |
| (10a.) \$ 0.00 | |
| (105.) 6. 0.00 | |
| 0.00 | (24.) \$ 0.00 |
| (11.) \$ | (24.) \$ |
| | |
| (12a.) \$ 10,002.00 | |
| (12b.) \$ <u>0.00</u> | |
| BALANCE STATEMENT $(13.) \$ 0.00$ $(14.) + \$ 29,488.00$ $(15.) = \$ 29,488.00$ $(16.) - \$ 16,663.00$ $(17.) \$ 12,825.00$ | • |
| | (3a.) \$ 29,488.00 (3b.) \$ NOT APPLICABLE (3c.) \$ 29,488.00 (4.) \$ 0.00 (5.) \$ 29,488.00 (6.) \$ 0.00 (7.) \$ 0.00 (8a.) \$ 16,663.00 (8b.) \$ 0.00 (9.) \$ 16,663.00 (10a.) \$ 0.00 (11.) \$ 0.00 (12a.) \$ 18,352.00 (12b.) \$ 0.00 (12b.) \$ 0.00 (13b.) \$ 0.00 (14.) + \$ 29,488.00 (15.) = \$ 29,488.00 (16.) - \$ 16,663.00 (16.) - \$ 16,663.00 (16.) - \$ 16,663.00 (16.) - \$ 16,663.00 (16.) - \$ 16,663.00 (16.) - \$ 16,663.00 |

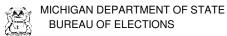


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number ___98742

CANDIDATE COMMITTEE

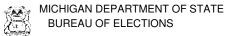
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|---|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/06/2025 Name & Address: GABI GROSSBARD 25428 WOODVILLA PL SOUTHFIELD, MI 48075 5. If over \$100.00 cumulative, please provide: Occupation CANDIDATE Employer SELF Business Address 25428 WOODVILLA PL, SOUTHFIELD, MI 48075 | _{\$} 250.00 | _{\$} 250.00 |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/10/2025 Name & Address RON LAMPARTER 7205 STERLING PONDS CT STERLING HEIGHTS, MI 48312 | _{\$} 1,000.00 | _{\$} 1,000.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer | | |
| Occupation | | |
| Business Address Type of Contribution: ✓ Direct | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/10/2025 Name & Address: ANN RAUWERDINK 5737 TEMPLAR CROSSING WEST BLOOMFIELD, MI 48322 | _{\$} 250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/11/2025 Name & Address DIANE DUNASKIS 535 CUSHING ST LAKE ORION, MI 48362 | _{\$} 250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation RETIRED Employer | | |
| Business Address Type of Contribution: | | |
| Page Subtotal | 1,750.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | Enter this total as | |
| Page 1 of 8 | Enter this total on line 3a of Summary Page. | |



1. Committee I.D. Number

98742

| 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 06/24/2025 Name & Address: MARY LAMPARTER 12 WINDEMERE PL GROSSE POINTE WOODS, MI 48236 | _{\$} 1,000.00 | _{\$} 1,000.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer | | |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/24/2025 Name & Address | | |
| MAT DUNASKIS 535 CUSHING ST LAKE ORION, MI 48362 | _{\$} 125.00 | _{\$} 125.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation RETIRED Employer | | |
| Business Address | | |
| Type of Contribution: | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/24/2025 Name & Address: GERARD MULLIN POB 155 SOUTHFIELD, MI 48037 | § 175.00 | _{\$} 175.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation RETIRED Employer_ | | |
| Business Address | _ | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/24/2025 | | |
| Name & Address DAVID SAMSON 7714 BANNOCKBARN DR RICHMOND, VA 23225 | _{\$} 50.00 | _{\$} _50.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation RETIRED Employer | | |
| Business Address | | |
| 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) | Entered to the |] |
| Page 2 of 8 | Enter this total on line 3a of Summary Page. | |



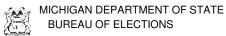
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number _

98742

CANDIDATE COMMITTEE

| 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 all 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 06/24/2025 Name & Address: DANIELA DAVIS 32250 PLUMWOOD ST BEVERLY HILLS, MI 48025 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer | _{\$} 75.00 | _{\$} 75.00 |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/24/2025 Name & Address DAVID CARTER 21290 LOS PALMOS ST SOUTHFIELD, MI 48076 | _{\$} 125.00 | _{\$} 125.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/24/2025 Name & Address: JESSICA TOTH 8574 CARDWELL ST WESTLAND, MI 48185 | § 250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer | | |
| Occupation FETTRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/24/2025 Name & Address MARK AMBROSE 2840 AMBERLY RD BLOOMFIELD HILLS, MI 48301 | _{\$} 750.00 | _{\$} 750.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation BANKER Employer BANK OF AMERICA | | |
| Business Address 100 N TRYON ST, CHARLOTTE, NC 28202 Type of Contribution: Loan from a person Fund Raiser | | |
| Type of Contribution: Loan from a person Fund Raiser Page Subtotal | 1,200.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 3 of 8 | Enter this total on line 3a of Summary Page. | - |



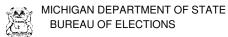
1. Committee I.D. Number

98742

2. Committee Name

CTE GABI GROSSBARD

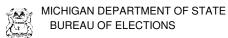
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/24/2025 Name & Address: ROBERT PATRICK 30545 LONGCREST ST SOUTHFIELD, MI 48076 | _{\$} 150.00 | _{\$} 150.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation GENERAL CONTRACTOR Employer SELF | | |
| Business Address 30545 LONGCREST ST, SOUTHFIELD, MI 48076 | | |
| Type of Contribution: | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/24/2025 | | |
| Name & Address DONALD EICHSTAEDT 18222 REDWOOD AVE LATHRUP VILLAGE, MI 48076 | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation RETIRED Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/24/2025 Name & Address: EUGENE GREENSTEIN 32433 OLDE FRANKLIN DR FARMINGTON HILLS, MI 48334 | _{\$} 75.00 | _{\$} 75.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation RETIRED Employer_ | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | • | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/25/2025 Name & Address MARK VEETH 32940 PERTH ST LIVONIA, MI 48154 | § 100.00 | _{\$} _100.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation RETIRED Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | 425.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | | |
| Page 4 of 8 | Enter this total on line 3a of Summary Page. | |



1. Committee I.D. Number

98742

| 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 all 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 06/30/2025 Name & Address: STEVEN GROSSBARD 25428 WOODVILLA PL SOUTHFIELD, MI 48075 | _{\$} 1,000.00 | _{\$} 1,000.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/30/2025 Name & Address ROCHELLE GROSSBARD 25428 WOODVILLA PL SOUTHFIELD, MI 48075 | _{\$} 1,000.00 | _{\$_} 1,000.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation RETIRED Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/13/2025 Name & Address: SOL HERSHKOP 46 SPRUCE ST CEDARHURST, NY 11516 | _{\$} 1,000.00 | _{\$} 1,000.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation NEW CAR SALES Employer SELF | | |
| Business Address 2170 MILL AVE, MILL BASIN, NY 11234 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/21/2025 Name & Address ROBERT JOHNCOX 21401 CONCORD ST SOUTHFIELD, MI 48076 | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation RETIRED Employer | | |
| Business Address Type of Contribution: Loan from a person Fund Raiser | | |
| Page Subtotal | 3,100.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | Enter this total on line 3a of Summary | |
| Page 5 of 8 | Page. | |



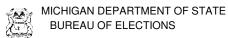
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

98742

CANDIDATE COMMITTEE

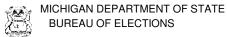
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--------------------------------------|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/25/2025 Name & Address: BRIAN JACOBS 22705 SHEVINGTON DR SOUTHFIELD, MI 48034 | 5 _{\$} 1,000. | 00 _{\$} 1,000.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer JERUSALEM PIZZA | | |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | 76 | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/03/2025 | | |
| Name & Address DONALD EICHSTAEDT 18222 REDWOOD AVE LATHRUP VILLAGE, MI 48076 | _{\$} 50.00 | <u></u> \$150.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation RETIRED Employer | _ | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 00/10/2025 | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/19/2025 Name & Address: GABI GROSSBARD 25428 WOODVILLA PL SOUTHFIELD, MI 48075 | _{\$_} 10,000 | .00 \$ 10,250.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation CANDIDATE Employer SELF | | |
| Business Address 25428 WOODVILLA PL, SOUTHFIELD, MI 48075 Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/22/2025 | | |
| Name & Address GABI GROSSBARD 25428 WOODVILLA PL SOUTHFIELD, MI 48075 | _{\$} 8,352. | 00 \$ 18,602.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation CANDIDATE Employer SELF | | |
| Business Address 25428 WOODVILLA PL, SOUTHFIELD, MI 480 | 75 | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page | Subtotal 19,402.00 | |
| Grand Total of All Scheo (Complete on last page of S | Schedule) | |
| Page 6 of 8 | Enter this tota line 3a of Sum Page. | |



1. Committee I.D. Number _

98742

| 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 Name & Address: ALAN ZEKELMAN 5904 WING LAKE RD BLOOMFIELD HILLS, MI 48301 | 09/29/2025 | _{\$} 1,000.00 | _{\$} 1,000.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer | | | |
| Business Address Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? FYES 4. Date of Receipt Name & Address REALTORS POLITICAL ACTION COMMITTEE OF I 720 N WASHINGTON AVE LANSING, MI 48906 | | _{\$} 1,000.00 | _{\$} 1,000.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Employer | | | |
| Business Address Type of Contribution: ✓ Direct Loan from a person | Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: FRANK GONZALES 1407 S SHELDON RD PLYMOUTH, MI 48170 | 10/03/2025 | _{\$} 25.00 | _{\$} 25.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation RETIRED Employer | | | |
| Business Address | Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address SAM SUNG 101 W SACRAMENTO AVE CHICO, CA 95926 | 10/07/2025 | _{\$} 36.00 | _{\$} 36.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation RETIRED Employer | | | |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| | Page Subtotal | 2,061.00 | |
| (Complet | d Total of All Schedules 1A e on last page of Schedule) | Enter this total on line 3a of Summary | |
| Page 7 of O | | Page. | |



SCHEDULE 1A

1. Committee I.D. Number

98742

CANDIDATE COMMITTEE 2. Committee

2. Committee Name CTE GABI GROSSBARD

| 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 Name & Address: PAMELA GERALD POB 155 | 10/17/2025 | | 000.00 |
| SOUTHFIELD, MI 48037 | | _{\$} 200.00 | _{\$} 200.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation RETIRED Employer | | | |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person Fig. 1 | und Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address | | | |
| | | \$ | \$ |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
| Occupation Employer | | | |
| Business Address | | | |
| | Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: | | | |
| | | \$ | \$ |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
| Occupation Employer | | | |
| Business Address | | | |
| | Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address | | | |
| | | \$ | \$ |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
| Occupation Employer | | 31151X 1 1010 101 | mono nomization |
| Business Address | | | |
| | und Raiser | | |
| | Page Subtotal | 200.00 | |
| | Total of All Schedules 1A | 29,488.00 | - |
| (Complete | on last page of Schedule) L | Enter this total on | J |

 $_{\text{Page}}\underline{8}_{\text{of}}\underline{8}_{\text{}}$

Enter this total on line 3a of Summary Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 98742

2 Committee Name CTE GABI GROSSBARD

| 2.0 | ommittee Name | | |
|--|---|--------------------|--------------------|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 Name NIKOLA'S Address 25225 TELEGRAPH RD SOUTHFIELD, MI 48033 | Purpose: BUFFET DINNER Check box if this expenditure is payment of | 06/24/2025 Date | \$ <u>204.00</u> |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #2 Name KRAVINGS Address 25270 GREENFIELD RD | Purpose: KOSHER FOOD OPTION | 06/24/2025 Date | \$ <u>158.00</u> |
| OAK PARK, MI 48237 Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Name DOSTER LAW OFFICES PLLC Address 2145 COMMONS PKWY OKEMOS, MI 48864 | Purpose: LEGAL FEES | 07/03/2025 Date | \$ <u>1,850.00</u> |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #4 Name G-TEK PROMOTIONAL SOLUTIONS | | 07/07/2025 Date | \$ 1,113.00 |
| Address 42888 MOUND RD STERLING HEIGHTS, MI 48314 | Purpose: YARD SIGNS WITH STANDS | Bate | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Address 24760 GREENFIELD RD OAK PARK, MI 48237 | Purpose: PRINTING Check box if this expenditure is payment of | 08/11/2025 Date | \$ <u>121.00</u> |
| Fund Raiser | debt or obligation reported on previous statement | | |
| | Subto | tal this page | 3,446.00 |
| | Grand Total of all ((Complete on last page | | |

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 98742

CTE GABI GROSSBARD

| 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|--|---|
| | | |
| | 09/22/2025 | \$ 8,352.00 |
| Purpose: PARINT AND MAIL POSTCARDS | Date | |
| Check hav if this expanditure is nevment of | | |
| debt or obligation reported on previous statement | | |
| | | |
| | 09/22/2025 | \$ 3,070.00 |
| Purpose: LEGAL FEES | Date | |
| Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| | | |
| | 10/01/2025 | \$ 1,050.00 |
| Purpose: TWO FRONT PAGE BANNERS | Date | · <u> </u> |
| | | |
| Check box if this expenditure is payment of | | |
| debt or obligation reported on previous | | |
| statement | | |
| | | |
| | 10/05/2025 | \$ 117.00 |
| Purpose: AD | Date | |
| | | |
| Check box if this expenditure is payment of | | |
| debt or obligation reported on previous statement | | |
| | | |
| | 10/15/2025 | • FOF 00 |
| Purpose: FRONT PAGE AD | Date | \$ <u>525.00</u> |
| | | |
| Check box if this expenditure is payment of debt or obligation reported on previous | | |
| | | |
| Subto | tal this page | 13,114.00 |
| | | |
| | Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: LEGAL FEES Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: TWO FRONT PAGE BANNERS Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: AD Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: FRONT PAGE AD Check box if this expenditure is payment of debt or obligation reported on previous statement Subto Grand Total of all S | Purpose: PARINT AND MAIL POSTCARDS Purpose: PARINT AND MAIL POSTCARDS Check box if this expenditure is payment of debt or obligation reported on previous statement O9/22/2025 |

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 98742

2. Committee Name CTE GABI GROSSBARD

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|-------------------|------------------|
| Expenditure #1 | | | |
| Name CITY OF SOUTHFIELD | | 10/17/2025 | * 2E 00 |
| 0111 01 0001111 1225 | Purpose: ELECTION DATA | Date | \$ <u>25.00</u> |
| Address 26000 EVERGREEN RD | Purpose: LLLOTION DATA | 24.0 | |
| SOUTHFIELD, MI 48076 | | | |
| 3001111 IEED, WII 40070 | Check box if this expenditure is payment of | | |
| Fund Reiser | debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #2 | | | |
| Name PAY PAL | | 10/18/2025 | \$ 78.00 |
| | Purpose: PAY PALL CC PROCESSING FEES | Date | Ψ <u>70.00</u> |
| Address | Purpose: | | |
| 2211 N FIRST ST | Memo | Itemization Bel | ow |
| SAN JOSE, CA 95131 | | | |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #3 | | | |
| Name | | | |
| | | | \$ |
| Address | Purpose: | Date | |
| | Click H | lere for Memo I | temization Type |
| | | CIC IOI WICIIIO I | ternization Type |
| | LICheck box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #4 | | | |
| Name | | | |
| | | Date | \$ |
| Address | Purpose: | Date | |
| | | | |
| | Click H | ere for Memo I | temization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name | | | |
| Teamo | | | \$ |
| Address | Purpose: | Date | Ψ |
| | | | |
| | | ere for Memo I | temization Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| | Subtot | tal this page | 103.00 |
| | Grand Total of all S | Schedules 1R | |
| | (Complete on last page | | 16,663.00 |

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS

1. Committee I.D. Number

98742

| SCHEDULE 1E | CTE GABI GROSSBARD |
|---------------------|--------------------------------------|
| CANDIDATE COMMITTEE | 2. Committee Name OTL GABI GROSSBAND |

| This Schedule itemizes: | | | | |
|--|--|--|--|--|
| a Debts and obligations owed by or forgiven the com (Chec | mittee OR b. Debts | s and obligations owed <u>to</u> rpose checked.) | or forgiven <u>by</u> the cor | nmittee. |
| 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 endorsers 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: GABI GROSSBARD 25428 WOODVILLA PL | 4. Type: LOAN 5. Date Debt Was Incurred: | \$ \$ | | |
| SOUTHFIELD, MI 48075 | 09/19/2025 6. Original Amount of Debt: \$ 10,000.00 | \$ \$ | \$ 0.00 | \$10,000.00 |
| If bank loan, name of endorser or guarantor: | φ,σσσσ | \$ An | nount Endorsed: \$ |) |
| Debt #2 Corp? Yes Owed to or by: GABI GROSSBARD 25428 WOODVILLA PL | 4. Type: LOAN 5. Date Debt Was Incurred: | * * | | |
| SOUTHFIELD, MI 48075 | 09/22/2025 6. Original Amount of Debt: \$ 8,352.00 | <u> </u> | \$ 0.00 | \$_8,352.00 |
| If bank loan, name of endorser or guarantor: | | \$ A | mount Endorsed: \$_ |) |
| Debt #3 Corp? Yes Owed to or by: | 4. Type: 5. <u>Date Debt Was Incurred</u> : | \$ \$ | | |
| | 6. Original Amount of Debt: | <u> </u> | \$ | \$FORGIVEN |
| If bank loan, name of endorser or guarantor: | Ψ | <u> </u> | Amount Endorsed: \$_ | FONGIVEN |
| | | Page Subtota | al (Outstanding debt) | 18,352.00 |
| (C | omplete on last page of Schedule s | Grand Tota showing amounts owed by | al of all Schedules 1E or to the committee) | 18,352.00 |

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.

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

Page 1 of 1



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 98742

| | - USE A SEPARATE SH | EET FOR EACH EVENT - | |
|--|---|----------------------------------|---|
| 3. Date Event Was Held | Number of Individuals Attending or Participating (whichever is greater) | 5. Type of Fund Raising Activity | 6. Address and Name (If any) of the place where the activity was held. NIKOLA'S |
| 06/24/2025 | 28 | BUFFET SOCIAL NETWORKING | 25225 TELEGRAPH RD SOUTHFIELD, MI 48033 Private Residence |
| 7. Total Contributions | 4,525.00 | | |
| 3. Other Receipts | 0.00 | | |
| 9. Gross Receipts (Add lines 7 a | and 8) 4,525.00 | | |
| Total Cost of Event Total Cost includes In-Kind Cor | 362.00 ntributions and All Expenditures | Made For the Event | |
| | int fund raiser and complete the | | |
| Co-Sponsor(s) | Contribution S (%) | Split | Expenditure Split (%) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | end to file a congrete Fund Pain | , | |

- 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.

| D | 1 | ., 1 | |
|------|---|------|--|
| Page | | of I | |