



FILED

24 OCT 2025 PM 02:32

OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

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

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

1. Committee I.D. Number

95916

2. Committee Name

FRIENDS OF MICHAEL ARI MANDELBAUM

4. Candidate Last Name First Name M.I.

MANDELBAUM MICHAEL A

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

CITY COUNCIL, SOUTHFIELD

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

5. Committee's Mailing Address

**25109 SOUTHWOOD DR.
SOUTHFIELD, MI 48075**

Area Code and Phone (248) 905-1095
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.

6. Treasurer's Name & Residential Address

**MICHAEL A MANDELBAUM
25109 SOUTHWOOD DR.
SOUTHFIELD, MI 48075**

Area Code & Phone (248) 905-1095

7. Treasurer's Business Address

**25109 SOUTHWOOD DR.
SOUTHFIELD, MI 48075**

Area Code and Phone (248) 905-1095

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

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

Date of Election, Convention or Caucus

11/04/2025

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 95916

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF MICHAEL ARI MANDELBAUM

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>11,016.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>11,016.00</u>	(18.) \$ <u>11,016.00</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>11,016.00</u>	(20.) \$ <u>11,016.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>11,581.52</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>11,581.52</u>	(23.) \$ <u>11,689.51</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>2,613.00</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>3,683.95</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>11,016.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>14,699.95</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>11,581.52</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3,118.43</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 95916
2. Committee Name FRIENDS OF MICHAEL ARI MANDELBAUM

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>07/15/2025</u>	
Name & Address: PAUL LUFTY 7470 W GREENWICH DR BLOOMFIELD HILLS, MI 48301		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>CLOVERLEAF MARKET</u> Business Address <u>24520 W 12 MILE RD, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: BRANDON KASSAB 4410 CHARING WAY BLOOMFIELD HILLS, MI 48304		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>ENCORE REAL ESTATE</u> Business Address <u>6755 DALY RD, WEST BLOOMFIELD, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: ANDREW ATTISHA 1835 COLE ST BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS DEVELOPER</u> Employer <u>ATTISHA DEVELOPMENT</u> Business Address <u>1835 COLE ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: CHRISTOPHER YATOOMA 1712 HAMILTON DR BLOOMFIELD HILLS, MI 48302		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>OCG COMPANIES</u> Business Address <u>1615 S TELEGRAPH RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,250.00

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 95916
2. Committee Name FRIENDS OF MICHAEL ARI MANDELBAUM

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>07/15/2025</u>	
Name & Address: DURAI D YOUSIF 2829 ERMA DR SHELBY TWP, MI 48317		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>24839 GREENFIELD 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>07/15/2025</u>	
Name & Address: ATHIR GAPPY 2120 W LONG LAKE RD WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>11 MILE & LAHSER SHELL</u> Business Address <u>27050 LAHSER RD, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: HANI MIO 2685 COMFORT ST MI 48323		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF OPERATIONS</u> Employer <u>UNITED CUSTOM DISTRIBUTION</u> Business Address <u>25700 W 8 MILE RD, SOUTHFIELD, MI 48033</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: ALAN BASKINS 22764 FOXMOOR DR NOVI, MI 48374		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>ORCHARD LAKE ENTERPRISES</u> Business Address <u>29200 NORTHWESTERN HWY, STE 450, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,500.00

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 95916
2. Committee Name FRIENDS OF MICHAEL ARI MANDELBAUM

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>07/15/2025</u>	
Name & Address: STEVE SHAMOUN 3986 STONECREST RD WEST BLOOMFIELD, MI 48322		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>24848 SOUTHFIELD 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>07/15/2025</u>	
Name & Address: TAREK GAYAR 1960 E HAMMOND LAKE DR BLOOMFIELD HILLS, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SPHINX PETROLEUM</u> Business Address <u>22472 NORTHWESTERN HWY, SOUTHFIELD, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2025</u>	
Name & Address: GABRIEL SCHUCHMAN 4889 ARDMORE DR BLOOMFIELD HILLS, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>MID-AMERICA REAL ESTATE</u> Business Address <u>38500 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/01/2025</u>	
Name & Address: LAWRENCE KAJY 7487 AUTUMN HILL DR #48 WEST BLOOMFIELD, MI 48323		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KAJY LAW FIRM</u> Business Address <u>18000 W NINE MILE RD, STE 1400, SOUTHFIELD, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,750.00**

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 95916
2. Committee Name FRIENDS OF MICHAEL ARI MANDELBAUM

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>08/11/2025</u> Name & Address: SAM BAKKAL 7559 WINDGATE CIR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>RE/MAX</u> Business Address <u>3160 HAGGERTY RD, STE P, WEST BLOOMFIELD, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>09/08/2025</u> Name & Address: SHEET METAL WORKERS LOCAL 80 17100 W 12 MILE RD 2ND FLOOR SOUTHFIELD, MI 48076		\$ <u>280.00</u>	\$ <u>280.00</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>09/10/2025</u> Name & Address: VERONIKA SEGELBAUM 25175 RIDGE CLIFF DR SOUTHFIELD, MI 48075		\$ <u>36.00</u>	\$ <u>36.00</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>09/11/2025</u> Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906		\$ <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 **1,816.00**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 95916
2. Committee Name FRIENDS OF MICHAEL ARI MANDELBAUM

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>09/12/2025</u>	
Name & Address: BASIM BINNO 5213 HIGHLAND RD WATERFORD, MI 48327		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>COMMERCIAL PROPERTIES SERVICES</u> Business Address <u>42690 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2025</u>	
Name & Address: DOV LOKETCH 25940 STRATFORD PL OAK PARK, MI 48237		\$ <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>09/30/2025</u>	
Name & Address: AVROHOM BAUM 25208 PIERCE ST SOUTHFIELD, MI 48075		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>WING LAKE CAPITAL PARTNERS</u> Business Address <u>32300 NORTHWESTERN HWY, STE 215, 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>10/01/2025</u>	
Name & Address: HARVEY BRONSTEIN 22490 HALLCROFT TRAIL SOUTHFIELD, MI 48034		\$ <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 **1,700.00**

Grand Total of All Schedules 1A
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Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 95916
2. Committee Name FRIENDS OF MICHAEL ARI MANDELBAUM

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>10/08/2025</u> Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>500.00</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			
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/15/2025</u> Name & Address: REGISTRARS PAC LOCAL 58, IBEW 1358 ABBOTT ST DETROIT, MI 48216		\$ <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 _____ 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

1,000.00

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

11,016.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **95916**
2. Committee Name **FRIENDS OF MICHAEL ARI MANDELBAUM**

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 Address 26000 EVERGREEN RD SOUTHFIELD, MI 48076 ☐ Fund Raiser	Purpose: CANDIDATE FILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/28/2025 Date	\$ 18.00
Expenditure #2 Name MICHAEL MANDELBAUM Address 25109 SOUTHWOOD DR SOUTHFIELD, MI 48075 ☐ Fund Raiser	Purpose: WEBSITE REIMBURSEMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/23/2025 Date	\$ 24.17
Expenditure #3 Name USPS Address 22200 W ELEVEN MILE RD SOUTHFIELD, MI 48037 ☐ Fund Raiser	Purpose: STAMPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2025 Date	\$ 14.60
Expenditure #4 Name MAGNOLIA NEIGHBORHOOD ASSOCIATION Address 18410 MAGNOLIA PKWY SOUTHFIELD, MI 48075 ☐ Fund Raiser	Purpose: JULY FOURTH PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2025 Date	\$ 25.00
Expenditure #5 Name ALL PRO COLOR Address 20750 CHESLEY DR FARMINGTON, MI 48336 ☐ Fund Raiser	Purpose: CAMPAIGN WALKING LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/22/2025 Date	\$ 119.62

Subtotal this page

201.39

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 **95916**
2. Committee Name **FRIENDS OF MICHAEL ARI MANDELBAUM**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DIEGO FRAUSTRO Address 21000 MAHON DR SOUTHFIELD, MI 48075 ☐ Fund Raiser	Purpose: GRAPHIC DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/04/2025 Date	\$ 600.00
Expenditure #2 Name HESS PRINTING Address 201 ELM ST WYANDOTTE, MI 48192 ☐ Fund Raiser	Purpose: WALKING LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2025 Date	\$ 252.28
Expenditure #3 Name COMMUNITY LINKS DETROIT Address 16131 HILTON ST SOUTHFIELD, MI 48075 ☐ Fund Raiser	Purpose: CAMPAIGN AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2025 Date	\$ 190.00
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: A/V MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/22/2025 Date	\$ 7,754.59
Expenditure #5 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: AV MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2025 Date	\$ 1,938.64

Subtotal this page **10,735.51**

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 **95916**
2. Committee Name **FRIENDS OF MICHAEL ARI MANDELBAUM**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name C & G PUBLISHING INC Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: NEWSPAPER AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2025 Date	\$ 525.00
Expenditure #2 Name ALL PRO COLOR Address 20750 CHESLEY DR FARMINGTON, MI 48336 ☐ Fund Raiser	Purpose: WALKING LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/14/2025 Date	\$ 119.62
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **644.62**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **11,581.52**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 95916
2. Committee Name FRIENDS OF MICHAEL ARI MANDELBAUM

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: MICHAEL MANDELBAUM 25109 SOUTHWOOD DR SOUTHFIELD, MI 48075	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/07/2013</u> 6. <u>Original Amount of Debt:</u> \$ <u>613.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>613.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: MICHAEL MANDELBAUM 25109 SOUTHWOOD DR SOUTHFIELD, MI 48075	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/04/2013</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: MICHAEL MANDELBAUM 25109 SOUTHWOOD DR SOUTHFIELD, MI 48075	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/20/2017</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2,613.00

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

2,613.00

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.