



FILED

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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: 07/29/2025 to 10/19/2025

1. Committee I.D. Number

98809

2. Committee Name

CTE BILL KOLB

4. Candidate Last Name First Name M.I.

KOLB WILLIAM D

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

CITY COMMISSIONER, BIRMINGHAM

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

5. Committee's Mailing Address

**411 SOUTH OLD WOODWARD
#518
BIRMINGHAM, MI 48009**

Area Code and Phone (917) 650-3086
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

**BILL KOLB
411 SOUTH OLD WOODWARD
#518
BIRMINGHAM, MI 48009**

Area Code & Phone (917) 650-3086

7. Treasurer's Business Address

**411 SOUTH OLD WOODWARD
#518
BIRMINGHAM, MI 48009**

Area Code and Phone (917) 650-3086

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

11/03/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/03/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98809

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE BILL KOLB

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>19,486.51</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>19,486.51</u>	(18.) \$ <u>19,486.51</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>19,486.51</u>	(20.) \$ <u>19,486.51</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>19,486.51</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>19,486.51</u>	(23.) \$ <u>19,486.51</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>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>19,486.51</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>19,486.51</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>19,486.51</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0.00</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98809
2. Committee Name CTE BILL KOLB

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>11/03/2025</u>	
Name & Address: WILLIAM KOLB 411 S OLD WOODWARD AVE APT 518 BIRMINGHAM, MI 48009		\$ <u>19,486.51</u>	\$ <u>19,486.51</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>411 S OLD WOODWARD AVE APT 518, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

19,486.51

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

19,486.51

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98809**
2. Committee Name **CTE BILL KOLB**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CITY OF BIRMINGHAM Address 151 MARTIN ST BIRMINGHAM, MI 48009 ☐ Fund Raiser	Purpose: FOIA REQUEST Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/18/2025 Date	\$ 16.95
Expenditure #2 Name CRYPTICAL WEBSTUDIO Address SUGAR CREEK CENTER BLVD SUGAR LAND, TX 77478 ☐ Fund Raiser	Purpose: WEBSITE - BASIC WEB PACKAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2025 Date	\$ 450.00
Expenditure #3 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: SIGNS, POSTCARDS, MAGNETS, BUTTONS Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/29/2025 Date	\$ 2,110.99
Expenditure #4 Name VISTA PRINT Address 95 HAYDEN AVE LEXINGTON, MA 02421 ☐ Fund Raiser	Purpose: POSTCARDS PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2025 Date	\$ 197.14
Expenditure #5 Name VISTA PRINT Address 95 HAYDEN AVE LEXINGTON, MA 02421 ☐ Fund Raiser	Purpose: DOOR HANGER PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2025 Date	\$ 383.69

Subtotal this page **3,158.77**

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 **98809**
2. Committee Name **CTE BILL KOLB**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name C&G NEWSPAPERS Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>NEWSPAPER AD - BLOOMFIELD EAGLE</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/2025</u> Date	\$ <u>2,324.70</u>
Expenditure #2 Name C&G NEWSPAPERS Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>DIGITAL AD</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/2025</u> Date	\$ <u>100.00</u>
Expenditure #3 Name SJR CONSULTING LLC Address PO BOX 371171 LAS VEGAS, NV 89137 ☐ Fund Raiser	Purpose: <u>DIGITAL CAMPAIGN ADS</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/2025</u> Date	\$ <u>2,000.00</u>
Expenditure #4 Name C&G NEWSPAPERS Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>NEWSPAPER AD BIRMINGHAM EAGLE</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2025</u> Date	\$ <u>2,174.70</u>
Expenditure #5 Name C&G NEWSPAPERS Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>STICK ON - BIRMINGHAM EAGLE</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/2025</u> Date	\$ <u>1,272.36</u>
Subtotal this page			7,871.76
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 **98809**
2. Committee Name **CTE BILL KOLB**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name C&G NEWSPAPERS Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>DAC, LARGE, BIRMINGHAM EAGLE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/2025</u> Date	\$ <u>2,504.46</u>
Expenditure #2 Name C&G NEWSPAPERS Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>NEWSPAPER AD BIRMINGHAM EAGLE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2025</u> Date Memo Itemization Below	\$ <u>2,174.70</u>
Expenditure #3 Name C&G NEWSPAPERS Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>STICK ON BIRMINGHAM EAGLE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2025</u> Date Memo Itemization Below	\$ <u>1,272.36</u>
Expenditure #4 Name C&G NEWSPAPERS Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>DAC, LARGE, BIRMINGHAM EAGLE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2025</u> Date Memo Itemization Below	\$ <u>2,504.46</u>
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u> </u> Date Click Here for Memo Itemization Type	\$ <u> </u>

Subtotal this page **8,455.98**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **19,486.51**

Enter this total
on line 8a of
Summary Page