



FILED

17 FEB 2026 PM 02:36

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: 10/20/2025 to 11/24/2025

1. Committee I.D. Number

**98773**

2. Committee Name

**FRIENDS OF WOODY GONTINA**

5. Committee's Mailing Address

**1805 GREENLEAF DR  
ROYAL OAK, MI 48067**

Area Code and Phone (313) 444-8617  
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

**GONTINA**

First Name

**WOODY**

M.I.

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

**CITY COMMISSIONER, ROYAL OAK**

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

6. Treasurer's Name & Residential Address

**WOODY GONTINA  
1805 GREENLEAF DR  
ROYAL OAK, MI 48067**

Area Code & Phone (313) 444-8617

7. Treasurer's Business Address

**1805 GREENLEAF DR  
ROYAL OAK, MI 48067**

Area Code and Phone (313) 444-8617

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

**WOODY GONTINA  
1805 GREENLEAF DR  
ROYAL OAK, MI 48067**

Area Code and Phone (313) 444-8617

**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

11/04/2025

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

02/17/2026

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

02/17/2026



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98773  
2. Committee Name FRIENDS OF WOODY GONTINA

| 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? <input type="checkbox"/> YES            | 4. Date of Receipt <u>10/31/2025</u> |                                                                                 |
| Name & Address:<br><b>RALPH BIANCHI</b><br>16650 18 MILE RD<br>CLINTON TOWNSHIP, MI 48038                                                                                                                                                                                                                                                   |                                                      | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>BUISNESS OWNER</u> Employer <u>BIANCHIS SALON</u><br>Business Address <u>128 N MAIN ST, ROYAL OAK, MI 48067</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser       |                                                      |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt <u>11/01/2025</u> |                                                                                 |
| Name & Address:<br><b>PENNY LUEBS</b><br>639 HENDRICKSON BLVD<br>CLAWSON, MI 48017                                                                                                                                                                                                                                                          |                                                      | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>COUNTY COMMISSIONER</u> Employer <u>OAKLAND COUNTY</u><br>Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                                      |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                         | PAC Receipt? <input checked="" type="checkbox"/> YES | 4. Date of Receipt <u>11/05/2025</u> |                                                                                 |
| Name & Address:<br><b>MICHIGAN LABORERS' POLITICAL LEAUGE</b><br>1118 CENTENNIAL WAY<br>SUITE 100<br>LANSING, MI 48917                                                                                                                                                                                                                      |                                                      | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                           |                                                      |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                         | PAC Receipt? <input checked="" type="checkbox"/> YES | 4. Date of Receipt <u>11/05/2025</u> |                                                                                 |
| Name & Address:<br><b>UAW MICHIGAN V-PAC</b><br>8200 E JEFFERSON AVE<br>DETROIT, MI 48214                                                                                                                                                                                                                                                   |                                                      | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                           |                                                      |                                      |                                                                                 |

Page Subtotal **1,850.00**

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 98773  
2. Committee Name FRIENDS OF WOODY GONTINA

| 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) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------|
| <div>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/06/2025</u></div> <div>Name &amp; Address:<br/><b>ANTHONY YEZBICK</b><br/><b>P.O. BOX 68</b><br/><b>ROYAL OAK, MI 48068</b></div> <div style="text-align: right;"><b>\$ 1,225.00</b>      <b>\$ 1,225.00</b></div> <div>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>BUSINESS CO-OWNER</u>      Employer <u>FIFTH AVE</u><br/>Business Address <u>215 W FIFTH ST, ROYAL OAK, MI 48067</u><br/>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</div>                |           |                                                                                 |
| <div>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/06/2025</u></div> <div>Name &amp; Address:<br/><b>DANIEL YEZBICK</b><br/><b>38075 COBBLE CREEK CT</b><br/><b>STERLING HEIGHTS, MI 48312</b></div> <div style="text-align: right;"><b>\$ 1,225.00</b>      <b>\$ 1,225.00</b></div> <div>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>BUSINESS CO-OWNER</u>      Employer <u>FIFTH AVE</u><br/>Business Address <u>215 W FIFTH ST, ROYAL OAK, MI 48067</u><br/>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</div> |           |                                                                                 |
| <div>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/08/2025</u></div> <div>Name &amp; Address:<br/><b>JEFFREY KLATT</b><br/><b>324 AQUA CT</b><br/><b>ROYAL OAK, MI 48073</b></div> <div style="text-align: right;"><b>\$ 500.00</b>      <b>\$ 500.00</b></div> <div>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>ARCHITECT</u>      Employer <u>KRIEGER KLATT ARCHITECTS</u><br/>Business Address <u>400 E LINCOLN AVE, ROYAL OAK, MI 48067</u><br/>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</div>            |           |                                                                                 |
| <div>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</div> <div>Name &amp; Address:<br/>_____<br/>_____<br/>_____</div> <div style="text-align: right;"><b>\$ _____</b>      <b>\$ _____</b></div> <div>5. If over \$100.00 cumulative, please provide:<br/>Occupation _____      Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</div>                                                                                                                                                                   |           |                                                                                 |

Page Subtotal

**2,950.00**

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

**5,450.00**

Enter this total on  
line 3a of Summary  
Page.