

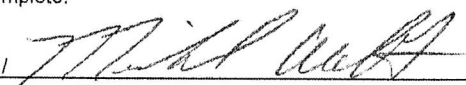
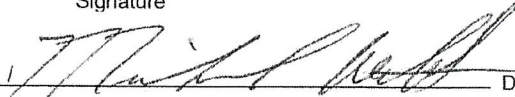


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 96869		3. This Statement covers From: <u>01/01/2025</u> to <u>10/19/2025</u>	
2. Committee Name Committee to Elect Michael Webb		4. Candidate Last Name Webb First Name Michael M.I. T 4a. Office Sought Including District # or Community Served (If applicable) Mayor	
5. Committee's Mailing Address 357 W Pearl Hazel Park, MI 48030 Area Code and Phone <u>(248) 854-4028</u> 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.		4b. County of Residence OAKLAND 6. Treasurer's Name & Residential Address Michael Webb 357 W Pearl Hazel Park, MI 48030 Area Code & Phone <u>(248) 854-4028</u>	
7. Treasurer's Business Address N/A Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the Committee has a Designated Record Keeper) N/A 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 <u>11/04/2025</u>		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 Michael Webb Type or Print Name		 Signature Date <u>2/9/26</u>	
Candidate Michael Webb Type or Print Name		 Signature Date <u>2/9/26</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 96869

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Michael Webb

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>9,180.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$9,180.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$9,180.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$1,700.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u> </u>	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$7,152.20</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>\$7,152.20</u>	(23.) \$ _____
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.) \$ _____
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>\$9,180.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$9,180.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$7,152.20</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$2,027.80</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 96869

2. Committee Name CTE Michael Webb

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 06/17/2025

Name & Address:

Andy Lecureaux
23440 Harding
Hazel Park, MI 48030

\$ 200.00

\$ 200.00

5. If over \$100.00 cumulative, please provide:

Occupation Appliance Installer Employer Self Employed

Click Here for Memo Itemization

Business Address 23440 Harding Hazel Park, MI 48030

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 06/17/2025

Name & Address

Steven Haddad
6680 Vachon Ct
Bloomfield, MI 48301

\$ 1225.00

\$ 1225.00

5. If over \$100.00 cumulative, please provide:

Occupation Business Owner Employer Capital Sales

Click Here for Memo Itemization

Business Address 1471 E Nine Mile Rd Hazel Park, MI 48030

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 06/17/2025

Name & Address:

Ian Lloyd
992 E Mahan
Hazel Park, MI 48030

\$ 25.00

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 06/17/2025

Name & Address

Deborah Laframboise
117 Andresen Ct
Hazel Park, MI 48030

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal \$1,500.00

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 96869

2. Committee Name CTE Michael Webb

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 06/17/2025

Name & Address:

Abigail Fandakly
1768 Piccadilly Court
Rochester Hills, MI 48309

\$ 1225.00

\$ 1225.00

5. If over \$100.00 cumulative, please provide:

Occupation Business Owner Employer My Town Properties

Click Here for Memo Itemization

Business Address 21611 John R Rd Hazel Park, MI 48030

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 06/17/2025

Name & Address:

Avram A Zallen
23455 Manistee St
Oak Park, MI 48237

\$ 750.00

\$ 750.00

5. If over \$100.00 cumulative, please provide:

Occupation CEO Employer Steadfast LLC

Click Here for Memo Itemization

Business Address 22018 John R Rd Hazel Park, MI 48030

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 06/17/2025

Name & Address:

Curtis Goure
17021 E Nichlaus Dr
Fountain Hills, AZ 85268

\$ 500.00

\$ 500.00

5. If over \$100.00 cumulative, please provide:

Occupation Business Owner Employer BDT

Click Here for Memo Itemization

Business Address 21640 John R Rd Hazel Park, MI 48030

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☒ YES

4. Date of Receipt 06/18/2025

Name & Address:

Sheet Metal Workers Local 80
17100 W 12 Mile Rd F12
Southfield, MI 48076

\$ 280.00

\$ 280.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal \$2,755.00

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 96869

2. Committee Name CTE Michael Webb

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 06/19/2025

Name & Address:

Darrin Fox
87 E Garfield
Hazel Park, MI 48030

\$ 200.00

\$ 200.00

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 10/13/2025

Name & Address

Scott Cooper
17368 W 12 Mile Rd
Southfield, MI 48076

\$ 150.00

\$ 150.00

5. If over \$100.00 cumulative, please provide:

Occupation Business Owner Employer Cooper CPA

Click Here for Memo Itemization

Business Address 17368 W 12 Mile Rd Southfield, MI 48076

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 _____

Click Here for Memo Itemization

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 _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **\$350.00**

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

\$9,180.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 96869
2. Committee Name Committee to Elect Michael Webb

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/17/25</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>100</u>	5. Type of Fund Raising Activity <u>taco bar</u>	6. Address and Name (If any) of the place where the activity was held. <u>Boozy's Bar and Grill</u> <u>21504 John R Rd</u> <u>Hazel Park, MI 48030</u> ☐ Private Residence
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7. Total Contributions \$8,730.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$8,730.00
10. Total Cost of Event \$700.00
(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.

Kadulski, Heather L

From: ROBBIE WEBB <rwebb29947@aol.com>
Sent: Monday, February 09, 2026 8:05 PM
To: Campaign Finance
Subject: campaign finance amendments
Attachments: preamend25.pdf; postamend25.pdf

CAUTION: This message is from a sender outside of the Oakland County organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Attached and post and pre campaign finance amendments for Nov 4,2025 election.

Sincerely
Michael Webb