



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

BALLOT QUESTION 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.

1. Committee I.D. Number 98887		3. This Statement covers From: 05/04/26 To 07/19/26	
2. Committee Name The Franklin PD Millage Committee		4. Committee's Mailing Address 30585 Birchway Dr. Franklin, MI 48025 Area Code and Phone: _____ 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.	
5. Treasurer's Name and Residential Address Justin Wells 446 N. Custer Ave Clawson, MI 48017 Area Code and Phone (701) 789-1107			
6. Treasurer's Business Address Area Code and Phone _____		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	
8. TYPE OF STATEMENT: 8a. ☒ PRE-ELECTION OR ☐ POST-ELECTION Pre-Election or Post-Election Statement relates to: ☒ PRIMARY ☐ GENERAL ☐ SCHOOL ☐ SPECIAL ☐ OTHER: _____ Date of Election: 08/04/26	8b. ☐ FEBRUARY STATEMENT ☐ APRIL STATEMENT ☒ JULY STATEMENT ☐ OCTOBER STATEMENT 8c. ☐ ANNUAL STATEMENT (____ Coverage Year)	8d: ☐ Post Petition Sample Filing under MCL 168.483a (Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition) 8e. ☒ AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)	8f. ☐ DISSOLUTION OF COMMITTEE REQUEST Effective Date of Dissolution: _____ By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.			
9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record Keeper <u>Justin Wells</u> , <u>Justin Wells</u> Type or Print Name Signature			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 98887

2. Committee Name The Franklin PD Millage Committee



RECEIPTS		Column I This Period	Column II Cumulative for Election Cycle
3. Contributions			
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$	<u>16,550.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$	<u>16,550.00</u>	(18.) \$ <u>16,550.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$	<u>16,550.00</u>	(20.) \$ <u>16,550.00</u>
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	<u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	<u>0.00</u>	(21.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$	<u>13,496.21</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$	<u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$	<u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$	<u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$	<u>13,496.21</u>	(22.) \$ <u>13,496.21</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	<u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	<u>13,496.21</u>	(24.) \$ <u>13,496.21</u>
IN-KIND EXPENDITURES			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$	<u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 4E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(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, Column I, Total Contributions & Other Receipts)	(14.) +	<u>16,550.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>16,550.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	<u>13,496.21</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>3,053.79</u>	

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98887

2. Committee Name The Franklin PD Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Justin Wells	4. Date of Receipt <u>05/04/26</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Curt Lawson	4. Date of Receipt <u>05/04/26</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Daniel Roberts 26620 Woodlore Rd. Franklin, MI 48025	4. Date of Receipt <u>05/07/26</u>	\$ <u>100.00</u>	\$ <u>100.00</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Jane Roberts 27144 Apple Tree Ln. Franklin, MI 48025	4. Date of Receipt <u>05/07/26</u>	\$ <u>250.00</u>	\$ <u>250.00</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		Click Here for Memo Itemization	

Page Subtotal

\$450.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98887

2. Committee Name The Franklin PD Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1

4. Date of Receipt 05/08/26

Name & Address:

Frederick Goldberg
26675 Carol Ave
Franklin, MI 48025

\$ 1000.00 \$ 1000.00

[Click Here for Memo Itemization](#)

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

4. Date of Receipt 05/08/26

Name & Address:

Zup Operations LLC
1074 Woodward Ave
Detroit, MI 48226

\$ 15,000.00 \$ 15,000.00

[Click Here for Memo Itemization](#)

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

Occupation Corporation Employer _____

Business Address _____

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

3. Contribution # 3

4. Date of Receipt 05/12/26

Name & Address:

Frederick Gallash
30575 Rosemond Dr.
Franklin, MI 48025

\$ 100.00 \$ 100.00

[Click Here for Memo Itemization](#)

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

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 \$16,100.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

\$16,550.00



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 98887
2. Committee Name The Franklin PD Millage Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Sawicki & Son 1521 W. Lafayette Detroit, MI 48216	4. Purpose: <u>Millage Signs</u> 5. Ballot Proposal: <u>Public Safety Millage Increase</u> County: <u>Oakland</u> ☒ Support ☐ Oppose ☐ Statewide ☒ Local	05/28/26 Date of Expenditure	\$ <u>2127.95</u>	\$ <u>2127.95</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	Click for Memo Itemization Type			
Expenditure # 2 Name & Address: Winning Strategies 3805 Lorraine Ave Flint, MI 48506	4. Purpose: <u>Consulting</u> 5. Ballot Proposal: <u>Public Safety Millage Increase</u> County: <u>Oakland</u> ☒ Support ☐ Oppose ☐ Statewide ☒ Local	05/28/26 Date of Expenditure	\$ <u>610.95</u>	\$ <u>2738.90</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	Click for Memo Itemization Type			
Expenditure # 3 Name & Address: Winning Strategies 3805 Lorraine Ave Flint, MI 48506	4. Purpose: <u>Consulting Fee</u> 5. Ballot Proposal: <u>Public Safety Millage Increase</u> County: <u>Oakland</u> ☒ Support ☐ Oppose ☐ Statewide ☒ Local	05/28/26 Date of Expenditure	\$ <u>3025.00</u>	\$ <u>5763.90</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	Click for Memo Itemization Type			
Expenditure # 4 Name & Address: Winning Strategies 3805 Lorraine Ave Flint, MI 48506	4. Purpose: <u>Website Design</u> 5. Ballot Proposal: <u>Public Safety Millage Increase</u> County: <u>Oakland</u> ☒ Support ☐ Oppose ☐ Statewide ☒ Local	05/28/26 Date of Expenditure	\$ <u>1025.00</u>	\$ <u>6788.90</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	Click for Memo Itemization Type			

Subtotal this page

\$6,788.90

Grand Total of Schedules 4B
(Complete on last page of Schedule)

Enter this total
on Line 8a of
the Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 98887

2. Committee Name The Franklin PD Millage Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Winning Strategies 3805 Lorraine Ave Flint, MI 48506	4. Purpose: <u>Digital Advertising & Web Design</u> 5. Ballot Proposal: <u>Public Safety Millage Increase</u>	<u>06/23/26</u> Date of Expenditure	\$ <u>3000.00</u>	\$ <u>9788.90</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	County: <u>Oakland</u> ☒ Support ☐ Oppose ☐ Statewide ☒ Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: Winning Strategies 3805 Lorraine Ave Flint, MI 48506	4. Purpose: <u>Post Card Design, Printing & Mailing</u> 5. Ballot Proposal: <u>Public Safety Millage Increase</u>	<u>07/01/26</u> Date of Expenditure	\$ <u>1742.83</u>	\$ <u>11531.73</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	County: <u>Oakland</u> ☒ Support ☐ Oppose ☐ Statewide ☒ Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: Village of Franklin 32325 Franklin Rd Franklin, MI 48025	4. Purpose: <u>Refreshments for Town Hall Meeting</u> 5. Ballot Proposal: <u>Public Safety Millage Increase</u>	<u>07/01/26</u> Date of Expenditure	\$ <u>32.98</u>	\$ <u>11564.71</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	County: <u>Oakland</u> ☒ Support ☐ Oppose ☐ Statewide ☒ Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: Sawicki & Son 1521 W. Lafayette Rd. Detroit, MI 48216	4. Purpose: <u>Millage Signs</u> 5. Ballot Proposal: <u>Public Safety Millage Increase</u>	<u>07/15/26</u> Date of Expenditure	\$ <u>1378.00</u>	\$ <u>12942.71</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	County: <u>Oakland</u> ☒ Support ☐ Oppose ☐ Statewide ☒ Local	Click for Memo Itemization Type		

Subtotal this page

\$6,153.81

Grand Total of Schedules 4B
(Complete on last page of Schedule)

Enter this total
on Line 8a of
the Summary
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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 98887
2. Committee Name The Franklin PD Millage Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Winning Strategies 3805 Lorraine Ave Flint, MI 48506	4. Purpose: <u>VOTECAST Through November 2026</u> 5. Ballot Proposal: <u>Public Safety Millage Increase</u>	<u>07/15/02</u> Date of Expenditure	\$ <u>553.50</u>	\$ <u>13496.21</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	County: <u>Oakland</u> ☒ Support ☐ Oppose ☐ Statewide ☒ Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address:	4. Purpose: 5. Ballot Proposal: County: _____	_____ Date of Expenditure	\$ _____	\$ _____
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	☐ Support ☐ Oppose ☐ Statewide ☐ Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address:	4. Purpose: 5. Ballot Proposal: County: _____	_____ Date of Expenditure	\$ _____	\$ _____
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	☐ Support ☐ Oppose ☐ Statewide ☐ Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address:	4. Purpose: 5. Ballot Proposal: County: _____	_____ Date of Expenditure	\$ _____	\$ _____
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	☐ Support ☐ Oppose ☐ Statewide ☒ Local	Click for Memo Itemization Type		

Subtotal this page

\$553.50

Grand Total of Schedules 4B
(Complete on last page of Schedule)

\$13,496.21

Enter this total
on Line 8a of
the Summary
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