



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.

3. This Statement covers From: <u>08/22/16</u> to <u>10/23/16</u>		
4. Candidate Last Name <b>LEONETTI</b>	First Name <b>ROBERT</b>	M.I. <b>A.</b>
4a. Office Sought Including District # or Community Served (If applicable) <b>Macomb County Commissioner District #10</b>		
4b. County of Residence <b>MACOMB</b>		
6. Treasurer's Name & Residential Address <b>Marie J. Leonetti</b> <b>26021 S. Lake Drive</b> <b>Harrison Township, MI 48045</b>		
Area Code & Phone <u>(586) 773-4974</u>		
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <b>n/a</b>		
Area Code and Phone _____		

1. Committee I.D. Number  
**139308**

2. Committee Name  
**Robert A. Leonetti for County Commissioner**

5. Committee's Mailing Address  
**26021 S. Lake Drive**  
**Harrison Township, MI 48045**

Area Code and Phone (586) 439-0198  
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.

7. Treasurer's Business Address  
**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  
11/08/16

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	<u>Marie J. Leonetti</u>	Signature	<u>[Signature]</u>	Date	<u>10-28-16</u>
	Type or Print Name				
Candidate	<u>Robert A. Leonetti</u>	Signature	<u>[Signature]</u>	Date	<u>10-28-16</u>
	Type or Print Name				



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 139308

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Robert A. Leonetti for County Commissioner

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>10,550.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>10,550.00</u>	(18.) \$ <u>\$25,839.03</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$10,550.00</u>	(20.) \$ <u>\$25,839.03</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u></u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u></u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$5,778.06</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$5,778.06</u>	(23.) \$ <u>\$18,643.90</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$18,539.03</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u></u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$2,423.19</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$10,550.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$12,973.19</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$5,778.06</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$7,195.13</u>	*



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139308  
2. Committee Name Robert A. Leonetti for County Commissioner

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>08/24/16</u> Name & Address: Gianni, Luciano 40256 Emerald Ln. W. Clinton Township, MI 48038		\$ <u>100.00</u>	\$ <u>15389.03</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Restaurant Owner</u> Employer <u>Self-employed</u> Business Address <u>39091 Garfield Rd., Clinton Twp., MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>08/24/16</u> Name & Address: UAW Michigan V-PAC Region 1 27800 George Merrill Drive Warren, MI 48092		\$ <u>2500.00</u>	\$ <u>17889.03</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>09/01/16</u> Name & Address: Committee to Elect Derek Miller P O Box 143 Warren, MI 48093		\$ <u>100.00</u>	\$ <u>17989.03</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Politician</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/05/16</u> Name & Address: Robert A. Leonetti 29528 N. Seaway Ct. Harrison Twp., MI 48045		\$ <u>4000.00</u>	\$ <u>21989.03</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-employed</u> Business Address <u>47 Crocker Blvd., Mt. Clemens, MI 48045</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$6,700.00

Grand Total of All Schedules 1A  
(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 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139308  
2. Committee Name Robert A. Leonetti for County Commissioner

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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/14/16</u>	
Name & Address: Saint Clair Shores Democratic Club 22514 Wildwood St. Clair Shores, MI 48081		\$ <u>500.00</u>	\$ <u>22489.03</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/14/16</u>	
Name & Address: North Macomb PAC 50595 Mound Road Shelby Township, MI 48317		\$ <u>100.00</u>	\$ <u>22589.03</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/20/16</u>	
Name & Address: Levin for Congress P O Box 37 Roseville, MI 48066-0037		\$ <u>750.00</u>	\$ <u>23339.03</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Politician</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/20/16</u>	
Name & Address: UAW Michigan V-PAC Region 1 27800 George Merrelli Dr. Warren, MI 48092		\$ <u>2500.00</u>	\$ <u>25839.03</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$3,850.00

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

\$25,839.03

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139308  
2. Committee Name Robert A. Leonetti for County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Sebitti Campaign Consulting</u>  Address <u>500 Terry Francois St.</u> <u>San Francisco, CA 94158</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Consultant</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/16</u> Date	\$ <u>112.50</u>
<b>Expenditure #2</b> Name <u>Macomb County Democratic Committee</u>  Address <u>P O Box 46699</u> <u>Mt. Clemens, MI 48043</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Promotion</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/07/16</u> Date	\$ <u>100.00</u>
<b>Expenditure #3</b> Name <u>Wounded Warriors Family Support</u>  Address <u>920 S. 107th Avenue, Ste. 250</u> <u>Omaha, NE 68114</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Promotion</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/16</u> Date	\$ <u>50.00</u>
<b>Expenditure #4</b> Name <u>Wounded Warriors Family Support</u>  Address <u>920 S. 107th Avenue, Ste. 250</u> <u>Omaha, NE 68114</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Promotion</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/16</u> Date	\$ <u>150.00</u>
<b>Expenditure #5</b> Name <u>American Graphics Printing Co.</u>  Address <u>34895 Groesbeck</u> <u>Clinton Twp., MI 48035</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing and Reproduction</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/16</u> Date	\$ <u>639.18</u>

Subtotal this page **\$1,051.68**

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 139308  
2. Committee Name Robert A. Leonetti for County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Post Master</b> Address <b>155 S. Main Mt. Clemens, MI 48046-9998</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>Postage</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/22/16</b> Date	<b>\$ 68.00</b>
Expenditure #2 Name <b>Post Master</b> Address <b>155 S. Main Mt. Clemens, MI 48046-9998</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>Postage</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/27/16</b> Date	<b>\$ 102.00</b>
Expenditure #3 Name <b>American Graphics Printing Co.</b> Address <b>34895 Groesbeck Clinton Twp., MI 48035</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>Printing and Reproduction</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/04/16</b> Date	<b>\$ 2452.84</b>
Expenditure #4 Name <b>Post Master</b> Address <b>155 S. Main Mt. Clemens, MI 48046-9998</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>Postage</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/04/16</b> Date	<b>\$ 730.38</b>
Expenditure #5 Name <b>Mass Mailing LLC</b> Address <b>35468 Mound Road Sterling Heights, MI 48310</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>Bulk Mailing</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/05/16</b> Date	<b>\$ 215.16</b>

Subtotal this page	<b>\$3,568.38</b>
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 139308  
2. Committee Name Robert A. Leonetti for County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Ultimate Design</u>  Address <u>49110 Salt River Road</u> <u>Chesterfield, MI 48047</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Sign</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/16</u> Date	\$ <u>1056.00</u>
Expenditure #2 Name <u>Post Master</u>  Address <u>155 S. Main</u> <u>Mt. Clemens, MI 48046-9998</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/16</u> Date	\$ <u>102.00</u>
Expenditure #3 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			\$ <b>1,158.00</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$ <b>5,778.06</b>

Enter this total  
on line 8a of  
Summary Page



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139308  
2. Committee Name Robert A. Leonetti for County Commissioner

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? <input type="checkbox"/> Yes Owed to or by: <b>Robert A. Leonetti</b> <b>29528 N. Seaway Ct.</b> <b>Harrison Twp., MI 48045</b>	4. Type: <u>Personal Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/05/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 4,000.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 18,539.03 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$18,539.03**

Grand Total of all Schedules 1E **\$18,539.03**  
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.