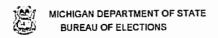


MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

| Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and of | d signed by andidate. | 3. This Statement covers From | n: 08/23/16 | to 10/23/16 | | | |
|---|-----------------------------|--|--|---|-----------|--|--|
| 1. Committee I.D. Number | | 4. Candidate Last Name | First Na | ame M | 1.1. | | |
| 139361 | | Romano | Joseph | V | | | |
| 2. Committee Name | | 4a. Office Sought Including District # or Community Served (If applicable) | | | | | |
| | | County Commissioner | r - district 4 | | | | |
| CTE Joe Romano | | 4b. County of Residence MA | COMB | | | | |
| 5. Committee's Mailing Address | | 6. Treasurer's Name & Residential Address | | | | | |
| 12236 Grindley | | Joseph V. Romano | | | | | |
| Sterling Heights, MI 48312 | | 12236 Grindley | | | 9 | | |
| | | Sterling Heights, MI | 48312 | 元は元 | 0CT 24 | | |
| Area Code and Phone (586) 268-0967 | | | | ₹ 0. | 24 Al | | |
| 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. | | Area Code & Phone (586) 268-0967 | | | | | |
| 7. Treasurer's Business Address | | B. Designated Record keeper Designated Record keeper) | 's Name and Mailing Ad | dress (If the committee has | ည | | |
| 12236 Grindley | | Designated Record Reeper) | | | ည္က | | |
| Sterling Heights, MI 48312 | | | | V9 | _ | | |
| | | | | | | | |
| | | | | | | | |
| (FRC) RCR 0007 | | | | | | | |
| Area Code and Phone (586) 268-0967 | | Area Code and Phone | 10.0 | | | | |
| 9. TYPE OF STATEMENT | Required ON | LY if candidate | _ | andidate Committee | | | |
| 9a. Re-Election OR 9b. Post-Election | is not on the current year. | ballot for the | | item I/We certify any outstan | | | |
| Pre-Election or Post-Election Statement relates to: | | | by discharged and forg | given, and no longer collecti ommittee has no oustanding | ble from | | |
| Primary | July Quarte | erly | l . | nas any oustanding debt. | 433013, | | |
| X General | October Q | uarterly | Further, if the dissolution | on cannot be granted, that the | his he | | |
| Convention | | | | or the Reporting Waiver. | | | |
| Special | 9c. Annual | iStatement () | | | | | |
| School | | Coverage Year | Effective dat | te of dissolution | | | |
| Caucus | | Iment to Campaign Statement | | | | | |
| | indicat | lete Item 9a, 9b, 9c or 9e to e which Statement is being | Note: The disposition of Schedule 1B and the S | of residual funds must be re Summary Page | ported on | | |
| Date of Election, Convention or Caucus | amend | eu., | | | | | |
| 11/08/16 | <u> </u> | | | | | | |
| 11/00/10 | | | _ | | | | |
| | | | | | | | |
| Verification: I\We certify that all reasonable dilige ny\our knowledge and belief the contents are true, a | | mplete. | | iles (if any) and to the best (| of | | |
| Current Treasurer or Designated Record keeper Joseph V. Roll | mano | 1 asyl TOY | navo_ | 10/24/16 | | | |
| Type or Print Name | /// | Signature | D | Date | | | |
| Joseph V. Romano | 1 | XXXXXXX | navo | 10/24/16 | | | |
| Candidate | JUJ1 | | | Date 10/24/10 | | | |
| Type or Print Name | / 6/ | Signature | | | | | |

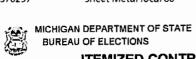


1. Committee I.D. Number 139361

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Joe Romano

| RECEIPTS | Column I | Column II |
|--|-------------------------|--------------------------------|
| | This Period | Cumulative this election cycle |
| 3. Contributions | 300.00 | |
| a, Itemized (Schedule 1A - Column 6) | (3a.) \$ 300.00 | |
| b. Uniternized (less than \$20.01 each - no Schedule) | (3b.) \$ NOT APPLICABLE | 00.400.00 |
| c. Subtotal of "Contributions" | (3c.) \$_\$300.00 | (18.) \$ \$8,130.00 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ \$0.00 | (19.) \$ \$0.00 |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ _\$300.00 | (20.) \$ \$8,130.00 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ \$0.00 | (21.) \$ \$100.00 |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ <u>\$0.00</u> | (22.) \$ \$0.00 |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$\$5,980.67 | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ \$0.00 | |
| c. Uniternized (less than \$50.01 each - no Schedule) | (8c.) \$ \$0.00 | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ \$5,980.67 | (23.) \$ \$5,98 0.67 |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.) \$ \$0.00 | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ \$0.00 | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) s \$0.00 | (24.) \$ \$0.00 |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$_\$0.00 | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ \$0.00 | |
| | BALANCE STATEMENT | |
| 13. Ending Balance of last report filed | (13.) \$ \$6,820.31 | |
| (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period | (14.) + \$ \$300.00 | |
| (Line 5, Total Contributions & Other Receipts) | (15.) = \$_\$7,120.31 | |
| 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period | | |
| (Add lines 9 and 11) | (16.) - \$ \$5,980.67 | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ \$1,139.64 | • |
| | | |



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number ______139361 2. Committee Name CTE Joe Romano

| 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 Name & Address: | PAC Receipt? | YES 4. Date | of Rece | ipt 10/17/16 | _ | |
| Gerald Redd | | | | | | |
| 4180 Anthony | | | | | _s 300 | _. 300 |
| Sterling Heights | i, MI | | | | \$ | . \$ |
| 5. If over \$100,00 cur | | | | | Click Here f | or Memo Itemization |
| Occupation Real Es | | Employer Self | ***** | | | |
| Business Address 41 | 80 Anthony; Ste | rling Heights, MI | | | | |
| Type of Contribution: | ✓ Direct | Loan from a person | | Fund Raiser | | |
| 3. Contribution #2 | PAC Receipt? | YES 4. Date | of Recei | pt | | |
| Name & Address | • | | | | | |
| | | | | | | |
| | | | | | \$ | _ \$ |
| | | | | | 011 1 44 6 | |
| 5. If over \$100,00 cun | | | | | Click Here to | or Memo Itemization |
| Occupation | | Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | | Fund Raiser | | |
| 3. Contribution # 3 | PAC Receipt? | YES 4. Date | of Rece | eipt | | |
| Name & Address: | | _ | | | - | |
| | | | | | S | • |
| | | | | | | . 5 |
| 5. If over \$100,00 cum | utative nlease pro- | vide: | | | Click Here fo | r Memo Itemization |
| l | | | | | | |
| Occupation | | Employer | | | | |
| Business Address Type of Contribution: | Direct | Loan from a person | Г | Fund Raiser | | |
| 3. Contribution # 4 | PAC Receipt? | | of Rec | 1 | | |
| Name & Address | rac Receipt? | LJ TES 4. Date | or Kec | albt | | |
| | | | | | | |
| | | | | | \$ | e |
| | | | | | <u> </u> | • • |
| 5. If over \$100.00 cun | nulative, please pro | vide: | | | Click Here fo | r Memo Itemization |
| Occupation | | Employer | | | | |
| Dunings Address | | | | | | |
| Business Address Type of Contribution: | T Birnet | Loan from a person | | Fund Raiser | | |
| Type of Contribution. | Direct | Loan Holl a person | <u> </u> | Page Subtota | 1 \$200.00 | |
| | | | | • | 4000.00 | - |
| | | | | and Total of All Schedules 1A plete on last page of Schedule |) [4000.00 | _ |
| 4 4 | | | , | , , | Enter this total on line 3a of Summary | , |
| Pageof | _ | | | | Page. | |

4 /4

ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

Sheet Metal local 80

| | | 1 | 3 | 9 | 3 | 6 | ŀ |
|---------------------|---|---|---|---|---|---|---|
| ommittee I D Number | • | • | _ | _ | _ | _ | |

| 1. Committee I. D. Number | .139361 |
|---------------------------|------------|
| 2 Committee Name CTE | Joe Romano |

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount | | |
|--|---|-----------------|-------------------|--|--|
| Expenditure #1 | | 00// /// 0 | - August | | |
| Name Triangle Printing | | 09/14/16 | \$ 1796.70 | | |
| Address | Purpose: Campaign Literature | Date | | | |
| 30520 Gratiot Avenue | Click I | lere for Memo | Itemization Type | | |
| Roseville, MI 48066 | Chark hav if this expanditure is payment of | | | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | | | |
| Expenditure #2 | | | | | |
| Name Manhattan Mailers | | 09/14/16 | \$ 3618.97 | | |
| Address | Purpose: Postage - Literature Mailing | Date | | | |
| 51132 Milano Drive | Click I | tere for Memo | Itemization Type | | |
| Macomb, MI 48042 | Check box if this expenditure is payment of | | | | |
| Fund Raiser | debt or obligation reported on previous statement | | | | |
| Expenditure #3 | | | | | |
| Name CROP Walk | | 09/15/16 | \$ 100.00 | | |
| Address | Purpose: Charity | Date | ¥ 100.00 | | |
| P. O. Box 968 | | | | | |
| Elkhart, IN 48515 | | tere for Memo I | temization Type | | |
| | LICheck box if this expenditure is payment of debt or obligation reported on previous | | | | |
| Fund Raiser | statement | | | | |
| Expenditure #4 | | | | | |
| Name C&G Newspaper | | 09/29/16 | \$ 410.00 | | |
| Address | Purpose: Political Newspaper AD | Date | | | |
| 13650 - 11 Mile Rd. | Click | Jara for Mamo I | temization Type | | |
| Warren, MI | | icre for Wellio | terrazzaen Type | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | | | |
| Expenditure #5 | | | | | |
| Name U.P.S. | | 10/07/16 | . 55.00 | | |
| Address | Purpose: Stamps | Date | \$ <u>55.00</u> | | |
| 13335 - 15 Mile Rd. | Click Here for Memo Itemization Type | | | | |
| Sterling Heights | Check box if this expenditure is payment of | | | | |
| Fund Raiser | debt or obligation reported on previous statement | | | | |
| | Subtr | otal this page | \$5,980.67 | | |
| | Grand Total of all (Complete on last pag | | \$5,980.67 | | |

Enter this total on line 8a of Summary Page