



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: 01/01/17 to 07/20/17

<p>1. Committee I.D. Number 13953</p> <p>2. Committee Name CTE Larry Rocca</p>		<p>4. Candidate Last Name Rocca First Name Larry M.I. <p>4a. Office Sought Including District # or Community Served (If applicable) Treasurer - Macomb County</p><p>4b. County of Residence MACOMB</p></p>	
<p>5. Committee's Mailing Address 38299 Moravian Clinton Township, MI 48036</p> <p>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.</p>		<p>6. Treasurer's Name & Residential Address Kurt Broadbridge 45619 Thorn Tree Lane Macomb, MI 48044</p> <p>Area Code & Phone <u>(248) 854-1019</u></p>	
<p>7. Treasurer's Business Address 48597 Hayes Road Shelby Township, MI 48315</p> <p>Area Code and Phone <u>(586) 330-9829</u></p>		<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) n/a</p> <p>Area Code and Phone _____</p>	
<p>9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>08/04/20</u></p>		<p>Required ONLY if candidate is not on the ballot for the current year: <input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	
		<p>9e. Dissolution of Candidate Committee <input type="checkbox"/> 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.</p>	
<p>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.</p>			
<p>Current Treasurer or Designated Record keeper <u>Kurt Broadbridge</u> Type or Print Name</p>		<p><u>[Signature]</u> Date <u>7-24-17</u> Signature</p>	
<p>Candidate <u>Larry Rocca</u> Type or Print Name</p>		<p><u>[Signature]</u> Date <u>7-24-17</u> Signature</p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 13953

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Larry Rocca

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4,500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>4,500.00</u>	(18.) \$ <u>4,500.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>4,500.00</u>	(20.) \$ <u>4,500.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>1,379.95</u>	(21.) \$ <u>1,379.95</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$0.00</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>\$0.00</u>	(23.) \$ <u>\$0.00</u>
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.) \$ <u>\$0.00</u>
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>\$64.42</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>4,500.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>4,564.42</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>4,564.42</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number _____
2. Committee Name Committee To Elect John Smith

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>07/12/17</u> Name & Address: Lenonard Rancilio 5036 Starcreek Lane Washington Township, MI 48094		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Rancilio & Associates</u> Business Address <u>15655 East Eleven Mile Road, Roseville MI 48066</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		(Memo Itemization)	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/17</u> Name & Address: Marty Lewicki 8147 River Road Cottrellville, MI 48039		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Hubbell Ryan's Auto Parts</u> Business Address <u>9309 Hubbell Street, Detroit MI 48228</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		(Memo Itemization)	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/17</u> Name & Address: Henry Luks 18738 Rockport Street Roseville, MI 48066		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Controller Security</u> Business Address <u>21363 Gratiot Avenue, Roseville MI 48066</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		(Memo Itemization)	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: Raymond Scott Zemens 12908 Lasalle Lane Huntinton Woods, MI 48070		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Broker</u> Employer <u>Re/Max First</u> Business Address <u>32525 Mound Road, Warren MI 48092</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		(Memo Itemization)	

Page Subtotal \$3,500.00

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 13953

2. Committee Name CTE Larry Rocca

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>07/12/17</u> Name & Address: Michael Smith 15 Woodland Shores Drive Grosse Pointe, MI 48236		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>5 Star Property Management</u> Business Address <u>28000 Van Dyke Avenue, Warren MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		(Memo Itemization)	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/17</u> Name & Address: Tony Gallo 703 East Gunn Road Rochester, MI 48306		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Gallo Companies</u> Business Address <u>6303 26 Mile Road, Suite 200, Washington MI 48094</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		(Memo Itemization)	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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 type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$1,000.00**

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

\$4,500.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: John Johnson 49650 Compass Pointe Chesterfield, MI 48047 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Southeast Michigan Chamber of Commerce 59 Walnut Mt. Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food and Beverage</u> 5. Date Of Receipt: <u>07/12/17</u> 6. Vendor Name & Address: Pamela's Catering 66540 Van Dyke Avenue Washington, MI 48094	\$ <u>\$1,379.95</u>	\$ <u>\$1,379.95</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
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**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 13953
2. Committee Name CTE Larry Rocca

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>07/12/17</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>15</u>	5. Type of Fund Raising Activity <u>Meet & Greet w/food & beverage</u>	6. Address and Name (If any) of the place where the activity was held. <u>5018 Seven Lakes</u> <u>Washington, MI 48094</u> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions \$4,500.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$4,500.00
10. Total Cost of Event \$1,379.95
(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 (%)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>

- 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.