



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: 04/14/17 to 10/20/17

1. Committee I.D. Number
139532

2. Committee Name
COMITTEE TO ELECT NICHOLAS A. CAVALLI

4. Candidate Last Name **CAVALLI** First Name **NICHOLAS** M.I. **A**

4a. Office Sought Including District # or Community Served (If applicable)
Board Member - Local

4b. County of Residence **MACOMB**

5. Committee's Mailing Address
**40408 LAFAYETTE
STERLING HEIGHTS, MI 48313**

Area Code and Phone (586) 212-8061
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.

6. Treasurer's Name & Residential Address
**DEBORAH A. CAVALLI
40408 LAFAYETTE
STERLING HEIGHTS, MI 48313**

Area Code & Phone (586) 747-0321

7. Treasurer's Business Address
**40408 LAFAYETTE
STERLING HEIGHTS, MI 48313**

Area Code and Phone (586) 747-0321

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone _____

FILED
17 OCT 23 AM 9:20

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
11/07/17

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 hereby 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: (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 DEBORAH A. CAVALLI Signature Deborah A Cavalli Date 10/22/17

Candidate NICHOLAS A. CAVALLI Signature Nicholas A. Cavalli Date 10/22/17



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139532

2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,905.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$3,905.00</u>	(18.) \$ <u>\$3,905.00</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>\$3,905.00</u>	(20.) \$ <u>\$3,905.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$791.76</u>	(21.) \$ <u>\$791.76</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>\$3,037.30</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>\$67.58</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$3,104.88</u>	(23.) \$ <u>\$3,104.88</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>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$3,905.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$3,905.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$3,104.88</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$800.12</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

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? <input type="checkbox"/> YES 4. Date of Receipt <u>06/16/17</u> Name & Address: MARY JOAN TULLY 29317 FAIRFIELD WARREN, MI 48093 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	\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/23/17</u> Name & Address: DEBORAH CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 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	\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/17</u> Name & Address: ANTHONY CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 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	\$ <u>50.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/17</u> Name & Address: CHERYL BENNETT 20063 CR144 KENTON, OH 43326 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	\$ <u>50.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal **\$300.00**

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 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

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? <input type="checkbox"/> YES 4. Date of Receipt <u>08/10/17</u> Name & Address: PAUL CAVALLI 826 1/2 18TH STREET ST PETERSBURG, FL 33704 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	\$ <u>50.00</u>	Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/17</u> Name & Address: RAYMOND BUZENSKI 27917 LIBERY DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>CLINTON PREFERRED PEDIATRICS</u> Business Address <u>15500 19 MILE 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	\$ <u>200.00</u>	Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/17</u> Name & Address: CYNTHIA DEGNORE 13733 COLPAERT WARREN, MI 48088 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	\$ <u>25.00</u>	Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/28/17</u> Name & Address: ROBERT DUBE 40420 LAFAYETTE STERLING HEIGHTS, MI 48313 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	\$ <u>100.00</u>	Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal: **\$375.00**

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

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line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

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? <input type="checkbox"/> YES 4. Date of Receipt <u>08/28/17</u> Name & Address: M JUDY MELCHIOR 42841 CHRISTINA DR STERLING HEIGHTS, MI 48313 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>80.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/02/17</u> Name & Address: LISA HOGREBE 40224 COLONY DR STERLING HEIGHTS, MI 48313 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>80.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/12/17</u> Name & Address: CRAIG MONEY 645 W KALAMA MADISON HEIGHTS, MI 48071 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	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/12/17</u> Name & Address: GLENN HAEGLE 826 1/2 18TH ST ST PETERSBURG, FL 33704 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	\$ <u>40.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal **\$220.00**

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

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Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/12/17</u> Name & Address: SHARON LEBLANG 1220 WOODLAWN ROYAL OAK, MI 48073 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	\$ <u>15.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/12/17</u> Name & Address: DIANE STANGIS 4847 BENJAMIN STERLING HEIGHTS, MI 48310 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>80.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/12/17</u> Name & Address: CARMEN PERINI 39446 BYERS STERLING HEIGHTS, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT CATERING DIRECTOR</u> Employer <u>CHARTWELLS</u> Business Address <u>2200 N SQUIRREL RD, ROCHESTER, MI 48309</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>160.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/12/17</u> Name & Address: ANTHONY SMITH 10647 CADIEUX DETROIT, MI 48224 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>80.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal **\$335.00**

Grand Total of All Schedules 1A
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Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/12/17</u> Name & Address: ANTHONY SMITH 10647 CADIEUX DETROIT, MI 48224 5. If over \$100.00 cumulative, please provide: Occupation <u>PROPERTY MANAGER</u> Employer <u>THESSCO</u> Business Address <u>10647 CADIEUX, DETROIT, MI 48224</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>330.00</u> Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/12/17</u> Name & Address: JENNIE BRAUN 1550 HURD ORTONVILLE, MI 48462 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	\$ <u>40.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: SAMANTHA WOLL 10 WITHERELL #1002 DETROIT, MI 48226 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>40.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: CARRIE HARDING 2940 RAVENGLASS WATERFORD, MI 48329 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>80.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal **\$410.00**

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139532

2. Committee Name COMMITTEE TO ELECT NICHOLAS A CAVALLI

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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: RANDY K HARDY 50559 HILLSIDE DR MACOMB TWP, MI 48044 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 checked="" type="checkbox"/> Fund Raiser	\$ 80.00	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: CHRISTINE PESTA 37687 ANDREW DR STERLING HEIGHTS, MI 48312 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 checked="" type="checkbox"/> Fund Raiser	\$ 80.00	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: PAUL DESROSIERS 22324 CHERRYLAWN DR FLATOCK, MI 48134 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 checked="" type="checkbox"/> Fund Raiser	\$ 80.00	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: DIANE MARNON 40366 LAFAYETTE STERLING HEIGHTS, MI 48313 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 checked="" type="checkbox"/> Fund Raiser	\$ 80.00	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal **\$320.00**

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

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MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: ALICE JACOB 3588 CAPITOL WARREN, MI 48091 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: MARY JOAN TULLY 29317 FIARFIELD WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>BLUE CROSS / BLUE SHIELD OF MICHIGAN</u> Business Address <u>600 E LAFAYETTE, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>160.00</u>	\$ <u>260.00</u> Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: ROY FREIJ 61550 W 8 MILE SOUTH LYON, MI 48178 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: CHALRES BONZA III 5730 N SILVERY LANE DEARBORN HIEGHTS, MI 48127 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal **\$410.00**

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A CAVALLI

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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: MARY TUMIDAJEWICZ 21018 BAYSIDE ST ST CLAIR SHORES, MI 48081		\$ <u>40.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: WILLIAM MACGREGOR 7664 ORLEANS AVE EAST STERLING HEIGHTS, MI 48314		\$ <u>40.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: FRANK D COSTA 1848 WINDEMERE MADISON HEIGHTS, MI 48071		\$ <u>100.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: PAUL ZELENAK 40458 MEADE POINTE STERLING HEIGHTS, MI 48313		\$ <u>100.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	

Page Subtotal \$280.00

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 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A CAVALLI

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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: PAMELA ORR 24030 ONEIDA ST OAK PARK, MI 48237 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization <input type="checkbox"/>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: MARY CAVALLI 1753 MYRON LINCOLN, PARK, MI 48146 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>40.00</u>	\$ _____ Click Here for Memo Itemization <input type="checkbox"/>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: DIANE DARGA 19793 LEXINGTON REDFORD, MI 48240 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	\$ <u>40.00</u>	\$ _____ Click Here for Memo Itemization <input type="checkbox"/>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/17</u> Name & Address: NICOLE CAVALLI 1753 MYRON LINCOLN PARK, MI 48146 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>80.00</u>	\$ _____ Click Here for Memo Itemization <input type="checkbox"/>

Page Subtotal **\$260.00**

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 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A CAVALLI

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>09/13/17</u> Name & Address: JULIE SEMMA 1541 NIGHTINGALE WIXOM, MI 48393 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 checked="" type="checkbox"/> Fund Raiser	\$ 80.00	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/16/17</u> Name & Address: SUSAN DUNCAN 76500 HIPPO RD ROMEO, MI 48065 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	\$ 80.00	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/16/17</u> Name & Address: SANDRA SCHULTZ 15234 ELDERWOOD ROSEVILLE, MI 48066 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	\$ 50.00	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/16/17</u> Name & Address: KIMBERLY MILESKI 5490 CINNAMIN CT LAPEER, MI 48446 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	\$ 50.00	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>

Pago Subtotal **\$260.00**

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 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A CAVALLI

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>09/16/17</u> Name & Address: NATHANIEL BUZENSKI 17013 ELANOR DR #124 CLINTON TWP, MI 48038 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	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization ▼
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/16/17</u> Name & Address: LARRY FELL 38389 DODGE PARK STERLING HEIGHTS, MI 48312 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	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization ▼
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/16/17</u> Name & Address: NICHOLAS AUSTIN 40327 HAMILTON DR STERLING HEIGHTS, MI 48313 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	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization ▼
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/16/17</u> Name & Address: MEGAN SEUBERT 12450 MONSBROOK DR STERLING HEIGHTS, MI 48312 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	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization ▼

Page Subtotal **\$80.00**

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 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

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>09/23/17</u> Name & Address: DEANNA GOULD 50672 RUBY LANE WASHINGTON TWP, MI 48094 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	\$ <u>25.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/23/17</u> Name & Address: THEA WHITE 43342 PENDLETON CIR STERLING HEIGHTS, MI 48313 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>40.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/23/17</u> Name & Address: KAREN HOEFT 13760 PLUMBROOK STERLING HEIGHTS, MI 48312 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	\$ <u>50.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/17</u> Name & Address: MELANIE KEARSEY 37830 SCOTT PINE DR NEW BOSTON, MI 48164 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	\$ <u>40.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>

Pago Subtotal **\$155.00**

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 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

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? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/17</u> Name & Address: ALI HABHAB 6635 GULLEY DEARBORN HEIGHTS, MI 48127 5. If over \$100.00 cumulative, please provide: Occupation <u>PROPERTY MANAGER</u> Employer <u>THREE H PROPERTIES</u> Business Address <u>6635 GULLEY, DEARBORN HEIGHTS, MI 48127</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ 400.00	Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/11/17</u> Name & Address: JANET TAYLOR 2514 CHELSEA ST TRENTON, MI 48183 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	\$ 50.00	Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/17</u> Name & Address: DAVID SZYMANSKI 1018 AUDUBON RD GROSSE POINTE PARK, MI 48230 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	\$ 25.00	Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/20/17</u> Name & Address: HEATHER CHASE 164 GLENDALE ROCHESTER, MI 48307 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	\$ 25.00	Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal **\$500.00**

Grand Total of All Schedules 1A **\$3,905.00**
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139532

2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

CANDIDATE COMMITTEE

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)
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Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ANTHONY CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>TSHIRTS</u> 5. Date Of Receipt: <u>02/27/17</u> 6. Vendor Name & Address: VISTAPRINT VISTAPRINT.COM	\$ <u>85.21</u>	\$ _____
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Click Here for Memo Itemization

Fund Raiser Contribution

Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ANTHONY CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 If over \$100.00 cumulative, please provide: Occupation: ADMINISTRATOR Employer Name & Address: WAYNE COUNTY 400 MONROE DETROIT, MI 48226	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>BUSINESS CARDS</u> 5. Date Of Receipt: <u>03/19/17</u> 6. Vendor Name & Address: VISTAPRINT VISTAPRINT.COM	\$ <u>20.64</u>	\$ <u>105.85</u>
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Click Here for Memo Itemization

Fund Raiser Contribution

Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ANTHONY CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 If over \$100.00 cumulative, please provide: Occupation: ADMINISTRATOR Employer Name & Address: WAYNE COUNTY 400 MONROE DETROIT, MI 48226	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>BUSINESS CARDS</u> 5. Date Of Receipt: <u>03/19/17</u> 6. Vendor Name & Address: VISTAPRINT VISTAPRINT.COM	\$ <u>16.66</u>	\$ <u>122.51</u>
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Click Here for Memo Itemization

Fund Raiser Contribution

Page Subtotal **\$122.51**

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

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on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139532

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

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: ANTHONY CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 If over \$100.00 cumulative, please provide: Occupation: ADMINISTRATOR Employer Name & Business Address: WAYNE COUNTY 400 MONROE DETROIT, MI 48226 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>TSHIRTS</u> 5. Date Of Receipt: <u>06/26/17</u> 6. Vendor Name & Address: VISTAPRINT VISTAPRINT.COM Click Here for Memo Itemization <input type="button" value="v"/>	\$ <u>264.89</u>	\$ <u>387.40</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ANTHONY CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 If over \$100.00 cumulative, please provide: Occupation: ADMINISTRATOR Employer Name & Address: WAYNE COUNTY 400 MONROE DETROIT, MI 48226 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>BUSINESS CARDS</u> 5. Date Of Receipt: <u>07/03/17</u> 6. Vendor Name & Address: VISTAPRINT VISTAPRINT.COM Click Here for Memo Itemization <input type="button" value="v"/>	\$ <u>46.63</u>	\$ <u>434.03</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ANTHONY CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 If over \$100.00 cumulative, please provide: Occupation: ADMINISTRATOR Employer Name & Address: WAYNE COUNTY 400 MONROE DETROIT, MI 48226 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>STAMPS</u> 5. Date Of Receipt: <u>08/24/17</u> 6. Vendor Name & Address: MEIJER 36600 VANDYKE STERLING HEIGHTS, MI 48312 Click Here for Memo Itemization <input type="button" value="v"/>	\$ <u>49.00</u>	\$ <u>483.03</u>

Page Subtotal **\$360.52**

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

Enter this total
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Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK

1. Committee I. D. Number 139532

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

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: ANTHONY CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 If over \$100.00 cumulative, please provide: Occupation: ADMINISTRATOR Employer Name & Business Address: WAYNE COUNTY 400 MONROE DETROIT, MI 48226 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ENVELOPES</u> 5. Date Of Receipt: <u>08/24/17</u> 6. Vendor Name & Address: DOLLAR GENERAL 40748 VANDYKE STERLING HEIGHTS, MI 48313 Click Here for Memo Itemization <input type="button" value="v"/>	\$ <u>2.12</u>	\$ <u>485.15</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: THERESA CAVALLI 18024 MARQUETTE ST ROSEVILLE, MI 48066 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input checked="" 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>PRETZEL RODS</u> 5. Date Of Receipt: <u>09/01/17</u> 6. Vendor Name & Address: GORDON FOODS 1507 BOARDMAN RD JACKSON, MI 49202 Click Here for Memo Itemization <input type="button" value="v"/>	\$ <u>15.58</u>	\$
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: THERESA CAVALLI 18024 MARQUETTE ROSEVILLE, MI 48066 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input checked="" 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CHOCOLATE</u> 5. Date Of Receipt: <u>09/03/17</u> 6. Vendor Name & Address: JOANN FABRICS 1099 NORTH WISNER JACKSON, MI 49202 Click Here for Memo Itemization <input type="button" value="v"/>	\$ <u>24.00</u>	\$

Page Subtotal **\$41.70**

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
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK**

1. Committee I. D. Number 139532

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

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)
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Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ANTHONY CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 If over \$100.00 cumulative, please provide: Occupation: ADMINISTRATOR Employer Name & Business Address: WAYNE COUNTY 400 MONROE DETROIT, MI 48226 <input checked="" 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CHEX MIX</u> 5. Date Of Receipt: <u>09/04/17</u> 6. Vendor Name & Address: SAMS CLUB 45600 UTICA PARK UTICA, MI 48315 Click Here for Memo Itemization	\$ <u>59.80</u>	\$ <u>544.95</u>
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Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: DEBORAH CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAKE</u> 5. Date Of Receipt: <u>09/11/17</u> 6. Vendor Name & Address: KROGER 43893 SCHOENHERR STERLING HEIGHTS, MI 48313 Click Here for Memo Itemization	\$ <u>44.99</u>	
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Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: DEBORAH CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 If over \$100.00 cumulative, please provide: Occupation: OFFICE COORDINATOR II Employer Name & Address: WM BEAUMONT HOSPITAL-TROY 44199 DEQUINDRE RD, STE G10 TROY, MI 48085 <input checked="" 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>BALLOONS</u> 5. Date Of Receipt: <u>09/12/17</u> 6. Vendor Name & Address: PARTY PARADISE 39090 VANDYKE STERLING HEIGHTS, MI 48313 Click Here for Memo Itemization	\$ <u>60.48</u>	\$ <u>105.38</u>
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Page Subtotal **\$165.27**

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
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK

1. Committee I. D. Number 139532

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

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)
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Contribution # 1 PAC Receipt? Yes
 Name & Address:
DEBORAH CAVALLI
40408 LAFAYETTE
STERLING HEIGHTS, MI 48313
 If over \$100.00 cumulative, please provide:
 Occupation: **OFFICE COORDINATOR II**
 Employer Name & Business Address:
WM BEAUMONT HOSPITAL-TROY
44199 DEQUINDRE RD, STE G10
TROY, MI 48085

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN
 Description BUMPER STICKERS
 5. Date Of Receipt: 09/15/17
 6. Vendor Name & Address:
COMPASS GRAPHIX
32806 RYAN RD
WARREN, MI 48092

Click Here for Memo Itemization

\$ 101.76 \$ 207.14

Fund Raiser Contribution

Contribution # 2 PAC Receipt? Yes
 Name & Address:

 If over \$100.00 cumulative, please provide:
 Occupation:
 Employer Name & Address:

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN
 Description _____
 5. Date Of Receipt: _____
 6. Vendor Name & Address:

 Click Here for Memo Itemization

Fund Raiser Contribution

Contribution #3 PAC Receipt? Yes
 Name & Address:

 If over \$100.00 cumulative, please provide:
 Occupation:
 Employer Name & Address:

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN
 Description _____
 5. Date Of Receipt: _____
 6. Vendor Name & Address:

 Click Here for Memo Itemization

Fund Raiser Contribution

Page Subtotal **\$101.76**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$791.76**

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMERICAN POLISH CENTURY CLUB Address 33204 MAPLE LANE STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: BANNER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/17</u> Date	<u>\$ 150.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name SQUARE SPACE Address SQUARESPACE.COM <input type="checkbox"/> Fund Raiser	Purpose: WEBSITE FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/17</u> Date	<u>\$ 72.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name CARPATHIA CLUB Address 38000 UTICA RD STERLING HEIGHTS, MI 48312 <input checked="" type="checkbox"/> Fund Raiser	Purpose: FUND RAISER DEPOSIT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/24/17</u> Date	<u>\$ 200.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name CARPATHIA CLUB Address 38000 UTICA RD STERLING HEIGHTS, MI 48312 <input checked="" type="checkbox"/> Fund Raiser	Purpose: FUND RAISER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/17</u> Date	<u>\$ 1885.50</u> Click Here for Memo Itemization Type
Expenditure #5 Name CITY OF STERLING HEIGHTS Address 48555 UTICA RD STERLING HEIGHTS, MI 48111 <input type="checkbox"/> Fund Raiser	Purpose: REGISTERED VOTER DATA <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/17</u> Date	<u>\$ 62.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$2,369.50**

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

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name COMPASS GRAPHX Address 32806 RYAN RD WARREN, MI 48092 <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/17</u> Date	\$ <u>667.80</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #2 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	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
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	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
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	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
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	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page **\$667.80**
 Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$3,037.30**
 Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A. CAVALLI

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/12/17</u>	4. Number of Individuals Attending or Participating (whichever is greater) 48	5. Type of Fund Raising Activity SPAGHETTI DINNER	6. Address and Name (if any) of the place where the activity was held. 38000 UTICA RD STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Private Residence
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7. Total Contributions \$1,950.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$1,950.00

10. Total Cost of Event \$2,085.50
(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 (1-1K), 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.