

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be (ealble, typed or printed in jok and	I signed by	3. This Statement covers From					
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	andidate.		04/14/17	₁₀ 10/2	***************************************		
1. Committee I.D. Number		4. Candidate Last Name		st Name		M.I.	
139532		CAVALLI	NICHO		A		
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local				\Box	
COMITTEE TO ELECT NICHOLAS A. C.	AVALLI	4b. County of Residence MA	СОМВ				
40408 LAFAYETTE DEBORAH A. C. STERLING HEIGHTS, MI 48313 DEBORAH A. C. 40408 LAFAYET		6. Treasurer's Name & Resido DEBORAH A. CAVA 40408 LAFAYETTE STERLING HEIGHT	LLI				
Area Code and Phone (586) 212-8061 If the address in this box is different from the commmelling address on the Statement of Organization, the sent to this address by the filing official.	ittee mall may	Area Codo & Phone (586) 7	47-0321				
7. Treasurer's Business Address 40408 LAFAYETTE STERLING HEIGHTS, MI 48313		8. Dasignated Record keeper' Designated Record keeper)	e Name and Mailin	g Address (If Ih	ne committee ha	, 17 OCT 23	FIL
Area Code and Phone (586) 747-0321		Area Code and Phone				F	m
9. TYPE OF STATEMENT		Alea Code and Filone	9e. Dissolution	of Candidate	Committee	۔۔	
9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to:	Required ON is not on the current year:		By checking by the committee by discharged and the committee. Towes no lates fee	to the candidat d forgiven, and he committee h	le whis or her a no longer colle- nes no oustandi	spouse i	is here om
Primary			DWOO NO TALOS ICO	oor mas any co	CENTONING CODI.		
☑General ☐Convention	October Q	uaneny	Further, if the diss considered a requ	olution cannot lost for the Rep	be granted, tha orting Waiver.	t this be	•
Special School	9c. Annua	Statement () Coverage Year	Effectiv	e date of dissol	lution		
Caucus	(Comp	dment to Cempaign Statement blete Item 9a, 9b, 9c or 9e to te which Statement is being lod.)	Note: The disposi Schedule 1B and			reporte	d on
Date of Election, Convention or Caucus							
11/07/17							
10. Verification: I/We certify that all reasonable dilige my/our knowledge and belief the contents are true, a	ance was used accurate and co	n the preparation of this statement	ent and attached so	chedules (If any) and to the be	st of	
Current Treasurer or Designated Record keeper Type or Print Name	CAVALLI	Signature)	Courle	Date	10/22/1	7	_
Candidate NICHOLAS A. CAVAL		, Muchafal a	, Could	L Date _	10/22/1	7	_
Type or Print Name	Type or Print Name Signature						



1. Committee I.D. Number 139532

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE	2. Committee Name COMMITTEE 10	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Gamanato ano occursivo, que
a. Itomized (Schedule 1A - Column 6)	(3a.) \$ 3,905.00	-
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	-
c. Subtotal of "Contributions"	(3c.) \$_\$3,905.00	(18.) \$ \$3,905.00
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.) \$ \$3,905.00	(20.) \$ \$3,905.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$791.76	(21.) \$ \$791.76
7. In-Kind Expenditures (Schedulo 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8e.) \$ \$3,037.30	_
b. Itemized Get-Out-the-Voto (Schodulo 1B-G)	(8b.) \$ \$0.00	_
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$67.58	_
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(e.) \$ \$3,104.88	(23.) \$ \$3,104.88
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursoments a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	_
b. Uniternized (less then \$50.01 each - no Schedule)	(10b.)\$ \$0.00	_
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	\$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligellons		
e. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	_
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	
13. Ending Balanco of last report filed (Enter zoro if no pravious reports have been filed.)	(13.) \$ \$0.00	
14. Amount received during reporting period	(14.) + \$ \$3,905.00	
(Lino 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$3,905.00	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.)- \$ \$3,104.88	
17. ÈNDING BALANCÉ	(17.) \$ \$800.12	
(Subtract line 16 from line 15)	(11.)	-



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ITEMIZED CONTRIBUTIONS

Committee I.D. Number	139532

SCHEDULE 1A		
CANDIDATE COMMITTEE 2. Committee Name COM	MITTEE TO ELECT N	CHOLAS 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? YES 4. Date of Receipt 06/16/17 Name & Address: MARY JOAN TULLY 29317 FAIRFIELD WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 100.00 Click Here fo	\$r Memo Itemization ▼
Business Address Type of Contribution: Direct Loan from a person Fund Reiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/23/17 Name & Address DEBORAH CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 5. If over \$100.00 cumulative, please provide: OccupationEinployer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	s 100.00 Click Here for	\$ Memo Itemization ▼
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/11/17 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: Direct Loan from a person Fund Raiser	\$50.00 Click Here for	\$ Memo Itemization ☑
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/12/17 Name & Address CHERYL BENNETT 20063 CR144 KENTON, OH 43326	_{\$} 50.00	\$,
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here for	Memo Itemization ▼

Page Subtotal \$300.00

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

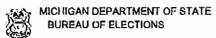
Fund Raiser

Loan from a person

Enter this total on line 3a of Summary Page.

Page 1 of /3

Business Address



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

Controlitée I.D. Number 139532

1. Committee I.D. Nu	mber
2. Committee Name	COMMITTEE TO ELECT NICHOLAS A. CAVALLI

Enter contributor's name and address. If contribution is from an individual, onter 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. Cumulaliva for Election Cycle for Each Conlidbutor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/10/17 Hame & Address: PAUL CAVALLI 326 1/2 18TH STREET ST PETERSBURG, FL 33704	_{\$} 50.00	\$
i. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization ▼
Occupation Employer.	Olick Here 10	Memo Remization
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/11/17		
RAYMOND BUZENSKI 27917 LIBERY DR SHELBY TWP, MI 48315	<u>\$200.00</u>	\$
i. If over \$100,00 cumulative, please provide: Decupation PHYSICIAN Employer CLINTON PREFERRED PEDIATRICS	Click Here for	Memo Itemization
Business Address 15500 19 MILE RD, CLINTON TWP, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/11/17		
CYNTHIA DEGNORE	_s 25.00	
13733 COLPAERT	§ 2 3.00	\$
WARREN, MI 48088	Click Here for	Memo Itemization
i. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address	1	
. Contribution #4 PAC Receipt? YES 4. Date of Receipt 08/28/17		
ROBERT DUBE		
10420 LAFAYETTE	,100.00	
STERLING HEIGHTS, MI 48313	•	\$
i. If over \$100,00 cumulative, please provide:	Click Here for	Memo Itemization ▼
Occupation Employer		لحيا
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiscr		
Page Subtotal	\$375.00	
Grand Total of All Schedules 1A		
(Complete on lest page of Schedule)	Enter this total on	J
2 of 13	line 3s of Summery Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number _____139532

2. Committee Name

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? YES 4. Date of Receipt 08/28/17 Name & Address: M JUDY MELCHIOR 42841 CHRISTINA DR STERLING HEIGHTS, MI 48313	_{\$} 80.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	Chok Hele id	i Wellio itellization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raisor		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/02/17 Name & Address		
LISA HOGREBE 40224 COLONY DR STERLING HEIGHTS, MI 48313	\$80.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: UDirect Loan from a person U Fund Raisar		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/12/17		
CRAIG MONEY 645 W KALAMA MADISON HEIGHTS, MI 48071 5. If over \$100.00 cumulative, please provide; Occupation Employer	\$20.00 Click Here for	\$ Memo Itemization ▼
Business Address		
Type of Contribution: ✓ Direct Loan from a porson Fund Relser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/12/17 Name & Address GLENN HAEGLE 826 1/2 18TH ST ST PETERSBURG, FL 33704	ε _{40.00}	\$
5. If over \$100.00 cumulative, please provide:	011 1 11 4	A4. 15
Occupation Employer	Click Here for	Memo Itemization
Businoss Addross Type of Contribution: Direct Loan from a person Fund Releer		
Page Subtotal	\$220.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 3 of 13	Enter this total on line 3s of Summery Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

l	3	9	5	3	2

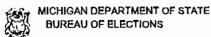
2. Committee Name

COMMITTEE TO ELECT NICHOLAS A. CAVALLI

Enter contributor's name and address. If contribution middle initial. Check box to indicate if contribution is f Committee (PAC) Report all contributions regardless	rom a Political Commit		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES Name & Address; SHARON LEBLANG 1220 WOODLAWN ROYAL OAK, MI 48073	4. Date of Receip	09/12/17	_{\$} 15.00	\$
5. If over \$100.00 cumulative, please provide:			Cliek Haza fa	or Memo Itemization
Occupation Employ	er		Click Here it	or Ivierno Itemization
Business Address		سسند بي بروسيدا سين خطان بيروشند، معاما اسد الخارا و يواند.		
Type of Contribution: ✓ Direct Loan (тот а регеоп	Fund Reiser		
3. Contribution #2 PAC Receipt? YES	4. Date of Receip	t 09/12/17		
DIANE STANGIS 4847 BENJAMIN STERLING HEIGHTS, MI 48310			\$80.00	\$
5, If over \$100.00 cumulative, please provide:			Click Here fo	r Memo Itemization 🔻
OccupationEmployer				
Business Address				
Type of Contribution: Direct Loan fr	om a person	Fund Raiser		
Business Address 2200 N SQUIRREL RD, ROO	4. Date of Receiptor. CHARTWELL CHESTER, MI 483	.s	§ 160.00 Click Here for	\$ Memo Itemization ▼
3. Contribution #4 PAC Receipt? YES	4. Date of Recei			
ANTHONY SMITH 10647 CADIEUX DETROIT, MI 48224	4) Palo VI NOOI	P- QUI ZI I	\$80.00	\$
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization
Occupation Empl	oyer		Olick Hele IQI	Merito (termzation
Business Address				
	rom a person	Fund Raiser		
A 12		Page Subtotel nd Total of All Schedules 1A ate on last page of Schedule)	\$335.00 Enter this total on line 3a of Summery	
ZL 12			mile on or outlinery	

Pege 4 of 15

Page.



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

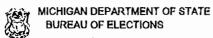
CANDIDATE COMMITTEE

139532 1. Committee I.D. Number

COMMITTEE TO ELECT NICHOLAS A. CAVALLI

Pago.

Enter contributor's traine and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an independent Election Cycle for Each Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/12/17 Namo & Address: ANTHONY SMITH 10647 CADIEUX 330.00 DETROIT, MI 48224 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer THESSCO Occupation PROPERTY MANAGER Business Address 10647 CADIEUX, DETROIT, MI 48224 Type of Contribution: Fund Ralser Direct Loan from a person 3. Contribution #2 YES 4. Date of Receipt 09/12/17 PAC Receipt? Name & Address JENNIE BRAUN ,40.00 1550 HURD ORTONVILLE, MI 48462 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation. Business Address _ Type of Contribution: V Direct **Fund Raiser** Loan from a person 3. Contribution # 3 PAC Receipt? 4. Date of Receipt 09/13/17 Name & Address: SAMANTHA WOLL 40.00ء 10 WITHERELL #1002 DETROIT, MI 48226 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation_ Employer Business Address Type of Contribution: 🗸 Direct Loan from a person Fund Raiset 3. Contribution # 4 PAC Receipt? 4. Date of Receipt 09/13/17 Name & Address CARRIE HARDING 2940 RAVENGLASS WATERFORD, MI 48329 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization ▼ Occupation Employer Business Address Fund Relser Loan from a person Page Subtotal \$410.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on Page 5 of 13 lino 3a of Summary

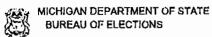


ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number _____139532

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 Eech Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/13/17 Namo & Address: RANDY K HARDY 50559 HILLSIDE DR MACOMB TWP, MI 48044	§80.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	Click Here it	Memo Nemization
Business Addross		
Type of Contribution: J Direct Loan from a person J Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/13/17 Name & Address		
CHRISTINE PESTA 37687 ANDREW DR STERLING HEIGHTS, MI 48312	\$80.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization 🔻
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/13/17 Name & Address: PAUL DESROSIERS 22324 CHERRYLAWN DR FLATOCK, MI 48134	\$80.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Relister		
3. Contribution # 4 PAC Recolpt? YES 4. Date of Receipt 09/13/17 Name & Address DIANE MARNON 40366 LAFAYETTE STERLING HEIGHTS, MI 48313	_{\$} 80.00	\$
5. If over \$100.00 cumulative, please provide;	Ollak Llaga far	Mama Hamiladian
Occupation Employer	Click Here to	Memo Itemization ▼
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$320.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6 of 13	Enter this total on line 3a of Summary Page.]

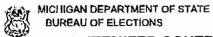


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number	139532
1. Committee I.D. Number	100002

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? YES 4. Date of Receipt 09/13/17 Name & Address: ALICE JACOB 3588 CAPITOL WARREN, MI 48091	_{\$} 50.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	Office Liele Iol	Weino itemization
Business Address		
Type of Contribution: ✓ Direct Loen from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/13/17 Name & Address		
MARY JOAN TULLY 29317 FIARFIELD WARREN, MI 48093	_{\$} 160.00	_{\$} 260.00
5. If over \$100.00 cumulative, please provide: DDO IECT MANAGED BLUE CROSS/BLUE SHIELD OF MICHIGAN	Click Here for	Memo Itemization -
Occupation FROSEOT INATAGEN Employer		
Business Address 600 E LAFAYETTE, DETROIT, MI 48226		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/13/17 Name & Address: ROY FREIJ 61550 W 8 MILE SOUTH LYON, MI 48178 5. If over \$100.00 cumulative, please provido:	\$ 100.00 Click Here for	\$ Memo Itemization <mark>▽</mark>
Occupation Employer Business Address Type of Contribution: ✓ Direct Lean from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Rocelpt? YES 4. Date of Receipt 09/13/17 Namo & Address CHALRES BONZA III 5730 N SILVERY LANE DEARBORN HIEGHTS, MI 48127	_{\$} 100.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for I	Memo Itemization
Occupation Employer	Olick Nere lor i	Wellio Religzation
Businoss Address		
Page Subtotal	\$410.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3s of Summery Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139532

Enter contributor's name and address. If contribution is from an inc middle initial. Check box to indicate if contribution is from a Politice 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? YES 4. Dato Namo & Address: MARY TUMIDAJEWICZ 21018 BAYSIDE ST ST CLAIR SHORES, MI 48081	of Receipt <u>09/13/17</u>	_{\$} 40.00	\$
5. If over \$100.00 cuntulative, please provide:		Click Here fo	or Memo Itemization
OccupationEmployer		Onor Horo re	I Monto nomization
Business Addross			
Type of Contribution: V Direct Loan from a person	✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date	of Receipt 09/13/17		
WILLIAM MACGREGOR 7664 ORLEANS AVE EAST STERLING HEIGHTS, MI 48314		<u>\$40.00</u>	\$
5. If over \$100.00 cumulative, please provide:		Click Here fo	r Memo Itemization ▼
Occupation Employer			
Businoss Address			
Type of Contribution: Direct Loan from a person	✓ Fund Ralser		
Name & Address: FRANK D COSTA 1848 WINDEMERE	of Receipt <u>09/13/17</u>	_{\$} 100.00	\$
MADISON HEIGHTS, MI 48071		Click Here for	Memo Itemization
5. If over \$100.00 cumulative, picase provide:			
Occupation Employer			
Business Address Type of Contribution: Direct Loan from a person	✓ Fund Ralser		
3. Contribution # 4 PAC Receipt? YES 4. Date Name & Address PAUL ZELENAK 40458 MEADE POINTE STERLING HEIGHTS, MI 48313	o of Receipt <u>09/13/17</u>	_{\$} 100.00	s
5. If over \$100.00 cumulative, please provide:		Olista I I ama ɗar	. 4.4 16
Occupation Employer		Click Here to	Memo Itemization
Business Address Typo of Contribution:	✓ Fund Ralser		
	Page Subtotal	\$280.00	
Bar 8 of 13	Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	
Page of 5		. 480.	



ITEMIZED CONTRIBUTIONS

139532

SCHEDULE 1A		1. Committee I.D. Number	100002	
CANDIDATE COMMITTE	E	2. Committee Name CO	MMITTEE TO ELECT	NICHOLAS A CAVALLI
Enter contributor's name and address. If contribution is from middle initial. Check box to indicate if contribution is from a Committee (PAC) Report all contributions regardless of amounts.	Political Committ		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
PAMELA ORR 24030 ONEIDA ST OAK PARK, MI 48237	I. Dale of Receip	09/13/17	_{\$} 100.00	\$
5. If over \$100.00 cumulative, please provide: Occupation Employer			Click Here fo	r Memo Itemization 🔻
Business Address	person 🗸	Fund Releer		
Name & Address MARY CAVALLI 1753 MYRON LINCOLN, PARK, MI 48146 5. If over \$100.00 cumulativo, please provide:		1 09/13/17	\$40.00_	sr Memo Itemization ☑
DIANE DARGA 19793 LEXINGTON REDFORD, MI 48240 5. If over \$100.00 cumulative, please provide:		109/13/17 Fund Raiser	\$40.00 Click Here for	8 Memo Itemization ▽
3. Contribution #4 PAC Receipt? YES 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: Indeed Inde	4. Date of Receip	DI 09/13/17	§80.00 Click Here for	\$ Memo Itemization ▼
legal to the legal		Page Subtota	\$260.00	-

Page 9 of 13

(Complete on last page of Schedule)

Entor this total on line 3a of Summery Page.

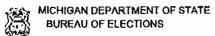


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number _____139532

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? YES 4. Date of Receipt 09/13/17 Name & Address: JULIE SEMMA	-4	
1541 NIGHTINGALE	90 00	
WIXOM, MI 48393	<u>,80.00</u>	\$
5. If over \$100.00 cumulative, please provide:	Clieb Here fo	r Mama Itamization
Occupation Employer	Click Hele ic	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Relser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/16/17 Name & Address		
SUSAN DUNCAN 76500 HIPP RD	,80.00	
ROMEO, MI 48065	\$	\$
5. If over \$100.00 cumulative, pleяse provide:	Click Here fo	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/16/17		
Name & Address:	-	
SANDRA SCHULTZ 15234 ELDERWOOD	_{\$} 50.00	_
ROSEVILLE, MI 48066	***************************************	\$
·	Click Here for	Memo itemization ▼
5. If over \$100.00 cumulative, please provide:		_
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 09/16/17		
Name & Address	-	
KIMBERLY MILESKI		
5490 CINNAMIN CT	_s 50.00	•
LAPEER, MI 48446		9
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization ▼
Occupation Employer		
Business Address		
Type of Contribution:		
Pago Subtot	al \$260.00	
Grand Total of All Schedulos 1/	A .	
(Complete on last page of Schodule	i .	J
Page 10 of 13	line 3s of Summary Page.	



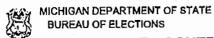
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

Committee (.D. Number	139532
COMMINMES I.D. MUMBUM	

Committee Name	COMMITTEE TO ELECT NICHOLAS A CAVAL

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? YES 4. Date of Receipt 09/16/17 Name & Address: NATHANIEL BUZENSKI 17013 ELANOR DR #124 CLINTON TWP, MI 48038	_{\$} 20.00	s
5. If over \$100.00 cumulative, please provide:	Click Horo fo	or Memo Itemization
Occupation Employer	CHOK HEIE IC	Wellio Remization
Business Address		
Type of Contribution: Oirect Loan from a person Fund Raisar		
3. Contribution #2 PAC Recolpt? YES 4. Date of Recolpt 09/16/17 Name & Address		
LARRY FELL 38389 DODGE PARK STERLING HEIGHTS, MI 48312	§20.00	s
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization ▼
OccupationEmployer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Reiser		
9. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/16/17 Name & Address: NICHOLAS AUSTIN 40327 HANILTON DR STERLING HEIGHTS, MI 48313 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$20.00 Click Here for	\$ Memo Itemization ☑
Typo of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/16/17 Name & Addross MEGAN SEUBERT 12450 MONSBROOK DR STERLING HEIGHTS, MI 48312	_{\$} 20.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization ▼
Occupation Employer		mono nomeadon
Business Address		
Type of Contribution: Direct Loan from a person Fund Relser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$80.00 Enter this total on line 3a of Summary Page.	-

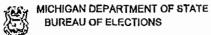


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

l. Committee I.D. Nu	mber	139532		
. O	COM	MITTEE TO ELE	CT NICHOLAS A	. CAVALLI

OANDID	AIL O	J. 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
Enter contributor's name and addit middle initial. Check box to Indica Committee (PAC) Report all contributions.	te if contrib	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of recolpt)		
3. Contribution # 1 PAC F Name & Address: DEANNA GOULD 50672 RUBY LANE WASHINGTON TWP, M	MI 4809	_	olpt 09/23/17	_{\$} 25.00	\$
5. If over \$100.00 cumulative, pl	ease provi	de:		Click Here fo	or Memo Itemization
Occupation		Employer		Ollok Fiere it	in the me ne
Business Address					
Type of Contribution: Direct		Loan from a person	Fund Raisor		
3. Contribution #2 PAC R	ecelpt?	YES 4. Date of Reco	lpt <u>09/23/17</u>		
THEA WHITE 43342 PENDLETON C STERLING HEIGHTS,		13		<u>\$</u> 40.00	\$
5. If over \$100.00 cumulative, ple	sse provi	de:		Click Here fo	r Memo Itemization
Occupation	I	Employer			
Business Addross					!
Type of Contribution:		Loan from a person	Fund Ralser		
3. Contribution # 3 PAC R Name & Address: KAREN HOEFT 13760 PLUMBROOK STERLING HEIGHTS, 5. If over \$100.00 cumulative, planets Address	easo provi	12	elpt <u>09/23/17</u>	§ 50.00 Click Here fo	sr Memo Itemization
Type of Contribution: Direct		Loan from a person	Fund Raiser		
3. Contribution #4 PAC R Namo & Address MELANIE KEARSEY 37830 SCOTT PINE DI NEW BOSTON, MI 481		YES 4. Date of Red	Delpt 10/05/17	_{\$} 40.00	s
5. If over \$100.00 cumulative, pl	ease provi	de:		Click Here fo	r Memo Itemization
Occupation		Employer		Ollok Field to	, wente konnearen
Businoss Addross					
Type of Contribution:	. [Loan from a person	Fund Ralser		
			Pago Subtotal	\$155.00	
12 12			Brand Total of All Schedulos 1A oplete on last page of Schodulo)	Enter this total on line 3s of Summer	<u> </u>
Pageof(3				Page.	



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

139532 1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Namo	COMMITTEE TO ELECT NICHOLAS A. CAVALLI
Enter contributor's name and address. If contribution is from an individual, enter tast 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.	ne, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through dale of recoipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/05/17 Name & Address: ALI HABHAB 6635 GULLEY	s 400.00 s
DEARBORN HEIGHTS, MI 48127	₹ -100.00
5. If over \$100.00 cumulative, please provide: Occupation PROPERTY MANAGER Employer THREE H PROPERTIES	Click Here for Memo Itemization
Business Address 6635 GULLEY, DEARBORN HEIGHTS, MI 48127	_
Type of Contribution: ✓ Direct Loan from a person Fund Reliser	
Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/11/17	
JANET TAYLOR 2514 CHELSEA ST TRENTON, MI 48183	<u>\$50.00</u>
5. If over \$100.00 cumulative, please provido:	Click Here for Memo Itemization
OccupationEmployer	
Business Addross	
Type of Contribution: Direct Loan from a person Fund Reiser	
Contribution #3 PAC Recolpt? YES 4. Date of Receipt 10/14/17 Name & Address: DAVID SZYMANSKI 1018 AUDUBON RD GROSSE POINTE PARK, MI 48230	\$25.00 \$
5. If over \$100.00 cumulative, please provido:	Click Here for Memo Itemization
Occupation Employer	_
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/20/17	
HEATHER CHASE 164 GLENDALE ROCHESTER, MI 48307	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization ▼
Occupation Employer	— Click Dete for Metric Retilization
Business Address	_
Type of Contribution:	
Page Su	ubtotal \$500.00

Page 13 of [3

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

\$3,905.00

Enter this total on line 3s of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Commillee I. D. Number 139532

SCHEDOLL I'M		COT NICUOI AC	A . O.A. (ALL)
CANDIDATE COMM	AITTEE 2. Committee Name COMMITTEE TO ELE	ECT 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 ere conumonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vender from whom goods or services were purchased.	7. Amount or Fair Market Value	6. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: ANTHONY CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description TSHIRTS 5. Date Of Receipt: 02/27/17 6. Vendor Name & Address:	85.21	\$ emization
Fund Raiser Contribution			
Contribution # 2 PAC Recolpt? Yes Name & Address ANTHONY CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN		105.85
If over \$100.00 cumulative, please provide: Occupation: ADMINISTRATOR Employer Name & Address: WAYNE COUNTY 400 MONROE DETROIT, MI 48226	Description BUSINESS CARDS 5. Date Of Receipt: 03/19/17 6. Vendor Name & Address: VISTAPRINT CIVISTAPRINT.COM	lick Here for Memo Ite	emization 🔽
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes Name & Address: ANTHONY CAVALLI F0408 LAFAYETTE STERLING HEIGHTS, MI 48313	Goods Donated or Loaned Sarvices Donated Goods or Services Purchased by Candidate or Othere Goods or Services Purchased by Candidate or Othere	6.66 \$	122.51
If over \$100,00 cumulative, please provide: Occupation: ADMINISTRATOR Employer Name & Address: WAYNE COUNTY 400 MONROE DETROIT, MI 48226	Dascription BUSINESS CARDS 5. Date Of Receipt: 03/19/17 6. Vendor Name & Address: VISTAPRINT VISTAPRINT.COM	lick Here for Memo It	emization 👱
Fund Reiser Contribution			
	Page Subtote	§122.51	

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

Enter this total on line 6 of Summary Page



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 Addross from whom received if contribution is from an individual, onter 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. Cumul for Electi Cycle (Tr dete in It	ion hrough
Contribution #1 PAC Receipt? Yes Name & Address: ANTHONY CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 If over \$100.00 cumulative, please provide: Occupation: ADMINSITRATOR Employer Name & Business Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description TSHIRTS 5. Date Of Recolpt: 06/26/17	264.89	387.	40
WAYNE COUNTY 400 MONROE DETROIT, MI 48226	6. Vendor Name & Address: VISTAPRINT VISTAPRINT.COM	k Here for Memo I(emization	•
Fund Relser Contribution Contribution # 2 PAC Receipt? Yes Name & Address ANTHONY CAVALLI 40408 LAFAYETTE STERLING HEIGHTS, MI 48313 If over \$100.00 cumulative, please provide: Occupation: ADMINISTRATOR	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 BUSINESS CARDS 5. Date Of Receipt: 07/03/17	6.63 \$	434.	03
Employer Name & Addross: WAYNE COUNTY 400 MONROE DETROIT, MI 48226	6. Vendor Namo & Address:	k Here for Memo It	emization	•
Fund Ralser Contribution Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$49	0.00 \$	483.0)3
ANTHONY CAVALLI 40408 LAFAYETTE ETERLING HEIGHTS, MI 48313 If over \$100,00 cumulative, please provide: Occupation: ADMINISTRATOR Employer Name & Address: WAYNE COUNTY 400 MONROE DETROIT, MI 48226	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description STAMPS 5. Date Of Receipt: 08/24/17 6. Vendor Name & Address: MEIJER 36600 VANDYKE STERLING HEIGHTS, MI 48312	ok Here for Memo I\	emization	Ţ
Fund Raiser Conditionation	Page Subtotal	\$360.52		
	Grand Total of all Schodules 1-lk (Complete on last page of Schedule)			

Enter this total on line 6 of Summary Page

on line 6 of Summary

Page



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

1. Committee I. D. Number 139532

CANDIDATE COMM	AITTEE 2. Committee Name COMMITTEE TO E	LECT 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). Reportal 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? 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 Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description ENVELOPES 5. Date Of Receipt: 08/24/17 6. Vendor Name & Address:	·	485.15
Contribution # 2 PAC Reccipt? Yes Name & Address THERESA CAVALLI 18024 MARQUETTE ST ROSEVILLE, MI 48066 If over \$100.00 cumulative, please provide: Occupation:	Goods or Services Purchased by Candidate or Others LOA! Description PRETZEL RODS	15.58 s	
Employer Name & Address: Fund Relser Contribution	5. Date Of Receipt: 09/01/17 6. Vender Name & Address: GORDON FOODS 1507 BOARDMAN RD JACKSON, MI 49202	Click Hore for Memo Ite	mizalion 🔻
Contribution #3 PAC Receipt? Yes Name & Address: THERESA CAVALLI 18024 MARQUETTE ROSEVILLE, MI 48066 If over \$100.00 cumulative, please provide: Occupation: Employer Namo & Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description CHOCOLATE 5. Date Of Receipt: 09/03/17 6. Vendor Name & Address:	24.00 \$_ Click Here for Memo Ite	mization 🔻
Fund Raiser Contribution	Page Subto	tal \$41.70	
	Grand Total of all Schedules 1 (Complete on last page of Schedu	-IK	



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 139532

002022	COMMITTEE TO E	-1 -	CT NICHOLA	C A . CAV/ALLI
CANDIDATE COMM	AITTEE 2. Committee Name COMMITTEE TO E		CINICHOLA	S 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). Reportall in India contributions.	4. Type of In-Kind Contribution (Chock applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services we purchased	are	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yos 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 V Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Sorvices Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAD Description CHEX MIX 5. Date Of Receipt: 09/04/17 6. Vendor Name & Address: SAMS CLUB 45600 UTICA PARK UTICA, MI 48315	V	59.80 ck Here for Memo	§ 544.95
Contribution #2 PAC Receipt? Yes Name & Address DEBORAH CAVALLI 10408 LAFAYETTE STERLING HEIGHTS, MI 48313 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others- LOA Description CAKE 5. Date Of Reccipt: 09/11/17 6. Vender Name & Address:	_	4.99	\$
✓ Fund Ralser Contribution	KROGER 43893 SCHOENHERR STERLING HEIGHTS, MI 48313	Cilc	k Here for Memo	Itemization
Contribution #3 PAC Receipt? Yes Name & Address: DEBORAH CAVALLI 0408 LAFAYETTE STERLING HEIGHTS, MI 48313 If over \$100.00 cumulativo, please provide: Occupation: OFFICE COORDINATOR II Employer Name & Address: NM BEAUMONT HOSPITAL-TROY 14199 DEQUINDRE RD, STE G10 TROY, MI 48085	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAI Description BALLOONS 5. Date Of Receipt: 09/12/17 6. Vendor Name & Address: PARTY PARADISE 39090 VANDYKE STERLING HEIGHTS, MI 48313	Cilc	k Here for Memo	temization
	Page Subto	otal	\$165.27	
			,	
	Grand Total of all Schedules	1-IK		

Enter this total on line 6 of Summary Page

(Complete on last page of Schedule)



ITEMIZED IN-KIND CONTRIBUTIONS

HEMIZED IN-KIND CONTR	120622			
SCHEDULE 1-IF	1. Committee i. D. Number	OT NICHOLOU AC		_
CANDIDATE COMM	ITTEE 2. Committee Name COMMITTEE TO ELE	CI NICHOLAS	A. CAVALL	
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 celled 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. Cumulativ for Election Cycle (Throudete in Item	ugh
Contribution #1 PAC Recoipt? 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: VM BEAUMONT HOSPITAL-TROY 44199 DEQUINDRE RD, STE G10 FROY, MI 48085 Fund Reiser Contribution	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:	101.76 k I lare for Memo	\$ 207.1	4
Contribution # 2 PAC Receipt? Yos 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 Doscription 5. Date Of Receipt:		\$	
Fund Relier Contribution	6. Vendor Name & Address: Clic	k Hara for Memo	llemization	lacksquare
Contribution #3 PAC Receipt? Yes	4. Endorsement or Guerentee 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		\$	
If over \$100.00 cumulative, please provide; Occupation: Employer Namo & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	k Here for Метто	ltemization	⊡
Trung Kalsur Containagon	Sec- Outland	0404.70		
	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



ITEMIZED EXPENDITURES

1 Committee I D Number 139532

SCHEDULE 1B	ommiliee I. D. Number		
CANDIDATE COMMITTEE 2. C	ommittee 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	Purposo: BANNER	06/25/17 Date	\$ <u>150.00</u>
33204 MAPLE LANE STERLING HEIGHTS, MI 48312	Click	Horo for Momo l	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name SQUARE SPACE		07/20/17	\$ <u>72.00</u>
Address SQUARESPACE, COM	Purpose: WEBSITE FEE	Date Here for Memo I	temization Type
Fund Releer	Check box if this expenditure is payment of debt or obligation reported on provious statement		
Expenditure #3			
Namo CARPATHIA CLUB		08/24/17	\$200.00
Address 38000 UTICA RD	Purpose: FUND RAISER DEPOSIT	Dato	
STERLING HEIGHTS, MI 48312	Click Check box if this expenditure is payment of debt or obligation reported on previous	Here for Memo I	temization Type
Fund Relser	statement		
Expenditure #4 Name CARPATHIA CLUB		09/12/17 Date	\$ <u>1885.50</u>
Address 38000 UTICA RD	Purpose: FUND RAISER	Here for Memo	temization Type
STERLING HEIGHTS, MI 48312	Check box if this expenditure is payment or		Memiration Type
Fund Raleer	debt or obligation reported on previous statement		
Expenditure #5			
Namo CITY OF STERLING HEIGHTS Address	Purpose: REGISTERED VOTER DATA	09/19/17 Date	\$ <u>62.00</u>
48555 UTICA RD STERLING HEIGHTS, MI 48111 Fund Raiser	Click Check box if this expenditure is payment of debt or obligation reported on previous statement		itemization Type
	Sub	total this pago	\$2,369.50
	Grand Total of al (Complete on last page		
			Enter this total

on line 8a of Summary Page

Page _____ of ____



ITEMIZED EXPENDITURES **SCHEDULE 1B** CANDIDATE COMMITTEE

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Complition 1	D	Number	•	J	J	J	U	,

O, ((10.15) () = 0 p mm = 1	2. Commines italie		0 Å=c::-1
3. Name and address of person or vendor to whom pald	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name COMPASS GRAPHX		09/25/17	\$ 667,80
	Purpose: YARD SIGNS	Date	
Address	Purposo: TARD GIGITO	•	
32806 RYAN RD	CII	ck Here for Memo I	temization Type 🔻
WARREN, MI 48092			
	Check box if this expenditure is paymen debt or obligation reported on previous	t of	
Fund Raiser	statement		
Expenditure #2			
Name			\$
	Purpose:	Date	
Address	ruipose.		F
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	Check box if this expenditure is payment debt or obligation reported on previous	t of	
Fund Raiser	slatement		
Expenditure #3			
Neme		£ 10.00 to 1	\$
A 11	Purpose:	Date	
Address			F1
	CI	lck Here for Memo I	temizetion Type ▼
	Check box if this expenditure is paymen	nt of	
F-7	debt or obligation reported on previous		
Fund Raiser	statement		
Exponditure #4			
Name			
		Date	\$
Address	Purpose:	– Vale	
	CI	ick Here for Memo I	tomization Typo
	Chack box if this expenditure is paymen	nt of	
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Neme			
1100			\$
Address	Purpose:	Date -	 -
		lick Here for Memo	Itemization Type
	l		TOTAL TOTAL TOTAL
	Check box if this expenditure is payme debt or obligation reported on previous	nt of	
Fund Relser	statement		
		Subtotel this page	\$667.80
			Ψ007.00
		of all Schedules 1B	\$3,037.30
	(Complete on last	page of Schedule)	
			Enter this total on line 8s of
			Summary Page



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 139532

	- USE A SEPARATE SH	EET FOR EACH EVENT	
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (if any) of the place where the activity was held. 38000 UTICA RD
09/12/17	48	SPAGHETTI DINNER	STERLING HEIGHTS, I 48312 Private Residence
'. Total Contributions	\$1,950.00		
3. Other Receipts	\$0.00	,	
9. Gross Receipts (Add lines 7 a	and 8) \$1,950.00		
0. Total Cost of Event Total Cost includes in-Kind Cor	\$2,085.50 htributions and All Expenditures	s Made For the Event)	
1. Check if event was a joi	nt fund raiser and complete the	o following:	
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)
			
			
period covered by the C Receipts and expenditu	res listed on a Fund Ralser Sch		n the Itemized Contributions