



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.

1. Committee I.D. Number <b>139623</b>		3. This Statement covers From: <u>07/23/18</u> to <u>08/27/18</u>	
2. Committee Name <b>CTE-PAULA VERTICCHIO</b>		4. Candidate Last Name <b>VERTICCHIO</b> First Name <b>PAULA</b> M.I. <b>R</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>MACOMB COUNTY CLERK/REGISTER OF DEEDS</b> 4b. County of Residence <b>MACOMB</b>	
5. Committee's Mailing Address <b>PO BOX 271 WASHINGTON, MI 48094</b>  Area Code and Phone _____ If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address <b>PAULA VERTICCHIO PO BOX 271 WASHINGTON, MI 48094</b>  Area Code & Phone _____	
7. Treasurer's Business Address <b>PO BOX 271 WASHINGTON, MI 48094</b>  Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <b>PAULA VERTICCHIO PO BOX 271 WASHINGTON, MI 48094</b>  Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <u>08/07/18</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly  9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)  9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution _____  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper <b>PAULA VERTICCHIO</b> Type or Print Name		 Signature Date <u>8/27/18</u>	
Candidate <b>PAULA VERTICCHIO</b> Type or Print Name		 Signature Date <u>8/27/18</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 139623

2. Committee Name CTE-PAULA VERTICCHIO

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>270.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$270.00</u>	(18.) \$ <u>\$3,380.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>\$270.00</u>	(20.) \$ <u>\$3,380.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$130.00</u>	(21.) \$ <u>\$3,647.31</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$1,110.75</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$1,110.75</u>	(23.) \$ <u>\$3,380.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$951.61</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$840.75</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$270.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$1,110.75</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$1,110.75</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$0.00</u>	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139623  
2. Committee Name CTE-PAULA VERTICCHIO

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 07/26/18

Name & Address:

BONITA RUSSELL-HESS  
60080 ROMEO PLANK  
RAY TOWNSHIP, MI 48096

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/26/18

Name & Address

LYNN GENTILE  
59440 LINENGER LANE  
WASHINGTON, MI 48094

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 08/07/18

Name & Address:

JASON JEX  
6856 DEVONSHIRE  
CANTON, MI 48187

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 08/08/18

Name & Address

LINDA FREIDRICH  
17403 UTICA OAKS LN.  
ROSEVILLE, MI 48066

\$ 20.00

\$ 20.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$270.00

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

\$270.00

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 139623

## CANDIDATE COMMITTEE

2. Committee Name CTE-PAULA VERTICCHIO

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 <u>all</u> 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: <b>PAULA VERTICCHIO</b> <b>PO BOX 271</b> <b>WASHINGTON, MI 48094</b> If over \$100.00 cumulative, please provide: Occupation: <b>COURT FINANCE MANAGER</b> Employer Name & Business Address: <b>MACOMB COUNTY</b> <b>40 NORTH MAIN</b> <b>MOUNT CLEMENS, MI 48043</b> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>ADVERTISEMENT</b> 5. Date Of Receipt: <b>08/03/18</b> 6. Vendor Name & Address: <b>ITALIAN AMERICAN CULTURAL SOCIETY</b> <b>43843 ROMEO PLANK ROAD</b> <b>CLINTON TOWNSHIP, MI 48043</b> Click Here for Memo Itemization	\$ <b>130.00</b>	\$ <b>430.00</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description 5. Date Of Receipt: 6. Vendor Name & Address:  Click Here for Memo Itemization	\$	\$
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description 5. Date Of Receipt: 6. Vendor Name & Address:  Click Here for Memo Itemization	\$	\$

Page Subtotal      \$130.00      \$430.00

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)      \$130.00

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139623  
2. Committee Name CTE-PAULA VERTICCHIO

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PAULA VERTICCHIO</b> Address PO BOX 271 WASHINGTON, MI 48094 <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN REIMBURSEMENT</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/18</u> Date	\$ <u>310.75</u>
Expenditure #2 Name <b>BRENT JEX</b> Address PO BOX 271 WASHINGTON, MI 48094 <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN REIMBURSEMENT</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/11/18</u> Date	\$ <u>800.00</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$1,110.75**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$1,110.75**

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

1. Committee I.D. Number 139623  
2. Committee Name CTE-PAULA VERTICCHIO

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <b>PAULA VERTICCHIO</b> <b>PO BOX 271</b> <b>WASHINGTON, MI 48094</b>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/24/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,642.60</u>	06/08/18 \$ 310.00 06/12/18 \$ 500.00 06/14/18 \$ 500.00 08/22/18 \$ 310.75 \$	\$ 1,620.75	\$ 21.85 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>PAULA VERTICCHIO</b> <b>PO BOX 271</b> <b>WASHINGTON, MI 48094</b>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>8/3/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 130.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 130.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>BRENT JEX</b> <b>PO BOX 271</b> <b>WASHINGTON, MI 48094</b>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>7/10/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,599.76</u>	08/11/18 \$ 800.00 \$ \$ \$ \$	\$ 800.00	\$ 799.76 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$951.61**

Grand Total of all Schedules 1E **\$951.61**  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.