



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

139623

2. Committee Name

CTE- PAULA VERTICCHIO

5. Committee's Mailing Address

PO BOX 271
WASHINGTON, MI 48094

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.

7. Treasurer's Business Address

PO BOX 271
WASHINGTON, MI 48094

Area Code and Phone _____

3. This Statement covers From:

04/24/18 to 07/22/18

4. Candidate Last Name

VERTICCHIO

First Name

PAULA

M.I.

R

4a. Office Sought Including District # or Community Served (If applicable)

MACOMB COUNTY CLERK/REGISTER OF DEEDS

4b. County of Residence MACOMB

6. Treasurer's Name & Residential Address

PAULA VERTICCHIO
PO BOX 271
WASHINGTON, MI 48094

Area Code & Phone _____

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

PAULA VERTICCHIO
PO BOX 271
WASHINGTON, MI 48094

Area Code and Phone _____

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

08/07/18

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (_____) Coverage Year9d. ☒ 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 later 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

PAULA VERTICCHIO

Type or Print Name

Signature

Date

8/21/18

Candidate

PAULA VERTICCHIO

Type or Print Name

Signature

Date

8/21/18



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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? <input type="checkbox"/> YES	4. Date of Receipt <u>04/24/18</u>	
Name & Address: A. VERTICCHIO PO BOX 271 WASHINGTON, MI 48094		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/17/18</u>	
Name & Address: JEFFERY COJOCAR 51663 EVA DRIVE MACOMB, MI 48042		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF-EMPLOYED</u>		Click Here for Memo Itemization	
Business Address <u>8113 WILSON, SHELBY TOWNSHIP, MI 48316</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/29/18</u>	
Name & Address: AMY HOGAN 51201 SIOUX DRIVE MACOMB, MI 48042		\$ <u>60.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization <input type="button" value="v"/>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/31/18</u>	
Name & Address: DENISE JACKS 46355 ROCKFORD DRIVE SHELBY TOWNSHIP, MI 48315		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLERK</u> Employer <u>MACOMB COUNTY GOVERNMENT</u>		Click Here for Memo Itemization	
Business Address <u>10 N. MAIN, MOUNT CLEMENS, MI 48043</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **\$760.00**

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 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? <input type="checkbox"/> YES	4. Date of Receipt <u>06/08/18</u>	
Name & Address: MARIETTA BOCKART 80628 HIPPO ROAD BRUCE TOWNSHIP, MI 48065		\$ <u>40.00</u>	\$ <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	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/08/18</u>	
Name & Address: FRANK A. CUSUMANO, JR. 16188 JENNY DRIVE MACOMB, MI 48042		\$ <u>40.00</u>	\$ <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	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/08/18</u>	
Name & Address: MARY MARGARET DONATO 895 S. GLENHURST DRIVE BIRMINGHAM, MI 48009		\$ <u>160.00</u>	\$ <u>160.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> 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 checked="" type="checkbox"/>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/08/18</u>	
Name & Address: BOB BAUER 51860 LILLIAN CHESTERFIELD, MI 48047		\$ <u>150.00</u>	\$ <u>210.00</u>
6. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>51860 LILLIAN, CHESTERFIELD, MI 48047</u> 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	

Page Subtotal **\$390.00**

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 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 06/03/18

Name & Address:

DANA FORTINBERRY
9853 PINE KNOB ROAD
CLARKSTON, MI 48348

\$ 200.00

\$ 200.00

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

Occupation REALTOR Employer COLDWELL BANKER WEIR MANUEL

[Click Here for Memo Itemization](#)

Business Address 7151 N. MAIN, CLARKSTON, MI 48346

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/02/18

Name & Address:

DENISE BASEL
55652 ST. REGIS
SHELBY TOWNSHIP, MI 48315

\$ 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 06/08/18

Name & Address:

TIFFANY PAWLOS
48096 CLAREMONT DRIVE
MACOMB, MI 48042

\$ 30.00

\$ 90.00

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 06/08/18

Name & Address:

MARJORIE E. FETTY
12336 GLASGOW CT.
ROMEO, MI 48065

\$ 30.00

\$ 30.00

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 **\$310.00**

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 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 06/08/18

Name & Address:

KELLY SEXTON
3097 SUTTON ROAD
LAPEER, MI 48446

\$ 150.00

\$ 150.00

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

Occupation LAW ENFORCEMENT Employer OAKLAND COUNTY SHERIFF'S OFFICE

[Click Here for Memo Itemization](#)

Business Address 1200 N Telegraph Rd, Pontiac, MI 48341

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/08/18

Name & Address:

SUSAN JEX
7675 CROSWELL ROAD
CROSWELL, MI 48422

\$ 60.00

\$ 60.00

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 06/08/18

Name & Address:

LEE OBERLE
P.O. BOX 1427
WARREN, MI 48090

\$ 30.00

\$ 30.00

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 06/08/18

Name & Address:

MARY WESSELS
14015 - 24 MILE ROAD
SHELBY TOWNSHIP, MI 48315

\$ 30.00

\$ 30.00

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)

Enter this total on
line 3a of Summary
Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE1. Committee I.D. Number 139623
2. Committee Name CTE-PAULA VERTICCHIOEnter 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 06/08/18

Name & Address:

JEANNE E. PEROGGIO
2205 STAPLETON
MEMPHIS, MI 48041\$ 30.00\$ 30.00

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 Raiser3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/08/18

Name & Address:

ED COLORIDA
939 HUNTINGTON
MOUNT CLEMENS, MI 48043\$ 30.00\$ 30.00

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 Raiser3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 06/08/18

Name & Address:

CHARLOTTE MCFARLAND
14175 - 24 MILE ROAD
SHELBY TOWNSHIP, MI 48315\$ 30.00\$ 30.00

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 Raiser3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 06/08/18

Name & Address:

KELLY OLDFORD
1485 WESLER WAY
ST. CLAIR, MI 48079\$ 40.00\$ 40.00

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 Raiser

Page Subtotal \$130.00

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 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 06/08/18

Name & Address:

NANCY YOUNES
39355 DRAKE
CLINTON TOWNSHIP, MI 48036

\$ 30.00

\$ 30.00

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 Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/08/18

Name & Address:

KATHY BROWER
67843 LORRA CT.
RICHMOND, MI 48062

\$ 60.00

\$ 60.00

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 Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/08/18

Name & Address:

JOHN ZARINS
62889 HIDDEN POND
WASHINGTON, MI 48094

\$ 60.00

\$ 60.00

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 Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/08/18

Name & Address:

MARK CHECHACK
60500 MOUNT VERNON
WASHINGTON, MI 48306

\$ 30.00

\$ 30.00

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 Raiser

Page Subtotal **\$180.00**

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 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 06/08/18

Name & Address:

ADIL N. HARADHVALA
86 CLINTON STREET
MOUNT CLEMENS, MI 48043

\$ 30.00

\$ 30.00

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

Occupation ATTORNEY Employer SELF-EMPLOYED

[Click Here for Memo Itemization](#)

Business Address 86 CLINTON STREET, MOUNT CLEMENS, MI 48043

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/13/18

Name & Address:

DEBORAH PANTANO
8736 HAMILTON EAST
STERLING HEIGHTS, MI 48313

\$ 30.00

\$ 30.00

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 06/10/18

Name & Address:

RAVINDER SAINI
1030 POINTE PLACE BLVD.
ROCHESTER, MI 48307

\$ 500.00

\$ 500.00

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

Occupation BUSINESS OWNER Employer SELF-EMPLOYED

[Click Here for Memo Itemization](#)

Business Address 1030 POINTE PLACE BLVD., ROCHESTER, MI 48307

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/26/18

Name & Address:

LOREN MANNINO
443 MADISON
GROSSE POINTE FARMS, MI 48236

\$ 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

Page Subtotal **\$610.00**

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 139623
2. Committee Name CTE-PAULA VERTICCHIOEnter 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 07/19/18

Name & Address:

TIFFANY PAWLOS
48096 CLAREMONT DRIVE
MACOMB, MI 48042\$ 60.00\$ 90.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser[Click Here for Memo Itemization](#)3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/19/18

Name & Address:

MARY CORBIN
1725 CAMERON ROAD
ALLENTON, MI 48002\$ 60.00\$ 60.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser[Click Here for Memo Itemization](#)3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 07/19/18

Name & Address:

AMY HOGAN
51201 SIOUX DRIVE
MACOMB, MI 48042\$ 20.00\$ 80.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser[Click Here for Memo Itemization](#)3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 07/19/18

Name & Address:

CARLA BADYNA
22055 WILMOT
EASTPOINTE, MI 48021\$ 30.00\$ 30.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser[Click Here for Memo Itemization](#)

Page Subtotal \$170.00

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 ELECTIONSITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE1. Committee I.D. Number 1396232. Committee Name CTE-PAULA VERTICCHIOEnter 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 07/19/18

Name & Address:

EMILY MUGLIA
49840 MILLER CT.
CHESTERFIELD, MI 48047\$ 30.00\$ 30.00

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 Raiser3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/19/18

Name & Address:

MARYBETH THEISS
6704 DONNYBROOK
SHELBY TOWNSHIP, MI 48317\$ 30.00\$ 30.00

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 Raiser3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/19/18

Name & Address:

SUSAN KRUK
39521 VINNIE CT.
CLINTON TOWNSHIP, MI 48038\$ 30.00\$ 30.00

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 Raiser3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/19/18

Name & Address:

DENISE JACKS
46355 ROCKFORD DRIVE
SHELBY TOWNSHIP, MI 48315\$ 50.00\$ 150.00

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

Occupation CLERK Employer MACOMB COUNTY GOVERNMENT[Click Here for Memo Itemization](#)Business Address 10 N. MAIN, MOUNT CLEMENS, MI 48043Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal \$140.00

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 ELECTIONSITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE1. Committee I.D. Number 1396232. 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? ☐ YES4. Date of Receipt 07/19/18

Name & Address:

BOB BAUER
51860 LILLIAN
CHESTERFIELD, MI 48047\$ 60.00\$ 210.00

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

Occupation BUILDER Employer SELF-EMPLOYED[Click Here for Memo Itemization](#)Business Address 51860 LILLIAN, CHESTERFIELD, MI 48047Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES4. Date of Receipt 07/19/18

Name & Address:

JESSICA GORAL
26357 MAPLERIDGE
CHESTERFIELD, MI 48051\$ 60.00\$ 60.00

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? ☐ YES4. Date of Receipt 07/19/18

Name & Address:

JEFF CHASE
73463 LASSIER ROAD
ROMEO, MI 48065\$ 30.00\$ 30.00

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? ☐ YES4. Date of Receipt 07/19/18

Name & Address:

BRENT JEX
PO BOX 271
WASHINGTON, MI 48094\$ 1599.76\$ 1599.76

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

Occupation LAW ENFORCEMENT Employer OCSO[Click Here for Memo Itemization](#)Business Address 1200 N. TELEGRAPH, PONTIAC, MIType of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser

Page Subtotal

\$ 1,719.76Grand 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 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 04/24/18

Name & Address:

PAULA VERTICCHIO
PO BOX 271
WASHINGTON, MI 48094

\$ 1642.60

\$ 1642.60

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

Occupation COURT FINANCE MGR Employer MACOMB COUNTY GOVERNMENT

[Click Here for Memo Itemization](#)

Business Address 10 N. MAIN, MOUNT CLEMENS, MI 48043

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address _____

\$ _____ \$ _____

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 _____

Name & Address _____

\$ _____ \$ _____

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 _____

Name & Address _____

\$ _____ \$ _____

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 \$1,642.60

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

\$6,352.36

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 all in-kind contributions.

4. Type of In-Kind Contribution (Check applicable box)

7. Amount or
Fair Market
Value

8. Cumulative
for Election
Cycle (Through
date in Item 5)

5. Date of Receipt

6. Name & Address of Vendor from whom goods or services were
purchased

Contribution #1 PAC Receipt? ☐ Yes

Name & Address:

BLAKES ORCHARDS

5590 VAN DYKE

ALMONT, MI 48003

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business 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 **GIFT BASKET**

\$ **75.00**

\$ **75.00**

5. Date Of Receipt: **06/07/18**

6. Vendor Name & Address:

BLAKES ORCHARDS

5590 VAN DYKE

ALMONT, MI 48003

[Click Here for Memo Itemization](#)

☒ Fund Raiser Contribution

Contribution #2 PAC Receipt? ☐ Yes

Name & Address:

PASTA E' PASTA

48712 GRATIOT

CHESTERFIELD, MI 48051

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 **GIFT BASKET**

\$ **75.00**

\$ **75.00**

5. Date Of Receipt: **06/06/18**

6. Vendor Name & Address:

PASTA E' PASTA

48712 GRATIOT

CHESTERFIELD, MI 48051

[Click Here for Memo Itemization](#)

☒ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

BRENT JEX

PO BOX 271

WASHINGTON, MI 48094

If over \$100.00 cumulative, please provide:

Occupation: **LAW ENFORCEMENT**

Employer Name & Address:

OCSO

1200 TELEGRAPH

PONTIAC, MI

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 **FOAM CAN COOLERS**

\$ **124.95**

\$ **124.95**

5. Date Of Receipt: **07/19/18**

6. Vendor Name & Address:

TOTALLY PROMOTIONAL

450 S 2ND STREET

COLDWATER, OH 45828

[Click Here for Memo Itemization](#)

☒ Fund Raiser Contribution

Page Subtotal

\$ **274.95**

\$ **274.95**

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

\$ **274.95**

Enter this total
on line 6 of Summary
Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE1. 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 GOTPRINT.COM Address 7651 N. SAN FERNANDO ROAD BURBANK, CA 91505 <input type="checkbox"/> Fund Raiser	Purpose: BUSINESS CARDS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/18 Date	\$ 81.98 Click Here for Memo Itemization Type <input checked="" type="checkbox"/>
Expenditure #2 Name ALLIED SHIRTS Address 11525A STONEHOLLOW DRIVE #100 AUSTIN, TX 78758 <input type="checkbox"/> Fund Raiser	Purpose: T-SHIRTS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/18 Date	\$ 159.89 Click Here for Memo Itemization Type
Expenditure #3 Name ITALIAN AMERICAN CULTURAL SOCIETY Address 43843 ROMEO PLANK ROAD CLINTON TOWNSHIP, MI 48043 <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	06/29/18 Date	\$ 300.00 Click Here for Memo Itemization Type
Expenditure #4 Name YOUNGER'S IRISH TAVERN Address 120 S. MAIN ROMEO, MI 48065 <input type="checkbox"/> Fund Raiser	Purpose: FUNDRAISER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/18 Date	\$ 373.12 Click Here for Memo Itemization Type
Expenditure #5 Name PAULA VERTICCHIO Address PO BOX 271 WASHINGTON, MI 48094 <input type="checkbox"/> Fund Raiser	Purpose: FILING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/18 Date	\$ 100.00 Memo Itemization Below <input checked="" type="checkbox"/> MACOMB COUNTY CLERK 40 N MAIN MT CLEMENS MI 48043
Subtotal this page			\$1,014.99
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 ELECTIONSITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE1. 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 PAULA VERTICCHIO Address PO BOX 271 WASHINGTON, MI 48094 <input checked="" type="checkbox"/> Fund Raiser	Purpose: FUNDRAISER RESTAURANT FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/08/18 Date	\$ 297.72 Memo Itemization Below <input checked="" type="checkbox"/> ASPEN REST & BAR 20333 HALL ROAD MACOMB MI 48042
Expenditure #2 Name PAULA VERTICCHIO Address PO BOX 271 WASHINGTON, MI 48094 <input type="checkbox"/> Fund Raiser	Purpose: SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/12/18 Date	\$ 669.71 Memo Itemization Below <input checked="" type="checkbox"/> BUILD A SIGN 11525A STONEHOLLOW #100 AUSTIN, TX 78758
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 checked="" type="checkbox"/>
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
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	\$ _____ Memo Itemization Below <input checked="" type="checkbox"/>

Subtotal this page

\$967.43Grand Total of all Schedules 1B
(Complete on last page of Schedule)**\$1,982.42**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 by 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 8 minus Item 6)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: PAULA VERTICCHIO PO BOX 271 WASHINGTON, MI 48094	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>	<u>06/12/18</u> \$ <u>500.00</u> <u>06/14/18</u> \$ <u>500.00</u> <u>06/08/18</u> \$ <u>310.00</u> \$ _____ \$ _____	\$ <u>1,310.00</u>	\$ <u>332.60</u> <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: BRENT JEX PO BOX 271 WASHINGTON, MI 48094	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>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0.00</u>	\$ <u>1,599.76</u> <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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,932.36

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

\$1,932.36

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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSFUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number

139623

2. Committee Name

CTE-PAULA VERTICCHIO

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/08/18	4. Number of Individuals Attending or Participating (whichever is greater) 41	5. Type of Fund Raising Activity APPETIZERS/MEET&GREET	6. Address and Name (If any) of the place where the activity was held. ASPEN RESTAURANT & BAR 20333 HALL ROAD MACOMB, MI 48042 <input type="checkbox"/> Private Residence
--	--	---	--

7. Total Contributions \$2,070.00

8. Other Receipts \$150.00

9. Gross Receipts (Add lines 7 and 8) \$2,220.00

10. Total Cost of Event \$312.03
(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-IK), Itemized Expenditures Schedule (1B) and the



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number

139623

2. Committee Name

CTE-PAULA VERTICCHIO

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held

07/19/184. Number of Individuals Attending
or Participating (whichever is
greater)**43**

5. Type of Fund Raising Activity

APPETIZERS/MEET&GREET6. Address and Name (If any) of the
place where the activity was held.**YOUNGER'S IRISH TAVERN
120 S. MAIN STREET
ROMEO, MI 48065**☐ Private Residence

7. Total Contributions

\$460.00

8. Other Receipts

\$124.95

9. Gross Receipts (Add lines 7 and 8)

\$584.95

10. Total Cost of Event

\$373.12

(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-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.