

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE	_					 1
Report must be legible, typed or printed in ink and a the treasurer (or designated record keeper) and car	igned by didate.	3. This Statement covers From:	04/24/18	to 07/22/18		
1. Committee I.D. Number		4. Candidate Last Name	First Na	ıme	M.I.	1
139623		VERTICCHIO	PAULA		R	
139020		4a. Office Sought Including Distri				
2. Committee Name		MACOMB COUNTY CLERK/REGISTER OF DEEDS				
CTE- PAULA VERTICO	HIO	4b. County of Residence MACC				
5. Committee's Mailing Address		6. Treasurer's Name & Resident				
PO BOX 271		PAULA VERTICCHIC	•	<i>/</i> * ,		1
WASHINGTON, MI 48094		PO BOX 271 WASHINGTON, MI 48094 프를 중			i	
		VVASHINGTON, IVII 4	1005-4		<u></u>	1
				COLEMENS	AUG 23	
Area Code and Phone				9	(C)	二
the state of the sea in this have in different from the commit	itee iall may			2 6	ιŭ	FILE
mailing address on the Statement of Organization, no pe sent to this address by the filing official.		Area Code & Phone		Alon	* 732	0
7. Treasurer's Business Address		8. Designated Record Keeper's Designated Record Keeper)	Name and Address	(If the committee has		
PO BOX 271		PAULA VERTICCHIO)	T S	8: 0	(
WASHINGTON, MI 48094		PO BOX 271			20	l
		WASHINGTON, MI	4809 4	· ·		1
				*		ļ
						ļ
Area Code and Phone		Area Code and Phone	On Dissolution of	Candidate Committe	90	
9. TYPE OF STATEMENT	Required O	NLY if candidate				
9a. X Pre-Election OR 9b. Post-Election	Is not on the	ballot for the	1 Al	s Item I/We certify any the candidate or his o	IT DOT SOOLIS	e is bere i
re-Election or Poet-Election Statement relates to:			by discharged and for the committee. The	orgiven, and no longe committee has no ou	r collectiole istanding as:	rom sets,
⊠Primary	July Qua	rtony	owes no lates fees o	r has any oustanding	uobli	
- 	October	Quarterly	Further, if the dissolu	ution cannot be grante	ed, that this i	be
General	ļ		considered a reques	ution cannot be grante it for the Reporting Wi	alver.	
Convention						
Special	9c. Anni	ual Statement ()	Effective	date of dissolution		
School		Coverage Year				
	9d. X Ame	andment to Campaign Statement				
Caucus	1 (Cor	npiete Item 9a, 9b, 9c or 9e to eate which Statement is being	Note: The disposition	on of residual funds m	luat be repor	rted on
		nded.)	Schedule 1B and th	9 Summary Pago.		
Date of Election, Convention or Caucus						
08/07/18						
00/07/10						
10. Verification: I/We certify that all reasonable diligny/our knowledge and belief the contents are true,	jence was use accurate and	od in the preparation of this statem	nent and attached sch	iedules (If any) and to	the best of	
Current Treasurer or PALII A VER					21/18	
Designated Record keeper Type or Print Name		Signature		Date		
PAULA VERTICCHIC)	Hert		Date8/2	21/18	
Candidate Type or Print Nam		Signature				
Type or chitchen	-					



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number _

. 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: A. VERTICCHIO PO BOX 271 WASHINGTON, MI 48094	\$300.00	_s 300.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	<u> </u>	r Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/17/18 Name & Address JEFFERY COJOCAR	300.00	300.00
51663 EVA DRIVE MACOMB, MI 48042 5. If over \$100.00 cumulative, please provide:	\$300.00	\$ 300.00
Occupation ATTORNEY Employer SELF-EMPLOYED Business Address 8113 WILSON, SHELBY TOWNSHIP, MI 48316	Click Fiolo to	MONO ROMEZACON
Type of Contribution: Direct Loan from a person Fund Reiser		· · · · · · · · · · · · · · · · · · ·
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/29/18 Name & Address: AMY HOGAN 51201 SIOUX DRIVE MACOMB, MI 48042	<u>\$60.00</u>	§80.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 05/31/18 Name & Address DENISE JACKS 46355 ROCKFORD DRIVE SHELBY TOWNSHIP, MI 48315	_§ 100.00	_{\$} 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 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$760.00 Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139623

2. Committee Name CTE-PAULA VERTICCHIO

CANDIDATE COMMITTEE 2. COMMINGE HAME		
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 06/08/18 Name & Address: MARIETTA BOCKART 80628 HIPP ROAD BRUCE TOWNSHIP, MI 48065	_{\$} 40.00	_{\$} 40.00
5. If over \$100.00 cumulative, pleаве provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: V Direct Loan from a person V Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/08/18 Name & Address		
FRANK A. CUSUMANO, JR. 16188 JENNY DRIVE MACOMB, MI 48042	§ 40.00	_{\$} 40.00
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Occupation		
Type of Contribution: Direct Loan from a person Fund Reiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/08/18 Name & Address:		
MARY MARGARET DONATO 895 S. GLENHURST DRIVE BIRMINGHAM, MI 48009	§ 160.00	
5. If over \$100.00 cumulative, please provide:	Click Here to	or Memo Itemization
Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Reiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/08/18 Name & Address	-	
BOB BAUER 51860 LILLIAN CHESTERFIELD, MI 48047	_{\$} 150.00	_{\$} 210.00
6. If over \$100,00 cumulative, please provide:	Click Here t	for Memo Itemization
Occupation BUILDER Employer SELF-EMPLOYED	-	
Business Address 51860 LILLIAN, CHESTERFIELD, MI 48047		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subto	\$390.00	
Grand Total of All Schedules		

Page 2 of \\

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Enter this total on line 3s of Summary Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139623

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	Cilck Here fo	r 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:	Clink Hara for	r Memo Itemization
Occupation Employer	Click Hele Io	Mento tternization
Business Address		
Type of Contribution: 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	§30.00	_{\$} 90.00
MACOMB, MI 48042	Click Horo for	Memo Itemization
5. If over \$100.00 cumulative, please provide:	CHOK HAI O TO	Werno Remization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Reiser		
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:	Click Hara for	Memo Itemization
Occupation Employer	Click riete lot	MOING ROMEZERON
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	\$310.00	
Grand Total of All Schedules 1A (Complete on lest page of Schedule)	› لــــــــــــــــــــــــــــــــــــ	
Page 3 of \\	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

Committee Name CTE-PAULA VERTICCHIO

Page.

CANDIDATE COMMITTEE 2. Committee Name 2.		
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 Businese Address 1200 N Telegraph Rd, Pontiac, MI 48341 Type of Contribution: Direct Loan from a person Fund Raiser	Click Here fo	or Memo Itemization
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		
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 5. If over \$100.00 cumulative, please provide:	\$30.00 Click Here fo	\$ 30.00 or Memo Itemization
OccupationEmployer Business Address Type of Contribution:		
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 5. If over \$100.00 cumulative, please provide:	§30.00	\$ 30.00
Occupation Employer	Click Here fo	or Memo Itemization
Business Address		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	-	-



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 139623

CANDIDATE COMMITTEE

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: JEANNE E. PEROGLIO 2205 STAPLETON		
MEMPHIS, MI 48041	,30.00	, 30.00
5. If over \$100.00 cumulative, please provide:	2	8
	Click Here fo	r Memo Itemization
OccupationEmployer		
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		
ED COLORIDA	20.00	00.00
939 HUNTINGTON	_{\$} 30.00	<u>\$ 30.00</u>
MOUNT CLEMENS, MI 48043		}
5. If over \$100.00 cumulative, piease provide:	Click Here fo	r Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct . Loan from a person Fund Relser		ĺ
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/08/18		
Name & Address:		
CHARLOTTE MCFARLAND 14175 - 24 MILE ROAD	_{\$} 30.00	,30.00
SHELBY TOWNSHIP, MI 48315		\$00.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Releer		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 06/08/18 Name & Address		
KELLY OLDFORD		
1485 WESLER WAY	_{\$} 40.00	, 40.00
ST. CLAIR, MI 48079		Ψ
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: U 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	ل ـــا
5 of \\	line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number __139623

CANDIDATE COMMITTEE

Enter contributor's name and a middle initial. Check box to ind Committee (PAC) Report <u>all</u> co	icate if contribution is from	a Political Commit	nter last name, firet name, lee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAG Name & Address: NANCY YOUNES	C Receipt? YES	4. Date of Receip	06/08/18		4510 51 1000 M/V
39355 DRAKE				00.00	00.00
CLINTON TOWNSHI	P, MI 48036			_{\$} 30.00	_{\$} 30.00
5. If over \$100.00 cumulative,	please provide:				
Occupation	Employer_			Click Here to	or Memo Itemization
Business Address					
Type of Contribution: Dire	Loan from	a person	Fund Raiser		
3. Contribution #2 PAC Name & Address	Receipt? YES	4. Date of Receip	06/08/18		
KATHY BROWER 67843 LORRA CT. RICHMOND, MI 480	62			<u>\$60.00</u>	_{\$} 60.00
5. If over \$100.00 cumulative,	please provide;			Click Here fo	r Memo Itemization
Occupation	Employer				
Business Address					
Type of Contribution: Direct	t Loan from	a person	Fund Ralser		
	Receipt? YES	4. Date of Recei	ot 06/08/18		
Name & Address:					
JOHN ZARINS 62889 HIDDEN PON	וח			_s 60.00	, 60.00
WASHINGTON, MI				9	\$ 00.00
5. If over \$100,00 cumulative,				Click Here fo	r Memo Itemization
Occupation					
Bueiness Address					
Type of Contribution: Dire	ct Loan from	s person	Fund Raleer		
Contribution # 4 PAG Name & Address	C Receipt? YES	4. Date of Rece	lpt 06/08/18		
MARK CHECHACK					
60500 MOUNT VERN				_s 30.00	, 30.00
WASHINGTON, MI 2 5. If over \$100.00 cumulative,				Olial, Mana fa	A Résure Literral pobles
Occupation	Employe	r		Click mere to	r Memo Itemization
Buelneas Address					
Type of Contribution: Dir	ect Loan from	a person	Fund Raiser		
			Paga Subtotal	\$180,00	
		Gra	and Total of All Schedules 1A		-
			ete on last page of Schedule)	Enter this total on	
Page 6 of \				line 3a of Summary Page.	,



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 139623

CANDIDATE COMMITTEE

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. Curnulative for Efection Cycle for Eech 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:	Olista blasse fo	- 14 14 1
Occupation ATTORNEY Employer SELF-EMPLOYED	Click Here to	r Memo Itemization
Business Address 86 CLINTON STREET, MOUNT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		4
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	<u>\$ 30.00</u>
5. If over \$100.00 cumulative, piesee provide:	Click Here fo	r 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 06/10/18 Name & Address:		
RAVINDER SAINI 1030 POINTE PLACE BLVD. ROCHESTER, MI 48307	<u>\$500.00</u>	ş 500.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation BUSINESS OWNER Employer SELF-EMPLOYED		
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:	Oliale Llaga fai	· Nama Hamiratian
Occupation Employer	Click mere tol	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 lest page of Schedule)	Enter this total on	
Page 7 of \\	line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139623

CTE-PAULA VERTICCHIO

Enter contributor's name and address. If contribution is from an individual, enter last name, first middle initial. Check box to indicate if contribution is from a Political Committee or an independe Committee (PAC) Report all contributions regardless of amount.	name, 6. Amount 7. Cumulati ent Election Cy Contributor date of rece	cle for Each (Through
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/19/18 Name & Address: TIFFANY PAWLOS 48096 CLAREMONT DRIVE		00
MACOMB, MI 48042	<u>\$60.00</u> <u>\$90</u>	.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Ite	miration
Occupation Employer	Click Hata tot Mattio Ita	mizadon
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/19/18 Name & Address		
MARY CORBIN 1725 CAMERON ROAD ALLENTON, MI 48002	<u>\$60.00</u> <u>\$60.0</u>	00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Ite	mization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/19/18 Name & Address: AMY HOGAN 51201 SIOUX DRIVE MACOMB, MI 48042 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Loan from a person	\$20.00 \$80.	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/19/18 Name & Address CARLA BADYNA 22055 WILMOT	30.00 .30	.00
EASTPOINTE, MI 48021	\$ 30.00 \$ 30	.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Iter	mization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Grand Total of All Sche (Complete on last page of	Schedule) Enter this total on	
Ω ι\	line 3a of Summary	

Page O of 11

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139623

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 07/19/18 Name & Address: EMILY MUGLIA 49840 MILLER CT.		
CHESTERFIELD, MI 48047	_{\$} 30.00	_{\$} 30.00
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	Click Here fo	or Memo Itemization
Bueiness Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/19/18 Name & Address	1 	
MARYBETH THEISS 6704 DONNYBROOK SHELBY TOWNSHIP, MI 48317	<u>\$30.00</u>	§ 30.00
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 Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/19/18 Name & Address:	· · · · · · · · · · · · · · · · · · ·	
SUSAN KRUK	00.00	
39521 VINNIE CT.	\$30.00	_{\$} 30.00
CLINTON TOWNSHIP, MI 48038	Ollak Hass for	Ma Ka
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Bueinees Address		
Type of Contribution: Direct Loan from a person Fund Relser		
3. Contribution #4 PAC Receipt? YES 4, Date of Receipt 07/19/18 Name & Address		
DENISE JACKS 46355 ROCKFORD DRIVE	50.00	4 7 2 2 2
SHELBY TOWNSHIP, MI 48315	_{\$} 50.00	_{s_} 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 48043		
Type 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	1
Page 9 of 1)	line 3a of Summary Page.	

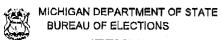


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139623

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 07/19/18 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 Business Address 51860 LILLIAN, CHESTERFIELD, MI 48047	Click Here fo	r Memo Itemization
Type of Contribution: V Direct Loan from a person V Fund Releer 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/19/18 Name & Address JESSICA GORAL 26357 MAPLERIDGE CHESTERFIELD, MI 48051	ş <u>60.00</u>	ş 60.00
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here fo	r Memo Itemization
Визілезв Address		
3. Contribution #3 PAC Receipt? YES 4. 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:	Click Here for	Memo Itemization
Occupation Employer	<u> </u>	
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, MI Type of Contribution: Loan from a person Fund Raiser		
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$1,749.76 Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number __139623

Enter contributor's name and address. If contribution is from an individual, enter is middle initial. Check box to indicate if contribution is from a Political Committee of Committee (PAC) Report all contributions regardless of amount.	ast name, first name, r an independent	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 Name & Address: PAULA VERTICCHIO PO BOX 271 WASHINGTON, MI 48094	4/24/18	_s 1642.60	_s 1642.60
5. If over \$100.00 cumulative, please provide: Occupation COURT FINANCE MGR Employer MACOMB COUNTY C		Click Here fo	or Memo Itemization
Business Address 10 N. MAIN, MOUNT CLEMENS, MI 480- Type of Contribution: Direct Losn from a person Fun	43 ad Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt		•	ø
		Ψ	3
5. If over \$100.00 cumulative, please provide:		Click Here fo	or Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person Fu	ınd Raiser		
5. If over \$100.00 cumulative, please provide: Occupation Employer		\$Click Here fo	sr Memo Itemization
Bueiness Address Type of Contribution: Direct Loan from a person Fig. 1.	und Ralser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	Transcri	\$	\$
5. If over \$100.00 cumulative, please provide:		Click Here fo	r Memo Itemization
Occupation Employer		2	
Business Address			
Type of Contribution: Direct Loan from a person Full	nd Raiser		
		\$1,642.60 \$6,352.36 Enter this total on line 3a of Summary Page.	_



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

			13962
ommittee I.	D.	Number	10302

		DTICOULO	
CANDIDATE COMM	IITTEE 2. Committee Name CTE-PAULA VE	RIICCHIO	
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: BLAKES ORCHARDS 5590 VAN DYKE ALMONT, MI 48003 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 GIFT BASKET 5. Date Of Receipt: 06/07/18 6. Vendor Name & Address:	75.00	75.00
Contribution #2 PAC Receipt? Yes Name & Address PASTA E' PASTA 48712 GRATIOT CHESTERFIELD, MI 48051 If over \$100.00 cumulative, please provide: Occupetion:	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 5. Date Of Receipt: 06/06/18	′5.00 s	75.00
Employer Name & Address: Fund Raiser Contribution	6. Vendor Name & Address:	ick Here for Memo It	emization
Contribution #3 PAC Receip!? 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	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others Description FOAM CAN COOLERS 5. Date Of Receipt: 07/19/18 6. Vendor Name & Address:	24.95 \$	124.95
	Page Subtote	\$274.95	\$274.95
	Grand Total of all Schedules 1-li (Complete on last page of Schedule	\$274.95	Ψ2.7-1.00

Enter this total on line 6 of Summary Page



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

139623 1. Committee I. D. Number

2. Committee Name CTE-PAULA VERTICCHIO

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	8. Amount
Expenditure #1			
Name GOTPRINT.COM		06/24/18	s 81.98
Address	Purpose: BUSINESS CARDS	Date	<u> </u>
7651 N. SAN FERNANDO ROAD		-	
BURBANK, CA 91505	C	lick Here for Memo I	temization Type
Fund Raiser	Check box if this expenditure is paymer debt or obligation reported on previous statement	nt of	
Expenditure #2			
Name ALLIED SHIRTS		06/24/18	\$ 159,89
	Purpose: T-SHIRTS	Date	109.09
Address	Purpose:	-	
11525A STONEHOLLOW DRIVE #100 AUSTIN, TX 78758	c	lick Here for Memo	Itemizetion Type
7007IN, 17 70700	Check box if this expenditure is paymen	nt of	
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	etatement		
Name ITALIAN AMERICAN CULTURAL SOCIETY		00/00/40	
TIMEIAIN AMERICANI COETOTAE GOOTETT	DANINES.	06/29/18	\$ <u>300.00</u>
Address	Purpose: BANNER	Date —	
43843 ROMEO PLANK ROAD CLINTON TOWNSHIP, MI 48043	C	lick Here for Memo I	temization Type
CERTICIA POVINSCIE, IVIL 40043	Check box if this expenditure is paymen	nt of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	statement	•	
Name YOUNGER'S IRISH TAVERN		07/40/49	
TOOMSERS INISH TAVERN		07/19/18	\$ 373.12
Address	Purpose: FUNDRAISER	Date _	
120 S. MAIN		lick Here for Mémo	Hamiratian Tuna
ROMEO, MI 48065			nemization Type
	Check box if this expenditure is payment debt or obligation reported on previous	nt of	
Fund Raiser	atatement		
Expenditure #5			
Name PAULA VERTICCHIO		04/24/18	£100.00
Address	Purpose: FILING FEE	Date	\$ <u>100.00</u>
PO BOX 271	h.	lemo Itemization Be	low 🖼
WASHINGTON, MI 48094	Chack how if this expenditure is navmed	nt of MACOMB	
Fund Raiser	debt or obligation reported on previous statement	HON MAIN MT CLEME!	
Truitu Italogi		Subtotal this page	\$1,014.99
•	Grand Total	of all Schedules 1B	÷ 1,0 1 1100
		page of Schedule)	
	(Complete on labo	F-B	

on line 8a 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) 6. Amount Expenditure #1 Name PAULA VERTICCHIO 06/08/18 \$ 297.72 Date FUNDRAISER RESTAURANT FEE Address Purpose: PO BOX 271 Memo Itemization Below WASHINGTON, MI 48094 ASPEN REST 46 Check box if this expenditure is payment of 20333 HALL ROAD debt or obligation reported on previous ✓ Fund Ralser MACOMB statement Expenditure #2 Name PAULA VERTICCHIO s 669.71 Purpose: SIGNS Address PO BOX 271 Memo Itemization Below WASHINGTON, MI 48094 Check box If this expenditure is payment of 115254 STONEHOLLOW debt or obligation reported on previous Fund Ralser AUSTIN, TX statement Expenditure #3 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expanditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #4 Name Date Address Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Ralser statement Expanditure #8 Name Address Date Ригрове: * Memo Itemization Below Check box if this expenditure is payment of debt or obligation reported on previous Fund Reiser statement Subtotel this page \$967.43 Grand Total of all Schedules 1B \$1,982.42 (Complete on last page of Schedule)

> Enter this total on line Se of Summary Page

2 of 2



DEBTS	AND	OBLI	GAT	IONS
S	CHE	DULE	1E	

1. Committee I.D. Number 139623

CTE-PAULA VERTICCHIO CANDIDATE COMMITTEE This Schedule Itemizes: e ☑ Debts and obligations owed by or forgiven the committee OR **b**. | Debte and obligations owed <u>to</u> or forgiven <u>by</u> the committee. (Check either a or b. Use only for the purpose checked.) 3. Name and Mailing Address of person, vendor or 4. Type of Obligation 7. Date and amount of 8. Cumulative 9. Outstanding financial institution to whom debt is owed. (Description) each payment payment to Balance at close 5. Indicate dete debt was date on debt of this period Check box to indicate whether debt is owed to an Incurred (Item 6 minus incorporated business. If debt is a bank loan, please 6. Indicate original amount Item 8) provide information regarding the endorsers or of debt guarantors, if any. Debt #1 4. Type: LOAN Owed to or by: 06/12/18 \$ 500.00 PAULA VERTICCHIO 06/14/18 \$ 500.00 5. Date Debt Was Incurred: PO BOX 271 04/24/18 WASHINGTON, MI 48094 06/08/18 \$310.00 332.60 \$ 1,310.00 6. Original Amount of Debt: 1,642.60 FORGIVEN if bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #2 Corp? lYea 4. Type: LOAN Owed to or by: BRENT JEX 5. Date Dobt Was Incurred: PO BOX 271 7/10/18 WASHINGTON, MI 48094 6. Original Amount of Debt: 1.599.76 g 0.00 1,599.76 **FORGIVEN** \$ if bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #3 lyes Owed to or by: 4. Type:___ 5. Date Debt Was Incurred: 6. Original Amount of Debt: S **FORGIVEN** If bank loan, name of endorser or guarantor: Amount Endorsed: \$ \$1,932,36 Page Subtotal (Outstanding debt) Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) \$1,932.36

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.

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

Page	1	of 1
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FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

ommittee I.D. Number 139623

COMMITTE Name CTE-PAULA VERTICCHIO

		2. Com	Imilitiee Name	VEITTOOTITO
	- USE	A SEPARATE SH	EET FOR EACH EVENT	-
3. Date Event Was Held		er of Individuals Attending pating (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. ASPEN RESTAURANT & BAR
06/08/18	41	APPETIZERS/MEET&GREET	20333 HALL ROAD MACOMB, MI 48042 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 (Total Cost Includes In-Kind Co	entribution	\$312,03	Made For the Event	
11. Check if event was a jo		•	·	
Co-Sponsor(s)		Contribution S (%)	Split	Expenditure Split (%)
	-			
	_			
	-	<u> </u>		
				
	_			
	-			
	_			

 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



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1, Committee I.D. Number 139623

2 Committee Name CTE-PAULA VERTICCHIO	C

	£, 0011	THREE REAL PROPERTY OF THE PRO	
	- 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. YOUNGER'S IRISH TAVER
07/19/18	43	APPETIZERS/MEET&GREET	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 Ontributions and All Expenditure	s Made For the Event)	
11. Check if event was a jo	oint fund ralser and complete the	e following:	
Co-Sponsor(s)	Contribution (%)	Spilt	Expenditure Split (%)
		· · · · · · · · · · · · · · · · · · ·	
the decrease in the second but the	uired to file a separate Fund Rai Campaign Statement. Itures listed on a Fund Raiser S		on the Itemized Contributions

Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized 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.

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