

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and co	l signed by andidate.	3. This Statement covers From	^{n:} 1/1/19	10		
1. Committee I.D. Number		4. Candidate Last Name	First Name		M.I.	
139720		Papandrea	Ron		141,11,	
		4a. Office Sought Including Di	strict # or Community Served (If app	plicable)		
2. Committee Name		Board Member - Local		•		
CTE Ron Papandrea		4b. County of Residence MA	СОМВ			
5. Committee's Mailing Address 30315 Austin		6. Treasurer's Name & Reside Ron Papandrea	ential Address	35	19	***
Warren, MI 48092		30315 Austin		90		
		Warren, MI 48092		63	AUG	
				TO Z	-2	
Area Code and Phone 5869252580				CLEHENS, MICHO		
If the address in this box is different from the commi- mailing address on the Statement of Organization, n	ttee			#7	PH	0
be sent to this address by the filing official.	nan may	Area Code & Phone 586925	2580	6 2	ယ္	
7. Treasurer's Business Address Ron Papandrea		8. Designated Record Keeper	's Name and Address (if the commi	itt es ja as a	5	**
30315 Austin		Designated Record Keeper) Ron Papandrea	as i	4		
Warren, MI 48092		30315 Austin Warren, MI 48092				
		77an 10052				
E000050500						
Area Code and Phone 5869252580		Area Code and Phone 5869	9252580			
9. TYPE OF STATEMENT	Required ON	ILY if candidate	9e. Dissolution of Candidate Co	ommittee		
9a. X Pre-Election OR 9b. Post-Election	is not on the current year:	ballot for the	By checking this item I/We ce	rtify any out	standin	g debt
Pre-Election or Post-Election Statement relates to:	our one your.		by the committee to the candidate by discharged and forgiven, and n	o longer col	علطناعما	from
X Primary	July Quart	erly	the committee. The committee ha owes no lates fees or has any ous	s no oustan landing deb	iding as t.	isets,
General	October Q	uarterly	Eurthor if the dissolution councils			. .
Convention			Further, if the dissolution cannot be considered a request for the Report	a gramed, tr rting Waiver	at this	De
Special	9c.	Statement ()				
School	<u>L</u>	Coverage Year	Effective date of dissolut	tion		
Caucus	9d. Amend	lment to Campaign Statement	-	^		
	(Comp indicat	lete Item 9a, 9b, 9c or 9e to e which Statement is being	Note: The disposition of residual fu	unds must b	e repor	ted on
	amend	ed.)	Schedule 1B and the Summary Pa	ige.		
Date of Election, Convention or Caucus						
August 6, 2019						
	 					
 Verification: I\We certify that all reasonable diliger my\our knowledge and belief the contents are true, are 	nce was used i ccurate and co	n the preparation of this stateme mplete.	ent and attached schedules (if any)	and to the b	est of	
Current Treasurer or Designated Record keeper	ea	Ron Pap	andres pote 8	/2/	20 l	19
Type or Print Name		'Signature /)			
Candidate Ron Papandrea		Ron Papa	andrea Date 8	/2/2	015	9
Type or Print Name		Signature /		<i>y</i>		-



1. Committee I.D. Number 139720

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I	
	This Period	Column !! Cumulative this election cycle
3. Contributions		Samuallo Lilo Siddilor 0,00
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>17,900</u>	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>17,900</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 17,900	(20.) \$ 27,375
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 10,017.37	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 10,017.37	(23.) \$ 11,455.97
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	74A \ \ \	
•	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.)\$	
(Add Line 10a + Line 10b)	(11.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	/19h \ &	
	(12b.) \$BALANCE STATEMENT	<u> </u>
13. Ending Balance of last report filed	(13.) \$ 9,475.00	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.)+ \$ 17,900.00	
(Line 5, Total Contributions & Other Receipts)		
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$_27,3755.00	
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ 10,017.37	
(Subtract line 16 from line 15)	(17.) \$ 17,357.63	

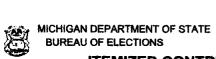


CANDIDATE COMMITTEE

1. Committee I.D. Number 139720

. Committee Name	CTE R	on Papandrea	
COMMERCE NAME			

	ox to indicate if con	contribution is from an individual tribution is from a Political Con regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Glenn P. Neuner 47930 Harbor Dr.	PAC Receipt?	YES 4. Date of Re	3/17/2019		
New Baltimore, MI 48	3047			_s 150	₁ 50
5. If over \$100.00 cun	nulative, please pro			Oliale I Iana £	or Memo Itemization
Occupation Owner		Employer Neuner's A	uto Sales	Click mere to	or Memo Itemization
Business Address Mo	ound Road, Wa	arren, MI 48092			
Type of Contribution:	√ Direct	Loan from a person	Fund Raiser	,	
3. Contribution #2	PAC Receipt?	YES 4. Date of Red	eipt 2/12/2019		
Name & Address Patricia Mascar					
12246 Deming Dr.				_s 500	500
Sterling Heights, MI	48 312			\$ 500	_{\$} 500
5. If over \$100.00 cum	iulative, please pro	vide:		Click Here fo	or Memo Itemization
Occupation Retired		Employer	11 11 11 11 11 11 11 11 11 11 11 11 11		
Business Address					
Type of Contribution:	√ Direct	Loan from a person	Fund Raiser		
3. Contribution #3	PAC Receipt?	YES 4. Date of Re	ceipt 2/12/2019	-	, , , , , , , , , , , , , , , , , , ,
Name & Address: Frank Buscemi					
23056 Hickory Creek	(_s 500	,500
Macomb, MI 48042				<u> </u>	3
5. If over \$100.00 cum	nulative, please pro	ovide:		Click Here fo	r Memo Itemization
Occupation Retired		Employer	· · · · · · · · · · · · · · · · · · ·		
Business Address					
Type of Contribution:	✓ Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of Ro	eceipt 2/13/2019		
Ronnie Messer 510 Hilldale Drive					
Royal Oak, MI 48067				1000	1000
				<u> </u>	•
5. If over \$100.00 cun	•			Click Here fo	r Memo Itemization
Occupation Contra	······································	Employer Messer G	eneral Contractor		
Business Address Ch	nesterfield, MI	······································			
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
		**************************************	Page Subtotal	2150.00	
			Grand Total of All Schedules 1A		_
		(Co	mplete on last page of Schedule)	Enter this total on	
Page 1 of	10			line 3a of Summary Page.	,

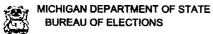


CANDIDATE COMMITTEE

1. Committee I.D. Number ______139720

Committee Name	CTE	Ron	Papandrea
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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 Name & Address: Jeffery T. Samora, Jr 2340 Trevor Dr	PAC Receipt?	YES 4. Date	of Receip	2/13/2019		
Commerce Twp., MI	48390				_s 1000	1000
					\$	\$
5. If over \$100.00 curr Occupation Retailer	• •		na Fam	ily business	Click Here fo	r Memo Itemization
146	arren, MI	employer				
Business Address VV8 Type of Contribution:	Direct			Fred Daises		
·····	<u> </u>	Loan from a persor YES 4. Date	ليباسب	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	7ES 4. Date	or Receip	1 2/13/2019		
Lance Samona						
2340 Trevor Dr Commerce Twp., MI	48390				_s 1000	_s 1000
• • • •						· · · · · · · · · · · · · · · · · · ·
5. If over \$100.00 cum	ulative, please pro				Click Here for	r Memo Itemization
Occupation Retailer		Employer Samona	Family	·		
Business Address Wa	arren					
Type of Contribution:		Loan from a person		Fund Raiser		
3. Contribution #3	PAC Receipt?	YES 4. Date	of Recei	pt 2/13/2019		
Name & Address: Justin G. Samona						
4873 E. Strong Court					, 1000	,1000
Orchard Lake, MI 48	323				**************************************	3
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here for	Memo Itemization
Occupation Retailer		Employer Samona	a Famil	y		
Business Address Wa	rren					
Type of Contribution:		Loan from a persor	۱ 🔝	Fund Raiser		
3. Contribution #4	PAC Receipt?	YES 4. Date	e of Rece	ipt 2/13/2019		
Name & Address Derek Putrus						
1629 Croft Road					1000	1000
Birmingham, MI 4800	19				<u>\$1000</u>	_s 1000
5. If over \$100.00 cum	iulative, please pro	vide:			0	
Occupation Constru	uction	Employer Mess	ser Con	tracting	Click Here for	Memo Itemization
Business Address Ch	esterfield					
Type of Contribution:		Loan from a persor	, [T]	Fund Raiser		
				Page Subtotal	4000.00	1
			Gr-	and Total of Ali Schedules 1A		1
				ete on last page of Schedule)	Enter this total on	J
Page 2 of 2	[]				line 3a of Summary Page.	
· ~8~	. •				•	



CANDIDATE COMMITTEE

1. Committee I.D. Number 139720

2. Committee Name	CTE Ror	Papandrea

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.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 2/13/2019 Name & Address: Dominic T. Samona 7150 Yarmouth Court		
West Bloomfield, MI	_{\$} 1000	__ 1000
5. If over \$100.00 cumulative, please provide:	Olialada	Son Billion of Management of
Occupation Retailer Employer Samona Family	Click Here	for Memo Itemization
Business Address Warren, MI		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 2/13/2019		
Name & Address Jason B. Daoud		
42386 Stanton Dr	_s 1000	¸ 1000
Sterling Heights, MI 48314	\$	_ \$
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Retailer Employer Samona Family		
Business Address Warren, MI		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 2/13/2019		
Name & Address: Mike Haviaras		
5704 Stonehaven Blvd	_s 1000	. 1000
Oakland Township, MI 48306	<u> </u>	
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Architect Employer		
Business Address Warren, MI		
Type of Contribution: J Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 2/13/2019 Name & Address		
Name & Address		
	•	_
	§	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
Page Sub	ototal 3000.00	
Grand Total of All Schedules	1	
(Complete on last page of Sched	Enter this total on	
Page 3 of S D	line 3a of Summa Page.	ry



CANDIDATE COMMITTEE

1. Committee I.D. Number 139720

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7	39	1	2	L

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 6/10/2019 Name & Address: Anthony Aubrey 43459 Chardonnay Dr. Sterling Heights, MI 48314	_s 750	_{\$} 750
5. If over \$100.00 cumulative, please provide:		
Occupation Owner Employer Motor City Pawn	Click Here	for Memo Itemization
Business Address Van Dyke, Warren, MI		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/10/2019 Name & Address	<u>.</u> •	
Mark Aubrey 6200 25 Mile Road Shelby Twp, MI 48316	_{\$} 750	_{\$} 750
5. If over \$100.00 cumulative, please provide: Occupation Owner Employer Motor City Pawn	Click Here t	or Memo Itemization
•		
Business Address Gratiot Ave, Roseville, MI		
Type of Contribution:DirectLoan from a person✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/7/2019 Name & Address: Emmet Denha 14350 Nine Mile Road Warren, MI 48089	_{\$} 1000	_s 1000
E Maria A400 00 amendation — Inc.	Click Here fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation Owner Employer MI Food & Beverage		
Business Address Nine Mile, Warren, MI		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 6/10/19 Name & Address Kevin M. Kajy		· •
29777 Telegraph Road, Suite 3100 Southfield, MI 48034	_{\$} 500	<u>\$ 500</u>
5. If over \$100.00 cumulative, please provide:	Click Hara f	or Memo Itemization
Occupation Administrator Employer Magnolia Mortgage	CRCK Here II	or Merrio Remization
Business Address Telegraph Road, Southfield, MI		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota Grand Total of All Schedules 1A	-	
(Complete on last page of Schedule) Page of of Schedule		 y



CANDIDATE COMMITTEE	2. Committee Name	CTE Ron Papandrea		
Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Comm Committee (PAC) Report all contributions regardless of amount.	· · · · · · · · · · · · · · · · · · ·	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through	

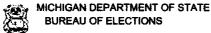
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 6/10/2019 Name & Address: Gjergj Sinishtaj 43339 Aspen Srive Sterling Heights, MI 48313	_s 500	_s 500
5. If over \$100.00 cumulative, please provide:	A: 11	
Occupation Owner Employer Emerald Green	Click Here	for Memo Itemization
Business Address Warren, MI		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/10/2019 Name & Address	-	
Aaron Rasty 3104 Sun Drenched Path Austin, Tx	_{\$} 500	_{\$} 500
5. If over \$100.00 cumulative, please provide: Occupation President & CEO Employer Sozo Health	Click Here	for Memo Itemization
Business Address Warren, MI		
Type of Contribution: Direct Loan from a person Fund Raiser	=	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 6/10/2019 Name & Address: Gerhard Weber 46947 Ben Franklin Dr. Shelby Township, MI 48315	<u>\$</u> 200	_{_ \$} 200
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Owner Employer CTI Technologies		
Business Address Groesbeck Hwy, Warren		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 6/10/2019 Name & Address Mike Yaldoo		
2059 Wabeek Hill Court Bloomfield Hills, MI 48302	ş200	<u>200</u>
5. If over \$100.00 cumulative, please provide:	Click Hara f	or Memo Itemization
Occupation Partner Employer Emerald Green	CHCK FIEIE I	oi Mellio ilellikanoli
Business Address Warren, MI		
Type of Contribution: Direct Loan from a person 🗸 Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on tine 3a of Summa	



CANDIDATE COMMITTEE

1. Committee I.D. Number ______139720

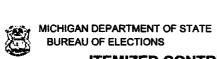
Enter contributor's per	ne and address. If o	ontribution is from an inc	lividual a	nter last name, first name,	6. Amount	7. Cumulative for
middle initial. Check to Committee (PAC) Rep	ox to indicate if contr		o. Amgant	Election Cycle for Each Contributor (Through		
3. Contribution # 1	PAC Receipt?	VEQ 4.0-4-	of Donation	6/40/0040		date of receipt)
Name & Address: Marvin Karana	FAC Receipt?	YES 4. Date	or Kecelp	6/10/2019		
4430 Woodridge Ct.						
Waterford, MI 48328					_{\$} 200	_{\$} 200
5. If over \$100.00 cur	nulative, please pro Attorney		law		Click Here fo	or Memo Itemization
Coodpason		Employer Karana	LOW			
Business Address So	uthfield, MI	1	(2)			
Type of Contribution:	Direct	Loan from a person	√	Fund Raiser		···
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date	of Receip	6/10/2019		
Salam H. Hani						
3171 Farmdale Drive Sterling Heights, MI					<u>\$200</u>	_{\$} 200
5. If over \$100.00 cum	ulative, please prov				Click Here fo	r Memo Itemization
Occupation Owner		Employer JRADS				
Business Address Wa	arren, MI					
Type of Contribution:	Direct	Loan from a person	√	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date	of Receip	6/10/2019		
Nawar Jerjis 31899 Bristol Lane Farmington Hills, MI	48334				_{\$} 200	_s 200
j					A	
5. If over \$100.00 cun	iulative, please prov				Click Here for	Memo Itemization
Occupation Partner		Employer Emerale	Green	<u> </u>		
Business Address Wa	rren, MI					
Type of Contribution:	Direct	Loan from a person	4	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	of Recei	pt 6/10/2019		
Mark Lewis						
30600 Northwestern Farmington Hills, MI	• •				_{\$} 100	<u>100</u>
5. If over \$100.00 cum					Click Here for	· Memo Itemization
Occupation Owner	***	Employer Happ	y Trails	<u> </u>		
Business Address So	outhfield, MI			***************************************		
Type of Contribution:	Direct	Loan from a person	V	Fund Raiser		
				Page Subtotal	700.00	
			Gra	nd Total of All Schedules 1A		
				ete on last page of Schedule)	F-4 44-4-4-4	J
Page 6 of \$	to				Enter this total on line 3a of Summary Page.	



139720 1. Committee I.D. Number

Page.

CTE Ron Papandrea **CANDIDATE COMMITTEE** 2. Committee Name Enter contributor's name 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 Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 **PAC Receipt?** 4. Date of Receipt 6/10/2019 Name & Address: Ryan McMullen 1745 Decker Road Walled Lake, MI 48390 100 100 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation ___ Employer ___ Business Address _ Type of Contribution: Fund Raiser Loan from a person] YES PAC Receipt? 4. Date of Receipt 6/10/2019 3. Contribution #2 Name & Address Joie West **,** 100 20752 Aldo Court , 100 Clinton Township, MI 48038 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Business Address Type of Contribution: Direct **Fund Raiser** Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 6/10/2019 Name & Address: Steven Burns ,100 66888 Serene Drive 100 Macomb, MI 48042 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation _ Employer Business Address Direct Loan from a person Type of Contribution: **Fund Raiser** 3. Contribution #4 PAC Receipt? 4. Date of Receipt 6/10/2019 Name & Address Ethan Vinson 3440 Sherbourne Road 100 Detroit, MI 48221 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation. Employer **Business Address Fund Raiser** Type of Contribution: Direct Loan from a person Page Subtotal 400.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on Page 7 of S line 3a of Summary



CANDIDATE COMMITTEE

1. Committee I.D. Number _____139720

2. Committee Name CTE Ron Papandrea

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	
Committee (1710) Nepe	At <u>Qui</u> Contributions						date of receipt)
Contribution # 1 Name & Address: Brandon Fournier	PAC Receipt?	YES	4. Date of F	Receipt	6/6/2019		
28311 Oakmonte Circ	de West						
New Hudson, MI 4816	65					_{\$} 100	_{\$} 100
5. If over \$100.00 cum	ulative, please pro	vide;				Click Here	for Memo Itemization
Occupation		_ Employer_		 			
Business Address			·····				
Type of Contribution:	Direct	Loan from	a person	√	Fund Raiser		· . ·
3. Contribution #2 Name & Address	PAC Receipt?	YES	4. Date of F	Receipt	6/6/2019		
Howard Shifman							
31800 Telegraph Roa Bingham Farms, MI 4						_{\$} 300	_s 300
5. If over \$100.00 cum	••		h:6 1			Click Here	for Memo Itemization
Occupation Owner-A		_ Employer	hifman La	W	··· ·		
Business Address Tel	egraph Road,	Bingham F	arms, Mi		·		
Type of Contribution:	Direct	Loan from	a person	V	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES	4. Date of	Receip	7/17/2019		
Jerrold Marsh Grosse Pointe Woods	s, MI 48236-2313					_{\$} 150	_{\$} 150
5. If over \$100.00 cum	ulative, please pro	vide:				Click Here f	or Memo Itemization
Occupation Attorney		Employer_	Marsh Lav	V			
Business Address Gros	sse Pointe Woo						
Type of Contribution:	✓ Direct	Loan from	a person		Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES	4. Date of	Receip	x		
						s	•
5. If over \$100.00 cum	ulative, please pro	ovide:				Click Here f	or Memo Itemization
Occupation	wise binessaria between	_ Employe	ər				
Business Address							
Type of Contribution:	Direct	Loan from	n a person		Fund Raiser		
					Page Subtota	550.00	
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line 3a of Summary Page.

8 of **9** \0



Committee I.D. Number 139720

SCHEDULE 1A		1. Committee I.D. Number	·	
CANDIDATE COMMITTEE		2. Committee Name CTE	Ron Papan	drea
Enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
Contribution # 1 PAC Receipt? YES 4. Date of Receipt?	ceip	7/21/2019		
2735 Erma Dr. Shelby Twp, MI 48317			_s 1000	_{\$} 1000
5. If over \$100.00 cumulative, please provide: Occupation Owner Employer Real Estate	<u> </u>		Click Here 1	or Memo Itemization
Coupation Employer Employer				
Susiness Address VVarren, MI Type of Contribution: Direct Loan from a person		Fund Raiser		
. Contribution #2 PAC Receipt? YES 4. Date of Rec	ceip	7/21/2019		
Name & Address Essam Sattam 1335 Grinnell Ave Waterford, MI 48328			s_1000	_{\$} 1000
5. If over \$100.00 cumulative, please provide: Occupation Owner Employer Food Market			Click Here f	or Memo Itemization
Business Address Warren, MI	_			
Type of Contribution:		Fund Raiser	***	
Contribution # 3 PAC Receipt? YES 4. Date of Rename & Address:	eceip	7/21/2019		
David Griem 14 First Street Mount Clemens, MI 48042			_{\$} 500	_{\$} 500
			Click Here fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide:Attornev	n &	Associates		
Occupation Attorney Employer David Grien Business Address MOunt Clemens, MI 48042				
Type of Contribution: Direct Loan from a person	П	Fund Raiser		
	ecei	pt <u>7/21/2019</u>		
Farmington Hills, MI 48335			_{\$} 100	_{\$} 100
5. If over \$100.00 cumulative, please provide: Occupation Police Commish Employer City of W Business Address Warren, MI	en	Click Here fo	or Memo Itemization	
Type of Contribution:		Fund Raiser		
		Page Subtotal	2600.00	
	Gra	and Total of All Schedules 1A		

9 of 10

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

139720 1. Committee I.D. Number _

2. Committee Name	CTE Ron Papandrea	ì
-------------------	-------------------	---

middle initial. Check be Committee (PAC) Repo	ox to indicate if con ort <u>all</u> contributions	•	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution # 1 Name & Address: CTE Bill Dwyer PO Box 255 Farmington, MI 48332	PAC Receipt?	YES 4. Date of F	Recei	pt <u>7/21/2019</u>	.100	. 100
- 4					\$ 100	_ \$
5. If over \$100,00 cum Occupation Police C		ovide: Employer_City of Wa	апте	n	Click Here	for Memo Itemization
		Employer				
Business Address Wa	<i>•</i>			1		
Type of Contribution:	✓ Direct	Loan from a person		Fund Raiser	,	
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of R	Receip	ot	\$	\$
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here	for Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Name & Address:					\$Click Here 1	\$for Memo Itemization
5. If over \$100.00 cum	ulative, please pro					
Occupation		_ Employer	*********	· · · · · · · · · · · · · · · · · · ·		
Business Address Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of	Rece		L	
					\$	_ \$
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here t	for Memo Itemization
Occupation		Employer				
Business Address	······································					
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
	······································			Page Subtotal	100.00	
				and Total of All Schedules 1A	17,900.00	
Page 10 of 10		(0	Jomp	lete on last page of Schedule)	Enter this total on line 3a of Summa Page.	



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

2. Committee Name CTE Ron Papandrea

2.0	ornance name	<u> </u>	
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name REM Printing		1/4/19	s 614.00
• • • • • • • • • • • • • • • • • • •	Printing	Date	\$ 014.00
Address	Purpose: Printing	Date	
15632 Flanagan Roseville, MI 48066	Click	Here for Memo	Itemization Type
Trosevine, IVII 40000		icio idi ilicitio	itomizacon type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	Statement	····	
·			
Name Ron Papandrea		3/21/19	s 1438.60
	Purpose: Repayment of Loan	Date	
Address	Purpose: Repayment of Loan		
30315 Austin	Click	loro for Momo	tomization Tuna
Warren, MI	CHICK F	Tele IOI Melilo	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Experiorure #3			
Name City of Warren		3/21/19	
.,			\$ 100.00
Address	Purpose: Filing Fee	Date	
One City Center			
Warren, MI	Click F	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
•			
Name Hank Anonick		5/2/19	100.00
		Date	\$ 130.00
Address	Purpose: 2 Tickets-Polish Day	Dato	
Warren, MI			
	Click F	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Count Delicar	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Sawicki & Son		E/04/40	
		5/21/19	\$1250.00
Address	Purpose: signs	Date	
1521 W. Lafayette Bivd			A
Detroit, MI 48216	l parang	iere for Memo i	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Name	f	tal this page	2522.60
	Suble	เซเกแร กลกิด	3532.60
	Grand Total of all 5	Schedules 1B	
	(Complete on last page	of Schedule)	

Enter this total on line 8a of Summary Page

Page ____ of ___



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 139720

2. Committee Name CTE Ron Papandrea

Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Sawicki & Sons		5/30/19	s 1184.82
Address	Purpose: signs	Date	
Detroit, MI		Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
^{Name} Wally Beniameen		5/30/19	000.00
Trany Bottlamoon	25 sign locations	Date	\$ 900.00
Address Paratical Drive	Purpose: 25 sign locations		
Bayview Drive Clinton township, MI	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	- determination	· · · · · · · · · · · · · · · · · · ·	
Name Sawicki & Son		6/12/19	
	Purpose: 26 Double Sided	Date	\$ 900.00
Address Detroit, MI	Purpose: 20 Double Graed	Julio	
	Click i	lere for Memo	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name Sawicki & Sons		6/21/19	s 877.62
Address	Purpose: Balance of 26 signs	Date	077.02
Detroit, MI			
	Click I	tere for Memo	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name CTE Sonja Buffa for Clerk		6/25/19	\$75.00
Address	Purpose: Fundraiser	Date	\$ <u>7 5.00</u>
8771 ESTATE PLAZA DR. WARREN, MI 48093	Click	Here for Memo	Itemization Type
·	Check box if this expenditure is payment of		- 7,-
Fund Raiser	debt or obligation reported on previous statement		
	Subto	otal this page	3937.44
	Grand Total of all	Schedules 18	
	(Complete on last pag		

Enter this total on line 8a of Summary Page

Page ____ of ___



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

2 Committee Name CTE Ron Papandrea

	Onmittee Name		**************************************
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name CTE Sonja Buffa for Clerk		6/25/19	s 75.00
Address	Purpose: Fundraiser	Date	
8771 ESTATE PLAZA DR. WARREN, MI 48093	Click	Jara for Mama	Itemization Type
**/\\\\\LI4, W 40000	Click	ICIC IOI MOINO	iteriization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name APCC		6/27/19	450.00
	Danner	Date	\$ <u>150.00</u>
Address	Purpose: Banner	Jule	
Maple Lane	Clieb L	Jara for Mama	Itemization Type
Sterling Heights, MI		IOI OI IVICIIIO	iterinzacori Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Postmaster		6/28/19	\$ 328.31
Address	Purpose: Postage	Date	\$ 320.31
Warren, MI	Purpose:		
	Click H	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name MJ Print			
IVID FINK		7/8/19	\$ 371.00
Address	Purpose: Printing	Date '	
7341 Bernice	- diposo.		
CenterLine, MI 48015	Click H	lere for Memo	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	Statement		
·			
Name Postmaster		7/15/19	• 1152 07
Address	Purpose: Mailing	Date	s <u>1153.97</u>
Warren, MI			
] 	tere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	2078.28
	Grand Total of all 5	Schedules 1B	
	(Complete on last page	of Schedule)	

Enter this total on line 8a of Summary Page

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ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

2. Committee Name CTE Ron Papandrea

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		<u> </u>	
Name Simple Palate Restaurant	l	6/10/19	s 469.05
Address Van Dyke	Purpose: Fundraiser	Date	
Warren, MI	Click H	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name			•
		Date	3
Address	Purpose:		
	Click H	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name			
ITGING			s
Address	Purpose:	Date	<u></u>
	Click H	ere for Memo	Itemization Type
<u></u>	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
			\$
Address	Purpose:	Date	
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			7.00, 2.00, 0.00, 2.00,
Name			
			s
Address	Purpose:	Date	· · · · · · · · · · · · · · · · · · ·
	Clink H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Ling Kalsel	statement	· · · · · · · · · · · · · · · · · · ·	
	Subtot	al this page	469.05
	Grand Total of all S	ichedules 1B	10 017 27
	(Complete on last page		10,017.3

Enter this total on line 8a of Summary Page

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DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

139720

SCHEDULE IE		CTE Ron Papandrea
CANDIDATE COMMITTEE	2. Committee Name	OTE Non Fapanulea
CANDIDA I E COMMITTEE		

CANDIDATE COMMITTEE	committee Name			
This Schedule itemizes:				
a Debts and obligations owed <u>by or forgiven the com</u> (Che	mittee OR b. Deb ock either a or b. Use only for the p	ots and obligations owed <u>to</u> o purpose checked.)	r forgiven <u>by</u> the cor	nmittee.
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 endorsers 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? Yes Owed to or by: Ron Papandrea	4. Type: loan	3/21/19 _{\$} 300		
	5. <u>Date Debt Was Incurred</u> : 10/1/2018	\$	s 300	s 0.00
	6. Original Amount of Debt: \$_300	<u> </u>	•	FORGIVEN
If bank loan, name of endorser or guarantor:	Mary Mary Control of the Control of	Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: Ron Papandrea	4. Type: loan	3/21/19 \$1138.60		
	5. <u>Date Debt Was Incurred</u> : 11/8/18 6. <u>Original Amount of Debt</u> :	\$. 1138.60	e 0.00
	\$ 1138.60	\$	1 \$	FORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	0.00
(C	omplete on last page of Schedule	Grand Total showing amounts owed by o	of all Schedules 1E r to the committee)	Enter this total
A debt or obligation must be shown on this Schedu	ile if there was an outstanding s	mount owed on it at the d	osing date of	on line 12a "owed by"" or line 12b

this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Summary Page

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FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number

		Z. CON	mittee Name	
	- 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	Address and Name (If any) of the place where the activity was held. Simple Palate
6/10/2019	25		dinner	Van Dyke Ave Warren, MI Private Residence
7. Total Contributions		5900		
8. Other Receipts		0	· · · · · · · · · · · · · · · · · · ·	
9. Gross Receipts (Add lines 7 a	and 8)	5900		
10. Total Cost of Event (Total Cost includes In-Kind Cor	ntribution	469.05 and All Expenditures	Made For the Event)	
11. Check if event was a joi	int fund ra	aiser and complete the	following:	
Co-Sponsor(s)		Contribution S (%)	plit	Expenditure Split (%)
	-	***************************************		
	-			
No. of the last of				
The committee is require	ad ta fila	a concrete Fund Dele	 or Schodulo for each fund raisi	

- 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.

	1	1	
Page		of <u>'</u>	