



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 139720		3. This Statement covers From: 1/1/19 to 7/21/19	
2. Committee Name CTE Ron Papandrea		4. Candidate Last Name Papandrea First Name Ron M.I. 4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local 4b. County of Residence MACOMB	
5. Committee's Mailing Address 30315 Austin Warren, MI 48092 Area Code and Phone 5869252580 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address Ron Papandrea 30315 Austin Warren, MI 48092 Area Code & Phone 5869252580	
7. Treasurer's Business Address Ron Papandrea 30315 Austin Warren, MI 48092 Area Code and Phone 5869252580		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Ron Papandrea 30315 Austin Warren, MI 48092 Area Code and Phone 5869252580	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus August 6, 2019		9c. <input type="checkbox"/> July Quarterly 9d. <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Ron Papandrea Type or Print Name		Ron Papandrea Signature Date 8/2/2019	
Candidate Ron Papandrea Type or Print Name		Ron Papandrea Signature Date 8/2/2019	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139720

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Ron Papandrea

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>17,900</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
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.) \$	<u>17,900</u>	(20.) \$ <u>27,375</u>
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.) \$	<u>10,017.37</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	_____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>10,017.37</u>	(23.) \$ <u>11,455.97</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	_____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	_____	(24.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	_____	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>9,475.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>17,900.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>27,375.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>10,017.37</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>17,357.63</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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 <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? <input type="checkbox"/> YES 4. Date of Receipt <u>3/17/2019</u> Name & Address: Glenn P. Neuner 47930 Harbor Dr. New Baltimore, MI 48047			\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Neuner's Auto Sales</u> Click Here for Memo Itemization Business Address <u>Mound Road, Warren, MI 48092</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2/12/2019</u> Name & Address: Patricia Mascar 12246 Deming Dr. Sterling Heights, MI 48312			\$ <u>500</u>	\$ <u>500</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 type="checkbox"/> Fund Raiser				
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2/12/2019</u> Name & Address: Frank Buscemi 23056 Hickory Creek Macomb, MI 48042			\$ <u>500</u>	\$ <u>500</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 type="checkbox"/> Fund Raiser				
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2/13/2019</u> Name & Address: Ronnie Messer 510 Hilldale Drive Royal Oak, MI 48067			\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>Messer General Contractor</u> Click Here for Memo Itemization Business Address <u>Chesterfield, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				

Page Subtotal 2150.00

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

Enter this total on
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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 <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? <input type="checkbox"/> YES 4. Date of Receipt <u>2/13/2019</u> Name & Address: Jeffery T. Samora, Jr 2340 Trevor Dr Commerce Twp., MI 48390		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retailer</u> Employer <u>Samona Family business</u> Business Address <u>Warren, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2/13/2019</u> Name & Address: Lance Samona 2340 Trevor Dr Commerce Twp., MI 48390		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retailer</u> Employer <u>Samona Family</u> Business Address <u>Warren</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2/13/2019</u> Name & Address: Justin G. Samona 4873 E. Strong Court Orchard Lake, MI 48323		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retailer</u> Employer <u>Samona Family</u> Business Address <u>Warren</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2/13/2019</u> Name & Address: Derek Putrus 1629 Croft Road Birmingham, MI 48009		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Construction</u> Employer <u>Messer Contracting</u> Business Address <u>Chesterfield</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 4000.00

Grand Total of All Schedules 1A
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2/13/2019</u></p> <p>Name & Address: Dominic T. Samona 7150 Yarmouth Court West Bloomfield, MI</p>		\$ <u>1000</u>	\$ <u>1000</u>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Retailer</u> Employer <u>Samona Family</u> Click Here for Memo Itemization</p> <p>Business Address <u>Warren, MI</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2/13/2019</u></p> <p>Name & Address: Jason B. Daoud 42386 Stanton Dr Sterling Heights, MI 48314</p>		\$ <u>1000</u>	\$ <u>1000</u>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Retailer</u> Employer <u>Samona Family</u> Click Here for Memo Itemization</p> <p>Business Address <u>Warren, MI</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2/13/2019</u></p> <p>Name & Address: Mike Haviaras 5704 Stonehaven Blvd Oakland Township, MI 48306</p>		\$ <u>1000</u>	\$ <u>1000</u>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Architect</u> Employer _____</p> <p>Business Address <u>Warren, MI</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2/13/2019</u></p> <p>Name & Address:</p>		\$ _____	\$ _____
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			

Page Subtotal 3000.00

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

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MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>6/10/2019</u>	
Name & Address: Anthony Aubrey 43459 Chardonay Dr. Sterling Heights, MI 48314		\$ <u>750</u>	\$ <u>750</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Motor City Pawn</u> Business Address <u>Van Dyke, Warren, MI</u> Type of Contribution: <input 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>6/10/2019</u>	
Name & Address: Mark Aubrey 6200 25 Mile Road Shelby Twp, MI 48316		\$ <u>750</u>	\$ <u>750</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Motor City Pawn</u> Business Address <u>Gratiot Ave, Roseville, MI</u> Type of Contribution: <input 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>6/7/2019</u>	
Name & Address: Emmet Denha 14350 Nine Mile Road Warren, MI 48089		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>MI Food & Beverage</u> Business Address <u>Nine Mile, Warren, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/10/19</u>	
Name & Address: Kevin M. Kajy 29777 Telegraph Road, Suite 3100 Southfield, MI 48034		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Magnolia Mortgage</u> Business Address <u>Telegraph Road, Southfield, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/10/2019</u> Name & Address: Gjergj Sinishtaj 43339 Aspen Strive Sterling Heights, MI 48313		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Emerald Green</u> Business Address <u>Warren, MI</u> Type of Contribution: <input 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>6/10/2019</u> Name & Address: Aaron Rasty 3104 Sun Drenched Path Austin, Tx		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President & CEO</u> Employer <u>Sozo Health</u> Business Address <u>Warren, MI</u> Type of Contribution: <input 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>6/10/2019</u> Name & Address: Gerhard Weber 46947 Ben Franklin Dr. Shelby Township, MI 48315		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>CTI Technologies</u> Business Address <u>Groesbeck Hwy, Warren</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/10/2019</u> Name & Address: Mike Yaldao 2059 Wabeek Hill Court Bloomfield Hills, MI 48302		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Emerald Green</u> Business Address <u>Warren, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1400.00

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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139720
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/10/2019</u> Name & Address: Marvin Karana 4430 Woodridge Ct. Waterford, MI 48328		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner-Attorney</u> Employer <u>Karana Law</u> Business Address <u>Southfield, MI</u> Type of Contribution: <input 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>6/10/2019</u> Name & Address: Salam H. Hani 3171 Farndale Drive Sterling Heights, MI 48314		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>JRADS</u> Business Address <u>Warren, MI</u> Type of Contribution: <input 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>6/10/2019</u> Name & Address: Nawar Jerjis 31899 Bristol Lane Farmington Hills, MI 48334		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Emerald Green</u> Business Address <u>Warren, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/10/2019</u> Name & Address: Mark Lewis 30600 Northwestern Hwy, Suite 250 Farmington Hills, MI 48334		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Happy Trails</u> Business Address <u>Southfield, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 700.00

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/10/2019</u> Name & Address: Ryan McMullen 1745 Decker Road Walled Lake, MI 48390		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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>6/10/2019</u> Name & Address: Joie West 20752 Aldo Court Clinton Township, MI 48038		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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>6/10/2019</u> Name & Address: Steven Burns 66888 Serene Drive Macomb, MI 48042		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/10/2019</u> Name & Address: Ethan Vinson 3440 Sherbourne Road Detroit, MI 48221		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 400.00

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/6/2019</u> Name & Address: Brandon Fournier 28311 Oakmonte Circle West New Hudson, MI 48165		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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>6/6/2019</u> Name & Address: Howard Shifman 31800 Telegraph Road, Suite 100 Bingham Farms, MI 48025		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner-Attorney</u> Employer <u>Shifman Law</u> Business Address <u>Telegraph Road, Bingham Farms, MI</u> Type of Contribution: <input 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>7/17/2019</u> Name & Address: Jerrold Marsh Grosse Pointe Woods, MI 48236-2313		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Marsh Law</u> Business Address <u>Grosse Pointe Woods, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **550.00**

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

~~550.00~~
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 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 <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? <input type="checkbox"/> YES 4. Date of Receipt <u>7/21/2019</u> Name & Address: Alfred Yousif 2735 Erma Dr. Shelby Twp, MI 48317		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Real Estate</u> Business Address <u>Warren, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/21/2019</u> Name & Address: Essam Sattam 1335 Grinnell Ave Waterford, MI 48328		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Food Market</u> Business Address <u>Warren, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/21/2019</u> Name & Address: David Griem 14 First Street Mount Clemens, MI 48042		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>David Griem & Associates</u> Business Address <u>Mount Clemens, MI 48042</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/21/2019</u> Name & Address: William Dwyer 35862 Lone Pine Lane Farmington Hills, MI 48335		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Police Commish</u> Employer <u>City of Warren</u> Business Address <u>Warren, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 2600.00

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 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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>7/21/2019</u>		
Name & Address: CTE Bill Dwyer PO Box 255 Farmington, MI 48332			\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Police Commish</u> Employer <u>City of Warren</u> Business Address <u>Warren, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____		
Name & Address _____			\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____		
Name & Address _____			\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____		
Name & Address _____			\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	

Page Subtotal 100.00

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

17,900.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139720
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 Name REM Printing Address 15632 Flanagan Roseville, MI 48066 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/4/19</u> Date	<u>\$ 614.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Ron Papandrea Address 30315 Austin Warren, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>Repayment of Loan</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/21/19</u> Date	<u>\$ 1438.60</u> Click Here for Memo Itemization Type
Expenditure #3 Name City of Warren Address One City Center Warren, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>Filing Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/21/19</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Hank Anonick Address Warren, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>2 Tickets-Polish Day</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/2/19</u> Date	<u>\$ 130.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name Sawicki & Son Address 1521 W. Lafayette Blvd Detroit, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/21/19</u> Date	<u>\$ 1250.00</u> Click Here for Memo Itemization Type
Subtotal this page			3532.60
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139720
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 Name Sawicki & Sons Address Detroit, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/30/19</u> Date	<u>\$ 1184.82</u>
Expenditure #2 Name Wally Beniamdeen Address Bayview Drive Clinton township, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>25 sign locations</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/30/19</u> Date	<u>\$ 900.00</u>
Expenditure #3 Name Sawicki & Son Address Detroit, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>26 Double Sided</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/12/19</u> Date	<u>\$ 900.00</u>
Expenditure #4 Name Sawicki & Sons Address Detroit, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>Balance of 26 signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/21/19</u> Date	<u>\$ 877.62</u>
Expenditure #5 Name CTE Sonja Buffa for Clerk Address 8771 ESTATE PLAZA DR. WARREN, MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/25/19</u> Date	<u>\$ 75.00</u>
Subtotal this page			3937.44
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139720
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 Name CTE Sonja Buffa for Clerk Address 8771 ESTATE PLAZA DR. WARREN, MI 48093 <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	6/25/19 Date	\$ 75.00
Expenditure #2 Name APCC Address Maple Lane Sterling Heights, MI <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	6/27/19 Date	\$ 150.00
Expenditure #3 Name Postmaster Address Warren, MI <input type="checkbox"/> Fund Raiser	Purpose: Postage <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	6/28/19 Date	\$ 328.31
Expenditure #4 Name MJ Print Address 7341 Bernice CenterLine, MI 48015 <input type="checkbox"/> Fund Raiser	Purpose: Printing <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7/8/19 Date	\$ 371.00
Expenditure #5 Name Postmaster Address Warren, MI <input type="checkbox"/> Fund Raiser	Purpose: Mailing <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7/15/19 Date	\$ 1153.97
Subtotal this page			2078.28
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139720
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 Name Simple Palate Restaurant Address Van Dyke Warren, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/10/19</u> Date	<u>\$ 469.05</u> Click Here for Memo Itemization Type
Expenditure #2 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 #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
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	\$ _____ Click Here for Memo Itemization Type
Subtotal this page			469.05
Grand Total of all Schedules 1B (Complete on last page of Schedule)			10,017.37

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 139720

2. Committee Name CTE Ron Papandrea

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the 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 Owed to or by: Ron Papandrea Corp? <input type="checkbox"/> Yes	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/1/2018</u> 6. <u>Original Amount of Debt:</u> <u>\$ 300</u>	3/21/19 <u>\$ 300</u> _____ \$ _____ _____ \$ _____ _____	<u>\$ 300</u>	<u>\$ 0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Ron Papandrea Corp? <input type="checkbox"/> Yes	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11/8/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1138.60</u>	3/21/19 <u>\$ 1138.60</u> _____ \$ _____ _____ \$ _____ _____	<u>\$ 1138.60</u>	<u>\$ 0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes	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)

0.00

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

0.00

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 ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number

139720

2. Committee Name

CTE Ron Papandrea

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 6/10/2019	4. Number of Individuals Attending or Participating (whichever is greater) 25	5. Type of Fund Raising Activity dinner	6. Address and Name (If any) of the place where the activity was held. Simple Palate Van Dyke Ave Warren, MI <input type="checkbox"/> Private Residence
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7. Total Contributions **5900**

8. Other Receipts **0**

9. Gross Receipts (Add lines 7 and 8) **5900**

10. Total Cost of Event **469.05**
(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.