



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.

3. This Statement covers From: 01/01/19 to 07/20/19

1. Committee I.D. Number

138881

2. Committee Name

CTE SEBASTIAN PREVITI FOR TRUSTEE

4. Candidate Last Name

PREVITI

First Name

SEBASTIAN

M.I.

S

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

WASHINGTON TOWNSHIP TRUSTEE

4b. County of Residence MACOMB

5. Committee's Mailing Address

61614 COTSWOLD DRIVE  
WASHINGTON, MI 48094

6. Treasurer's Name & Residential Address

SEBASTIAN PREVITI  
61614 COTSWOLD DRIVE  
WASHINGTON, MI 48094

Area Code and Phone (586) 206-5185

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.

Area Code & Phone (586) 206-5185

7. Treasurer's Business Address

SEBASTIAN PREVITI  
61614 COTSWOLD DRIVE  
WASHINGTON, MI 48094

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

SEBASTIAN PREVITI  
61614 COTSWOLD DRIVE  
WASHINGTON, MI 48094

Area Code and Phone (586) 206-5185

Area Code and Phone (586) 206-5185

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary  
☐ General  
☐ Convention  
☐ Special  
☐ School  
☐ Caucus

Date of Election, Convention or Caucus

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

- ☒ July Quarterly  
☐ October Quarterly

9c. ☐ Annual Statement ( ) Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no 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 SEBASTIAN S. PREVITI

Type or Print Name

Signature

Date

7/25/2019

Candidate SEBASTIAN S. PREVITI

Type or Print Name

Signature

Date

7/25/2019



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 138881

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE SEBASTIAN PREVITI FOR TRUSTEE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>13,275.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$13,275.00</u>	(20.) \$
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$5,862.00</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>\$5,862.00</u>	(23.) \$
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>			
<b>10. Disbursements</b>			
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.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$16,639.97</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$10.92</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$13,275.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$13,285.92</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$5,862.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$7,423.92</u>	



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138881

2. Committee Name CTE SEBASTIAN PREVITI

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>05/20/2019</u></p> <p>Name &amp; Address: <b>JOE CARADONNA</b> 5801 LOCKWOOD DRIVE WASHINGTON, MI 48094</p> <p>6. Amount: \$ <u>1000</u>      7. Cumulative: \$ <u>1000</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u>      Employer <u>GIO-CON LLC</u>      <a href="#">Click Here for Memo Itemization</a> Business Address <u>5801 LOCKWOOD DRIVE - WASHINGTON, MI 48094</u> Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>5-20-19</u></p> <p>Name &amp; Address: <b>TONY GALLO</b> 6303 26 MILE ROAD WASHINGTON, MI 48094</p> <p>6. Amount: \$ <u>500</u>      7. Cumulative: \$ <u>500</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u>      Employer <u>GALLO COMPANIES</u>      <a href="#">Click Here for Memo Itemization</a> Business Address <u>6306 26 MILE ROAD, WASHINGTON, MI 48094</u> Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>5-20-19</u></p> <p>Name &amp; Address: <b>SALVATORE LEONE</b> 61251 BURNINGWOOD WASHINGTON, MI 48094</p> <p>6. Amount: \$ <u>180</u>      7. Cumulative: \$ <u>180</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____      Employer <u>SELF-EMPLOYED</u>      <a href="#">Click Here for Memo Itemization</a> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>5-20-19</u></p> <p>Name &amp; Address: <b>MIKE KLIEMAN</b> 13400 30 MILE ROAD WASHINGTON, MI 48094</p> <p>6. Amount: \$ <u>80</u>      7. Cumulative: \$ <u>80</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____      <a href="#">Click Here for Memo Itemization</a> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>			

Page Subtotal **\$1,760.00**

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138881

2. Committee Name CTE SEBASTIAN PREVITI

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>05/20/2019</u>			
Name & Address: DR. SALVATORE VENTIMIGLIA 57162 MOONCREEK CT WASHINGTON, MI 48094		\$ <u>80</u>	\$ <u>80</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>5-20-19</u>			
Name & Address: DON BROWN 45463 CARRIAGE HILLS DRIVE WASHINGTON, MI 48094		\$ <u>50</u>	\$ <u>50</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>5-20-19</u>			
Name & Address: DOMENICO GAGLIO 60550 KITTLE ROAD WASHINGTON, MI 48094		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SELF-EMPLOYED</u> 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 # 4	PAC Receipt? <input type="checkbox"/> YES		
4. Date of Receipt <u>5-20-19</u>			
Name & Address: ROSE IACOBACCI 78672 PEARL DRIVE ROMEO, MI 48065		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SELF EMPLOYED</u> Business Address <u>48572 VAN DYKE - SHELBY TWP., MI 48315</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 \$680.00

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

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138881

2. Committee Name CTE SEBASTIAN PREVITI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/2019</u>	
Name & Address: RUTH HEIDLEBREICHT 350 SALEM DRIVE ROMEO, MI 48065		\$ <u>580</u>	\$ <u>580</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF-EMPLOYED</u> Employer <u>MITTT TV</u> Business Address <u>350 SALEM DRIVE - ROMEO, MI 48065</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>5-20-19</u>	
Name & Address: ANGIE MILANA 326 MAE COURT ROMEO, MI 48065		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>RETIRED</u> 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>5-20-19</u>	
Name & Address: MICHAEL FILLBROOK 7320 37 MILE ROAD BRUCE, MI 48065		\$ <u>80</u>	\$ <u>80</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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-20-19</u>	
Name & Address: GIORGIO MARCHESE 25854 IVANHOE HARPER WOODS, MI 48070		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SELF EMPLOYED</u> Business Address <u>48572 VAN DYKE - SHELBY TWP., MI 48315</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 \$810.00

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

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138881  
2. Committee Name CTE SEBASTIAN PREVITI

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>05/20/2019</u>	
Name & Address: ROSE CAMPI 49320 SHERIDEN CT. SHELBY TOWNSHIP, MI 48315		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>RETIRED</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input 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>5-20-19</u>	
Name & Address: VITO IACONA 46341 PALMER DRIVE SHELBY TOWNSHIP, MI 48315		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>RETIRED</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-20-19</u>	
Name & Address: JOHN DELL'ISOLA 52611 ARAGON SHELBY TOWNSHIP, MI 48315		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>PEA ENGINEERS</u>		Click Here for Memo Itemization	
Business Address <u>2430 ROCHESTER CT - TROY, MI 48083</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-20-19</u>	
Name & Address: PINO GENOVESE 13160 LACH DRIVE SHELBY TOWNSHIP, MI 48315		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>RETIRED</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal \$800.00

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

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line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138881

2. Committee Name CTE SEBASTIAN PREVITI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/2019</u>	
Name & Address: FRANK ARAGONA 3321 VINEYARD HILL ROCHESTER, MI 48307		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SELF-EMPLOYED</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input 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>5-20-19</u>	
Name & Address: PAUL ARAGONA 5440 ORION ROAD ROCHESTER, MI 48307		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SELF EMPLOYED</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-20-19</u>	
Name & Address: STEPHEN ZERVOS 24724 SOUTHFIELD ROAD SOUTHFIELD, MI 48034		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ZERVOS INSURANCE GROUP</u>		Click Here for Memo Itemization	
Business Address <u>24724 SOUTHFIELD ROAD - SOUTHFIELD, MI 48034</u>			
Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-20-19</u>	
Name & Address: CINZIA FILIPOWSKI 60480 CAMPGROUND WASHINGTON, MI 48094		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CAMPGROUND PEDIATRICS</u>		Click Here for Memo Itemization	
Business Address <u>60480 CAMPGROUND, WASHINGTON, MI 48094</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal \$1,000.00

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 138881

2. Committee Name CTE SEBASTIAN PREVITI

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>05/20/19</u> Name & Address: GORDON WILSON 49572 COMPASS POINT CHESTERFIELD, MI 48051		\$ <u>50</u>	\$ <u>50</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/20/19</u> Name & Address: STEVE PANGORI 8106 ROSEBUD CLARKSTON, MI 48099		\$ <u>50</u>	\$ <u>50</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/20/19</u> Name & Address: FRANK MARELLA 35979 CARLISLE COURT CLINTON TOWNSHIP, MI 48038		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/20/19</u> Name & Address: VINCE MANZELLA 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038		\$ <u>50</u>	\$ <u>50</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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$200.00

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

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line 3a of Summary  
Page.





ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138881

2. Committee Name CTE SEBASTIAN PREVITI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/20/19</u> Name & Address: <b>JOE LUCIDO</b> 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038		\$ <u>50</u>	\$ <u>50</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/20/19</u> Name & Address: <b>LEO RUSSO</b> 16431 DOMINION ROAD MACOMB, MI 48044		\$ <u>50</u>	\$ <u>50</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/20/19</u> Name & Address: <b>WAYNE OEHMKE</b> 17610 21 MILE ROAD MACOMB, MI 48044		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/20/19</u> Name & Address: <b>ROSA BONNI</b> 45820 TILCH MACOMB, MI 48044		\$ <u>50</u>	\$ <u>50</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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$200.00**

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

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line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138881

2. Committee Name CTE SEBASTIAN PREVITI

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>05/20/19</u> Name & Address: SANTINO LUPO 5848 BONN CT SHELBY TOWNSHIP, MI 48315		\$ <u>50</u>	\$ <u>50</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/20/19</u> Name & Address: JOEL BALLOR 50383 HEATHERWOOD SHELBY TOWNSHIP, MI 48315		\$ <u>50</u>	\$ <u>50</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/20/19</u> Name & Address: LISA D'AGOSTINI 20151 WALKER DRIVE STERLING HEIGHTS, MI 48312		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/20/19</u> Name & Address: LUIGI MANCINI 49422 MONTE ROAD CHESTERFIELD, MI 48051		\$ <u>50</u>	\$ <u>50</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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$200.00

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 138881

2. Committee Name CTE SEBASTIAN PREVITI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: VITO PIANELLO 39212 BOURNEMOUTH SHELBY TOWNSHIP, MI 48315		\$ <u>50</u>	\$ <u>50</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: MICHAEL TALLUTO 13321 TOWERING OAKS SHELBY TOWNSHIP, MI 48315		\$ <u>50</u>	\$ <u>50</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>05/20/19</u>	
Name & Address: BRIAN PANNEBACKER 30151 RIVERSIDE HARRISON TWP, MI 48045		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" 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>05/20/19</u>	
Name & Address: LYLE WINN 62263 HIDDEN OAK LANE CLINTON TOWNSHIP, MI 48038		\$ <u>50</u>	\$ <u>50</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	

Page Subtotal \$200.00

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

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138881

2. Committee Name CTE SEBASTIAN PREVITI

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>05/20/19</u>	
Name & Address: MIKE NICELY 60440 VAN DYKE WASHINGTON, MI 48094		\$ <u>50</u>	\$ <u>50</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: JASON ARLOW 5709 ARNOLD TROY, MI 48083		\$ <u>50</u>	\$ <u>50</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: MARY ANN RIZZA 78000 PEARL DRIVE ROMEO, MI 48065		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: VITO GIAMBANCO 16500 DAWN COURT CLINTON TOWNSHIP, MI 48038		\$ <u>80</u>	\$ <u>80</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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$260.00

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

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line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138881

2. Committee Name CTE SEBASTIAN PREVITI

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>05/20/19</u>	
Name & Address: JOSEPHINE DeMARIA 33901 JEFFERSON ST. CLAIR SHORES, MI 48080		\$ <u>80</u>	\$ <u>80</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: MARYANN ORLANDO 49548 GOLDEN PARK SHELBY TWP., MI 48315		\$ <u>80</u>	\$ <u>80</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>05/20/19</u>	
Name & Address: FRANCO SOLINA 21412 SIENNA DRIVE MACOMB, MI 48044		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" 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>05/20/19</u>	
Name & Address: JOSEPHINE SCIBILIA 45810 WINTHROP PLACE MACOMB, MI 48044		\$ <u>80</u>	\$ <u>80</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	

Page Subtotal \$320.00

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

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line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138881  
2. Committee Name CTE SEBASTIAN PREVITI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: JOSEPH VIVIANO 16239 DUNSTON MACOMB, MI 48044		\$ <u>85</u>	\$ <u>85</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: MIKE ARCY 30456 JEWELL WASHINGTON, MI 48094		\$ <u>80</u>	\$ <u>80</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: GIACOMO PREVITI 13239 KOZAK STERLING HEIGHTS, MI 48312		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: SANDRA TORNBERG 53794 WHITBY WAY SHELBY TWP., MI 48315		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$365.00

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

Enter this total on  
line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138881

2. Committee Name CTE SEBASTIAN PREVITI

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: <u>EDWARD MORIDIAN</u> <u>10405 UTICA ROAD</u> <u>STERLING HEIGHTS, MI 48312</u>		\$ <u>100</u>	\$ <u>100</u>
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/19</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>GEN-CO</u> Business Address <u>1220 23 MILE ROAD - MACOMB, MI 48044</u> 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 #2 Name & Address: <u>MARY LOU PENNA</u> <u>38840 VAN DYKE</u> <u>STERLING HEIGHTS, MI 48312</u>		\$ <u>100</u>	\$ <u>100</u>
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/19</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PENNA'S</u> Business Address <u>38840 VAN DYKE - STERLING HEIGHTS, MI 48312</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 Name & Address: <u>JOE ORAM</u> <u>2187 ORCHARD LAKE</u> <u>SOUTHFIELD, MI 48034</u>		\$ <u>100</u>	\$ <u>100</u>
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/19</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2187 ORCHARD LAKE - SOUTHFIELD, MI 48034</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>SONNY RANDAZZO</u> <u>37180 WILLOW LANE</u> <u>CLINTON TOWNSHIP, MI 48036</u>		\$ <u>100</u>	\$ <u>100</u>
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/19</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>RANDAZZO FRESH MARKET</u> Business Address <u>3660 GARFIELD, CLINTON TOWNSHIP, MI 48036</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 \$400.00

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 138881

2. Committee Name CTE SEBASTIAN PREVITI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: <b>ROB HUTH</b> 19500 HALL ROAD CLINTON TOWNSHIP, MI 48038		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>19500 HALL ROAD - CLINTON TOWNSHIP, MI 48038</u> 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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: <b>ROBERT KIRK</b> 19500 HALL ROAD CLINTON TOWNSHIP, MI 48038		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>19500 HALL ROAD - CLINTON TOWNSHIP, MI 48038</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>05/20/19</u>	
Name & Address: <b>ROBERT SIEBERT</b> 19500 HALL ROAD CLINTON TOWNSHIP, MI 48038		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>19500 HALL ROAD - CLINTON TOWNSHIP MI 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" 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>05/20/19</u>	
Name & Address: <b>LARRY ROCCA</b> 19790 NICKE STREET CLINTON TOWNSHIP, MI 48038		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY TREASURER</u> Employer <u>MACOMB COUNTY</u> Business Address <u>34 MARKET STREET - MT. CLEMENS, MI 48043</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 \$450.00

Grand Total of All Schedules 1A  
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Enter this total on  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138881

2. Committee Name CTE SEBASTIAN PREVITI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: <b>MIKE CHIRCO</b> 46600 ROMEO PLANK MACOMB, MI 48044		\$ <u>350</u>	\$ <u>350</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>MJC COMPANIES</u> Business Address <u>46600 ROMEO PLANK - MACOMB, MI 48044</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>05/20/19</u>	
Name & Address: <b>PETE LUCIDO</b> 39999 GARFIELD CLINTON TOWNSHIP, MI 48038		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE SENATOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>39999 GARFIELD - CLINTON TOWNSHIP MI 48038</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>05/20/19</u>	
Name & Address: <b>JAMES BIONDO</b> 56390 BIRKDALE MACOMB, MI 48044		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>BIONDO CEMENT</u> Business Address <u>21540 23 MILE ROAD - MACOMB MI 48044</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" 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>05/20/19</u>	
Name & Address: <b>FILOMENA VITALE</b> 64646 TURNBERRY WAY WASHINGTON, MI 48094		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>HOUSEWIFE</u> 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	

Page Subtotal \$1,150.00

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

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138881

2. Committee Name CTE SEBASTIAN PREVITI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: FAYE PREVITI 46474 JACKSON DR MACOMB, MI 48044		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>RETIRED</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: LOU GUGLIEMENTI 39999 GARFIELD CLINTON TOWNSHIP, MI 48038		\$ <u>130</u>	\$ <u>130</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>SELF EMPLOYED</u>		Click Here for Memo Itemization	
Business Address <u>39999 GARFIELD - CLINTON TOWNSHIP MI 48038</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: MARTIN SHKRELI 24000 30 MILE ROAD WASHINGTON, MI 48095		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SELF-EMPLOYED</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: JOSEPH LONGO 27630 SYLVAN WARREN, MI 48080		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>FERNDAL COURT</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal \$480.00

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

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line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138881  
2. Committee Name CTE SEBASTIAN PREVITI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: SANDY PREVITI 15644 BOREAS DRIVE MACOMB, MI 48044		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>RETIRED</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: DAVID LeDUC 3108 MARTELL ROCHESTER HILLS, MI 48089		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>WATERFORD SCHOOLS</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/19</u>	
Name & Address: SALVATORE PREVITI 15644 BOREAS DRIVE MACOMB, MI 48044		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input checked="" 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>05/20/19</u>	
Name & Address: ANNA LeDUC 3108 MARTELL ROCHESTER HILLS, MI 48089		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>HOUSEWIFE</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal \$4,000.00

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

13,275.<sup>00</sup>

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number **13881**  
2. Committee Name **CTE SEBASTIAN PREVITI FOR TRUSTEE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <b>ITALIAN CULTURAL CENTER</b>  Address <b>43843 ROMEO PLANK CLINTON TOWNSHIP, MI 48038</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>BANQUET HALL -DINNER</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/20/19</b> Date	<b>\$ 1440</b>
<b>Expenditure #2</b> Name <b>NOELLE MORABITO</b>  Address <b>7261 RENWOOD WASHINGTON, MI 48095</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>ENTERTAINMENT-PIANO</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/20/19</b> Date	<b>\$ 450</b>
<b>Expenditure #3</b> Name <b>US FLAGS.COM</b>  Address <b>WEBSITE</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>US FLAGS FOR CONSTITUENTS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/15/19</b> Date	<b>\$ 456</b>
<b>Expenditure #4</b> Name <b>ROMEO PRINTING</b>  Address <b>225 N. MIAN STREET ROMEO, MI 48065</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>NEWSLETTER PRINTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/03/19</b> Date	<b>\$ 1016</b>
<b>Expenditure #5</b> Name <b>GRAPHICS EAST</b>  Address <b>11550 GROESBECK ROSEVILLE, MI 48066</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>MAILING OF NEWSLETTER</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/20/19</b> Date	<b>\$ 2500</b>
Subtotal this page			<b>\$5,862.00</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<b>\$5,862.00</b>

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 138881

2. Committee Name CTE SEBASTIAN PREVITI FOR TRUSTEE

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <b>SEBASTIAN S. PREVITI</b> <b>8903 INVERNESS DRIVE</b> <b>WASHINGTON, MI 48095</b>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>05/16/12</u> 6. Original Amount of Debt: <u>\$ 20.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>20.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>SEBASTIAN S. PREVITI</b> <b>8903 INVERNESS DRIVE</b> <b>WASHINGTON, MI 48095</b>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>05/23/2012</u> 6. Original Amount of Debt: <u>\$ 1,652.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,652.50</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>SEBASTIAN S. PREVITI</b> <b>8903 INVERNESS DRIVE</b> <b>WASHINGTON, MI 48095</b>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>09/15/2012</u> 6. Original Amount of Debt: <u>\$ 1,042.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,042.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$2,714.50**

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

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

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

1. Committee I.D. Number 138881

2. Committee Name CTE SEBASTIAN PREVITI FOR TRUSTEE

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) b. Indicate date debt was incurred c. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 8 minus Item 6)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <b>SEBASTIAN S. PREVITI</b> <b>8903 INVERNESS DRIVE</b> <b>WASHINGTON, MI 48095</b>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/01/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 310.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>310.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>SEBASTIAN S. PREVITI</b> <b>8903 INVERNESS DRIVE</b> <b>WASHINGTON, MI 48095</b>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/20/2012</u> 6. <u>Original Amount of Debt:</u> <u>\$ 74.08</u>	\$ \$ \$ \$ \$	\$	\$ <u>74.08</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>SEBASTIAN S. PREVITI</b> <b>8903 INVERNESS DRIVE</b> <b>WASHINGTON, MI 48095</b>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/21/2012</u> 6. <u>Original Amount of Debt:</u> <u>\$ 225.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>225.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$609.06**

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

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

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

1. Committee I.D. Number 138881

2. Committee Name CTE SEBASTIAN PREVITI FOR TRUSTEE

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 6. Indicate date debt was incurred 8. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 8 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <b>SEBASTIAN S. PREVITI</b> <b>8903 INVERNESS DRIVE</b> <b>WASHINGTON, MI 48095</b>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>08/01/12</u> 6. Original Amount of Debt: <u>\$ 120.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>120.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>SEBASTIAN S. PREVITI</b> <b>8903 INVERNESS DRIVE</b> <b>WASHINGTON, MI 48095</b>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>08/06/2012</u> 6. Original Amount of Debt: <u>\$ 74.06</u>	\$ \$ \$ \$ \$	\$	\$ <u>74.06</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>SEBASTIAN S. PREVITI</b> <b>8903 INVERNESS DRIVE</b> <b>WASHINGTON, MI 48095</b>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>06/01/16</u> 6. Original Amount of Debt: <u>\$ 1,482.38</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,482.38</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$1,676.44**

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

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

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

Dec. 16. 2016 9:53AM

No. 0235 P. 7

MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

## DEBTS AND OBLIGATIONS

1. Committee I.D. Number 138881

## SCHEDULE 1E

## CANDIDATE COMMITTEE

2. Committee Name CTE SEBASTIAN PREVITI FOR TRUSTEE

This Schedule itemizes:

☐ Debts and obligations owed by or forgiven the committee OR ☐ 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 boxes to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantor, if any.	4. Type of Obligation (Description) 6. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <b>SEBASTIAN S. PREVITI</b> <b>8903 INVERNESS DRIVE</b> <b>WASHINGTON, MI 48095</b>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>07/18/16</u> 6. Original Amount of Debt: <u>\$ 7,760.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>7,760.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>SEBASTIAN S. PREVITI</b> <b>8903 INVERNESS DRIVE</b> <b>WASHINGTON, MI 48095</b>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>08/15/2016</u> 6. Original Amount of Debt: <u>\$ 2,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>2,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>SEBASTIAN S. PREVITI</b> <b>8903 Inverness Dr.</b> <b>Washington, MI 48095</b>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>12-1-2016</u> 6. Original Amount of Debt: <u>\$ 1,560.-</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,560.-</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

11,310.-

Grand Total of all Schedules 1E

11,310.-

(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

1. Committee I.D. Number 138881

2. Committee Name CTE SEBASTIAN PREVITI FOR TRUSTEE

This Schedule Itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantor, 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: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes <b>SEBASTIAN S. PREVITI</b> <b>8903 INVERNESS DR</b> <b>WASHINGTON, MI 48095</b>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>07/27/17</u> 6. Original Amount of Debt: <u>\$ 329.97</u>	\$ \$ \$ \$ \$	\$	\$ <u>329.97</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$329.97**

(Complete on last page of Schedule showing amounts owed by or to the committee)

Grand Total of all Schedules 1E

**\$16,639.97**

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 if 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 Page



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138881  
2. Committee Name CTE SEBASTIAN PREVITI FOR TRUSTEE

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>05/20/19</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>88</u>	5. Type of Fund Raising Activity  <u>STROLLING DINNER</u>	6. Address and Name (If any) of the place where the activity was held. <u>ITALIAN CULRAL CENTER</u> <u>43843 ROMEO PLANK -</u> <u>CLINTON TOWNSHIP, MI 48038</u> <input type="checkbox"/> Private Residence
-----------------------------------------------	---------------------------------------------------------------------------------------------------	-----------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

7. Total Contributions \$13,275.00  
8. Other Receipts \$0.00  
9. Gross Receipts (Add lines 7 and 8) \$13,275.00  
10. Total Cost of Event \$1,890.00  
(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 (1-1K), 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.