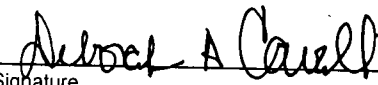





**CANDIDATE COMMITTEE
COVER PAGE**

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 139532		3. This Statement covers From: <u>01/01/2019</u> to <u>10/20/2019</u>	
2. Committee Name THE COMMITTEE TO ELECT NICHOLAS A. CAVALLI		4. Candidate Last Name <u>CAVALLI</u> First Name <u>NICHOLAS</u> M.I. <u>A</u> 4a. Office Sought Including District # or Community Served (If applicable) 4b. County of Residence <u>MACOMB</u>	
5. Committee's Mailing Address 40408 LAFAYETTE DR STERLING HEIGHTS, MI 48313 Area Code and Phone <u>(586) 212-8061</u> <small>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.</small>		6. Treasurer's Name & Residential Address DEBORAH A. CAVALLI 40408 LAFAYETTE DR. STERLING HEIGHTS, MI 48313 Area Code & Phone <u>(586) 747-0321</u>	
7. Treasurer's Business Address 40408 LAFAYETTE DR. STERLING HEIGHTS, MI 48313 Area Code and Phone <u>(586) 747-0321</u>		8. Designated Record Keeper's Name and Address (If the committee has Designated Record Keeper) Area Code and Phone _____	
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 type="checkbox"/> Primary <input checked="" 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 <u>11/05/2019</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <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 here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates 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 DEBORAH A. CAVALLI Type or Print Name		 Signature Date <u>10/23/2019</u>	
Candidate NICHOLAS A. CAVALLI Type or Print Name		 Signature Date <u>10/23/2019</u>	

FILED
 19 OCT 24 AM 11:20
 MACOMB COUNTY CLERK
 MT. CLEMENS, MICHIGAN



1. Committee I.D. Number 139532

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT NICHOLAS A CAVALLI

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,700.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,700.00</u>	(18.) \$ <u>2,700.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>489.68</u>	(19.) \$ <u>489.68</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3,189.68</u>	(20.) \$ <u>3,189.68</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>398.00</u>	(21.) \$ <u>398.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2,714.27</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2,714.27</u>	(23.) \$ <u>2,714.27</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
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.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>12.56</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3,189.68</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,202.24</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,714.27</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>487.97</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139532

2. Committee Name COMMITTEE TO ELECT NICHOLAS A CAVALLI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/13/19

Name & Address:
PAUL CAVALLI
826 1/2 AVE
ST PETERSBURG FL, 33704

\$ 100.00 \$ 100.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 08/23/19

Name & Address:
JEFFREY BENNETT
20063 CR 144
KENTON, OH 43326

\$ 100.00 \$ 100.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/11/19

Name & Address:
KAREN ANDERSON
20782 KNOB WOODS DR, APT 104
SOUTHFIELDS, MI 48076

\$ 1500.00 \$ 1500.00

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

Occupation ACCOUNTANT Employer CITY OF DETROIT

[Click Here for Memo Itemization](#)

Business Address 2 WOODWARD AVE, DETROIT, MI 48226

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/07/19

Name & Address:
UAW MICHIGAN, V-PAC
8000 E JEFFERSON, DETROIT, MI 48214

\$ 500.00 \$ 500.00

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

Occupation UNION Employer UNITED AUTO WORKERS

[Click Here for Memo Itemization](#)

Business Address 8000 E JEFFERSON, DETROIT, MI 48214

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 2200.00

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 139532

2. Committee Name THE COMMITTEE TO ELECT NICHOLAS A. CAVALLI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/08/19
Name & Address:
DEBORAH A CAVALLI
40408 LAFAYETTE DR
STERLING HEIGHTS, MI 48313

\$ 500.00

\$ 500.00

5. If over \$100.00 cumulative, please provide:
Occupation OFFICE MANAGER Employer BEAUMONT HOSPITAL

[Click Here for Memo Itemization](#)

Business Address 44201 DEQUINDRE, TROY, MI 48065

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt _____
Name & Address _____

\$ _____ \$ _____

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

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt _____
Name & Address: _____

\$ _____ \$ _____

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

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt _____
Name & Address _____

\$ _____ \$ _____

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

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 500.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 2700.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139532

2. Committee Name COMMITTEE TO ELECT NICHOLAS A CAVALLI

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: VISTAPRINT VISTAPRINT.COM	Date of Receipt <u>10/17/20</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ <u>489.68</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____

Page Subtotal **\$489.68**

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

Enter this total on
line 4 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139532

CANDIDATE COMMITTEE 2. Committee Name COMMITTEE TO ELECT NICHOLAS A CAVALLI

3. Name and Address from whom received
If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.

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

5. Date of Receipt

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

7. Amount or Fair Market Value

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

Contribution # 1 PAC Receipt? Yes

Name & Address:
NICHOLAS A CAVALLI
40408 LAFAYETTE DR
STERLING HEIGHTS, MI 48313
If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN

Description LIST OF VOTERS IN STERLING HEIGHTS

5. Date Of Receipt: 06/13/19

6. Vendor Name & Address:
CITY OF STERLING HEIGHTS
40555 UTICA RD
STERLING HEIGHTS, MI 48313

Click Here for Memo Itemization

Fund Raiser Contribution

\$ 32.00 \$ 32.00

Contribution # 2 PAC Receipt? Yes

Name & Address:
NICHOLAS A CAVALLI
40408 LAFAYETTE DR
STERLING HEIGHTS, MI 48313
If over \$100.00 cumulative, please provide:
Occupation: SUPERVISOR

Employer Name & Address:
EMAGINE ENTERTAINMENT
15251 23 MILE RD
MACOMB, MI 48042

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN

Description ADVERTISING SIGN FOR FESTIVAL

5. Date Of Receipt: 06/29/19

6. Vendor Name & Address:
CENTURY BANQUET CENTER
33204 MAPLE LANE
STERLING HEIGHTS, MI 48312

Click Here for Memo Itemization

Fund Raiser Contribution

\$ 150.00 \$ 182.00

Contribution #3 PAC Receipt? Yes

Name & Address:
NICHOLAS A CAVALLI
40408 LAFAYETTE DR
STERLING HEIGHTS, MI 48313
If over \$100.00 cumulative, please provide:
Occupation: SUPERVISOR

Employer Name & Address:
EMAGINE ENTERTAINMENT
15251 23 MILE RD
MACOMB, MI 48042

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN

Description WEBSITE

5. Date Of Receipt: 07/13/19

6. Vendor Name & Address:
SQUARESPACE
SQUARESPACE.COM

Click Here for Memo Itemization

Fund Raiser Contribution

\$ 216.00 \$ 398.00

Page Subtotal **\$398.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$398.00**

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A CAVALLI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address STRIPE.COM <input type="checkbox"/> Fund Raiser	Purpose: <u>PROCESSING FEE FOR DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/13/19</u> Date	<u>\$ 6.20</u> Click Here for Memo Itemization Type
Expenditure #2 Name STRIPE Address STRIPE.COM <input type="checkbox"/> Fund Raiser	Purpose: <u>PROCESSING FEE FOR DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/23/21</u> Date	<u>\$ 6.20</u> Click Here for Memo Itemization Type
Expenditure #3 Name VISTAPRINT Address VISTAPRINT.COM <input type="checkbox"/> Fund Raiser	Purpose: <u>BUSINESS CARDS AND DOOR HANGERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/19</u> Date	<u>\$ 637.05</u> Click Here for Memo Itemization Type
Expenditure #4 Name OFFICE DEPOT Address 37600 VAN DYKE STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTER INK FOR FLYERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/19</u> Date	<u>\$ 84.79</u> Click Here for Memo Itemization Type
Expenditure #5 Name INLAND PRESS Address 2001 W LAFAYETTE DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>LARGE LAWN SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/19</u> Date	<u>\$ 1476.58</u> Click Here for Memo Itemization Type

Subtotal this page **\$2,210.82**

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 139532
2. Committee Name COMMITTEE TO ELECT NICHOLAS A CAVALLI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name IMAX PRINTING Address 756 LIVERNOIS FERNDALE, MI 48220 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING OF DOOR HANGERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/19</u> Date	<u>\$ 503.45</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
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 <input type="button" value="v"/>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
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 <input type="button" value="v"/>
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 <input type="button" value="v"/>

Subtotal this page **\$503.45**
Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$2,714.27**

Enter this total on line 8a of Summary Page