### **CANDIDATE COMMITTEE COVER PAGE**

FOR OFFICIAL USE ONLY

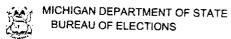
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	d signed by	3. This Statement cover	s From: /b/2	1116			<del></del>	
1. Committee I.D. Number	di ididate.	Candidate Last Nar		·····	to 12-3	11-204	M.I.	
138881		PREVITI		SEBAS	· · · · · •		M.I. S	
2. Committee Al.		4a. Office Sought Includ				plicable)	Ū	
2. Committee Name		WASHINGTON TV				•		₹
CTE SAM PREVITI		4b. County of Residence	MACOMB		$\overline{\mathbf{z}}$			
5. Committee's Mailing Address 61614 COTSWOLD DRIVE WASHINGTON, MI 48094		6. Treasurer's Name & SEBASTIAN PR 61614 COTSWO WASHINGTON,	EVITI DLD DRIVI	E	NACO CO	20 JAN 3	121	•
Area Code and Phone (586) 206-5185 If the address in this box is different from the commitmailing address on the Statement of Organization, robe sent to this address by the filing official.	ittee mail may	Area Code & Phone (5	86) 206-518	5	11 - 1 11 - 1 12 - 1 12 - 1	7	Ö	
7. Treasurer's Business Address 61614 COTSWOLD DRIVE WASHINGTON, MI 48094		8. Designated Record K Designated Record Kee SEBASTIAN PR 61614 COTSWO WASHINGTON,	PEVITI EVITI DLD DRIVI	E	s (If the comm	ittee h <b>se</b> e		
Area Code and Phone (586) 206-5185		Area Code and Phone	(586) 206-5	185				
9. TYPE OF STATEMENT		Area code and I note	<del></del>		Candidate Co	ommittee		
9a. Pre-Election OR 9b. Post-Election  Pre-Election or Post-Election Statement relates to:  Primary	Required ON is not on the current year:  July Quarte		by the coupling the com	checking this ommittee to larged and fo mittee. The	s item I/We ce the candidate orgiven, and n committee ha r has any oust	ertify any ou or his or he o longer co is no oustar	er spouse i ollectible fro nding asse	ie horo
General Convention	October Q	uarterly			ution cannot be t for the Repo			;
Special School	9c. Annua	Statement ( <u>2019</u> ) Coverage Year		Effective c	late of dissolut	tion		
[]Caucus	(Comp	dment to Campaign Staten lete Item 9a, 9b, 9c or 9e e which Statement is being ed.)	to Note: Th	ne disposition e 1B and the	n of residual fu e Summary Pa	unds must l age.	be reported	d on
Date of Election, Convention or Caucus								
						r		
10. Verification: I\We certify that all reasonable diliger my\our knowledge and belief the contents are true, as	nce was used in occurate and co	n the preparation of this st	etement and at	tached sche	edules (if any)	and to the i	best of	
Current Treasurer or Designated Record keeper SEBASTIAN F	PREVITI	the	13		- Date	1-31-20	92c	
Type or Print Name		Signature	>,					
Candidate SEBASTIAN PREVITI		, 1	[ <del>\</del>	<del>-</del> . <del>-</del>	Date	-31-20	20	
Type or Print Name		Signature						

1. Committee I.D. Number 138881

# SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE SAM PREVITI

RECEIPTS	C-2	
3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 750.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
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.) \$ \$750.00	(20.) \$ \$13,975.00
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.) \$ <b>\$4,040.80</b>	
b. Itemized Get-Out-the-Vote (Schedule 18-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$4,040.80	(23.) \$ \$13,379.80
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)  11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.)\$	
(Add Line 10a + Line 10b)  DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$16,639.97	
<ul> <li>13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> <li>14. Amount received during reporting period (Line 5, Total Contributions &amp; Other Receipts)</li> <li>15. SUBTOTAL Add lines 13 and 14</li> <li>16. Amount expended during reporting period (Add lines 9 and 11)</li> <li>17. ENDING BALANCE (Subtract line 16 from line 15)</li> </ul>	BALANCE STATEMENT  (13.) \$ \$3,716.92  (14.) + \$ \$750.00  (15.) = \$ \$4,466.92  (16.) - \$ \$4,040.80  (17.) \$ \$426.12	



## **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

138881 1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee	Name CTE SAM PREVITI
Enter contributor's name and address. If contribution is from an individual, enter last name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent (PAC) Report all contributions regardless of amount.	first name, endent 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? VES 4. Date of Receipt 10/31/20	
LUCIDO PAC FOR A BURGHTER TOMORROW	
39999 GARFIELD CLINTON TOWNSHIP, MI 48038	250.00 250.00
	<sub>\$</sub> 250.00 <sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation SELF EMPLOYED Employer STATE SENATOR	Click Here for Memo Itemization
Business Address 39999 GARFIELD ROAD, CLINTON TOWNSHIP, MI 4803	38
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12/15/19	
Name & Address	
LARRY ROCCA 15679 MORAVIAN	050.00
CLINTON TOWNSHIP, MI 48036	<sub>\$</sub> 250.00 <sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:	<b>-</b> 0
Occupation TREASURER Employer MACOMB COUNTY	Click Here for Memo Itemization
Business Address 41 N. MAIN - MT. CLEMENS, MI 48043	
Type of Contribution: Direct Loan from a person Fund Raiser	· ·
Name & Address:	
DOUG WOZNIAK 51543 VAN DYKE	s 150.00 . 150.00
SHELBY TOWNSHIP, MI 48315	§ 150.00 § 150.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation ATTORNEY Employer SELF EMPLOYED	
Business Address 51543 VAN DYKE - SHELBY TOWNSHIP, MI 48315	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 12/15/19	
CTE DOUG WOZNIAK	
51543 VAN DYKE	100.00
SHELBY TOWNSHIP, MI 48315	\$ 100.00
5. If over \$100,00 cumulative, please provide:	

Page Subtotal \$750.00 \$750.00

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

Fund Raiser

Employer STATE OF MICHIGAN

Loan from a person

Enter this total on line 3a of Summary

Click Here for Memo Itemization

Page.

Occupation STATE REP

 ${\scriptstyle \mathsf{Business}\;\mathsf{Address}\;\underline{\mathsf{LANSING}},\;\mathsf{MI}}$ Type of Contribution: V Direct



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

138881

2. Committee Name CTE SAM PREVITI

3. Name and address of person or vendor to whom paid	4 Ruspose (Required left		
Expenditure #1	4. Purpose (Required Information)	5. Date	6. Amount
Name ROMEO PRINTING			
ROWEO PRINTING		12/20/19	\$ 2403.00
Address 225 MANN CTREET	Purpose: MAILER	Date	
225 MAIN STREET ROMEO, MI 48065		b ⊔aan £== 8.6==	
110MES, WII 40003	\		o Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	эf	
Expenditure #2			
Name CHEF RAMONE CATERING		10/22/19	. 4407.00
Address	Purpose: PANCAKE BREAKFAST FOR RESDIENTS	Date	s <u>1187.80</u>
370 N. GRATIOT	Purpose:		
CLINTON TOWNSHIP, MI 48036	Click	Here for Mem	o Itemization Type
,	Check box if this expenditure is payment or		
Fund Raiser	debt or obligation reported on previous	1	
Expenditure #3	statement		
Name WASHINGTON LIONS CLUB			
	,	10/22/19	\$450.00
Address 66580 VAN DYKE	Purpose: RENT FOR PANCAKE BREAKFAST	Date	100.00
WASHINGTON, MI 48094	Click	Hara for Mome	Hamilanta T
10004	Check box if this expenditure is payment of		Itemization Type
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name			
			¢
Address  BLANL	Purpose:	Date	<b>3</b>
RI ANK			
DUIT	Click I	Here for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement reported on previous		
Expenditure #5			
Name			
Address	Burners	Date	\$
BLACK	Purpose:	Date	<u> </u>
Address		Here for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	\$4,040.80
	Grand Total of all S	Schedules 1B	
	(Complete on last page		\$4,040.80

Enter this total on line 8a of Summary Page



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1, Committee I.D. Number 138881

SCHEDULE 1E

2. Committee Name CTE SEBASTIAN PREVITI FOR TRUSTEE

CANDIDATE COMMITTEE	2. Committee Name OTL GLL	DAOTIAN FILEVI	III FOR IN	OSIEE
This Schedule ilemizes:	, , , , , , , , , , , , , , , , , , ,			
a Debts and obligations owed by or longiven the o	committee OR b. Debi Check either a or b. Use only for the pu	is and obil <b>gatio</b> ns owed <u>to</u> o urpose checked.)	r forgiven <u>by</u> the cor	nmiliee.
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, pleas 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	Cumulative     payment to     date on debt	Outstanding     Balance at close     of this period     (Item 6 minus     Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: LOAN	<u> </u>		
SEBASTIAN S. PREVITI 8903 INVERNESS DRIVE	5. <u>Date Debt Was Incurred</u> : 05/16/12	<b>S</b>		
WASHINGTON, MI 48095	6. Original Amount of Debt	\$	\$	\$_20.00
Wheat face and a decrease and a decr	\$ 20.00	<b>S</b>	1	FORGIVEN
If bank loan, name of endorser or guarantor:		Ame	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by: SEBASTIAN S. PREVITI	4, Type: LOAN	<b></b>		
8903 INVERNESS DRIVE WASHINGTON, MI 48095	5. <u>Date Debt Was Igourred:</u> 05/23/2012 6. <u>Original Amount of Debt:</u> \$ 1,652.60	\$	\$	s_1,652.50
If bank loan, name of endorser or guerantor:	*	\$An	nount Endorsed: \$_	FORGIVEN
Debl#3 Corp? Yes Owed to or by: SEBASTIAN S. PREVITI 8903 INVERNESS DRIVE WASHINGTON, MI 48095	4. Type: LOAN  5. Date Debt Was Incurred: 08/15/2012  6. Original Amount of Debt: \$ 1,042.00	\$	s	\$ 1,042.00
If bank loan, name of endorser or guarentor;		A	mount Endorsed: \$_	
	(Complete on last page of Schedula :	Grand Total	(Oulstanding debt) of all Schedules 1E or to the committee)	\$2,714.50  Enter this total on line 12a "owe hur" or line 12h

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.

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

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1. Committee I.D. Number \_\_138881

CANDIDATE COMMITTEE
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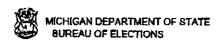
#### CTE SEBASTIAN PREVITI FOR TRUSTEE

CANDIDATE COMMITTEE 2.	Committee Name			
This Schedule Itemizes:  a Debts and obligations owed by or forgiven the cor	mmittee OR b. Debi	is and obligations owed to o	r forgiven by the co	mmiltee.
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 guerantors, 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 Com? Yes Owed to or by: SEBASTIAN S. PREVITI 8903 INVERNESS DRIVE WASHINGTON, MI 48095	4. Type: LOAN  5. Date Debt Was Incurred: 07/01/12  6. Original Amount of Debt: \$ 310.00	\$\$\$\$	\$	3 310.00 FORGIVEN
If benk loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by: SEBASTIAN S. PREVITI 8903 INVERNESS DRIVE WASHINGTON, MI 48095	4. Type: LOAN 5. Date Debt Was Incurred: 07/20/2012 6. Original Amount of Debt: \$ 74.06	\$\$\$\$	\$	\$ 74.06 FORGIVEN
If bank loan, name of endorser or guerantor:		Arr	ount Endorsed: \$	
Debt #3 Cop? Yes Owed to or by: SEBASTIAN S. PREVITI 8903 INVERNESS DRIVE WASHINGTON, MI 48095	4. Type: LOAN 5. Date Debt Was Incurred: 07/21/2012 6. Original Amount of Debt: \$ 225.00	\$ \$ \$ \$	\$	\$ 225.00 FORGIVEN
If bank loan, name of endorser or guarantor.	_	An	nount Endorsed: \$_	
(0	omplete on last page of Schedule s	Grand Total	(Outstanding debt) of all Schedules 1E r to the committee)	\$609.06  Enter this total on line 12s "owed by" or line 12b

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.

"owed to" of the Summary Page

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1, Committee I.D. Number 138881

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### CTE SEBASTIAN PREVITI FOR TRUSTEE

CANDIDATE COMMITTEE 2.0	committee Name			
This Schedule ilemizes:				
B Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debi ok either a or b. Use only for the pi	is and obligations owed <u>to</u> c urpose checked.)	or forgiven <u>by</u> the co	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is awad.  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 emount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at closs of this period (Item 6 minus Item 8)
Debt#1 Comp? Yes Owed to or by: SEBASTIAN S. PREVITI	4. Type: LOAN	<u> </u>		
8903 INVERNESS DRIVE WASHINGTON, MI 48095	5. Date Debt Was Incurred: 08/01/12	\$ \$		
WASI III 40 1014, WII 48095	6. Original Amount of Debt:	\$	\$	\$_120.00
	\$ 120.00	3		FORGIVEN
If bank loan, name of endorser or guarantor:		Ame	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
SEBASTIÁN S. PREVITI 3903 INVERNESS DRIVE	5. <u>Date Debt Was Incurred:</u> 08/06/2012			
WASHINGTON, MI 48095	6. Original Amount of Debt:		•	\$_74.06
	<u>\$ 74.06</u>	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		An	rount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
SEBASTIAN S. PREVITI 1903 INVERNESS DRIVE	5. Date Debt Was incurred: 05/01/16	<u> </u>		
VASHINGTON, MI 48095	6. Original Amount of Debt:	\$ \$	s	\$ 1,482.38
	s_1,482.38	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed; \$_	
		Page Subtotal	(Outstanding debt)	\$1,676.44
(Co	omplete on last page of Schedule a	showing amounts owed by o	•	Enter this total on line 12a "owe by" or line 12b

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

"owed to" of the Summary Page

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Dec. 16. 2016 9:53AM

No. 0235 P. 7



DEBTS AND OBLIGATIONS 1.0	S 1. Committee LD. Number 138881						
SCHEDULE 1E CTE SEBASTIAN PREVITI FOR TRUSTEE							
CANDIDATE COMMITTEE	Olivente lenue						
This Schedule Namizes:							
Debts and obligations used by or forgiven the committee OR b. Debts and obligations awad to or forgiven by the committee. (Check alther a or b. Use only for the purpose checked.)							
Name and Mailing Address of person, vendor or financial inabilution to whom debt is owed.  Check bas to indicate whether debt is owed to an incorporated business. If debt is a bank tone, please provide information regarding the andorsers or guaranters, if any.	4. Type of Obligation (Description) 5. Indicate date date was facured 6. Indicate original amount of debt	7. Dale and amount of each payment	8. Cumulative payment to date on dobt	9. Outstanding Belance at close of this period (Nam 6 minus Dem 6)			
Debt #1 Corp? Yes Owed to or by: SEBASTIAN S. PREVITI	4. Type: LOAN 5. Date Date Was Increced:						
8903 INVERNESS DRIVE WASHINGTON, MI 48095	07/18/16 6. Original Amount of Debt:	\$	s	s_7,750.00			
	\$ 7,750.00		į	FORGIVEN			
If bank loan, narms of endorser or guarantor: Amount Endorsed: \$							
Debt #2 Corp? Yes Owed to or by: SEBASTIAN S. PREVITI 8903 INVERNESS DRIVE WASHINGTON, MI 48095	4. Type: LOAN 5. Date Date Was Insured: 09/15/2016 6. Original Amount of Date: \$ 2,000.00	\$ \$ \$ \$		\$ 2,000.00 FORGIVEN			
Debt M3 Corp? Yes	4.5.4.		ount Endorsed: \$_				
SEBASTIAN S. PREVITI 8903 Inverses Dr. Washington, MI 48095	4. Type: LOAN  5. Bate Debt Was Incarred:  12-1-2016  6. Original Amount of Debt:  1, 560	\$ \$ \$ \$	<b>\$</b>	\$ 1,560,7			
If bank loan, name of endorser or guarantor:		An	ount Endorsed: \$_				
Page Subtotal (Cutstanding debt)  Grand Total of all Schedules 1E  (Complete on last page of Schedule showing arrounts owed by or to the committee)							
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.							

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DEBTS AND OBLIGATIONS 1. Correntine LD. Number 138881							
SCHEDULE 1E							
CANDIDATE COMMITTEE 2.0	COMPRISE Name CIESEE	BASTIAN PREVI	TI FOR TR	USTEE			
This School is itemizate:							
a Debts and obligations await by or forgiven the committee OR b. Debts and obligations await in or forgiven by the committee.  (Check either a or b. Use only for the purpose checked.)							
3. Name and Making Address of person, vendor or finencial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated luminess. If debt is a tent toen, please provide information regarding the andorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and evacuat of each payment	8. Currelative payment to dute on debt	8. Culaturaling Belence at close of this period (item 8 minus item 8)			
Compil Yes  Compil Yes  Compil Yes  SEBASTIAN S. PREVITI  8903 INVERNESS DR  WASHINGTON, MI 48095	4. Type: LOAN  5. Date Date Was Targered: 07/27/17  6. Original Amount of Date: 329.97			#_329.97 FORGIVEN			
Fiberili loen, name of andorser or guarantor:  Amount Ensorsed: \$  Amount Ensorsed: \$							
Overd to or by:	4. Type:  5. Date Dakt Was Tacorred:  6. Criolital Amount of Dake  \$	\$ 	8	\$			
If bank loss, name of endorser or gustrantor:							
Owed to or by:	4. Type:  5. Date Date Was Incurred:  6. Original Amount of Date:  5.	3 5 5	ount Endomed: \$	*FORGIVEN			
If bank loan, name of endorser or guaranter:		An	TOUTH Endorsed S				
Page Subtotal (Outstanding debt)  Grand Total of all Schedules 1E  (Complete on lest page of Schedule showing amounts over by or to the committee)  A debt or abilipation study be shown on this Schedule II there was an autotanding amount overed on it at the closing date of this Company Statement or it was forgives during the period covered by the Company Statement or it was forgives during the period covered by the Company Statement or it was forgives during the period covered by the Company Statement or it was forgives during the period covered by the Company Statement or it was forgives during the period covered by the Company Statement or it was forgives during the period covered by the Company Statement or it was forgives during the period covered by the Company Statement or it was forgives to the covered by the cove							
Page <u>5</u> of 5				Summary Page			