



**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.

<p>1. Committee I.D. Number 139353</p> <p>2. Committee Name CTE Larry Rocca</p> <p>5. Committee's Mailing Address 38299 Moravian Clinton Township, MI 48036</p> <p>Area Code and Phone _____ 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.</p> <p>7. Treasurer's Business Address 45619 Thorn Tree Lane Macomb, MI 48044</p> <p>Area Code and Phone (586) 330-9829</p>		<p>3. This Statement covers From: <u>07/20/20</u> to <u>08/24/20</u></p> <p>4. Candidate Last Name Rocca First Name Larry M.I. _____</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Treasurer - Macomb County</p> <p>4b. County of Residence MACOMB</p> <p>6. Treasurer's Name & Residential Address Kurt Broadbridge 45619 Thorn Tree Lane Macomb, MI 48044</p> <p>Area Code & Phone (248) 854-1019</p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) n/a</p> <p>Area Code and Phone _____</p>			
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>08/04/20</u></p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>		<p>9e. Dissolution of Candidate Committee</p> <p><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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>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.</p>					
<p>Current Treasurer or Designated Record keeper Kurt Broadbridge</p> <p>Type or Print Name</p>		<p></p> <p>Signature</p>		<p>Date <u>9/1/2020</u></p>	
<p>Candidate Larry Rocca</p> <p>Type or Print Name</p>		<p></p> <p>Signature</p>		<p>Date <u>9/1/2020</u></p>	

MACOMB COUNTY CLERK
 MICHAEL S. MICHIGAN
 20 SEP - 9 AM 9:04
 FILED



1. Committee I.D. Number 139353

2. Committee Name CTE Larry Rocca

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>7,600.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$7,600.00</u>	(18.) \$ <u>\$120,935.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$7,600.00</u>	(20.) \$ <u>\$120,935.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$794.45</u>	(21.) \$ <u>\$4,259.06</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>\$350.65</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>\$350.65</u>	(23.) \$ <u>\$34,314.58</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>\$36,000.00</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>\$79,535.49</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$7,600.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$87,135.49</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$350.65</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$86,784.84</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139353
2. Committee Name CTE Larry Rocca

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>08/05/20</u> Name & Address: Ron Michals 35311 Evanston Avenue Sterling Heights, MI 48312 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address <u>n/a</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/05/20</u> Name & Address: Kurt Broadbidge 45619 Thorn Tree Lane Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Spectrum Innovations, Inc.</u> Business Address <u>440 Burroughs Street, Suite 129, Detroit, MI 48202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>1,850.00</u> Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/16/20</u> Name & Address: John Lauve Campaign Fund 200 N. Saginaw Street Holly, MI 48442 5. If over \$100.00 cumulative, please provide: Occupation <u>n/a</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/10/20</u> Name & Address: Frank Paone 16780 Coriander Lane Fort Myers, FL 33908 5. If over \$100.00 cumulative, please provide: Occupation <u>n/a</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization

Page Subtotal \$500.00

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 139353
2. Committee Name CTE Larry Rocca

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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/18/20</u> Name & Address: Lucido for a Brighter Tomorrow PAC 6303 26 Mile Road, Suite 203 Washington, MI 48094</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>n/a</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$ <u>250.00</u></p>	<p>\$ <u>250.00</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/18/20</u> Name & Address: Albert Addis 18 1st Street Mt. Clemens, MI 48043</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>APA Law</u> Business Address <u>18 1st 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</p>	<p>\$ <u>1,000.00</u></p>	<p>\$ <u>2,400.00</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/19/20</u> Name & Address: Richard Carlisi, Jr. 15805 Luxemburg Fraser, MI 48026</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>3R&J Consulting, Inc.</u> Business Address <u>400 Renaissance Center Drive, Detroit, MI 48243</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$ <u>250.00</u></p>	<p>\$ <u>250.00</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/19/20</u> Name & Address: Ray Dolman 34558 Northrup Drive New Baltimore, MI 48047</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Onwer</u> Employer <u>3R&J Consulting Inc.</u> Business Address <u>400 Renaissance Center Drive, Detroit, MI 48243</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$ <u>250.00</u></p>	<p>\$ <u>250.00</u></p> <p>Click Here for Memo Itemization</p>

Page Subtotal \$1,750.00

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 139353
2. Committee Name CTE Larry Rocca

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>08/20/20</u> Name & Address: Gary Minoletti 28039 Landsdowne Drive Harrison Township, MI 48045	\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Click Here for Memo Itemization Business Address <u>n/a</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/20/20</u> Name & Address: Ralph Maccarone III 13921 Basilisco Chas Drive Shelby Township, MI 48315	\$ <u>250.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Click Here for Memo Itemization Business Address <u>n/a</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>08/21/20</u> Name & Address: Macomb County Republican Party PO Box 380962 Clinton Township, MI 48038	\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>n/a</u> Employer <u>n/a</u> Click Here for Memo Itemization Business Address <u>n/a</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address:	\$ _____	\$ _____
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 type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **\$5,350.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$7,600.00**

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139353
2. Committee Name CTE Larry Rocca

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Anedot Address 1340 Poydras Street, Suite 1770 New Orleans, LA 701 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Credit Card Processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/18/20</u> Date	<u>\$ 39.30</u>
Expenditure #2 Name Anedot Address 1340 Poydras Street, Suite 1770 New Orleans, LA 701 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Credit Card Processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/19/20</u> Date	<u>\$ 20.10</u>
Expenditure #3 Name Anedot Address 1340 Poydras Street, Suite 1770 New Orleans, LA 701 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Credit Card Processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/20/20</u> Date	<u>\$ 14.25</u>
Expenditure #4 Name The Italian Tribune Address 21852 23 Mile Road Macomb, MI 48042 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement (All In-House)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/20</u> Date	<u>\$ 277.00</u>
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	\$ _____

Subtotal this page **\$350.65**

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139353

2. Committee Name CTE Larry Rocca

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: Owed To: Larry Rocca 38299 Moravian Clinton Township, MI 48036 Owed By: CTE Larry Rocca Committee ID: 139353	4. Type: <u>Loan from Candidate</u> 5. <u>Date Debt Was Incurred:</u> <u>12/23/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 36,000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>36,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: <u>n/a</u> Amount Endorsed: \$ <u>0.00</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$36,000.00**

Grand Total of all Schedules 1E **\$36,000.00**

(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139353

2. Committee Name CTE Larry Rocca

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/10/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) TBD	5. Type of Fund Raising Activity Reception	6. Address and Name (If any) of the place where the activity was held. Andiamo Warren 7098 East 14 Mile Road Warren, MI 48092 <input type="checkbox"/> Private Residence
---	---	---	--

7. Total Contributions \$0.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$0.00

10. Total Cost of Event \$0.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

Please note that this Schedule 1F is included to acknowledge Itemized Contributions on Schedule 1A and Itemized Expenditures on Schedule 1B that were marked as "Fundraiser". The identified contributions and Expenditures occurred during the Reporting period, however the actual Fundraiser event is scheduled for September 10, 2020. As such, the results will be reported as part of the next reporting period.

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.