



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 139860		3. This Statement covers From: <u>01/01/20</u> to <u>07/19/20</u>	
2. Committee Name CTE Vito Strolis		4. Candidate Last Name Strolis First Name Vito M.I. K 4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local - County Commissioner District 9	
5. Committee's Mailing Address 205. N. Gratiot Mt. Clemens, MI 48043 Area Code and Phone (586) 463-9283 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address Heather DeBruyn 167 Riverside Dr. Mt. Clemens, MI 48043 Area Code & Phone (586) 463-9283	
7. Treasurer's Business Address 205. N. Gratiot Mt. Clemens, MI 48043 Area Code and Phone (586) 463-9283		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Heather DeBruyn 205. N. Gratiot Mt. Clemens, MI 48043 Area Code and Phone (586) 463-9283	
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 <u>08/04/20</u>		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.	
0. 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 Heather DeBruyn Type or Print Name		Signature Date <u>7/24/2020</u>	
Candidate Vito Strolis Type or Print Name		Signature Date <u>7/24/2020</u>	

Authority granted under P.A. 388 of 1976

FILED

20 JUL 24 PM 3:18

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139860

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Vito Strolis

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>15,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$15,000.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$15,000.00</u>	(20.) \$ <u>\$15,000.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$52,208.85</u>	(21.) \$ <u>\$52,208.85</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$52,208.85</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>\$52,208.85</u>	(23.) \$ <u>\$52,208.85</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$67,208.85</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$67,208.85</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$52,208.85</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$15,000.00</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139860

2. Committee Name CTE Vito Strolis

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:

Vito Strolis
205 N. Gratiot
Mt. Clemens, MI 48083

If over \$100.00 cumulative, please provide:

Occupation: Owner

Employer Name & Business Address:

Ruehles
205 N. Gratiot
Mt. Clemens, MI 48083

☐ Fund Raiser Contribution

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 Billboard

5. Date Of Receipt: 07/07/20

6. Vendor Name & Address:

5 star Outdoor LLC
PO Box 252755
West Bloomfield, MI 48325

[Click Here for Memo Itemization](#)

\$ 1495 \$ 1495

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

Vito Strolis
205 N. Gratiot
Mt. Clemens, MI 48083

If over \$100.00 cumulative, please provide:

Occupation: Owner

Employer Name & Address:

Ruehles
205 N. Gratiot
Mt. Clemens, MI 48083

☐ Fund Raiser Contribution

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 _____

5. Date Of Receipt: _____

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

\$ 50,713.85 \$ 50,713.85

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & 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 _____

5. Date Of Receipt: _____

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Page Subtotal \$52,208.85

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$52,208.85

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139860
2. Committee Name CTE Vito Strolis

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 05/01/20

Name & Address:

Vito Strolis
205 N. Gratiot
Mt. Clemens, MI 48083

\$ 15000 \$ 15000

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

[Click Here for Memo Itemization](#)

Occupation owner Employer Ruehles

Business Address 205 N. Gratiot, Mt. Clemens

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address:

Inland Press

\$ _____ \$ _____

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

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:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

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:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$15,000.00

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

\$15,000.00

Enter this total on
line 3a of Summary
Page.



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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139860
2. Committee Name CTE Vito Strolis

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>5 Star Outdoor, LLC</u> Address <u>PO Box 252755</u> <u>West Bloomfield, MI 48325</u> ☐ Fund Raiser	Purpose: <u>Billboard</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/07/20</u> Date	<u>\$ 1495.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Inland Press</u> Address <u>2001 W. Lafayette Blvd</u> <u>Detroit, MI 48216</u> ☐ Fund Raiser	Purpose: <u>Door Hangers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/20</u> Date	<u>\$ 1102.40</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Inland Press</u> Address <u>2001 W. Lafayette Blvd</u> <u>Detroit, MI 48216</u> ☐ Fund Raiser	Purpose: <u>Mailers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/27/20</u> Date	<u>\$ 3756.23</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Inland Press</u> Address <u>2001 W. Lafayette Blvd</u> <u>Detroit, MI 48216</u> ☐ Fund Raiser	Purpose: <u>Thank you Mailers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/11/20</u> Date	<u>\$ 3625.01</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Inland Press</u> Address <u>2001 W. Lafayette Blvd</u> <u>Detroit, MI 48216</u> ☐ Fund Raiser	Purpose: <u>Community Mailers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/20</u> Date	<u>\$ 4047.91</u> Click Here for Memo Itemization Type
Subtotal this page			\$14,026.55
Grand Total of all Schedules 1B (Complete on last page of Schedule)			Enter this total on line 8a of Summary Page



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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139860
2. Committee Name CTE VITO STROLIS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name INLAND PRESS Address 2001 W. LAFAYETTE BLVD. DETROIT, MI 48216 ☐ Fund Raiser	Purpose: MAILINGS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/23/20 Date	\$ 3625.01
Expenditure #2 Name C & G PUBLISHING, INC Address 13650 ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: NEWSPAPER AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/22/20 Date	\$ 2,028.50
Expenditure #3 Name PIT STOP GRAPHICS Address 6075 18 MILE RD STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: BANNERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/11/20 Date	\$ 880.00
Expenditure #4 Name HOME DEPOT Address 51315 GRATIOT, AVE CHESTERFIELD, MI 48051 ☐ Fund Raiser	Purpose: SIGN POSTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/20 Date	\$ 166.31
Expenditure #5 Name HOME DEPOT Address 51315 GRATIOT AVE CHESTERFIELD, MI 48051 ☐ Fund Raiser	Purpose: SIGN POSTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/18/20 Date	\$ 177.23
Subtotal this page			\$6,877.05
Grand Total of all Schedules 1B (Complete on last page of Schedule)			Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **139860**
2. Committee Name **CTE VITO STROLIS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name COMCAST Address ☐ Fund Raiser	Purpose: TV AD Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/17/20 Date	\$ 21,259.35
Expenditure #2 Name C & G PUBLISHING INC Address 13650 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: JOURNAL AD Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/20 Date	\$ 2,028.50
Expenditure #3 Name JOE DISANO Address 2162 BANYON TRAIL EAST LANSING, MI 48823 ☐ Fund Raiser	Purpose: CAMPAIGN CONSULTANT Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/15/20 Date	\$ 4,000.00
Expenditure #4 Name AMERICAN GRAPHICS PRINTING Address 34895 GROESBECK HWY CLINTON TWP., MI 48035 ☐ Fund Raiser	Purpose: SIGNS Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/25/20 Date	\$ 789.70
Expenditure #5 Name AMERICAN GRAPHICS PRINTING Address 34895 GROESBECK HWY CLINTON TWP., MI 48035 ☐ Fund Raiser	Purpose: SIGNS Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/18/20 Date	\$ 3,227.70
Subtotal this page			\$31,305.25
Grand Total of all Schedules 1B (Complete on last page of Schedule)			Enter this total on line 8a of Summary Page