

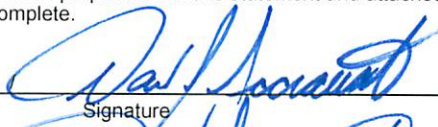
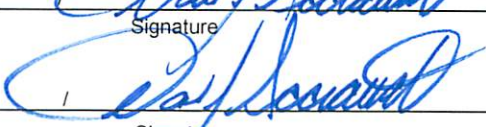


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 139292 2. Committee Name Dan Acciavatti 4 Chesterfield 5. Committee's Mailing Address 49839 Miller Ct. Chesterfield, MI 48047 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.		3. This Statement covers From: <u>01/01/20</u> to <u>07/19/20</u> 4. Candidate Last Name <u>Acciavatti</u> First Name <u>Daniel</u> M.I. <u>J</u> 4a. Office Sought Including District # or Community Served (If applicable) Chesterfield Township - Supervisor 4b. County of Residence MACOMB 6. Treasurer's Name & Residential Address Daniel J. Acciavatti 49839 Miller Ct. Chesterfield, MI 48047 Area Code & Phone _____	
7. Treasurer's Business Address 49839 Miller Ct. Chesterfield, MI 48047 Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____	
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 (e.g. ballot question) ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement (_____) Coverage Year 9c. ☐ @ dntcl dntcl B' l o' lf mRš sđl dntcl 'Bnl' oldsd lđl 8' +8a+8b nq8d sn lncb' sđ v gltg Rš sđl dntcl adntf amended-)	
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.		9d. Dissolution of Candidate Committee ☐ By bgdbj hnf sđl lđl HV d bđqđx' nx nt s's nclmf cđas ax sđ bnl l' ltee to the b' ncl' sđ nqđl nqđqđrnt rđ l' gđqđ ax discharged and forgiven, and no longer bnl bđsđld ncl the committee. Sđd bnl l' lđd g' r mm nt r's nclmf ' r rđs+ nv dr mm k sđr sđr nqđ' r' nx nt r's nclmf cđas Et qđqđ l' sđge clrr nk sđmb' mmsad f q nclc+sđ' sđglr ad bnm l' cđqđ' cđpt dr sđqđgd Qđonqđmf V' l'udq Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Rbgdct lđ 1B and the Summary Page.	
Current Treasurer or Designated Record keeper <u>Daniel J. Acciavatti</u> Type or Print Name		 Signature	
Candidate <u>Daniel J. Acciavatti</u> Type or Print Name		 Signature	
Date <u>7/24/2020</u>		Date <u>7/4/2020</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139292

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Dan Acciavatti 4 Chesterfield

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>16,825.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$16,825.00</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>\$16,825.00</u>	(20.) \$ <u>\$30,825.00</u>
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.) \$	<u>\$6,879.89</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$28.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$7,007.89</u>	(23.) \$ <u>\$17,785.25</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$289.03</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$300.40</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$589.43</u>	(24.) \$ <u>\$4,189.68</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$16,369.80</u>	
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>\$2,559.16</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$16,825.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$19,384.16</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$7,597.32</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$11,786.84</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139292
2. Committee Name Dan Acciavatti 4 Chesterfield

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? ☒ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: CANDICE PAC PO Box 7036 Novi, MI 48376		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 2	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Hornburger Majority Fund PO Box 864 New Baltimore, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: John Johnson 49650 Compass Pt. Chesterfield, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Chris Aiello 49432 Compass Pte. Chesterfield MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ 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)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

139292

1. Committee I.D. Number

2. Committee Name Dan Acciavatti 4 Chesterfield

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? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Adam Janusch 34014 Lotties Chesterfield, MI 48047		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Landscaping</u> Employer <u>Precision Landscape</u> Business Address <u>9926 Marine City Hwy, Casco MI 48064</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Ron Acciavatti 6321 Gratiot St.Clair, MI 48079		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Construction</u> Employer <u>Pamar Enterprises</u> Business Address <u>58021 Gratiot New Haven, MI 48048</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: CTE Tim Donnellon 44600 Kinney Memphis 48041 Memphis		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Thomas Kemp 8459 Tipsico Trail Holly, MI 48442		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Kemp Building</u> Business Address <u>275 W Grand Ave. Madison Hts MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,800.00

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**

139292

1. Committee I.D. Number

2. Committee Name Dan Acciavatti 4 Chesterfield

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6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address:

Steve Brown
5735 Palms
Casco, MI 48064

\$ 250.00

\$ 250.00

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

Occupation Construction Employer Pamar Enterprises

Business Address 58021 Gratiot Chesterfield, MI 48048

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address

Chris Labelle
49746 Goulette Pt. Dr.
Chesterfield, MI 48047

\$ 500.00

\$ 500.00

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

Occupation Builder Employer Labelle Development

Business Address 45 S. Rose Mt. Clemens MI 48043

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address:

Bill Thompson
21133 25 Mile Rd.
Macomb, MI 48042

\$ 400.00

\$ 400.00

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

Occupation Engineer Employer Lehner and Associates

Business Address 17001 19 Mile Rd Clinton Twp MI 48038

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address

Gordon Wilson
48672 Compass Pt.
Chesterfield MI 48047

\$ 100.00

\$ 100.00

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

Occupation Engineer Employer AEW

Business Address 51301 Schoenherr Shelby MI 48315

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

Page Subtotal

1,250.00

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

139292

1. Committee I.D. Number

2. Committee Name Dan Acciavatti 4 Chesterfield

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 3/9/20

Name & Address:

Tom Washabaugh
232 Athlone Beach
Bay City, MI 48706

\$ 150.00

\$ 150.00

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

Occupation Manufacturer Employer Northern Concrete Pipe

Business Address 401 Kelton Bay City MI 48706

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address

Pete Snyder
8000 23 Mile Rd
Shelby Twp, MI 48316

\$ 250.00

\$ 250.00

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

Occupation Engineer Employer Urbanland

Business Address 8000 23 Mile Rd, Shelby Twp MI 48316

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address:

Jeff Bohm
3453 St.Clair Shores Dr
East China, MI 48054

\$ 500.00

\$ 500.00

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

Occupation Fitness Employer Viking Fitness

Business Address 782 Huron Blvd, Marysville MI 48040

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

3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt 3/9/20

Name & Address

Citizens for Honest Government
12955 23 Mile Road
Shelby, MI 48315

\$ 2,500.00

\$ 2,500.00

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

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

3,400.00

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**

139292

1. Committee I.D. Number _____
2. Committee Name Dan Acciavatti 4 Chesterfield

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Bob Kirk 18200 Nardy Clinton Twp, MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk & Huth</u> Business Address <u>19500 Hall Rd 100 Clinton Twp, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Rob Huth 2486 Hawthorne Dr S Shelby Twp, MI 48316		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk & Huth</u> Business Address <u>19500 Hall Rd 100 Clinton Twp, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Mark Workens 34083 Lotties Chesterfield, MI 48047		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Mortgage</u> Employer <u>Mortgage One</u> Business Address <u>43456 Mound Rd. Sterling Hts MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Robert Clancy 52828 Base New Baltimore, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>R. Clancy Contracting</u> Business Address <u>9342 Marine City Hwy Casco MI 48064</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,350.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address:

Gary Gendernalik
5264 Laural Oak Ln.
Chesterfield, MI 48047

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address

Matt Dunaskiss
535 Cushing St.
Lake Orion, MI 48342

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address:

Larry Lax
40900 Woodward Ave, # 200
Bloomfield Hills, MI 48304

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address

Lou Urban
2364 Meadow Court
Leonard, MI 48367

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

400.00

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

139292

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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? ☐ YES	4. Date of Receipt <u>3/9/20</u>		
Name & Address: Jim Rolfes 3690 Powner Rd. Cincinnati OH 45248			\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser				
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>		
Name & Address: Michael Schrage 1210 Whittier Rd. Grosse Pt. Park MI 48230			\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser				
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>		
Name & Address: John Elkins 619 Westchester Way Birmingham, MI 48009			\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser				
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>		
Name & Address: Joseph D'Angelo 8410 E. Kalil Drive Scottsdale, AZ 85260			\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Developer</u> Employer <u>Self-Employed</u> Business Address <u>8410 E Kalil Drive Scottsdale, AZ 85260</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser				

Page Subtotal

600.00

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

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

139292

1. Committee I.D. Number

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Anthony Lombardo 56075 Ken Charles Dr. Shelby MI 48316		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Lombardo Companies</u> Business Address <u>13001 12 Mile Suite 200 Shelby 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Jibran F Manna 33060 Northwestern Hwy West Bloomfield, MI 48322		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Township official</u> Employer <u>West Bloomfield Township</u> Business Address <u>4550 Walnut Lake Rd W Bloomfield 48323</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Ken Thompson 60630 New Haven Rd. New Haven, MI 48048		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Michael D'Agostini 17565 Augusta Macomb, MI 48042		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>Self Employed</u> Business Address <u>38700 Van Dyke Sterling Heights Mi 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

1,900.00

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

139292

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6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address:

Mark Marasco Jr.
53219 Pineridge Dr.
Chesterfield, MI 48047

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 2 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address:

Timothy Judici
5892 Strawberry Cr.
Commerce Township, MI

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address:

Bob Siebert
19500 Hall Rd 101
Clinton Twp MI 48038

\$ 200.00

\$ 200.00

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

Occupation Attorney Employer Siebert and Diloski

Business Address 19500 Hall Rd 101 Clinton Twp MI 48038

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address:

Dan Dear
49936 Miller Ct.
Chesterfield, MI 48047

\$ 700.00

\$ 700.00

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

Occupation Consultant Employer Self-Employed

Business Address 49936 Miller Ct. Chesterfield MI 48047

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

Page Subtotal

1,100.00

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**

139292

1. Committee I.D. Number

2. Committee Name Dan Acciavatti 4 Chesterfield

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 3/9/20

Name & Address:

John Gaynor
43461 Salt Creek Drive
Clinton Twp MI 48038

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address

John Vance
4080 Ridge Side Drive
Oakland Twp., MI 48306

\$ 75.00

\$ 75.00

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address:

Steve Benneditini
2250 Avon Lake Lane
Rochester Hills, MI 48307

\$ 800.00

\$ 800.00

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

Occupation Engineer Employer Spalding DeDecker

Business Address 905 E South Blvd Rochester MI 48307

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address

Angela England
49386 Monte Rd.
Chesterfield MI 48047

\$ 250.00

\$ 250.00

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

Occupation Nurse Employer Beaumont

Business Address 1555 E South Blvd Rochester Hills MI 48307

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

Page Subtotal

1,225.00

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**

139292

1. Committee I.D. Number

2. Committee Name Dan Acciavatti 4 Chesterfield

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 3/9/20

Name & Address:

John Kapousis
4893 Crystal Creek Ln.
Washington MI 48094

\$ 450.00

\$ 450.00

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

Occupation Recycle Employer G & T auto parts

Business Address 54525 Gratiot New Baltimore 48051

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 3/9/20

Name & Address

Roy Rose
55620 Woodridge Dr.
Shelby Twp MI 48316

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 3/9/20

Name & Address:

Asad Malik
2369 Franklin Rd
Bloomfield Hills, MI 48302

\$ 200.00

\$ 200.00

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

Occupation Hotel Mgmt Employer Amerilodge Group

Business Address 2369 Franklin Rd Bloomfield MI 48302

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

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 3/9/20

Name & Address

Steve Pangori
8106 Rosebud Ln.
Clarkston MI 48348

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

850.00

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**

139292

1. Committee I.D. Number

2. Committee Name Dan Acciavatti 4 Chesterfield

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 3/9/20

Name & Address:

John Monte
6302 Hessen Rd.
Ira, MI 48024

\$ 250.00

\$ 250.00

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

Occupation Engineer Employer Project Control Engineering

Business Address 2420 Pt Tremble Algonac, MI 48001

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address

CTE Chris Barnett
PO Box 888
Lake Orion, MI 48361

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address:

Phil Pavlov
1577 S. Allen Rd
St.Clair MI 48079

\$ 200.00

\$ 200.00

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

Occupation Consultant Employer Grindstone

Business Address 201 N Riverside Ave. St.Clair MI 48079

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 3/9/20

Name & Address

Pat Acciavatti
6425 Gratiot
St.Clair MI 48047

\$ 500.00

\$ 500.00

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

Occupation Retired Employer _____

Business Address _____

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

Page Subtotal

1,050.00

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**

139292

1. Committee I.D. Number _____
2. Committee Name Dan Acciavatti 4 Chesterfield

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 Name & Address: Karen Cernel 16381 Chatham Drive Macomb, MI 48044	PAC Receipt? ☐ YES 4. Date of Receipt <u>3/9/20</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 Name & Address: Frank Accavitti 15855 Nicolai Eastpoint, MI 48021	PAC Receipt? ☐ YES 4. Date of Receipt <u>3/9/20</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 Name & Address: James Stevens 32988 Thorndyke Farmington, MI 48334	PAC Receipt? ☐ YES 4. Date of Receipt <u>3/9/20</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 Name & Address: Don Brown 6515 Old Coach Trail Washington MI 48094	PAC Receipt? ☐ YES 4. Date of Receipt <u>3/9/20</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

139292

1. Committee I.D. Number _____
2. Committee Name Dan Acciavatti 4 Chesterfield

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? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Brian Scott DeMunyck 48774 Point Lakeview Chesterfield MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 2	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Joe Ferro 59878 Beechwood Dr. Washington, MI 48094		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>F & M Contractors</u> Business Address <u>2201 Hamlin Rd. Shelby MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Rob Rotondo 4149 Berkshire Dr. Sterling Hts MI 48314		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>Capital Contracting</u> Business Address <u>6335 Milett Ave Sterling Hts MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/9/20</u>	
Name & Address: Russel Kemp 4196 Forsyth Dr. Troy, MI 48085		\$ <u>350.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Kemp Company</u> Business Address <u>275 West Grand, Madison Hts MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 900.00

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**

139292

1. Committee I.D. Number

2. Committee Name Dan Acciavatti 4 Chesterfield

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 3/9/20

Name & Address:

Keith Ledbeter
22848 Spy Glass Hill Drive
South Lyon MI 48178

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

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 _____

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 _____

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 _____

Business Address _____

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

Page Subtotal

100.00

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

16,825.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139292
2. Committee Name Dan Acciavatti 4 Chesterfield

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Staples</u> Address <u>51382 Gratiot</u> <u>Chesterfield, MI 48051</u> ☒ Fund Raiser	Purpose: <u>Fundraiser Invites</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/12/20</u> Date	\$ <u>68.89</u>
Expenditure #2 Name <u>Staples</u> Address <u>51382 Gratiot</u> <u>Chesterfield, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Office Supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/12/20</u> Date	\$ <u>138.81</u>
Expenditure #3 Name <u>US Post Office</u> Address <u>35339 23 Mile Road</u> <u>Chesterfield, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Stamps</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/14/20</u> Date	\$ <u>275.00</u>
Expenditure #4 Name <u>Louis' Chop House</u> Address <u>50355 Gratiot</u> <u>Chesterfield, MI 48047</u> ☒ Fund Raiser	Purpose: <u>Fundraiser Location Food</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/09/20</u> Date	\$ <u>1,515.50</u>
Expenditure #5 Name <u>CTE Kathy Elliott</u> Address <u>27442 Clark Circle</u> <u>Chesterfield, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Fundraiser Ticket</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/20</u> Date	\$ <u>100.00</u>

Subtotal this page **\$2,098.20**

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 139292
2. Committee Name Dan Acciavatti 4 Chesterfield

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Detroit Store Fixture Address 7545 M-102 Detroit, MI 48221 ☐ Fund Raiser	Purpose: <u>Lit. Supplies</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/20</u> Date	\$ <u>145.22</u>
Expenditure #2 Name Grindstone Strategies Address 201 N. Riverside Ave. St. Clair MI 48079 ☐ Fund Raiser	Purpose: <u>Mailing</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/20</u> Date	\$ <u>4,250.00</u>
Expenditure #3 Name Younique Cards.com Address 42816 Willsharon Sterling Heights, MI 48314 ☐ Fund Raiser	Purpose: <u>Grindstone Subcontractor</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/20</u> Date	\$ <u>(3,160.30)</u>
Expenditure #4 Name Tractor Supply Co. Address 57155 Gratiot New Haven, MI 48048 ☐ Fund Raiser	Purpose: <u>Fence Posts</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/20</u> Date	\$ <u>106.77</u>
Expenditure #5 Name Italian American Cultural Society Address 43843 Romeo Plank Clinton Township, MI 48038 ☐ Fund Raiser	Purpose: <u>Advertisement</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/20/20</u> Date	\$ <u>300.00</u>

Subtotal this page **\$4,801.99**

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

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number

139292

2. Committee Name

Dan Acciavatti 4 Chesterfield

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>03/09/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>80</u>	5. Type of Fund Raising Activity <u>Dinner & Social</u>	6. Address and Name (If any) of the place where the activity was held. Louis' Chophouse 50335 Gratiot Chesterfield MI 48051 ☐ Private Residence
---	---	--	---

7. Total Contributions

\$16,825.00

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8)

\$16,825.00

10. Total Cost of Event

\$1,584.39

(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-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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139292
2. Committee Name Dan Acciavatti 4 Chesterfield

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 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	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Daniel J. Acciavatti 49839 Miller Ct. Chesterfield, MI 48047	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05/16/16</u> 6. <u>Original Amount of Debt:</u> \$ <u>369.80</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>369.80</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Daniel J. Acciavatti 49839 Miller Ct. Chesterfield, MI 48047	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9/26/2016</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>2,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Daniel J. Acciavatti 49839 Miller Ct. Chesterfield, MI 48047	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>4/25/2018</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>2,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$4,369.80**

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 139292
2. Committee Name Dan Acciavatti 4 Chesterfield

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? ☐ Yes Owed to or by: Daniel J. Acciavatti 49839 Miller Ct. Chesterfield, MI 48047	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>01/08/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 7,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>7,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Daniel J. Acciavatti 49839 Miller Ct. Chesterfield, MI 48047	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11/7/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>5,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> <u>\$</u>	\$ \$ \$ \$ \$	\$	\$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$12,000.00**
Grand Total of all Schedules 1E **\$16,369.80**
(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.