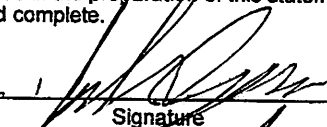




CANDIDATE COMMITTEE
COVER PAGE

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 139356		3. This Statement covers From: 01/01/2020 to 07/19/2020	
2. Committee Name Citizens to Elect Joe Aragona		4. Candidate Last Name Aragona First Name Joseph M.I. A 4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local 4b. County of Residence MACOMB	
5. Committee's Mailing Address 42033 Coulon Dr. Clinton Twp MI 48038 Area Code and Phone 5864841909 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 Joseph Aragona 42033 Coulon Dr. Clinton Twp MI 48038 Area Code & Phone 5864841909	
7. Treasurer's Business Address 42033 Coulon Dr. Clinton Twp MI 48038 Area Code and Phone 5864841909		8. Designated Record Keeper's Name and 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 08/04/2020		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 here by 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.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Type or Print Name Joseph Aragona Signature  Date 7/24/20			
Candidate Type or Print Name Joseph Aragona Signature  Date 7/24/20			



1. Committee I.D. Number 139356

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Citizens to Elect Joe Aragona

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2450</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>2450</u>	(18.) \$ <u>10400</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>2450</u>	(20.) \$ <u>10400</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>100</u>	(21.) \$ <u>325</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>555.42</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>555.42</u>	(23.) \$ <u>1182.77</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$ <u>100</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>6021.24</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>7345.15</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>2450</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>9795.15</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>555.42</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>9239.73</u>	*



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139356
2. Committee Name Citizens to Elect Joe Aragona

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 03/11/2020

Name & Address:

James George
19634 Westchester
Clinton Twp MI 48038

\$ 200

\$ 700

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

Occupation Developer Employer Delta Management

[Click Here for Memo Itemization](#)

Business Address 45511 Market St Shelby Twp MI 48315

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

3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt 3/10/2020

Name & Address

Lucido For A Brighter Tomorrow
6303 26 Mile Rd STE 203
Washington MI 48094

\$ 100

\$ 100

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 03/26/2020

Name & Address:

Paul Illich
34285 Groesbeck Hwy
Clinton Twp MI 48035

\$ 100

\$ 150

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

Occupation Owner Employer America Auto Inc

[Click Here for Memo Itemization](#)

Business Address 34285 Groesbeck Hwy Clinton Twp MI 48035

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 03/20/2020

Name & Address

Ronald Syme Jr.
8690 Long
Harrison Twp MI 48045

\$ 100

\$ 100

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

Page Subtotal 500

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 139356
2. Committee Name Citizens to Elect Joe Aragona

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>03/16/2020</u> Name & Address: <u>Frank Aragona</u> <u>3321 Vineyard Hill</u> <u>Rochester Hills, MI 48306</u>		\$ <u>100</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Developer</u> Employer <u>Aragona Properties</u> Business Address <u>37020 Garfield Rd. Clinton Twp MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/14/2020</u> Name & Address: <u>Margaret Evans</u> <u>3364 Hope Lake</u> <u>Brighton MI 48114</u>		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Self</u> Business Address <u>3364 Hope Lake Brighton MI 48114</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/11/2020</u> Name & Address: <u>Sherry Sorrentino</u> <u>14633 Breza Dr.</u> <u>Shelby Twp MI 48315</u>		\$ <u>100</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Self Employed</u> Business Address <u>35520 Foton Ct. Clinton Twp MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/10/2020</u> Name & Address: <u>Gebran Alton</u> <u>79 Macomb PL</u> <u>Mt Clemens MI 48043</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 400

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 139356
2. Committee Name Citizens to Elect Joe Aragona

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: Peter Peacock 1313 Yorktown Grosse Pointe Woods MI 48236	PAC Receipt? ☐ YES 4. Date of Receipt <u>03/24/2020</u>	<u>100</u> \$	<u>100</u> \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Joseph Vicari 37523 Hidden Valley Ct. Clinton Twp MI 48036	PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2020</u>	<u>100</u> \$	<u>150</u> \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Andiamo Restaurant Group</u> Business Address <u>5601 Enterprise Ct Warren MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Frank Carswell 13399 Lakeshore Dr. Fenton MI 48430	PAC Receipt? ☐ YES 4. Date of Receipt <u>03/11/2020</u>	<u>100</u> \$	<u>100</u> \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Nicholas Aiuto Jr. 41100 Conger Bay Dr. Harrison Twp MI 48045	PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/2020</u>	<u>200</u> \$	<u>200</u> \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Nicks Towing</u> Business Address <u>42870 Walnut St, Clinton Twp MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 500

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 139356
2. Committee Name Citizens to Elect Joe Aragona

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>03/10/2020</u>	
Name & Address: <u>Laurence Scott</u> <u>38447 Huron Pointe Dr.</u> <u>Harrison Twp MI 48045</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2020</u>	
Name & Address: <u>Stephen Saph Jr.</u> <u>68 Clinton</u> <u>Mt Clemens MI 48043</u>		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Nickel and Saph Insurance</u> Business Address <u>44 Macomb PL Mt Clemens MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/28/2020</u>	
Name & Address: <u>Scott Lockwood</u> <u>950 Southdown Rd.</u> <u>Bloomfield Hills MI 48304</u>		\$ <u>300</u>	\$ <u>400</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Anderson Eckstein & Westric</u> Business Address <u>51301 Schoenherr Rd Shelby Twp MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/10/2020</u>	
Name & Address: <u>Chris Aiello</u> <u>32411 Mound</u> <u>Warren MI 48092</u>		\$ <u>100</u>	\$ <u>350</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>BART NOW PLLC</u> Business Address <u>32411 Mound Rd Warren MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 600

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 139356
2. Committee Name Citizens to Elect Joe Aragona

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 Name & Address: Robert Kirk 19520 Hall Rd Clinton Twp MI 48038	4. Date of Receipt <u>06/02/2020</u>	100 \$	100 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES Name & Address: Raechel Badalamenti 52792 Sable Shelby Twp MI 48315	4. Date of Receipt <u>06/02/2020</u>	100 \$	100 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? ☐ YES Name & Address: Scott Chabot 41605 Lexington Clinton Twp MI 48038	4. Date of Receipt <u>06/07/2020</u>	150 \$	250 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>AEW</u> Business Address <u>51301 Schoenherr Shelby Twp MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? ☐ YES Name & Address: Robert Huth JR. 2486 Hawthorne Dr. S Shelby Twp MI 48316	4. Date of Receipt <u>06/02/2020</u>	100 \$	250 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk, Huth, & Badalamenti</u> Business Address <u>19500 Hall Rd Clinton Twp MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **450**

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

2450

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139356

2. Committee Name Citizens to Elect Joe Aragona

CANDIDATE COMMITTEE

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 <u>all</u> 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: Joseph Aragona 42033 Coulon Dr. Clinton Twp MI 48038 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Trustee Clinton Twp 40700 Romeo Plank Rd, Clinton Twp, MI 48038 ☐ 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 <u>Filing Fee</u> 5. Date Of Receipt: <u>04/14/2020</u> 6. Vendor Name & Address: Macomb County Clerks Office 120 N Main St, Mt Clemens, MI 48043 Click Here for Memo Itemization	\$ <u>100</u>	\$ <u>325</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ 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	\$ _____	\$ _____
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ 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	\$ _____	\$ _____

Page Subtotal

100

325

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

100

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

139356

1. Committee I. D. Number _____
2. Committee Name Citizens to Elect Joe Aragona

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Lasercom LLC</u> Address <u>2230 Elliott Dr.</u> <u>Troy MI 48083</u> ☐ Fund Raiser	Purpose: <u>Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-11-20</u> Date	\$ <u>205.42</u>
Expenditure #2 Name <u>Italian American Cultural Center</u> Address <u>43843 Romeo Plank Rd</u> <u>Clinton Twp MI 48038</u> ☐ Fund Raiser	Purpose: <u>Food for First Responders</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-10-20</u> Date	\$ <u>150</u>
Expenditure #3 Name <u>Italian American Cultural Center</u> Address <u>43843 Romeo Plank Rd</u> <u>Clinton Twp MI 48038</u> ☐ Fund Raiser	Purpose: <u>Food for nursing home staff</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-20-20</u> Date	\$ <u>200</u>
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **555.42**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **555.42**

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139356

2. Committee Name Citizens to Elect Joe Aragona

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: James Aragona 15973 Amore Clinton Twp, MI 48038	4. Type: <u>Loan of Goods</u> 5. <u>Date Debt Was Incurred:</u> <u>07/16/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 39.18</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 39.18 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Joseph Aragona 42033 Coulon Dr. Clinton Twp. MI 48038	4. Type: <u>Loan of Services</u> 5. <u>Date Debt Was Incurred:</u> <u>10/21/2016</u> 6. <u>Original Amount of Debt:</u> <u>\$ 753.68</u>	<u>12/23/16</u> \$67.60 \$ \$ \$ \$	\$ 67.60	\$ 686.08 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Joseph Aragona 42033 Coulon Dr. Clinton Twp. MI 48038	4. Type: <u>Loan of Goods</u> 5. <u>Date Debt Was Incurred:</u> <u>10/31/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,908.30</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 2,908.30 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$3,633.56

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139356
2. Committee Name Citizens to Elect Joe Aragona

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: Joseph Aragona 42033 Coulon Dr. Clinton Twp MI 48038	4. Type: <u>Loan of Services</u> 5. <u>Date Debt Was Incurred:</u> <u>10/03/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,162.68</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 2,162.68 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Joseph Aragona 42033 Coulon Dr. Clinton Twp MI 48038	4. Type: <u>Loan of Services</u> 5. <u>Date Debt Was Incurred:</u> <u>12/12/17</u> 6. <u>Original Amount of Debt:</u> <u>\$ 175.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 175.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Joseph Aragona 42033 Coulon Dr. Clinton Twp MI 48038	4. Type: <u>Loan of Services</u> 5. <u>Date Debt Was Incurred:</u> <u>10/02/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 50.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$2,387.68**
Grand Total of all Schedules 1E **\$6,021.24**
(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.



139356

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number _____
2. Committee Name Citizens to Elect Joe Aragona

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>03/25/2020</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>10</u>	5. Type of Fund Raising Activity <u>Virtual Fundraiser (Due to Covid 19)</u>	6. Address and Name (If any) of the place where the activity was held. <u>42033 Gulon Dr</u> <u>Clinton Twp MI</u> ☒ Private Residence <u>48038</u>
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7. Total Contributions 1600
8. Other Receipts 0
9. Gross Receipts (Add lines 7 and 8) 1600
10. Total Cost of Event 0

(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.