



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

139810

2. Committee Name

CTE Lawrence Tomenello

5. Committee's Mailing Address

38563 Lakeshore Dr.
Harrison Township, MI 48045

Area Code and Phone (586) 961-9278

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.

7. Treasurer's Business Address

same as above

Area Code and Phone

3. This Statement covers From:

01/09/20 to 07/19/20

4. Candidate Last Name

First Name

M.I.

Tomenello, Lawrence

L

4a. Office Sought Including District # or Community Served (If applicable)

4b. County of Residence

6. Treasurer's Name & Residential Address

Susan M. Tomenello
38563 Lakeshore Dr.
Harrison Township, MI 48045

Area Code & Phone (586) 961-9278

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

n/a

Area Code and Phone

FILED
20 JUL 24 AM 9:20
MACOMB COUNTY CLERK
H.T. CLEMENS
MICHIGAN

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

8/4/20

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.

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

Susan M Tomenello

Type or Print Name

Signature

Date

7/23/20

Candidate

Lawrence L Tomenello

Type or Print Name

Signature

Date

7/23/20



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139810

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Lawrence Tomenello

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$2,200.00</u>	(18.) \$ <u>\$2,200.00</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>\$2,200.00</u>	(20.) \$ <u>\$2,200.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$4,412.56</u>	(22.) \$ <u>\$4,412.56</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$225.00</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>\$225.00</u>	(23.) \$ <u>\$225.00</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>\$0.00</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>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$2,200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$2,200.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$225.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$1,975.00</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139810
2. Committee Name CTE Lawrence Tomenello

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 04/27/20

Name & Address:

Frank Slisinger
34518 Morningdale
Sterling Heights, MI 48312

\$ 100.00 \$ 100.00

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 #2 PAC Receipt? ☒ YES 4. Date of Receipt 05/16/20

Name & Address

Candicepac - Candice Miller
Committee Id 519174
PO Box 7036
Novi, MI 48376

\$ 250.00 \$ 250.00

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

[Click Here for Memo Itemization](#)

Occupation Public Works Commissioner Employer Macomb County

Business Address 21777 Dunham Road, Clinton Township, MI

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/04/20

Name & Address:

Robert Kirk
19500 Hall Road, #100
Clinton Township, MI 48048

\$ 100.00 \$ 100.00

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 06/04/20

Name & Address

Robert Huth, Jr.
19500 Hall Road, #100
Clinton Township, MI 48048

\$ 100.00 \$ 100.00

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 \$ 550.00

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 139810
2. Committee Name CTE Lawrence Tomenello

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 06/04/20

Name & Address:

Raechel Badalameni
19500 Hall Road, #100
Clinton Township, 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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt 06/23/20

Name & Address

Harrison Township Fire Fighters PAC Fund
39460 Jefferson Ave
Harrison Township, MI 48045

\$ 250.00

\$ 250.00

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

Occupation Firefighters Employer Harrison Township

Business Address 39460 jefferson, Harrison Township, MI

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 07/07/20

Name & Address:

Dana Gadette
53258 Sams Lane
Chesterfield, MI 48047

\$ 300.00

\$ 300.00

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

Occupation Client Manager Employer Iconma

Business Address 850 Stephenson Hwy, Suite 612, Troy, MI 48083

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 07/16/20

Name & Address

Paul Shamo
38311 Huron Pointe Dr.
Harrison Township, MI 48045

\$ 1,000.00

\$ 1,000.00

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

Occupation Auto Dealer Owner Employer Taylor Ford

Business Address 13500 Telegraph Road, Taylor, MI 48180

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

[Click Here for Memo Itemization](#)

Page Subtotal \$ 1,650.00

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

\$ 2,200.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **139810**

2. Committee Name **CTE Lawrence Tomenello**

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: Lawrence Tomenello 38563 Lakeshore Dr. Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: IT Manager Employer Name & Business Address: Blue Cross Blue Shield of Michigan 600 E. Lafayette Detroit, MI 48224 ☐ 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 Pens for campaign 5. Date Of Receipt: 09/21/19 6. Vendor Name & Address: penfactory.com 205 Maywood Ave. Maywood, NJ 07607 Click Here for Memo Itemization	\$ 108.76 ✓	\$ 108.76
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Lawrence Tomenello 38563 Lakeshore Dr. Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: IT Manager Employer Name & Address: Blue Cross Blue Shield of Michigan 600 E. Lafayette Detroit, MI 48224 ☐ 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 Pens for campaign 5. Date Of Receipt: 10/30/19 6. Vendor Name & Address: penfactory.com 205 Maywood Ave. Maywood, NJ 07607 Click Here for Memo Itemization	\$ 119.83 ✓	\$ 228.50
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Lawrence Tomenello 38563 Lakeshore Dr. Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: IT Manager Employer Name & Address: Blue Cross Blue Shield of Michigan 600 E. Lafayette Detroit, MI 48224 ☐ 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 Ad in Macomb Journal 5. Date Of Receipt: 01/29/20 6. Vendor Name & Address: Click Here for Memo Itemization	\$ 733.00 ✓	\$ 961.59

Page Subtotal \$961.59 961.59

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139810

2. Committee Name CTE Lawrence Tomenello

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: Lawrence Tomenello 38563 Lakeshore Dr. Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: <u>IT Manager</u> Employer Name & Business Address: Blue Cross Blue Shield of Michigan 600 E. Lafayette Detroit, MI 48224 ☐ 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>campaign signs</u> 5. Date Of Receipt: <u>04/30/20</u> 6. Vendor Name & Address: <u>signs247.net</u> <u>Florida</u>	\$ <u>285.00</u> ✓	\$ <u>1,246.59</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Lawrence Tomenello 38563 Lakeshore Dr. Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: <u>IT Manager</u> Employer Name & Address: Blue Cross Blue Shield of Michigan 600 E. Lafayette Detroit, MI 48224 ☐ 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>Sign decals</u> 5. Date Of Receipt: <u>05/26/20</u> 6. Vendor Name & Address: <u>Signs by Tomorrow</u> <u>33251 Gratiot</u> <u>Clinton township, MI 48035</u>	\$ <u>207.23</u> ✓	\$ <u>1,453.82</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Lawrence Tomenello 38563 Lakeshore Dr. Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: <u>IT Manager</u> Employer Name & Address: Blue Cross Blue Shield of Michigan 600 E. Lafayette Detroit, MI 48224 ☐ 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>sign stakes</u> 5. Date Of Receipt: <u>05/20/20</u> 6. Vendor Name & Address: <u>Old North Wire Products</u> <u>North Carolina</u> <u>oldnorthwire.com</u>	\$ <u>98.00</u> ✓	\$ <u>1,551.82</u>

Page Subtotal

\$590.23

1,551.82

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **139810**

2. Committee Name **CTE Lawrence Tomenello**

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: Lawrence Tomenello 38563 Lakeshore Dr. Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: IT Manager Employer Name & Business Address: Blue Cross Blue Shield of Michigan 600 E. Lafayette Detroit, MI 48224 ☐ 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 campaign signs 96"x48" 5. Date Of Receipt: 05/30/20 6. Vendor Name & Address: Campaign Catalyst campaigncatalyst.net 5171 Blackbeak Dr Saginaw, MI 48604 Click Here for Memo Itemization	\$ 680.52	\$ 2,232.34
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Lawrence Tomenello 38563 Lakeshore Dr. Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: IT Manager Employer Name & Address: Blue Cross Blue Shield of Michigan 600 E. Lafayette Detroit, MI 48224 ☐ 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 Sign delivery fee 5. Date Of Receipt: 06/02/20 6. Vendor Name & Address: Campaign Catalyst campaigncatalyst.net 5171 Blackbeak Dr Saginaw, MI 48604 Click Here for Memo Itemization	\$ 40.00	\$ 2,272.34
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Lawrence Tomenello 38563 Lakeshore Dr. Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: IT Manager Employer Name & Address: Blue Cross Blue Shield of Michigan 600 E. Lafayette Detroit, MI 48224 ☐ 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 postcards & mailing 5. Date Of Receipt: 06/17/20 6. Vendor Name & Address: PrintMasters 26039 Dequindre Madison Heights, MI 48071 Click Here for Memo Itemization	\$ 1,183.38	\$ 3,455.72

Page Subtotal **\$1,903.90** **3,455.72**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139810

2. Committee Name CTE Lawrence Tomenello

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: Lawrence Tomenello 38563 Lakeshore Dr. Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: <u>IT Manager</u> Employer Name & Business Address: Blue Cross Blue Shield of Michigan 600 E. Lafayette Detroit, MI 48224 ☐ 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>full page ad in Journal</u> 5. Date Of Receipt: <u>06/24/20</u> 6. Vendor Name & Address: C&G Newspapers 13650 11 Mile Warren, MI 48089 Click Here for Memo Itemization	\$ 713.57	\$ 4,169.29
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Lawrence Tomenello 38563 Lakeshore Dr. Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: <u>IT Manager</u> Employer Name & Address: Blue Cross Blue Shield of Michigan 600 E. Lafayette Detroit, MI 48224 ☐ 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>Slate postcards & mailing</u> 5. Date Of Receipt: <u>07/01/20</u> 6. Vendor Name & Address: PrintMasters 26039 Dequindre Madison Heights, MI 48071 Click Here for Memo Itemization	\$ 223.29	\$ 4,392.58
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Lawrence Tomenello 38563 Lakeshore Dr. Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: <u>IT Manager</u> Employer Name & Address: Blue Cross Blue Shield of Michigan 600 E. Lafayette Detroit, MI 48224 ☐ 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>cellophane sleeves for pens</u> 5. Date Of Receipt: <u>07/14/20</u> 6. Vendor Name & Address: Ed Terzi 41011 Simi Court Temecula, CA 92591 Click Here for Memo Itemization	\$ 19.98	\$ 4,412.56

Page Subtotal \$956.84 4,412.56

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$4,412.56

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139810
2. Committee Name CTE Lawrence Tomenello

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Paw Graphics Group Address 214 Crocker Blvd. Mount Clemens, MI 48043 ☐ Fund Raiser	Purpose: <u>Postcards/mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/09/20</u> Date	\$ <u>225.00</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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	\$225.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$225.00

Enter this total
on line 8a of
Summary Page