



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.

3. This Statement covers From: 01/28/20 to 07/19/20

1. Committee I.D. Number 139816		4. Candidate Last Name First Name M.I. Viviano Frank	
2. Committee Name CTE Frank Viviano		4a. Office Sought Including District # or Community Served (If applicable) Macomb Township Supervisor	
5. Committee's Mailing Address 51194 Romeo Plank #322 Macomb Twp, MI 48042 Area Code and Phone <u>(586) 646-8057</u> 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.		4b. County of Residence MACOMB	
6. Treasurer's Name & Residential Address Michelle Viviano 17930 Eider Dr. Clinton Township, MI 48038 Area Code & Phone <u>(586) 484-1469</u>		6. Treasurer's Name & Residential Address Michelle Viviano 17930 Eider Dr. Clinton Township, MI 48038 Area Code & Phone <u>(586) 484-1469</u>	
7. Treasurer's Business Address N/A Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Susan Viviano 18090 Teresa Dr. Macomb Township, MI 48044 Area Code and Phone <u>(586) 646-8057</u>	
9. TYPE OF STATEMENT 9a. ☒ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☒ Primary ☐ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus <u>08/04/20</u>		Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement (_____) Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
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 Viviano Type or Print Name		Signature <u>Susan Viviano</u> Date <u>7-23-20</u>	
Candidate Frank Viviano Type or Print Name		Signature <u>Frank Viviano</u> Date <u>7/23/2020</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139816

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Frank Viviano

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>47,580.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>47,580.00</u>	(18.) \$ <u>47,580.00</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>47,580.00</u>	(20.) \$ <u>47,580.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$1,705.12</u>	(21.) \$ <u>\$1,705.12</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$27,649.98</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>\$27,649.98</u>	(23.) \$ <u>\$27,649.98</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>\$10,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>47,580.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>47,580.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$27,649.98</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$19,930.02</u>	*



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139816
2. Committee Name CTE Frank Viviano

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>01/31/20</u> Name & Address: Frank Viviano 18090 Teresa Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>Holsbeke Construction</u> Business Address <u>239 N. River Rd. Mt. Clemens, MI 48043</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		\$ <u>10,000.00</u>	\$ <u>10,338.94</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/05/20</u> Name & Address: David DeLapp 163 North Jane Street Louisville, KY 40206 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/18/20</u> Name & Address: Valerie Brader 1558 Newport Creek Dr. Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/01/20</u> Name & Address: Jerry Zaccardelli 13908 Woodset Ct. Shelby Township, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal \$10,250.00

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

1. Committee I.D. Number 139816

2. Committee Name CTE Frank Viviano

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>04/24/20</u>		
Name & Address: Eugene LoVasco 47 DePetie Way Grosse Pointe Farms, MI 48236			\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>LoVasco Consulting Group</u> Business Address <u>One Woodward Ave., Detroit, MI 48226</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>04/29/20</u>		
Name & Address: Elizabeth Pagano 3550 Everett Drive Rochester Hills, MI 48307			\$ <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			Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/30/20</u>		
Name & Address: Josie Treash 49682 Sable Creek Dr. Macomb Township, MI 48042			\$ <u>50.00</u>	\$ <u>50.00</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	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/02/20</u>		
Name & Address: Sam Viviano 4623 Melissa Lane Dallas, TX 75229			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Vivano and Associates</u> Business Address <u>15660 Dallas Parkway, Dallas, TX 75248</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			Click Here for Memo Itemization	

Page Subtotal \$900.00

Grand Total of All Schedules 1A
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139816
2. Committee Name CTE Frank Viviano

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>05/04/20</u> Name & Address: Ronald Kolito 38500 James Dr. Clinton Township, MI 48036 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/20</u> Name & Address: Gerald Flannery 16421 Haverhill Dr. Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation <u>VP</u> Employer <u>Flagstar Bank</u> Business Address <u>5151 Corporate Dr., Troy, MI 48098</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/09/20</u> Name & Address: Catherine George 4498 Swan Lake Copley, OH 44321 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/12/20</u> Name & Address: Amanda Feierabend 462 Regalstone Lane Akron, OH 44321 5. If over \$100.00 cumulative, please provide: Occupation <u>Nurse</u> Employer <u>Akron Childrens Hospital</u> Business Address <u>214 West Bowery St., Akron, OH 44308</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization	

Page Subtotal \$650.00

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Page.



ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE

1. Committee I.D. Number 139816

2. Committee Name CTE Frank Viviano

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/12/20</u>		
Name & Address: Frank Viviano 4922 Skelly Rd. Toledo, OH 43623			\$ <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			Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/20</u>		
Name & Address: Bob Mackool 1065 Lochmoor Boulevard Grosse Pointe Woods, MI 48236			\$ <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			Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/20</u>		
Name & Address: Jeff Danley 5015 Craftsbury Tecumseh, MI 49286			\$ <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			Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/18/20</u>		
Name & Address: Mark Salvatore 5549 Palms Road Casco, MI 48064			\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Salvatore Excavating</u> Business Address <u>29850 Little Mack, Roseville, MI 48066</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			Click Here for Memo Itemization	

Page Subtotal \$550.00

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ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 139816
2. Committee Name CTE Frank Viviano

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/21/20</u> Name & Address: Steven Story 44456 White Pine Circle West Northville, MI 48168		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>GEM Asset Management</u> Business Address <u>261 S Main St, Plymouth, Michigan, 48170</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>05/29/20</u> Name & Address: David Pytlowany 18900 26 Mile Rd Macomb, MI 48042		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>AIS Equipment</u> Business Address <u>65809 Gratiot Ave, Lenox, MI 48050</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>05/30/20</u> Name & Address: Tony Landa 3550 Pierce Drive Shelby Township, MI 48316		\$ <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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/02/20</u> Name & Address: Ben Aloia 54439 White Spruce Lane Shelby Township, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Aloia and Associates</u> Business Address <u>48 S. Main Street, Ste. 3, Mt. Clemens, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$1,350.00

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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139816

2. Committee Name CTE Frank Viviano

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>06/01/20</u> Name & Address: Catherine George 4498 Swan Lake Copley, OH 44321 5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>400.00</u>	\$ <u>500.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/20</u> Name & Address: Jeremy Stradley 35715 Koenig New Baltimore MI 48047 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>HUB Sports Bar</u> Business Address <u>16780 21 Mile Rd., Macomb, MI 48044</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/20</u> Name & Address: Charles Shaw 16950 19 Mile Road Clinton Township, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/20</u> Name & Address: Leo Garry 45815 Grant Ct Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>30.00</u>	\$ <u>30.00</u>

Page Subtotal \$980.00

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139816

2. Committee Name CTE Frank Viviano

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>06/29/20</u> Name & Address: Stavros Toma 47677 Milonas Drive Shelby Township, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>TIG Holdings</u> Business Address <u>19500 Hall Rd., Clinton Township, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/07/20</u> Name & Address: Scott Malick 637 Langley Road Rochester Hills, MI 48309 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/09/20</u> Name & Address: Marianne Viviano 31030 Champine St. Clair Shores, MI 48082 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Viviano Flower Shop</u> Business Address <u>32050 Harper, St. Clair Shores, MI 48082</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/09/20</u> Name & Address: Steve Alexandrowski 1470 Woodland Place Plymouth, MI 48170 5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>GEM Asset Management</u> Business Address <u>261 S Main Street, Plymouth, MI 48170</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1,050.00</u>	\$ <u>1,050.00</u>

Page Subtotal \$2,400.00

Grand Total of All Schedules 1A
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SCHEDULE 1A
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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>03/09/20</u> Name & Address: David George 570 Pine Point Dr. Akron, OH 44333 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		\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
		Click Here for Memo Itemization v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/09/20</u> Name & Address: Rita George 570 Pine Point Dr. Akron, OH 44333 5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
		Click Here for Memo Itemization v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/20</u> Name & Address: Don Fick 37871 Huron Pointe Harrison Township, MI 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Groesbeck Glazing Contractors</u> Business Address <u>11714 E. 9 Mile Rd., Warren, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/30/20</u> Name & Address: Rich Beamish 787 Roxbury Ct Lake Orion, MI 48359 5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Doeren Mayhew</u> Business Address <u>305 West Big Beaver Road, Suite 200, Troy, Michigan 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization v	

Page Subtotal \$2,600.00

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139816
2. Committee Name CTE Frank Viviano

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>04/30/20</u>	
Name & Address: Grace Meda 15762 Corso Dr. Clinton Township, MI 48035		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization v	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/20</u>	
Name & Address: Carme Engel 15719 Clinton Ave. Macomb Township, MI 48042		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization v	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/20</u>	
Name & Address: Ralph Maccarone III 13921 Basilisco Chase Dr. Shelby Township, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization v	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/20</u>	
Name & Address: Gilbert A Zook 13905 Towering Oaks Dr. Shelby Township, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Realtor</u> Employer <u>Anton, Sowerby & Assoc.</u>		Click Here for Memo Itemization v	
Business Address <u>79 Macomb Place, Mt. Clemens, MI 48043</u>			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal \$650.00

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

1. Committee I.D. Number 139816

2. Committee Name CTE Frank Viviano

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>05/19/20</u> Name & Address: <u>CANDICEPAC (Committe ID #519174)</u> <u>P.O. Box 7036</u> <u>Novi, MI 48376</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			\$ <u>500.00</u>	\$ <u>500.00</u>
			Click Here for Memo Itemization v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/21/20</u> Name & Address: <u>Christopher Labelle</u> <u>49746 Goulette</u> <u>Chesterfield, MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Labelle Companies</u> Business Address <u>45 S. Rose, Mt. Clemens, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			\$ <u>500.00</u>	\$ <u>500.00</u>
			Click Here for Memo Itemization v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/21/20</u> Name & Address: <u>Tom Schwark</u> <u>1507 Pondside Ct</u> <u>Rochester, MI 48037</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Sycamore Hills</u> Business Address <u>48787 North Avenue, Macomb, MI 48042</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
			Click Here for Memo Itemization v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/21/20</u> Name & Address: <u>Matt Mullan</u> <u>16370 Millar</u> <u>Clinton Township, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Matthew P. Mullan DDS</u> Business Address <u>16638 15. Mile Rd., Fraser, MI 48026</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			\$ <u>250.00</u>	\$ <u>250.00</u>
			Click Here for Memo Itemization v	

Page Subtotal \$2,250.00

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

1. Committee I.D. Number 139816

2. Committee Name CTE Frank Viviano

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>05/21/20</u>		
Name & Address: Ed Phillips 8467 Colony Dr Algonac, MI 48001			\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Phillips Sign & Lighting</u> Business Address <u>40920 Executive Dr., Harrison Twp, MI 48045</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>05/26/20</u>		
Name & Address: Citizens for Honest Government 12955 23 Mile Rd Shelby Township, MI 48315			\$ <u>10,000.00</u>	\$ <u>10,000.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/26/20</u>		
Name & Address: Paul Lanzi 3848 Corkwood Sterling Heights, MI 48314			\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Vice President</u> Employer <u>Concentra</u> Business Address <u>30800 Telegraph Rd. Suite 3900, Bingham Farms, MI 48025</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>05/26/20</u>		
Name & Address: James Tye 52272 Bryan Michael Dr Macomb Township, MI 48042			\$ <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			Click Here for Memo Itemization	

Page Subtotal \$10,750.00

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

1. Committee I.D. Number 139816
2. Committee Name CTE Frank Viviano

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>05/26/20</u> Name & Address: <u>Alice Viviano</u> <u>37925 Woodcrest</u> <u>Clinton Township, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/20</u> Name & Address: <u>Devon Slanec</u> <u>68801 Omo Rd.</u> <u>Ray Twp, MI 48096</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		\$ <u>400.00</u>	\$ <u>400.00</u>
		Click Here for Memo Itemization v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/01/20</u> Name & Address: <u>Ralph Tye</u> <u>31484 Lyons Circle W.</u> <u>Warren, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/01/20</u> Name & Address: <u>Stephen Pangori</u> <u>8106 Rosebud Ln</u> <u>Clarkston, MI 48346</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Architect</u> Employer <u>Anderson, Eckstein and Westrick, Inc.</u> Business Address <u>51301 Schoenherr, Shelby Twp, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>150.00</u>	\$ <u>150.00</u>
		Click Here for Memo Itemization v	

Page Subtotal \$1,150.00

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 139816

2. Committee Name CTE Frank Viviano

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>06/26/20</u> Name & Address: Adam Tye 750 River Edge Ct Flushing, MI 48433 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/20</u> Name & Address: Vanessa Hayes 47092 Brennan Drive Macomb Township, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/20</u> Name & Address: Loius Ciotti 1315 Main St Royal Oak, MI 48087 5. If over \$100.00 cumulative, please provide: Occupation <u>Managing Director</u> Employer <u>Landmark Commercial Real Estate</u> Business Address <u>30500 Northwestern Hwy, Suite 200, Farmington Hills, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/20</u> Name & Address: Gordon Wilson 49572 Compass Point Dr Chesterfield, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation <u>Executive VP</u> Employer <u>Anderson, Eckstein and Westrick, Inc</u> Business Address <u>51301 Schoenherr RoadShelby Township, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization v	

Page Subtotal \$700.00

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 139816
2. Committee Name CTE Frank Viviano

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 # <u>1</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/20</u> Name & Address: <u>Zef Berisaj</u> <u>67729 Seven Lakes Ct</u> <u>Washington, MI 48095</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Z&F Cement Contractors</u> Business Address <u>5232 22 Mile Rd., Shelby Township, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # <u>2</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/20</u> Name & Address: <u>Gaspare Vitale</u> <u>2924 Invaional Dr</u> <u>Oakland Township, MI 48363</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Vitale Companies</u> Business Address <u>21847 Christenbury Creek Blvd., Macomb Township, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # <u>3</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>06/01/20</u> Name & Address: <u>Dr. James Cho</u> <u>565 Long Lake Pine Ct</u> <u>Bloomfield, MI 48302</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Doctor</u> Employer <u>Cornerstone Garfield Family Practice</u> Business Address <u>42645 Garfield Rd Ste 103, Clinton Township, MI, 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # <u>4</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>06/02/20</u> Name & Address: <u>Philip Ruggeri</u> <u>55764 St Regis Dr</u> <u>Shelby Township, MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Philip P. Ruggeri & Associates, LLC</u> Business Address <u>43231 Schoenherr Rd, Sterling Heights, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>

Page Subtotal \$2,000.00

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

1. Committee I.D. Number 139816
2. Committee Name CTE Frank Viviano

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>06/02/20</u>		
Name & Address: Michael McLaughlin 707 E Gun Rd Oakland, MI 48306			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Delmar Homes</u> Business Address <u>51540 Milano Dr, Ste 100 Macomb MI 48044</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>06/03/20</u>		
Name & Address: Kevin West 904 Quarry Rochester Hills, MI 48308			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Michigan Production Machining</u> Business Address <u>16700 23 Mile Rd. Macomb, MI 48044</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>06/03/20</u>		
Name & Address: Robert Rotondo 4149 Berkshire Dr Sterling Heights, MI 48314			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>Concordia Contracting, LLC</u> Business Address <u>6336 Millett Ave, Sterling Heights, MI 48312</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>06/03/20</u>		
Name & Address: Noralisa Ferlito 37335 Casa Bella Ct Clinton Township, MI 48036			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>Ferlito Group</u> Business Address <u>440 Selden St., Detroit, MI 48201</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			Click Here for Memo Itemization ▼	

Page Subtotal \$2,000.00

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

1. Committee I.D. Number 139816
2. Committee Name CTE Frank Viviano

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>06/03/20</u>		
Name & Address: Dominic Geri 46032 Middle Branch Ct Macomb Township, MI 48044			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Landtec Companies</u> Business Address <u>51410 Milano Dr., Suite 115, Macomb, MI 48042</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>06/03/20</u>		
Name & Address: Charles Murphy 913 Bloomfield Knoll Drive Bloomfield, MI 48304			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Of Counsel</u> Employer <u>Clark Hill</u> Business Address <u>500 Woodward Ave Suite 3500 Detroit, MI 48226</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>06/03/20</u>		
Name & Address: Salvatore Randazzo 37180 Willow Lane Clinton Township, MI 48036			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Randazzo's Fresh Market</u> Business Address <u>49800 Hayes Rd Macomb, MI 48044</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>06/03/20</u>		
Name & Address: P. Eugene Dagostini 38700 Van Dyke, Suite 200 Sterling Heights, MI 48312			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>D'Agostini Land Company</u> Business Address <u>38700 Van Dyke, Suite 200, Sterling Heights, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			Click Here for Memo Itemization	

Page Subtotal \$2,000.00

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 139816
2. Committee Name CTE Frank Viviano

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>06/01/20</u> Name & Address: Antonio Virelli 50169 Hayes Rd Shelby Township, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Cherry Creek Building, LLC</u> Business Address <u>50169 Hayes Rd, Shelby Township, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/12/20</u> Name & Address: David Webber 7177 W. Frampton Dr. Washington, MI 48095 5. If over \$100.00 cumulative, please provide: Occupation <u>Self-Employed</u> Employer <u>Pinegrove Properties, Ltd</u> Business Address <u>67500 Mound Rd., Washington, MI 48095</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>750.00</u>	\$ <u>750.00</u>
		Click Here for Memo Itemization v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/12/20</u> Name & Address: Michelle Weber 7177 W. Frampton Dr. Washington, MI 48095 5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>750.00</u>	\$ <u>750.00</u>
		Click Here for Memo Itemization v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/03/20</u> Name & Address: Anthony Penna 37351 Willow Lane Clinton Twp MI 48313 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Moore Penna & Assoc. PLLC</u> Business Address <u>38600 Van Dyke, Sterling Heights, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization v	

Page Subtotal \$2,500.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139816

2. Committee Name CTE Frank Viviano

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>06/18/20</u>		
Name & Address: Nick Rizzo 65 Macomb Place, STE F Mt. Clemens, MI 48043			\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>RFT Group LLC</u> Business Address <u>65 Macomb Place, STE F, Mt. Clemens, MI 48043</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>06/23/20</u>		
Name & Address: GMBR PAC (Realtors Political Action Committee of Michigan) 720 N. Washington Ave. Lansing, MI 48906			\$ <u>1,000.00</u>	\$ <u>1,000.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/25/20</u>		
Name & Address: Michael Chirco 46600 Romeo Plank Rd, Suite 5 Macomb Township, MI 48044			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>MJC</u> Business Address <u>46600 Romeo Plank Rd, Suite 5, Macomb Township, MI 48044</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>06/17/20</u>		
Name & Address: Raechel Badalamenti 52792 Sable Shelby Township MI 48315			\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Kirk, Huth, Lange & Badalamenti PLC</u> Business Address <u>19500 Hall Rd. #100, Clinton Township, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			Click Here for Memo Itemization	

Page Subtotal \$2,000.00

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 139816
2. Committee Name CTE Frank Viviano

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>06/17/20</u>		
Name & Address: Robert Kirk 37539 Hidden Valley Ct Clinton Twp, MI 48036			\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Kirk, Huth, Lange & Badalamenti PLC</u> Business Address <u>19500 Hall Rd. #100, Clinton Township, MI 48038</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>06/17/20</u>		
Name & Address: Robert Huth 2486 Hawthorne Shelby Twp MI 48316			\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Kirk, Huth, Lange & Badalamenti PLC</u> Business Address <u>19500 Hall Rd. #100, Clinton Township, MI 48038</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>01/31/20</u>		
Name & Address: William Robinson 28999 Oakmont Drive Chesterfield Township, MI 48051			\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Apex Process Consultants</u> Business Address <u>26555 Evergreen Rd., Southfield, MI 48075</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>04/26/20</u>		
Name & Address: William Robinson 28999 Oakmont Drive Chesterfield Township, MI 48051			\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Apex Process Consutants</u> Business Address <u>26555 Evergreen Rd., Southfield, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			Click Here for Memo Itemization	

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139816

2. Committee Name CTE Frank Viviano

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>06/03/20</u> Name & Address: <u>Ardjan Bandhi</u> <u>47154 Willingham Way</u> <u>Shelby Twp. MI 48315</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>H.W.P.O. LLC</u> Business Address <u>47154 Willingham Way Shelby Twp. MI 48315</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>06/03/20</u> Name & Address: <u>Mondi Bandhi</u> <u>13404 Partridge Run</u> <u>Shelby Twp MI 48315</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>H.W.P.O. LLC</u> Business Address <u>47154 Willingham Way Shelby Twp. MI 48315</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 _____ Name & Address: _____		\$ _____	\$ _____
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 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		Click Here for Memo Itemization ▼	

Page Subtotal \$1,000.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$47,580.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 139816

2. Committee Name CTE Frank Viviano

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
☐ Fund Raiser			
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
☐ Fund Raiser			
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
☐ Fund Raiser			
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
☐ Fund Raiser			
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
☐ Fund Raiser			
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
☐ Fund Raiser			
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
☐ Fund Raiser			

Page Subtotal \$0.00

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) \$0.00

Enter this total on
line 4 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139816

CANDIDATE COMMITTEE

2. Committee Name CTE Frank Viviano

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: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: COO Employer Name & Business Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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>01/28/20</u> 6. Vendor Name & Address: Macomb Twp Treasury Dept 54111 Broughton Rd. Macomb, MI 48042	\$ 100.00	\$ 100.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: COO Employer Name & Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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 Mailbox</u> 5. Date Of Receipt: <u>01/28/20</u> 6. Vendor Name & Address: The UPS Store 51194 Romeo Plank Rd Macomb MI 48042	\$ 180.00	\$ 280.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: COO Employer Name & Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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>Food for Volunteers</u> 5. Date Of Receipt: <u>01/28/20</u> 6. Vendor Name & Address: Vito's Bakery 36578 Moravian Dr. Clinton Twp, MI 48035	\$ 58.64	\$ 338.94

Page Subtotal **\$338.94**

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

1. Committee I. D. Number 139816

CANDIDATE COMMITTEE

2. Committee Name CTE Frank Viviano

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: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: <u>COO</u> Employer Name & Business Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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>Name Badges</u> 5. Date Of Receipt: <u>02/02/20</u> 6. Vendor Name & Address: Name Badges Inc. 12240 SW 53rd St. Suite 511 Cooper City FL 33330 Click Here for Memo Itemization	\$ <u>28.61</u>	\$ <u>10,367.55</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: <u>COO</u> Employer Name & Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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>Business Cards</u> 5. Date Of Receipt: <u>02/03/20</u> 6. Vendor Name & Address: Vista Print 95 Hayden Ave Lexington, MA 02421 Click Here for Memo Itemization	\$ <u>43.87</u>	\$ <u>10,411.42</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: <u>COO</u> Employer Name & Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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: <u>04/28/20</u> 6. Vendor Name & Address: Zoom Video Communications 55 Almaden Blvd. San Jose, CA 95113 Click Here for Memo Itemization	\$ <u>15.89</u>	\$ <u>10,427.31</u>

Page Subtotal **\$88.37**

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

1. Committee I. D. Number 139816

CANDIDATE COMMITTEE

2. Committee Name CTE Frank Viviano

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: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: <u>COO</u> Employer Name & Business Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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>Envelopes</u> 5. Date Of Receipt: <u>05/23/20</u> 6. Vendor Name & Address: Staples 500 Staples Dr. Framingham, MA 01702 Click Here for Memo Itemization	\$ <u>15.77</u>	\$ <u>10,443.08</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: <u>COO</u> Employer Name & Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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>Postcards</u> 5. Date Of Receipt: <u>05/23/20</u> 6. Vendor Name & Address: Vista Print 95 Hayden Ave. Lexington, MA 02421 Click Here for Memo Itemization	\$ <u>43.45</u>	\$ <u>10,486.53</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: <u>COO</u> Employer Name & Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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>Membership</u> 5. Date Of Receipt: <u>05/28/20</u> 6. Vendor Name & Address: Zoom Video Communications 55 Almaden Blvd. San Jose, CA 95113 Click Here for Memo Itemization	\$ <u>15.89</u>	\$ <u>10,502.82</u>

Page Subtotal **\$75.11**

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

1. Committee I. D. Number 139816

CANDIDATE COMMITTEE

2. Committee Name CTE Frank Viviano

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: Mike Torres 5865 Jackelyn Ct Washington Twp MI 48094 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Torch Development, LLC 43900 Garfield Rd Clinton Twp, MI 48038	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>Beverages for Fundraiser</u> 5. Date Of Receipt: <u>06/03/20</u> 6. Vendor Name & Address:	\$ <u>400.00</u>	\$ <u>400.00</u>
Click Here for Memo Itemization			
☒ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Salvatore Randazzo 37180 Willow Lane Clinton Township, MI 48036 If over \$100.00 cumulative, please provide: Occupation: <u>Owner</u> Employer Name & Address: Randazzo Fresh Market 49800 Hayes Rd Macomb, MI 48044	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>Food for Fundraiser</u> 5. Date Of Receipt: <u>06/03/20</u> 6. Vendor Name & Address: Randazzo Fresh Market 49800 Hayes Rd Macomb, MI 48044	\$ <u>250.00</u>	\$ <u>750.00</u>
Click Here for Memo Itemization			
☒ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: <u>COO</u> Employer Name & Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043	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 Supplies</u> 5. Date Of Receipt: <u>06/13/20</u> 6. Vendor Name & Address: Menards 45500 Market Place Blvd. Chesterfield, MI 48051	\$ <u>68.88</u>	\$ <u>10,571.30</u>
Click Here for Memo Itemization			
☐ Fund Raiser Contribution			

Page Subtotal **\$718.88**

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

1. Committee I. D. Number 139816

CANDIDATE COMMITTEE

2. Committee Name CTE Frank Viviano

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: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: <u>COO</u> Employer Name & Business Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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>Membership Fee</u> 5. Date Of Receipt: <u>06/28/20</u> 6. Vendor Name & Address: Zoom Video Communications 55 Almaden Blvd. San Jose, CA 95113 Click Here for Memo Itemization	\$ <u>15.89</u>	\$ <u>10,587.19</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: <u>COO</u> Employer Name & Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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>List Rental</u> 5. Date Of Receipt: <u>06/30/20</u> 6. Vendor Name & Address: Right to Life of Michigan 2340 Porter SW PO Box 901 Grand Rapids, MI 49519 Click Here for Memo Itemization	\$ <u>35.55</u>	\$ <u>10,622.74</u>
Contribution #3 PAC Receipt? ☒ Yes Name & Address: Right to Life PAC 2340 Porter SW PO Box 901 Grand Rapids, MI 49519 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>List Rental</u> 5. Date Of Receipt: <u>06/30/20</u> 6. Vendor Name & Address: Right to Life of Michigan 2340 Porter SW PO Box 901 Grand Rapids, MI 49519 Click Here for Memo Itemization	\$ <u>84.62</u>	\$ <u>84.62</u>
Page Subtotal		\$ <u>136.06</u>	
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

1. Committee I. D. Number 139816

CANDIDATE COMMITTEE

2. Committee Name CTE Frank Viviano

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: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: COO Employer Name & Business Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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>Stamps and Envelopes</u> 5. Date Of Receipt: <u>07/03/20</u> 6. Vendor Name & Address: Meijer 40445 S. Groesbeck Hwy. Clinton Twp, MI 48036 Click Here for Memo Itemization	\$ <u>231.10</u>	\$ <u>10,853.84</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: COO Employer Name & Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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 Supplies/Hand Sanitizer</u> 5. Date Of Receipt: <u>07/17/20</u> 6. Vendor Name & Address: Tractor Supply 66143 Van Dyke Rd. Washington, MI 48095 Click Here for Memo Itemization	\$ <u>62.44</u>	\$ <u>10,916.28</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: COO Employer Name & Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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>Ice</u> 5. Date Of Receipt: <u>07/19/20</u> 6. Vendor Name & Address: 7-11 16761 21 Mile Rd Macomb MI 48044 Click Here for Memo Itemization	\$ <u>9.98</u>	\$ <u>10,926.26</u>

Page Subtotal **\$303.52**

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

1. Committee I. D. Number 139816

CANDIDATE COMMITTEE

2. Committee Name CTE Frank Viviano

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: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: <u>COO</u> Employer Name & Business Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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>Water</u> 5. Date Of Receipt: <u>07/19/20</u> 6. Vendor Name & Address: Sam's Club 45600 Utica Park Blvd. Utica, MI 48315	\$ <u>25.88</u>	\$ <u>10,952.14</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Frank Viviano 18090 Teresa Macomb Twp, MI 48044 If over \$100.00 cumulative, please provide: Occupation: <u>COO</u> Employer Name & Address: Holsbeke Construction 239 N. River Rd. Mt. Clemens, MI 48043 ☐ 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>Decorations</u> 5. Date Of Receipt: <u>07/19/20</u> 6. Vendor Name & Address: Walmart 18400 Hall Rd. Clinton Township, MI 48038	\$ <u>18.36</u>	\$ <u>10,970.50</u>
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:	\$ _____	

Page Subtotal **\$44.24**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$1,705.12**

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139816
2. Committee Name CTE Frank Viviano

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name G-Tek Professional Services, Inc. Address 42888 Mound Rd. Sterling Heights, MI 48314 ☐ Fund Raiser	Purpose: <u>T-shirts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/19/20</u> Date	\$ <u>392.20</u>
Expenditure #2 Name Great Lakes List Consulting LLC Address 2207 College Rd. Holt, MI 48842 ☐ Fund Raiser	Purpose: <u>Call/Mail Lists</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/19/20</u> Date	\$ <u>250.00</u>
Expenditure #3 Name Italian American Cultural Center Address 43843 Romeo Plank Clinton Township, MI 48038 ☐ Fund Raiser	Purpose: <u>Charitable Contribution</u> ☐ 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>
Expenditure #4 Name G-Tek Professional Services, Inc. Address 42888 Mound Rd. Sterling Heights, MI 48314 ☐ Fund Raiser	Purpose: <u>Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/26/20</u> Date	\$ <u>2,734.80</u>
Expenditure #5 Name The Italian Tribune Address P.O. Box 380407 Clinton Township, MI 48038 ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/20</u> Date	\$ <u>277.00</u>
Subtotal this page			\$ <u>3,954.00</u>
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 139816
2. Committee Name CTE Frank Viviano

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>American Graphics Printing Co.</u> Address <u>34895 Groesbeck</u> <u>Clinton Township, MI 48035</u> ☐ Fund Raiser	Purpose: <u>Literature Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/20</u> Date	\$ <u>1,393.90</u>
Expenditure #2 Name <u>Mass Mailing LLC</u> Address <u>35468 Mound Rd</u> <u>Sterling Heights, MI 48310</u> ☐ Fund Raiser	Purpose: <u>Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/20</u> Date	\$ <u>405.54</u>
Expenditure #3 Name <u>USPS</u> Address <u>200 West 2nd St.</u> <u>Royal Oak, MI 48068</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/20</u> Date	\$ <u>2,200.50</u>
Expenditure #4 Name <u>American Graphics Printing Co</u> Address <u>34895 Groesbeck</u> <u>Clinton Township, MI 48310</u> ☐ Fund Raiser	Purpose: <u>Literature Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/19/20</u> Date	\$ <u>1,425.70</u>
Expenditure #5 Name <u>Hortos Advertising</u> Address <u>6715 River Rd.</u> <u>Cottrellville, MI 48039</u> ☐ Fund Raiser	Purpose: <u>Literature Design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/20</u> Date	\$ <u>225.00</u>
Subtotal this page			\$ <u>5,650.64</u>
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 139816
2. Committee Name CTE Frank Viviano

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>USPS</u> Address <u>200 West 2nd St.</u> <u>Royal Oak, MI 48068</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/20</u> Date	\$ <u>2,373.60</u>
Expenditure #2 Name <u>Mass Mailing</u> Address <u>35468 Mound Rd.</u> <u>Sterling Heights, MI 48310</u> ☐ Fund Raiser	Purpose: <u>Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/20</u> Date	\$ <u>431.55</u>
Expenditure #3 Name <u>American Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Township, MI 48035</u> ☐ Fund Raiser	Purpose: <u>Literature Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/20</u> Date	\$ <u>1,696.00</u>
Expenditure #4 Name <u>Western American Mailers</u> Address <u>5510 33rd St.</u> <u>Grand Rapids, MI 49512</u> ☐ Fund Raiser	Purpose: <u>Print/Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/20</u> Date	\$ <u>866.53</u>
Expenditure #5 Name <u>American Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Township, MI 48035</u> ☐ Fund Raiser	Purpose: <u>Literature Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/06/20</u> Date	\$ <u>1,867.19</u>
Subtotal this page			\$ <u>7,234.87</u>
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 139816
2. Committee Name CTE Frank Viviano

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Hortos Advertising Address 6715 River Rd. Cottrellville, MI 48039 ☐ Fund Raiser	Purpose: <u>Literature Design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/06/20</u> Date	\$ <u>550.00</u> Click Here for Memo Itemization Type v
Expenditure #2 Name Mass Mailing Address 35468 Mound Rd. Sterling Heights, MI 48310 ☐ Fund Raiser	Purpose: <u>Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/20</u> Date	\$ <u>563.64</u> Click Here for Memo Itemization Type v
Expenditure #3 Name USPS Address 200 West 2nd St. Royal Oak, MI 48068 ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/20</u> Date	\$ <u>3,252.91</u> Click Here for Memo Itemization Type v
Expenditure #4 Name Party City Address 12229 Hall Rd. Sterling Heights, MI 48313 ☐ Fund Raiser	Purpose: <u>Fundraiser Decorations</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/20</u> Date	\$ <u>83.56</u> Click Here for Memo Itemization Type v
Expenditure #5 Name USPS Address 200 West 2nd St. Royal Oak, MI 48068 ☐ Fund Raiser	Purpose: <u>Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/20</u> Date	\$ <u>2,968.65</u> Click Here for Memo Itemization Type v
Subtotal this page			\$ 7,418.76
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 139816
2. Committee Name CTE Frank Viviano

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Mass Mailing Address 35468 Mound Rd. Sterling Heights, MI 48310 ☐ Fund Raiser	Purpose: <u>Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/13/20</u> Date	\$ <u>520.94</u> Click Here for Memo Itemization Type v
Expenditure #2 Name Harland Clarke Address 15955 La Cantera Parkway San Antonio, TX 78256 ☐ Fund Raiser	Purpose: <u>Check Order</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/20/20</u> Date	\$ <u>129.59</u> Click Here for Memo Itemization Type v
Expenditure #3 Name Huntington National Bank Address P.O. Box 1558 EA1W37 Columbus, OH 43216 ☐ Fund Raiser	Purpose: <u>Statement Charge</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/20</u> Date	\$ <u>5.00</u> Click Here for Memo Itemization Type v
Expenditure #4 Name Huntington National Bank Address P.O. Box 1558 EA1W37 Columbus, OH 43216 ☐ Fund Raiser	Purpose: <u>Statement Charge</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/15/20</u> Date	\$ <u>5.00</u> Click Here for Memo Itemization Type v
Expenditure #5 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/20</u> Date	\$ <u>25.00</u> Click Here for Memo Itemization Type v
Subtotal this page			\$ 685.53
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 139816
2. Committee Name CTE Frank Viviano

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/20</u> Date	\$ <u>25.00</u> Click Here for Memo Itemization Type v
Expenditure #2 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/20</u> Date	\$ <u>25.00</u> Click Here for Memo Itemization Type v
Expenditure #3 Name Huntington National Bank Address P.O. Box 1558 EA1W37 Columbus, OH 43216 ☐ Fund Raiser	Purpose: <u>Statement Charge</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/20</u> Date	\$ <u>5.00</u> Click Here for Memo Itemization Type v
Expenditure #4 Name Car Stickers Address 2146 NE 4th St., Suite 100 Bend, OR 97701 ☐ Fund Raiser	Purpose: <u>Car Stickers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/08/20</u> Date	\$ <u>136.27</u> Click Here for Memo Itemization Type v
Expenditure #5 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/10/20</u> Date	\$ <u>35.00</u> Click Here for Memo Itemization Type v
Subtotal this page			\$226.27
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 139816
2. Committee Name CTE Frank Viviano

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/10/20</u> Date	\$ <u>15.29</u> Click Here for Memo Itemization Type ▼
Expenditure #2 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/10/20</u> Date	\$ <u>50.00</u> Click Here for Memo Itemization Type ▼
Expenditure #3 Name Harland Clarke Address 15955 La Cantera Parkway San Antonio, TX 78256 ☐ Fund Raiser	Purpose: <u>Check Order</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/20/20</u> Date	\$ <u>72.21</u> Click Here for Memo Itemization Type ▼
Expenditure #4 Name American Paper and Supplies Address 14700 East Eleven Mile Rd. Warren, MI 48094 ☐ Fund Raiser	Purpose: <u>Supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/20</u> Date	\$ <u>93.15</u> Click Here for Memo Itemization Type ▼
Expenditure #5 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/13/20</u> Date	\$ <u>75.00</u> Click Here for Memo Itemization Type ▼
Subtotal this page			\$305.65
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 139816
2. Committee Name CTE Frank Viviano

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Facebook</u> Address <u>1 Hacker Way</u> <u>Menlo Park, CA 94025</u> ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/20</u> Date	\$ <u>75.00</u> Click Here for Memo Itemization Type ☐
Expenditure #2 Name <u>Huntington National Bank</u> Address <u>P.O. Box 1558 EA1W37</u> <u>Columbus, OH 43216</u> ☐ Fund Raiser	Purpose: <u>Statement Charge</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/20</u> Date	\$ <u>5.00</u> Click Here for Memo Itemization Type ☐
Expenditure #3 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/04/20</u> Date	\$ <u>10.30</u> Click Here for Memo Itemization Type ☐
Expenditure #4 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/07/20</u> Date	\$ <u>4.30</u> Click Here for Memo Itemization Type ☐
Expenditure #5 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/03/20</u> Date	\$ <u>2.30</u> Click Here for Memo Itemization Type ☐
Subtotal this page			\$96.90
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 139816
2. Committee Name CTE Frank Viviano

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/03/20</u> Date	\$ <u>4.30</u> Click Here for Memo Itemization Type ▼
Expenditure #2 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/20</u> Date	\$ <u>10.30</u> Click Here for Memo Itemization Type ▼
Expenditure #3 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/20</u> Date	\$ <u>10.30</u> Click Here for Memo Itemization Type ▼
Expenditure #4 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/20</u> Date	\$ <u>4.30</u> Click Here for Memo Itemization Type ▼
Expenditure #5 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/05/20</u> Date	\$ <u>2.30</u> Click Here for Memo Itemization Type ▼
Subtotal this page			\$31.50
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 139816
2. Committee Name CTE Frank Viviano

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/06/20</u> Date	\$ <u>20.30</u> Click Here for Memo Itemization Type ☐
Expenditure #2 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/06/20</u> Date	\$ <u>2.30</u> Click Here for Memo Itemization Type ☐
Expenditure #3 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/20</u> Date	\$ <u>10.30</u> Click Here for Memo Itemization Type ☐
Expenditure #4 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/13/20</u> Date	\$ <u>4.30</u> Click Here for Memo Itemization Type ☐
Expenditure #5 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/13/20</u> Date	\$ <u>10.30</u> Click Here for Memo Itemization Type ☐
Subtotal this page			\$ <u>47.50</u>
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 139816
2. Committee Name CTE Frank Viviano

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Anedot Address P.O Box 84314 Baton Rouge, LA 70884 ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/13/20</u> Date	\$ <u>4.30</u> Click Here for Memo Itemization Type v
Expenditure #2 Name Anedot Address P.O Box 84314 Baton Rouge, LA 70884 ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/19/20</u> Date	\$ <u>4.30</u> Click Here for Memo Itemization Type v
Expenditure #3 Name Anedot Address P.O Box 84314 Baton Rouge, LA 70884 ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/21/20</u> Date	\$ <u>4.30</u> Click Here for Memo Itemization Type v
Expenditure #4 Name Anedot Address P.O Box 84314 Baton Rouge, LA 70884 ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/21/20</u> Date	\$ <u>10.30</u> Click Here for Memo Itemization Type v
Expenditure #5 Name Anedot Address P.O Box 84314 Baton Rouge, LA 70884 ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/26/20</u> Date	\$ <u>20.30</u> Click Here for Memo Itemization Type v
Subtotal this page			\$43.50
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 139816
2. Committee Name CTE Frank Viviano

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Anedot Address P.O Box 84314 Baton Rouge, LA 70884 ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/02/20</u> Date	\$ <u>10.30</u> Click Here for Memo Itemization Type v
Expenditure #2 Name Anedot Address P.O Box 84314 Baton Rouge, LA 70884 ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/20</u> Date	\$ <u>4.30</u> Click Here for Memo Itemization Type v
Expenditure #3 Name Anedot Address P.O Box 84314 Baton Rouge, LA 70884 ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/04/20</u> Date	\$ <u>20.30</u> Click Here for Memo Itemization Type v
Expenditure #4 Name Anedot Address P.O Box 84314 Baton Rouge, LA 70884 ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/04/20</u> Date	\$ <u>16.30</u> Click Here for Memo Itemization Type v
Expenditure #5 Name Anedot Address P.O Box 84314 Baton Rouge, LA 70884 ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/08/20</u> Date	\$ <u>20.30</u> Click Here for Memo Itemization Type v
Subtotal this page			\$71.50
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 139816
2. Committee Name CTE Frank Viviano

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/22/20</u> Date	\$ <u>2.30</u> Click Here for Memo Itemization Type v
Expenditure #2 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/20</u> Date	\$ <u>1.50</u> Click Here for Memo Itemization Type v
Expenditure #3 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/20</u> Date	\$ <u>10.30</u> Click Here for Memo Itemization Type v
Expenditure #4 Name <u>Anedot</u> Address <u>P.O Box 84314</u> <u>Baton Rouge, LA 70884</u> ☐ Fund Raiser	Purpose: <u>On-Line Donations Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/20</u> Date	\$ <u>4.30</u> Click Here for Memo Itemization Type v
Expenditure #5 Name <u>G-Tek Professional Services, Inc.</u> Address <u>42888 Mound Rd.</u> <u>Sterling Heights, MI 48314</u> ☐ Fund Raiser	Purpose: <u>T-Shirts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/13/20</u> Date	\$ <u>212.00</u> Click Here for Memo Itemization Type v
Subtotal this page			\$230.40
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 139816
2. Committee Name CTE Frank Viviano

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Memory Time Tents Address 4845 Elizabeth Lake Rd. Waterford, MI 48327 ☐ Fund Raiser	Purpose: <u>Tents for Ice Cream Social</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/20</u> Date	\$ <u>652.96</u> Click Here for Memo Itemization Type v
Expenditure #2 Name Hershey's Ice Cream Address 16836 21 Mile Rd Macomb, MI 48044 ☐ Fund Raiser	Purpose: <u>Ice Cream</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/20</u> Date	\$ <u>1,000.00</u> Click Here for Memo Itemization Type v
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type v
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type v
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type v
Subtotal this page			\$1,652.96
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$27,649.98

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B – IK
CANDIDATE COMMITTEE

139816

1. Committee I. D. Number

2. Committee Name

CTE Frank Viviano

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable Institution ☐ Donation of assets to Political Party Committee ☐ Other Description:	Date	\$
Expenditure #2 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description:	Date	\$
Expenditure #3 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description:	Date	\$
Expenditure #4 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description:	Date	\$
Expenditure #5 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description:	Date	\$

Page Subtotal

\$0.00

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

\$0.00

Enter this total
on line 7 of
the Summary
Page



EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G

CANDIDATE COMMITTEE

1. Committee I.D. Number

139816

2. Committee Name

CTE Frank Viviano

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f.
ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address:	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify): For Activity Type b-f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal, check one: ☐ Support ☐ Oppose Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #2 Name & Address:	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify): For Activity Type b-f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal, check one: ☐ Support ☐ Oppose Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #3 Name & Address:	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify): For Activity Type b-f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal, check one: ☐ Support ☐ Oppose Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page

\$0.00

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

\$0.00

Enter total
on Line 8b
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 139816

2. Committee Name CTE Frank Viviano

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose _____ Date _____ Click for Memo Itemization Type		\$ _____
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ ☐ Fund Raiser		
Disbursement # 2 Name & Address:	Purpose _____ Date _____ Click for Memo Itemization Type		\$ _____
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ ☐ Fund Raiser		
Disbursement # 3 Name & Address:	Purpose _____ Date _____ Click for Memo Itemization Type		\$ _____
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ ☐ Fund Raiser		
Disbursement # 4 Name & Address:	Purpose _____ Date _____ Click for Memo Itemization Type		\$ _____
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ ☐ Fund Raiser		
Subtotal this page			\$0.00
Grand Total of all Schedules 1C (Complete on last page of Schedule)			\$0.00

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139816

2. Committee Name CTE Frank Viviano

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: Frank Viviano 18090 Teresa Macomb, MI 48044	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>01/31/20</u> 6. <u>Original Amount of Debt:</u> \$ <u>10,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$10,000.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$10,000.00

Enter this total
on line 12a "owed
by" or line 12b
"owed to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139816
2. Committee Name CTE Frank Viviano

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/03/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>20</u>	5. Type of Fund Raising Activity <u>Reception</u>	6. Address and Name (If any) of the place where the activity was held. <u>5865 Jackelyn Ct</u> <u>Washington Twp MI 48094</u> ☒ Private Residence
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7. Total Contributions \$8,100.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$8,100.00

10. Total Cost of Event \$650.00
(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.