



**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: 01/01/20 to 07/19/20

1. Committee I.D. Number

139946

2. Committee Name

JAMES CARABELLI FOR TREASURER

4. Candidate Last Name

CARABELLI

First Name

JAMES

M.I.

L

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

SHELBY TOWNSHIP TREASURER

4b. County of Residence **MACOMB**

5. Committee's Mailing Address

**54077 MOUND ROAD
SHELBY TOWNSHIP, MI 48316**

6. Treasurer's Name & Residential Address

**JAMES CARABELLI
54077 MOUND ROAD
SHELBY TOWNSHIP, MI 48316**

Area Code and Phone (586) 781-3050

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.

Area Code & Phone (586) 781-3050

7. Treasurer's Business Address

SAME AS ABOVE

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

N/A

Area Code and Phone _____

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ Special

☐ School

☐ Caucus

Date of Election, Convention or Caucus

08/04/20

Required ONLY if candidate is not on the ballot for the current year:

☐ July Quarterly

☐ October Quarterly

9c. ☐ Annual Statement (_____) Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper **JAMES CARABELLI**

Type or Print Name

Signature

Date

7/23/2020

Candidate **JAMES CARABELLI**

Type or Print Name

Signature

Date

7/23/2020



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139946

2. Committee Name JAMES CARABELLI FOR TREASURER

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>45,300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$45,300.00</u>	(18.) \$ <u>\$45,300.00</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>\$45,300.00</u>	(20.) \$ <u>\$45,300.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$3,878.33</u>	(21.) \$ <u>\$3,878.33</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>\$25,702.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$25,702.00</u>	(23.) \$ <u>\$25,702.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$3,800.00</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>\$45,300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$45,300.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$25,702.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$19,598.00</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139946

2. Committee Name JAMES CARABELLI FOR TREASURER

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: SAM LENTINE 37695 LAKEVILLE HARRISON TWP., MI 48045		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UTILITIES</u> Employer <u>LECOM</u> Business Address <u>28377 HOOVER WARREN, MI 48093</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>06/18/20</u> Name & Address: GREG BUSS 38133 WOODCREST CLINTON TWP., MI 48036		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF</u> Business Address <u>12900 HALL RD, STE 322 STERLING HGTS., MI 48313</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>06/18/20</u> Name & Address: PAUL CARABELLI 55207 PARKVIEW SHELBY TWP., MI 48316		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AIRCRAFT MAINT.</u> Employer <u>SELF</u> Business Address <u>3121 UNIVERSITY DR STE 160 AUBURN HILLS, MI 48326</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>06/18/20</u> Name & Address: KATHERINE MORROCCO 707 GUNN RD ROCHESTER, MI 48306		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____ Business Address _____ 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
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ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/02</u>	
Name & Address: VICE LUCIDO 52434 DURY LN SHELBY TWP., MI 48316		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JEWELER</u> Employer <u>SELF</u> Business Address <u>312 S MAIN ROCHESTER, MI 48307</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>06/18/02</u>	
Name & Address: TONY RUBINO 38880 SAHR CT CLINTON TWP., MI 48038		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>V.P. SALES</u> Employer <u>KLOKWERKS DIGITAL</u> Business Address <u>38880 SAHR CT CLINTON TWP., 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>06/18/02</u>	
Name & Address: TIM CRAWFORD 6360 PEACH TREE CT ROCHESTER, MI 48306		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>SELF</u> Business Address <u>1415 WALTON BLVD ROCHESTER, MI 48309</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>06/18/02</u>	
Name & Address: DON FERRY 3800 HARVEST CREEK OAKLAND, MI 48306		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/20</u> Name & Address: JERRI BURGESS 4848 RAMBLING TROY, MI 48098		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SR. PROPERTY MGR</u> Employer <u>NKF MICHIGAN</u> Business Address <u>27725 STANBURY STE 300, FARMINGTON HILLS, MI 48334</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>06/18/20</u> Name & Address: CARL MUNACO 14634 BREZZA SHELBY TWP., MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>CHIRCO HOMES</u> 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>06/18/20</u> Name & Address: TIM CRAWFORD 6360 PEACH TREE CT ROCHESTER HILLS, MI 48306		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>CRAWFORD INSURANCE GROUP</u> Business Address <u>842 N. MAIN ST., ROCHESTER, MI 48306</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>06/18/20</u> Name & Address: GUY RIZZO 37516 HIDDEN VALLY CT. CLINTON TWP., MI 48036		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>GTR COMPANIES</u> Business Address <u>65 MACOMB PL. STE F, MT. CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: GINA RUBINO 38880 SAHR CT CLINTON		\$ <u>500.00</u>	\$ <u>500.00</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>06/18/20</u>	
Name & Address: JOEY DIGRANDE 46393 APPLETON DR MACOMB, MI 48044		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LANDSCAPER</u> Employer <u>JJ LANDSCAPING</u> Business Address <u>46393 APPLETON DR 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>06/18/20</u>	
Name & Address: BEN ALOIA 54439 WHITE SPRUCE LN SHELBY TWP., MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>48 S. MAIN STE 3, MT. CLEMENS, MI 48043</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>06/18/20</u>	
Name & Address: MIKE KLIEMAN 13400 30 MILE WASHINGTON, MI 48095		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>WIEGAND MACK</u> Business Address <u>37580 MOUND RD. STERLING HGTS., MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: LINDA PALAZZOLO 3203 ST JAMES CT ROCHESTER HILLS, MI 48306		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: PETE THOMAS 5018 SEVEN LAKE DR. S. WASHINGTON, MI 48095		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRES.</u> Employer <u>CASH EXCHANGE</u>		Click Here for Memo Itemization	
Business Address <u>35943 GRATIOT AVE. CLINTON TWP., MI 48035</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: PHIL BRECHT 6233 ADAMS WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u>		Click Here for Memo Itemization	
Business Address <u>52759 LEMBKE DR. SHELBY TWP., MI 48315</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: TONY PACELLA 5842 HERRINGTON CT WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>HOLLYWOOD CABINETS</u>		Click Here for Memo Itemization	
Business Address <u>15159 COMMERCIAL DR. SHELBY TWP., MI 48315</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>		
Name & Address: JOHN WERNIS 5777 MYSTIC LN. OAKLAND TWP., MI 48306			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation <u>RETIRED</u> Employer _____				
Business Address _____				
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser				
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>		
Name & Address: MIKE LOCHIRCO 55681 NINO CT SHELBY TWP., MI 48316			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation <u>OWNER</u> Employer <u>ROMA VALLY ENT.</u>				
Business Address <u>2001 CRYSTAL LAKE DR. SHELBY TWP., MI 48316</u>				
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser				
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>		
Name & Address: SEBASTIAN LOMBARDO 1002 CREEKSIDE LEONARD, MI 48367			\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation <u>BUILDER</u> Employer <u>CRANBROOK CUSTOM HOMES</u>				
Business Address <u>13001 23 MILE RD., STE 200 SHELBY TWP., MI 48315</u>				
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser				
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>		
Name & Address			\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation _____ Employer _____				
Business Address _____				
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser				

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/20</u> Name & Address: JIM SARKIS 609 YARBORO DR BLOOMFIELD HILLS, MI 48034 5. If over \$100.00 cumulative, please provide: Occupation <u>BANQUET HALL MGR</u> Employer <u>BARRISTER GARDENS</u> Business Address <u>24225 HARPER AVE. ST. CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/20</u> Name & Address: MARK AUBRY 6200 25 MILE RD SHELBY TWP., MI 48316 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MOTOR CITY PAWN</u> Business Address <u>22100 VAN DYKE WARREN, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1000.00</u>	\$ <u>1000.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/20</u> Name & Address: FRANCO MANCINI 2914 DINA DR TROY, MI 48085 5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>CHAMPAGE BUILDING CO</u> Business Address <u>47858 VAN DYKE AVE. SHELBY TWP., MI 48317</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/20</u> Name & Address: DENISE CHIRCO 3045 HARROW WAY SHELBY TWP., MI 48316 5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
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2. Committee Name JAMES CARABELLI FOR TREASURER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/20</u> Name & Address: LEON PETTY 2050 CHICAGO BLVD DETROIT, MI 48206 5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>GO GREEN CONTRACTING</u> Business Address <u>10301 JOY RD DETROIT, MI 48204</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/20</u> Name & Address: DAN DEMARTINIS 53262 HILLSIDE SHELBY TWP., MI 48316 5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>MARTINI-SAMARTINO DESIGN GROUP</u> Business Address <u>920 E LONG LK. TROY, MI 48085</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: ANGELA MAURO 57127 WILLOW WAY, WASHINGTON, MI 48094 5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/20</u> Name & Address: TONY RUBINO 56455 KEN CHARLES SHELBY TWP., MI 48316 5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>SELF</u> Business Address <u>45609 VILLAGE BLVD SHELBY TWP., MI 48315</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
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139946
2. Committee Name JAMES CARABELLI FOR TREASURER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: JASON CAPITANI 3768 BRIDPORT LN OAKLAND TWP., MI 48363		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>L. MASON CAPITANI</u> Business Address <u>2301 W. BIG BEAVER STE 950 TROY, MI 48084</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>06/18/20</u>	
Name & Address: DAMIANO DIMERCURIO 55223 MEADOW CT SHELBY TWP., MI 48316		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>DILUSSO BUILDING COMPANY</u> Business Address <u>1120 N MAIN ST. ROCHESTER, MI 48307</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>06/18/20</u>	
Name & Address: ATHIR AMMORI 248 E GUNN RD. OAKLAND TWP., MI 48306		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BB'S LIQUOR</u> Business Address <u>13595 21 MILE RD. SHELBY TWP., MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: PAULMILLER 43394 HILLSBORO CLINTON TWP., MI 48038		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MGR</u> Employer <u>JETS PIZZA</u> Business Address <u>13785 23 MILE RD. SHELBY TWP., MI 48315</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
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 139946

2. Committee Name JAMES CARABELLI FOR TREASURER

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/20</u> Name & Address: CHUCK DLUGE 48661 HAYES SHELBY TWP., MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>REAL ESTATE ONE</u> Business Address <u>47800 GRATIOT CHESTERFIELD, MI 48051</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>06/18/20</u> Name & Address: BOB CARABELLI 53500 HAYWALD SHELBY TWP., MI 48316		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>CRAWFORD INAURANCE GROUP</u> Business Address <u>842 N MAIN ST., ROCHESTER, MI 49306</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>06/18/20</u> Name & Address: DIANA MAGNOLI 6402 BAYPOINT WAHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> 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>06/18/20</u> Name & Address: MARILYN CASTELLANA 1122 AUTUMNVIEW DR., ROCHESTER, MI 48307		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: MARIA GALLOWAY 61624 BUNKER HILL WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: KRISTINA SORRENTINO 14113 HIBISCUS DR SHELBY TWP., MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: GREG SUDDERTH 67260 HIDDEN OAK WASHINGTON, MI 48095		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>STRATEGIC SERVICE GROUP INC</u>		Click Here for Memo Itemization	
Business Address <u>245 BARCLAY CIR STE 200, ROCH. HILLS, MI 48307</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: MATT DEANGELIS 5695 SOVEREIGN ROCHESTER, MI 48306		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>J & M CONSTRUCTION</u>		Click Here for Memo Itemization	
Business Address <u>15319 DALE ST. DETROIT, MI 48223</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139946

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: MIKE FURNARI 4878 SUMERTON DR TROY, MI 48085		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SELF</u> Business Address <u>1700 W BIG BEAVER STE 120 TROY, MI 48084</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>06/18/20</u>	
Name & Address: MARIO EVAGELISTA 57997 ROBRAY WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRES</u> Employer <u>CASSINO BUILDING</u> Business Address <u>42732 VAN DYKE, STERLING HGTS., MI 48314</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>06/18/20</u>	
Name & Address: MIKE CHIRCO 6166 WOODBRIDGE WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRES</u> Employer <u>MJC</u> Business Address <u>46600 ROMEO PLANK, STE 5 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>06/18/20</u>	
Name & Address: MARIA LUKOSAVICH 3428 SANDY RIDGE CT SHELBY TWP., MI 48316		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PM</u> Employer <u>CPD PROPERTIES</u> Business Address <u>38700 VAN DYKE STERLING HGHTS., MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$2,000.00**

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139946

2. Committee Name JAMES CARABELLI FOR TREASURER

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/20</u> Name & Address: EUGENE GARGARO JR 20630 HARPER AVE HARPER WOODS, MI 48225		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/20</u> Name & Address: DENISE TROMBLEY 41540 JANET CR CLINTON TWP., MI 48038		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/20</u> Name & Address: KATHLEEN REWOLD 5198 STONEHEDGE ROCHESTER, MI 48306		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> 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>06/18/20</u> Name & Address: JOHN VERMEULEN 5514 WOODMIRE SHELBY TWP., MI 48316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUSTEE</u> Employer <u>SHELBY TWP.</u> Business Address <u>52700 VAN DYKE AVE., SHELBY TWP., MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$1,700.00

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

1. Committee I.D. Number 139946

2. Committee Name JAMES CARABELLI FOR TREASURER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: LISA MANZELLA 59250 GLACIER CLUB DR WASHINGTON, MI 48094		\$ <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>06/18/20</u>	
Name & Address: LAWRENCE RANDAZZO 3663 CHARLWOOD DR ROCHESTER HILLS, MI 48306		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>SELF</u> Business Address <u>2490 WALTON BLVD. STE 103 ROCHESTER HILLS, MI 48309</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>06/18/20</u>	
Name & Address: SAMMY MUNACO 4600 FAWN HILL CT OAKLAND TWP., MI 48306		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>DIMARIA HOMES</u> Business Address <u>34899 RYANN RD. STERLING HGTS., MI 48310</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>06/18/20</u>	
Name & Address: GARY SAKWA 5130 DEEP WOOD RD BLOOMFIELD HILLS, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GRAND SAKWA</u> Business Address <u>28470 W 13 MILE RD. FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139946

2. Committee Name JAMES CARABELLI FOR TREASURER

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>		
Name & Address: BOB TROST 48632 JAMIE CIR SHELBY TWP., MI 48317			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IRRIGATION</u> Employer <u>TROST IRRIGATION</u> Business Address <u>215 BROWN RD. LAKE ORION, MI 48359</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>06/18/20</u>		
Name & Address: GIOVANNI BUGLI 55417 JONES DR MACOMB, MI 48042			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>V.P.</u> Employer <u>METROPOLITAN CONCRETE</u> Business Address <u>6581 METRO PKWY, STERLING HGTS., MI 48312</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>06/18/20</u>		
Name & Address: SALVATORE MUNACO 4362 SUMMER PL SHELBY TWP., MI 48316			\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LANDSCAPER</u> Employer <u>MUNACO LANDSCAPE</u> Business Address <u>44805 UTICA RD. UTICA, MI 48317</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>06/18/20</u>		
Name & Address: MATT BAFFO 117 MORAN RD GROSSE POINTE FARMS, MI 48236			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>V.P. MORTGAGE</u> Employer <u>FIRST STATE BANK</u> Business Address <u>41240 HAYES RD CLINTON TWP., MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			Click Here for Memo Itemization	

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139946

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: JULIE GARAVAGLIA 18958 ASPEN LIVONIA, MI 48152		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: JACQUELINE & SHANNON PRICE 9613 TENNYSON PLYMOUTH, MI 48170		\$ <u>2000.00</u>	\$ <u>2000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>M&B CONSULTING</u>		Click Here for Memo Itemization	
Business Address <u>SAME</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: GREG BUSS 38133 WOODCREST CLINTON TWP., MI 48036		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: MARIA CACCAMO 53632 APPLEWOOD SHELBY TWP., MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/20</u> Name & Address: SAM MARINO 62872 MORNINGSIDE WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LANDSCAPER</u> Employer <u>SELF</u> Business Address <u>51879 SCHOENHERR 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>06/18/02</u> Name & Address: BRAD KORTE 61720 BUNKER HILL WASHINGTON, 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>SELF</u> Business Address <u>7750 23 MILERD, SHELBY TWP., MI 48316</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>06/18/02</u> Name & Address: LOU MICHAEL 14346 HIBISCUS DR. SHELBY TWP., MI 48315		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>V.P.</u> Employer <u>LE COM</u> Business Address <u>28377 HOOVER WARREN, MI 48093</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>06/18/02</u> Name & Address: PASQUALE CASASANTA <i>53657 Romeo PLANK</i> <i>MACOMB 48317</i>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>SELF</u> Business Address <u>47798 VAN DYKE SHELBY TWP., MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

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 139946

2. Committee Name JAMES CARABELLI FOR TREASURER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/20</u>	
Name & Address: MIKE LAGRASSO 73094 HIDDEN CREEK BRUCE TWP., MI 48065		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LANDSCAPE</u> Employer <u>SELF</u> Business Address <u>62170 VAN DYKE WASHINGTON, MI 48094</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>06/18/20</u>	
Name & Address: JOMARIE MUNACO 14634 BREZZA SHELBY TWP., MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> 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>06/18/20</u>	
Name & Address: CYNTHIA ZAPCZYNSKI 46455 SPRUCE DR SHELBY TWP., MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> 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>06/18/20</u>	
Name & Address: FRANK NAGY 38641 JONATHON CLINTON TWP., MI 48036		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DENTIST</u> Employer <u>SELF</u> Business Address <u>15351 17 MILE</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

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.

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Name & Address
TOM ZIBKOWSKI
6019 OAK RIDGE DR
WASHINGTON, MI 48094

\$ 500.00 \$ 500.00



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139946

CANDIDATE COMMITTEE

2. Committee Name JAMES CARABELLI FOR TREASURER

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: JAMES CARABELLI 54077 MOUND RD SHELBY TWP., MI 48316 If over \$100.00 cumulative, please provide: Occupation: COMMISSIONER Employer Name & Business Address: MACOMB COUNTY COMMISSION 1 S. MAIN, 9TH FLOOR 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 FUND RAISER 5. Date Of Receipt: 06/18/20 6. Vendor Name & Address:	\$ 3,800.00	\$ 3,800.00
Click Here for Memo Itemization			
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☒ Yes Name & Address: RTL OF MICHIGAN PAC 2340 PORTER ST. SW GRAND RAPIDS, MI 49509 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 MAIL LIST 5. Date Of Receipt: 06/25/20 6. Vendor Name & Address:	\$ 78.33	\$ 78.33
Click Here for Memo Itemization			
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$
Click Here for Memo Itemization			
☐ Fund Raiser Contribution			

Page Subtotal **\$3,878.33**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$3,878.33**

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **139946**
2. Committee Name **JAMES CARABELLI FOR TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PRINT MASTERS Address 26039 DEQUINDRE MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: PRINT/MAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/20 Date	\$ 2,528.04 Click Here for Memo Itemization Type v
Expenditure #2 Name TRACTOR SUPPLY Address 66143 VAN DYKE WASHINGTON, MI 48095 ☐ Fund Raiser	Purpose: T POST ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/20 Date	\$ 206.06 Click Here for Memo Itemization Type v
Expenditure #3 Name HOME DEPOT Address 8760 26 MILE SHELBY TWP., MI 48316 ☐ Fund Raiser	Purpose: TIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/20 Date	\$ 127.18 Click Here for Memo Itemization Type v
Expenditure #4 Name GROUND TRUTH Address 285 FULTON ST 60TH FLOOR, STE 285 NEY YORK, NY 10007 ☐ Fund Raiser	Purpose: ONLINE ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/20 Date	\$ 3,000.00 Click Here for Memo Itemization Type v
Expenditure #5 Name FACEBOOK Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: FB ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/20 Date	\$ 500.00 Click Here for Memo Itemization Type v
Subtotal this page			\$6,361.28
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 139946
2. Committee Name JAMES CARABELLI FOR TREASURER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAWICKI & SONS Address 1521 W. LAFAYETTE DETROIT, MI 48216 ☐ Fund Raiser	Purpose: <u>SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/20</u> Date	\$ <u>3,831.90</u>
Expenditure #2 Name WAM PRINT MAIL Address 5510 33RD ST SE GRAND RAPIDS, MI 49512 ☐ Fund Raiser	Purpose: <u>PRINT/MAIL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/20</u> Date	\$ <u>1006.02</u>
Expenditure #3 Name PRINT MASTERS Address 26039 DEQUINDRE MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>PRINT/MAIL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/22/20</u> Date	\$ <u>7,302.82</u>
Expenditure #4 Name PRINT MASTERS Address 26039 DEQUINDRE MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>PRINT/MAIL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/07/20</u> Date	\$ <u>4,993.95</u>
Expenditure #5 Name PRINT MASTERS Address 26039 DEQUINDRE MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>PRINT/MAIL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/20</u> Date	\$ <u>842.02</u>
Subtotal this page			\$ <u>17,976.71</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 **139946**
2. Committee Name **JAMES CARABELLI FOR TREASURER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name POLITICAL MARKETING INTERNATIONAL Address P.O. BOX 698 MARIA, FL 32447 ☐ Fund Raiser	Purpose: CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/20 Date	\$ 220.00 Click Here for Memo Itemization Type v
Expenditure #2 Name RTL OF MICHIGAN Address 2340 PORTER ST GRAND RAPIDS, MI 48509 ☐ Fund Raiser	Purpose: MAIL LIST ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/25/20 Date	\$ 44.01 Click Here for Memo Itemization Type v
Expenditure #3 Name USPS Address 7755 22 MILE SHELBY TWP., MI 48317 ☐ Fund Raiser	Purpose: STAMPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/00 Date	\$ 1,100.00 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			\$1,364.01
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$25,702.00



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139946
2. Committee Name JAMES CARABELLI FOR TREASURER

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: JAMES CARABELLI 54077 MOUND RD SHELBY TWP., 48316	4. Type: <u>LOAN FUND RAISER</u> 5. <u>Date Debt Was Incurred:</u> <u>06/18/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,800.00</u>	<u>06/18/20</u> \$ <u>3,800.00</u> \$ \$ \$ \$	\$ <u>3,800.00</u>	\$ <u>3,800.00</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) **\$3,800.00**

Grand Total of all Schedules 1E **\$3,800.00**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **139946**
2. Committee Name **JMAES CARABELLI FOR TREASURER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/18/20	4. Number of Individuals Attending or Participating (whichever is greater) 95	5. Type of Fund Raising Activity DINNER	6. Address and Name (If any) of the place where the activity was held. 540 GUNN RD ROCHESTER, MI 48306 ☒ Private Residence
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7. Total Contributions **\$45,300.00**

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) **\$45,300.00**

10. Total Cost of Event **\$3,800.00**

(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.