



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 139832		3. This Statement covers From: 1/1/20 to 7/19/20	
2. Committee Name Lisa Casali for Trustee		4. Candidate Last Name CASALI First Name LISA M.I. A 4a. Office Sought Including District # or Community Served (If applicable) TRUSTEE; SHELBY TOWNSHIP 4b. County of Residence MACOMB	
5. Committee's Mailing Address 13860 TIMBERVIEW DR SHELBY TWP, MI 48315 Area Code and Phone 586.839.7741 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address LISA CASALI 13860 TIMBERVIEW DR SHELBY TWP, MI 48315 Area Code & Phone 586.839.7741	
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) N/A 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 8-4-20		Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement (_____) Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper LISA CASALI Type or Print Name		Lisa Casali Date 7-22-2020 Signature	
Candidate LISA CASALI Type or Print Name		Lisa Casali Date 7-22-2020 Signature	

FILED
20 JUL 23 PM 1:38
MACOMB COUNTY CLERK
M. CLEMENS, MICHELLE



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

139832

2. Committee Name

Lisa Casali for Trustee

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 12,300.00	(18.) \$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$ 12,300.00	(20.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 12,300.00	
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 10,336.35	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 10,336.35	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0	(24.) \$
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 1000.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 0	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 12,300.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 12,300.00	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 10,336.35	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 1963.65	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139832
2. Committee Name Lisa Casali for trustee

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>5-1-2020</u>	
Name & Address: <u>KOSAIA, ELIZABETH</u> <u>9661 ANDREWS AVE</u> <u>ALLEN PARK, MI 48101</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>5-25-2020</u>	
Name & Address: <u>LEWALLEN, DAVID & SANDRA</u> <u>1375 NICHOL CT</u> <u>ROCHESTER HILLS, MI 48306</u>		\$ <u>100.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>NEWS ANCHOR</u> Employer <u>WXYZ TV</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>5-25-2020</u>	
Name & Address: <u>WIEGAND KLIEMAN, JENNIFER</u> <u>13400 30 MILE RD</u> <u>WASHINGTON, MI 48095</u>		\$ <u>500.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>WIEGAND MACK</u> 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>5-30-2020</u>	
Name & Address: <u>KOCIS, JOHN</u> <u>14846 SPARROW DR</u> <u>SHELBY TOWNSHIP, MI 48315</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

1200.00

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 139832
2. Committee Name Lisa Casali for Trustee

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>5-30-2020</u>	
Name & Address: <u>KOCIS, JOHN</u> <u>14846 SPARRON DRIVE</u> <u>SHELBY TOWNSHIP, MI 48315</u>		\$ <u> </u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address <u> </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>5-30-2020</u>	
Name & Address: <u>SUOOMIER, LINDA</u> <u>13894 TIMBERVIEW DR</u> <u>SHELBY TWP, MI 48315</u>		\$ <u> </u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address <u> </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>6-2-20</u>	
Name & Address: <u>LUCIDO FOR A BRIGHTER TOMORROW</u> <u>6303 26 MILE RD</u> <u>WASHINGTON, MI 48094</u>		\$ <u> </u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address <u> </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>6-2-20</u>	
Name & Address: <u>GORAK, JOE</u> <u>13188 VAN PAMEL DRIVE</u> <u>SHELBY TOWNSHIP, MI 48315</u>		\$ <u> </u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address <u> </u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

400.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139832
2. Committee Name Lisa Casali for Trustee

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>6-3-20</u>	
Name & Address: <u>SCHNEIDER, ROBIN & FRED</u> <u>13817 WOODSETT CT</u> <u>SHELBY TOWNSHIP, MI 48315</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>6-3-20</u>	
Name & Address: <u>ROSELLI, LISA & ANTHONY</u> <u>54679 QUEENSBOROUGH</u> <u>SHELBY TWP, MI 48315</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>6-7-20</u>	
Name & Address: <u>ARLOW, JASON & RACHEL</u> <u>5709 ARNOLD RD</u> <u>COTTREVILLE, MI 48039</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>6-8-20</u>	
Name & Address: <u>PANGORI, STEPHEN & LAURA</u> <u>8106 ROSEBUD LN</u> <u>CLARKSTON, MI 48348</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

400.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139832
2. Committee Name Lisa Casali for Trustee

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 6-7-20
Name & Address:

ENGLISH, JEFF
53162 MANCHESTER AVE
SHELBY MI 48316

\$ _____ \$ 100.00

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 6-10-20
Name & Address

CENTRE COURT PROPERTIES, LLC
" MEMO ITEMIZATION BELOW "

\$ _____ \$ 600.00

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 6-10-20
Name & Address:

MEMO ITEMIZATION
HUTH, ROB
19500 HALL RD #100
CLINTON TWP MI 48038

\$ _____ \$ 200.00

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

[Click Here for Memo Itemization](#)

Occupation ATTORNEY Employer KIRK & HUTH

Business Address _____

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 6-10-20
Name & Address

MEMO ITEMIZATION
KIRK, BOB
19500 HALL RD #100
CLINTON TWP MI 48038

\$ _____ \$ 200.00

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

[Click Here for Memo Itemization](#)

Occupation ATTORNEY Employer KIRK & HUTH

Business Address _____

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

Page Subtotal

500.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

139832

2. Committee Name

Lisa Casali for Trustee

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

6-10-20

Name & Address:

MEMO ITEMIZATION

BADALAMENTI, RAFAEL RAEHEL

19500 HALL ROAD #100

CLINTON TWP MI 48038

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

Occupation ATTORNEY

Employer KIRK & HUTH

\$ 200.⁰⁰

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

6-27-20

Name & Address

CACCAMO, MARIA & GAETANO

53632 APPLEWOOD DR.

SHELBY TWP, MI 48315

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

Occupation

Employer

\$ 100.⁰⁰

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

Name & Address:

RUGGERI, PHILIP

55764 SAINT REGIS DR.

SHELBY TWP, MI 48315

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

Occupation ATTORNEY

Employer SELF EMPLOYED

\$ 1000.⁰⁰

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

Name & Address

NARDONE, JULIE

14315 TOWERLINE OAKS DR.

SHELBY TWP, MI 48315

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

Occupation PHYSICAL THERAPIST

Employer HENRY FORD HOSPITAL

\$ 1000.⁰⁰

Click Here for Memo Itemization

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

2300.⁰⁰

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

Enter this total on
line 3a of Summary
Page.

CANDIDATE COMMITTEE

107058

2. Committee Name

LISA CASALTO for Trustee

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 6-10-20

Name & Address:

WILSON, GORDON
49572 COMPASS POINT DR
CHESTERFIELD, MI 48047

\$ 200.00

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

Occupation PE, CFM Employer ANDERSON ECKSTEIN & WESTRICK
EXEC. V.P.

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 6-15-20

Name & Address

PUTROS, ASEEL
6813 BAYTREE CT
SHELBY TWP MI 48315

\$ 100.00

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

Occupation _____ Employer _____

Business Address

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

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 6-20-20

Name & Address:

DALLO, JULIUS
10469 EXCALIBUR PK
SHELBY TWP, MI 48315

\$ 200.00

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

Occupation RESTAURANT Employer SELF EMPLOYED
OWNER

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

HOHNSTADT, WILLIAM
5371 VINCENT TRAIL
SHELBY TWP MI 48316

\$ 50.00

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

Occupation _____ Employer _____

Business Address

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

[Click Here for Memo Itemization](#)

Page Subtotal

550.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139832
2. Committee Name Lisa Casali for Trustee

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>STAN GROT FOR MICHIGAN REPUBLICANS</u> <u>11927 HIAWATHA</u> <u>SHELBY TWP MI 48315</u>	PAC Receipt? ☒ YES 4. Date of Receipt <u>6-30-20</u>	\$ <u>200.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>SHELBY TWP CLERK</u> Employer <u>SHELBY TWP</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>T.J. OMELL PROPERTIES, LLC</u> <u>7605 SEVENTEEN MILE</u> <u>STERLING HEIGHTS MI 48313</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>6-20-20</u>	\$ <u>500.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>INDEPENDENT CONTRACTOR</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>COMMITTEE TO ELECT STANLEY GROT</u> <u>11927 HIAWATHA DRIVE</u> <u>SHELBY TWP, MI 48315</u>	PAC Receipt? ☒ YES 4. Date of Receipt <u>6-30-20</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 Name & Address: <u>CITIZENS FOR HONEST GOVERNMENT</u> <u>12955 23 MILE ROAD</u> <u>SHELBY TWP MI 48315</u>	PAC Receipt? ☒ YES 4. Date of Receipt _____	\$ <u>2000.00</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 2800.00

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 139832

2. Committee Name Lisa Casali for Trustee

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	5-21-20		
Name & Address:					
MOFFITT, JEROME 5802 VINCENT TRAIL SHELBY TWP MI 48315				\$	\$ 100. ⁰⁰
5. If over \$100.00 cumulative, please provide:				Click Here for Memo Itemization	
Occupation		Employer			
Business Address					
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser					
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt	5-31-20		
Name & Address:					
GODLEWSKI, JOSEPHINE 14985 TOTEN PLACE SHELBY TWP MI 48315				\$	\$ 50. ⁰⁰
5. If over \$100.00 cumulative, please provide:				Click Here for Memo Itemization	
Occupation		Employer			
Business Address					
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser					
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt	6-1-20		
Name & Address:					
SCHULTE, CHRISTINA 2236 OAKLAND AVE ROCHESTER HILLS MI 48309				\$	\$ 100. ⁰⁰
5. If over \$100.00 cumulative, please provide:				Click Here for Memo Itemization	
Occupation		Employer			
Business Address					
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser					
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt	6-1-20		
Name & Address:					
MARROCCO, ROSEMARY 11421 HEATHERWOOD CT SHELBY TOWNSHIP MI 48315				\$	\$ 100. ⁰⁰
5. If over \$100.00 cumulative, please provide:				Click Here for Memo Itemization	
Occupation		Employer			
Business Address					
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser					

Page Subtotal	350.00
---------------	--------



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139832
2. Committee Name Lisa Casali for Trustee

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>TRIGGER, BARBARA</u> <u>12972 CREEKVIEW DR E</u> <u>SHELBY TWP, MI 48315</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>6-3-2020</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 Name & Address: <u>EARLE, DANA</u> <u>13950 TIMBERVIEW DR</u> <u>SHELBY TWP MI 48315</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>6-3-2020</u>	\$ <u>250.00</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 Name & Address: <u>KOSAIAW, PAUL</u> <u>5610 RIVERLIDGE</u> <u>BRIGHTON, MI 48116</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>6-5-20</u>	\$ <u>250.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGR. MGR</u> Employer <u>MIDWAY PRODUCTS</u> Business Address <u>IRONROE, MI</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>RIVINGTON, TIM</u> <u>50031 CONCORDE DR</u> <u>SHELBY TWP MI 48315</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>6-8-2020</u>	\$ <u>200.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo itemization	
Page Subtotal		<u>800.00</u>	

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139832
2. Committee Name Lisa Casali for Trustee

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>6-22-2020</u> Name & Address: <u>LENK, NOAH</u> <u>13808 TIMBERVIEW PK.</u> <u>SHELBY TWP MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AG</u> Employer <u>SELF EMPLOYED</u> Business Address <u>11</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1000.00</u>	Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>6-23-20</u> Name & Address: <u>LIPARI, LORI</u> <u>1031 COVINGTON RD</u> <u>BLOOMFIELD HILLS, MI 48301</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>LIPARI FOODS INC</u> Employer <u>LIPARI FOODS</u> Business Address <u>26661 BUNELT RD WALKER MI</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>6-23-20</u> Name & Address: <u>SZYMKOWICZ, CHRIS</u> <u>14140 MIDDLEBURY</u> <u>SHELBY TWP MI 48315</u> 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>	Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>6-25-20</u> Name & Address: <u>WHITE, KELLY</u> <u>1873 TRACEY</u> <u>ROCHESTER HILLS, MI 48306</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>WHITE STAR MOVELS</u> Business Address <u>359 13038 PAULINE DR SHELBY TWP MI</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	Click Here for Memo Itemization
Page Subtotal		<u>1550.00</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139832
2. Committee Name Lisa Casali for Trustee

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.

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 6-26-20
Name & Address:

KOVACH, KEN
52406 WINDSOR CT
SHELBY TWP, MI 48315

\$ 100.00

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 6-27-20
Name & Address:

GIANETTI, FRANK
12357 FOREST GLEN LN
SHELBY TWP MI 48315

\$ 250.00

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

[Click Here for Memo Itemization](#)

Occupation CONTRACTOR Employer SELF EMPLOYED

Business Address " "

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 7-16-20
Name & Address:

THULBER, CAROL
2496 CANOE CIRCLE
LAKE ORION, MI 48360

\$ 100.00

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 5-1-20
Name & Address:

LISA CASALI
13860 TIMBERVIEW DR
SHELBY TWP MI 48315

\$ 1006.00

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

[Click Here for Memo Itemization](#)

Occupation TRUSTEE Employer SHELBY TWP

Business Address _____

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

Page Subtotal 1450.00



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139832
2. Committee Name Lisa Casali for Trustee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>PONTIAC MAILHOUSE</u> Address <u>2627 PONTIAC LAKE RD</u> <u>WATERFORD, MI 48328</u> ☐ Fund Raiser	Purpose: <u>MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-25-20</u> Date	\$ <u>2109.96</u>
Expenditure #2 Name <u>PONTIAC MAILHOUSE</u> Address <u>2627 PONTIAC LAKE RD</u> <u>WATERFORD MI 48328</u> ☐ Fund Raiser	Purpose: <u>MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-28-20</u> Date	\$ <u>2629.96</u>
Expenditure #3 Name <u>C AND G NEWSPAPER</u> Address <u>13650 11 MILE RD</u> <u>WARREN MI 48089</u> ☐ Fund Raiser	Purpose: <u>AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-8-20</u> Date	\$ <u>413.33</u>
Expenditure #4 Name <u>JOYFUL WEB DESIGN</u> Address <u>929 WEST CROSS STREET</u> <u>YPSILANTI, MI 48197</u> ☐ Fund Raiser	Purpose: <u>WEBSITE DESIGN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-27-20</u> Date	\$ <u>500.00</u>
Expenditure #5 Name <u>JOYFUL WEB DESIGN</u> Address <u>929 WEST CROSS ST</u> <u>YPSILANTI MI 48197</u> ☐ Fund Raiser	Purpose: <u>WEBSITE DESIGN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-23-20</u> Date	\$ <u>500.00</u>

Subtotal this page 6153.25

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 139832
2. Committee Name Lisa Casali for Trustee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>PRECISION SIGNS</u> Address <u>6125 VALLEY DR</u> <u>BETTENDORF, IA 52722</u> ☐ Fund Raiser	Purpose: <u>CAMPAIGN SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/29/20</u> Date	<u>\$ 1266.50</u>
Expenditure #2 Name <u>PONTIAC MAILING SERVICES</u> Address <u>2627 PONTIAC LAKE RD</u> <u>WATERFORD, MI 48328</u> ☐ Fund Raiser	Purpose: <u>MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-30-20</u> Date	<u>\$ 310.83</u>
Expenditure #3 Name <u>PONTIAC MAILING SERVICES</u> Address <u>2627 PONTIAC LAKE RD</u> <u>WATERFORD, MI 48328</u> ☐ Fund Raiser	Purpose: <u>MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-10-20</u> Date	<u>\$ 509.53</u>
Expenditure #4 Name <u>TWISTED SOCIAL MEDIA</u> Address <u>6735 BURNSLINE RD</u> <u>LEXINGTON, MI 48450</u> ☐ Fund Raiser	Purpose: <u>ONLINE ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-6-20</u> Date	<u>\$ 2000.00</u>
Expenditure #5 Name <u>PAYPAL FEES</u> Address <u></u> ☐ Fund Raiser	Purpose: <u>FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-19-20</u> Date	<u>\$ 96.24</u>

Subtotal this page

4183.10

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

10,336.35

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

139 832

2. Committee Name

Lisa Casali for Trustee

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:

LISA CASALI
13860 TIMBERVIEW AVE
SHELBY TWP MI
48315

4. Type: LOAN
5. Date Debt Was Incurred: 5-28-20
6. Original Amount of Debt: \$ 1000.00

\$
\$
\$
\$
\$

\$

\$ 1000.00
☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Corp? ☐ Yes
Owed to or by:

4. Type: _____
5. Date Debt Was Incurred: _____
6. Original Amount of Debt: _____
\$ _____

\$
\$
\$
\$
\$

\$

\$
☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Corp? ☐ Yes
Owed to or by:

4. Type: _____
5. Date Debt Was Incurred: _____
6. Original Amount of Debt: _____
\$ _____

\$
\$
\$
\$
\$

\$

\$
☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

1000.00

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

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.

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