



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 <u>139832</u>		3. This Statement covers From: <u>AUG 2, 2020</u> to <u>August 24, 2020</u>	
2. Committee Name <u>LISA CASALI FOR TRUSTEE</u>		4. Candidate Last Name First Name M.I. <u>CASALI LISA A</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>TRUSTEE, SHELBY TOWNSHIP</u> 4b. County of Residence <u>MACOMB</u>	
5. Committee's Mailing Address <u>13860 TIMBERVIEW DRIVE</u> <u>SHELBY TOWNSHIP MI</u> <u>48315</u> Area Code and Phone <u>586.839.7741</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.		6. Treasurer's Name & Residential Address <u>LISA CASALI</u> <u>13860 TIMBERVIEW DRIVE</u> <u>SHELBY TOWNSHIP, MI 48315</u> Area Code & Phone <u>586.839.7741</u>	
7. Treasurer's Business Address <u>N/A</u> Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <u>N/A</u> 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 <u>8-4-20</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 <u>LISA CASALI</u> Type or Print Name		<u>Lisa Casali</u> Signature Date <u>9-1-20</u>	
Candidate <u>LISA CASALI</u> Type or Print Name		<u>Lisa Casali</u> Signature Date <u>9-1-20</u>	

Authority granted under P.A. 388 of 1976



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.) \$	<u>320.00</u>	(18.) \$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$	<u>320.00</u>	(20.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>-</u>	(21.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>320.00</u>	(22.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>-</u>	(23.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>-</u>	(24.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>5709.39</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>-</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>5709.39</u>	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>-</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>500.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>-</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>4963.65</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>320.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>5283.65</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>5709.39</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>(425.74)</u>	



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**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:	PAC Receipt? ☐ YES 4. Date of Receipt <u>8-2-20</u>		
<i>DEARLOVE, CHRISTINE</i> <i>14184 TOWERING OAKS</i> <i>SHELBY TWP, MI 48315</i>		\$ <u>20.00</u>	
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 Name & Address:	PAC Receipt? ☐ YES 4. Date of Receipt <u>8-3-20</u>		
<i>SAINI, RAINDER</i> <i>2004 CARRIER CT</i> <i>SHELBY TWP MI 48310</i>		\$ <u>200.00</u>	
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 Name & Address:	PAC Receipt? ☐ YES 4. Date of Receipt <u>8-3-20</u>		
<i>ZEBROWSKI, PAUL</i> <i>54552 SALEM DRIVE</i> <i>SHELBY TOWNSHIP MI 48315</i>		\$ <u>100.00</u>	
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 Name & Address:	PAC Receipt? ☐ YES 4. Date of Receipt _____		
		\$ _____	\$ _____
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

320.00

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
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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>TWISTED SOCIAL MEDIA</u> Address <u>6735 BURNS LINE RD</u> <u>LEXINGTON, MI</u> <u>48450</u> ☐ Fund Raiser	Purpose: <u>ALL DONE IN HOUSE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/22/20</u> Date	<u>\$ 250.00</u>
Expenditure #2 Name <u>AMERICAN SPEEDY PRINTING</u> Address <u>46703 VANDYKE AVE</u> <u>SHELBY TWP, MI 48317</u> ☐ Fund Raiser	Purpose: <u>PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/24/20</u> Date	<u>\$ 2550.00</u>
Expenditure #3 Name <u>AMERICAN SPEEDY PRINTING</u> Address <u>46703 VANDYKE AVE</u> <u>SHELBY TWP MI</u> <u>48317</u> ☐ Fund Raiser	Purpose: <u>PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/25/20</u> Date	<u>\$ 1928.76</u>
Expenditure #4 Name <u>PONTIAC MALLHOUSE</u> Address <u>2627 PONTIAC LAKE RD</u> <u>WATERFORD, MI</u> <u>48328</u> ☐ Fund Raiser	Purpose: <u>MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/30/20</u> Date	<u>\$ 941.63</u>
Expenditure #5 Name <u>CITIZENS BANK</u> Address <u>8484 26 MILE RD</u> <u>SHELBY TWP MI</u> <u>48314</u> ☐ Fund Raiser	Purpose: <u>BANK FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/31/20</u> Date	<u>\$ 39.00</u>

Subtotal this page

5709.39

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

Enter this total
on line 8a of
Summary Page



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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139832
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 endorsers 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 DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>8-23-20</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>500.00</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)

500.00

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

Page 1 of 1