



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 01-01-2020 to 7-19-2020

1. Committee I.D. Number

139826

4. Candidate Last Name

DiCico

First Name

Lucia

M.I.

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

4b. County of Residence **MACOMB**

2. Committee Name

Lucia DiCicco for Trustee

5. Committee's Mailing Address

**5108 23 Mile Road
Shelby Twp. MI 48316**

6. Treasurer's Name & Residential Address

**David Hinman
17501 Dunblaine
Beverly Hills, MI 48025**

Area Code and Phone **(586) 580-4665**

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) 580-4665**

7. Treasurer's Business Address

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

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

08/04/2020

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 **David Hinman**

Type or Print Name

Signature

Date

7/24/2020

Candidate **Lucia DiCicco**

Type or Print Name

Signature

Date

7/24/2020



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139826

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Lucia DiCicco for Trustee

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>8590.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>8590.00</u>	(18.) \$ <u>8590.00</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>8590.00</u>	(20.) \$ <u>8590.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>14624.78</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>14624.78</u>	(23.) \$ <u>14624.78</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>8590.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>8590.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>14624.78</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>[-6034.78]</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139826
2. Committee Name Lucia DiCicco 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>03/10/20</u> Name & Address: Karl Tebeau 49859 Golden Lake Shelby Twp., MI 48315		\$ <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>03/10/20</u> Name & Address: Sandra Tornberg 53794 Whitby Way Shelby Twp., MI 48316		\$ <u>100.00</u>	\$ <u>100.00</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>03/10/20</u> Name & Address: Antonio Melaragni 6786 Norton Drive Troy, MI 48085		\$ <u>100.00</u>	\$ <u>100.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/10/20</u> Name & Address: Domenic DiCicco 49641 Lakebridge Drive Shelby Twp., MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Ford Motor Company</u> Business Address <u>16800 Executive Plaza Drive, Dearborn, MI 48126</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.



**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 139826
2. Committee Name Lucia DiCicco 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>Angie Greenslade</u> <u>4374 Sandy Creek Drive</u> <u>Shelby Twp., MI 48316</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
PAC Receipt? ☐ YES 4. Date of Receipt <u>03/10/20</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>Carolyn Koehn</u> <u>45926 Meadow Ln</u> <u>Macomb MI 48044</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
PAC Receipt? ☐ YES 4. Date of Receipt <u>03/10/20</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Soil Erosion Inspector</u> Employer <u>Macomb County</u> Business Address <u>21777 Dunham Road, Clinton Township, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>David Hinman</u> <u>17501 Dunblaine Ave</u> <u>Beverly Hills, MI 48025</u>		\$ <u>300.00</u>	\$ <u>300.00</u>
PAC Receipt? ☐ YES 4. Date of Receipt <u>03/10/20</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 # 4 Name & Address: <u>Giovanna Crispignani</u> <u>529 Chase Ln</u> <u>Bloomfield Hills, MI 48304</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
PAC Receipt? ☐ YES 4. Date of Receipt <u>03/10/20</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>03/10/20</u> Name & Address: <u>Domenica DiNello</u> <u>12870 Honey Locust Drive</u> <u>Shelby Twp., MI 48315</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Agent</u> Employer <u>DiNello Team Real Estate</u> Business Address <u>101 S Main Street, Ste 200-B, 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>03/10/20</u> Name & Address: <u>Julie Apone</u> <u>52849 Seven Oaks Drive</u> <u>Shelby Twp., MI 48316</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Admin Assistant</u> Employer <u>Ascension St. John Hospital</u> Business Address <u>22101 Moross Rd, Detroit, MI 48236</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>03/10/20</u> Name & Address: <u>Anthony Fanelli</u> <u>50466 Heatherwood Ln</u> <u>Shelby Twp., MI 48317</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer <u>The Fanelli Group LLC</u> Business Address <u>50466 Heatherwood Ln, Shelby Twp., 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>03/10/20</u> Name & Address: <u>Maryanne Deneweth</u> <u>13019 Roxbury Drive</u> <u>Sterling Heights MI 48312</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk, Huth PLC</u> Business Address <u>19500 Hall Road, Suite 100, Clinton Twp., MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

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Grand Total of All Schedules 1A
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3. Contribution # 1 Name & Address: Jeffrey Braun 5713 Montgomery Drive Shelby Twp., MI 48316 5. If over \$100.00 cumulative, please provide: Occupation <u>Electrician</u> Employer <u>Ford Motor Company</u> Business Address <u>701 32 Mile Road, Romeo MI 48065</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
4. Date of Receipt <u>03/10/20</u>		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Valerio Poliuto 39085 Moravian Drive Clinton Twp., MI 48036 5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance</u> Employer <u>Financial Security</u> Business Address <u>39085 Moravian Drive, Clinton Twp., MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
4. Date of Receipt <u>03/10/20</u>		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Steve Schmidt 53217 Garland Drive Shelby Twp., MI 48317 5. If over \$100.00 cumulative, please provide: Occupation <u>Appraiser</u> Employer <u>Self/ Schmidt Appraisal Services</u> Business Address <u>53217 Garland Drive, Shelby Twp., MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
4. Date of Receipt <u>03/10/20</u>		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Rocco Maiuri 54470 Egmonte Key Ave Macomb, MI 48042 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
4. Date of Receipt <u>03/10/20</u>		Click Here for Memo Itemization	

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MICHIGAN DEPARTMENT OF STATE
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/10/20</u> Name & Address: <u>Giovanni DiMambro</u> <u>46835 Ryan Road</u> <u>Shelby Twp., MI 48317</u>		\$ <u>200.00</u>	\$ <u>200.00</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>03/10/20</u> Name & Address: <u>Garald Melaragni</u> <u>57650 Jewell Road</u> <u>Washington Twp., MI 48094</u>		\$ <u>200.00</u>	\$ <u>200.00</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>03/10/20</u> Name & Address: <u>Jerry Moffitt</u> <u>P.O.Box 182506</u> <u>Shelby Twp., MI 48318</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Senior Advisor</u> Employer <u>Alidade Capital LLC</u> Business Address <u>40900 Woodward, Avenue, Bloomfield Hills, MI 48304</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>03/10/20</u> Name & Address: <u>Jeffrey Smetzer</u> <u>615 E Main St.</u> <u>Gaylord, MI 49735</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Oil & Gas Industry</u> Employer <u>Smetzer Land Services INC</u> Business Address <u>145 W Main St #301, Gaylord, MI 49835</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Michigan Professional Leadership PAC</u> <u>54089 Rienas Lane</u> <u>Shelby Twp., MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PAC Contribution</u> Employer _____ Business Address <u>54089 Rienas Lane, Shelby Twp., MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u> Click Here for Memo Itemization
4. Date of Receipt <u>03/10/20</u>			
3. Contribution #2 Name & Address: <u>Thom Foxlee</u> <u>54620 Arrowhead Drive</u> <u>Shelby Twp., MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization
4. Date of Receipt <u>03/10/20</u>			
3. Contribution # 3 Name & Address: <u>Michigan Professional Fire Fighters Union</u> <u>1651 Kingsway Ct. SE E</u> <u>Trenton, MI 48183</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PAC Contribution</u> Employer _____ Business Address <u>1651 Kingsway Ct., SE E, Trenton, MI 48183</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization
4. Date of Receipt <u>03/10/20</u>			
3. Contribution # 4 Name & Address: <u>Timothy Matway</u> <u>7277 Vista Drive</u> <u>Shelby Twp., MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Anesthesiologist</u> Employer <u>Neuropain Consultants</u> Business Address <u>48801 Romeo Plank Road, Ste 103, Macomb Twp., MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization
4. Date of Receipt <u>03/10/20</u>			

Page Subtotal 850.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>5/10/2020</u> Name & Address: LACO Holdings 101 S. Main Street STE 200 Rochester, MI 48307		\$ <u>150.00</u>	\$ <u>150.00</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>5/10/2020</u> Name & Address: Center Court Properties 19500 Hall Road, #100 Clinton Twp., MI 48038		\$ <u>200.00</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	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>5/10/2020</u> Name & Address: Kathleen Crispignani 3914 Walnut Drive Rochester, MI 48309		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>5/10/2020</u> Name & Address: Philip Ruggeri 55764 Regis Drive Shelby Twp., MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Philip P Ruggeri & Associates</u> Business Address <u>43231 Schoenherr Road, Sterling Heights, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$650.00**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>3/10/2020</u>	
Name & Address: Anthony Apone 52849 Seven Oaks Shelby Twp., MI 48316		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 100.00

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 139826
2. Committee Name Lucia DiCicco 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>04/28/20</u> Name & Address: Susan Haxter 15239 Judith Roseville, MI 48066 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/21/20</u> Name & Address: Lori DiBartolomeo 44280 Manitou Drive Clinton Twp., MI 48038 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/23/20</u> Name & Address: David Hinman 17501 Dunblaine Ave Beverly Hills, MI 48025 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>200.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/02/20</u> Name & Address: Michele DiCicco 49625 Lakebridge Drive Shelby Twp., MI 48315 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization	

Page Subtotal 900.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139826
2. Committee Name Lucia DiCicco 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>06/17/20</u>	
Name & Address: Anna Cece 46855 Gulliver Drive Shelby Twp., MI 48315		\$ <u>40.00</u>	\$ <u>40.00</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>06/25/20</u>	
Name & Address: Anthony Fanelli 50466 Heatherwood Lane Shelby Twp., MI 48317		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer <u>The Fanelli Group LLC</u> Business Address <u>50466 Heatherwood Lane, Shelby Twp., MI 48317</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>07/02/20</u>	
Name & Address: Howard Hicks 24025 Meadowridge Clinton Twp., MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Auto Repair</u> Employer <u>Tuffy Franchise</u> Business Address <u>48124 Van Dyke Ave., Shelby Twp., 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>07/02/20</u>	
Name & Address: Peter Piazza 49289 Golden Park Drive Shelby Twp., MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>District Sales Manager</u> Employer <u>Great Lakes Wine & Spirits</u> Business Address <u>373 Victor St., Highland Park, MI 48203</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 390.00

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 139826
2. Committee Name Lucia DiCicco 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>07/08/20</u> Name & Address: Zoe Ahlstrom 740 Stanley St. Lansing, MI 48915 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/20</u> Name & Address: Jason McNally 15923 Fox Pointe Drive New Baltimore, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/20</u> Name & Address: Phillip P. Ruggeri 55764 Saint Regis Drive Shelby Twp., MI 48315 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Philip P Ruggeri & Associates</u> Business Address <u>43231 Schoenherr Road, Sterling Heights, MI 48313</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>300.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ _____	\$ _____
		Click Here for Memo Itemization	

Page Subtotal **250.00**

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 139826
2. Committee Name Lucia DiCicco 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>06/23/20</u> Name & Address: Michael Flynn 54089 Rienas Lane Shelby Twp., MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Treasurer</u> Employer <u>Shelby Township</u> Business Address <u>52700 Van Dyke Ave, Shelby Twp. MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Memo Itemization Below	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/23/20</u> Name & Address: Theresa Wiegand /Wiegand Heating & Cooling LLC 8606 Messmore Shelby Twp., MI 48317		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer <u>Wiegand Heating & Cooling LLC</u> Business Address <u>43750 Utica Road, Sterling Heights, 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>06/23/20</u> Name & Address: David Hinman 17501 Dunblaine Ave Beverly Hills, MI 48025		\$ <u>200.00</u>	\$ <u>700.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/23/20</u> Name & Address: Domenica DiNello 12870 Honey Locust Drive Shelby Twp., MI 48315		\$ <u>250.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Agent</u> Employer <u>DiNello Team Real Estate</u> Business Address <u>101 S Main St., Ste 200-B Rochester, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 750.00

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 139826
2. Committee Name Lucia DiCicco 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>Jagdeep Mundian</u> <u>49609 Lakebridge Drive</u> <u>Shelby Twp., MI 48315</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
PAC Receipt? ☐ YES 4. Date of Receipt <u>06/23/20</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Automotive</u> Employer <u>Faurecia</u> Business Address <u>2800 High Meadow Circle, Auburn Hills, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Deborah Gagnon</u> <u>52690 Blue Ridge</u> <u>Shelby Twp., MI 48316</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
PAC Receipt? ☐ YES 4. Date of Receipt <u>06/23/20</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Agent</u> Employer <u>Keller Williams Realty</u> Business Address <u>45609 Village Blvd, Shelby Twp., MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Ravinder Saini</u> <u>1030 Pointe Place Blvd</u> <u>Rochester, MI 48307</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
PAC Receipt? ☐ YES 4. Date of Receipt <u>06/23/20</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Tim Horton's Franchisee</u> Employer <u>Self/ Franchise Owner</u> Business Address <u>51111 Van Dyke Ave, Shelby Twp., MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Carolyn Koehn</u> <u>45926 Meadow Ln</u> <u>Macomb, MI 48044</u>		\$ <u>100.00</u>	\$ <u>200.00</u>
PAC Receipt? ☐ YES 4. Date of Receipt <u>06/23/20</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Soil Erosion Inspector</u> Employer <u>Macomb County</u> Business Address <u>21777 Dunham Road, Clinton Twp., MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 850.00

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 139826

2. Committee Name Lucia DiCicco 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>06/23/20</u>	
Name & Address: Angie Greenslade 4374 Sandy Creek Drive Shelby Twp., MI 48316		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/23/20</u>	
Name & Address: Jerry Moffitt P.O. Box 182506 Shelby Twp., MI 48318		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Senior Advisor</u> Employer <u>Alidade Capital LLC</u> Business Address <u>40900 Woodward Ave., Bloomfield Hills, MI 48304</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>06/23/20</u>	
Name & Address: Hany Gorgis 48568 Amber Ln Shelby Twp., MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Language Analyst</u> Employer <u>FBI</u> Business Address <u>477 Michigan Avenue, Ste 2600, Detroit MI 48226</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>06/23/20</u>	
Name & Address: Kenneth Davis 7755 - 22 Mile Road, unit 183751 Shelby Twp., MI 48318		\$ <u>100.00</u>	\$ <u>100.00</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	

Page Subtotal 425.00

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 139826
2. Committee Name Lucia DiCicco 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>Domenic DiCicco</u> <u>49641 Lakebridge Drive</u> <u>Shelby Twp., MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Ford Motor Company</u> Business Address <u>16800 Executive Plaza Drive, Dearborn, Michigan 48126</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>300.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Paul Oliveri</u> <u>56651 Hartley Ct</u> <u>Shelby Twp., MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer <u>Lakepointe Electric</u> Business Address <u>56812 Mound Road, Shelby Twp., MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Steven Schultz</u> <u>3434 Corwin Rd, Apt. 624</u> <u>Williamston, MI 48895</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Michigan National Guard</u> Business Address <u>3423 N MLK, Lansing, MI 48906</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 Name & Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ _____	\$ _____
		Click Here for Memo Itemization	

Page Subtotal **650.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **8590.00**

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139826

2. Committee Name Lucia DiCicco for Trustee

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Page Subtotal			\$0.00
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			\$0.00

Enter this total on
line 4 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139826

2. Committee Name Lucia DiCicco for Trustee

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
--	---	--------------------------------------	--

Contribution # 1 PAC Receipt? ☐ Yes
Name & Address:

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](#)

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes
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](#)

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes
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](#)

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

☐ Fund Raiser Contribution

Page Subtotal \$0.00 \$0.00

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

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139826
2. Committee Name Lucia DiCicco 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>Vista Print</u> Address 275 Wyman Street Walther, MA 02451 ☐ Fund Raiser	Purpose: <u>Campaign Checks</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/26/20</u> Date	\$ <u>37.71</u>
Expenditure #2 Name <u>Younique Cards</u> Address 42816 Willsharon Sterling Heights, MI 48314 ☒ Fund Raiser	Purpose: <u>Party Invitations</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/27/20</u> Date	\$ <u>275.00</u>
Expenditure #3 Name <u>Da Francesco's Ristorante and Bar</u> Address 49521 Van Dyke Shelby Township, MI 48317 ☒ Fund Raiser	Purpose: <u>Fundraiser Food</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/10/20</u> Date	\$ <u>2,082.82</u>
Expenditure #4 Name <u>US Postal Service</u> Address 7755 22 Mile Road Shelby Township, MI 48317 ☐ Fund Raiser	Purpose: <u>Mailers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/15/20</u> Date	\$ <u>110.00</u>
Expenditure #5 Name <u>Shelby Township</u> Address 52700 Van Dyke Shelby Township, MI 48316 ☐ Fund Raiser	Purpose: <u>Filing Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/30/20</u> Date	\$ <u>100.00</u>
Subtotal this page			<u>2,605.53</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 139826
2. Committee Name Lucia DiCicco 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>Wix.com</u> Address 40 Namal Tel Aviv, 6350671 Israel ☐ Fund Raiser	Purpose: <u>Website Creation</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/12/20</u> Date	<u>\$ 234.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>FIVERR</u> Address 8 Eliezer Kaplan St. Tel Aviv 6473409 Israel ☐ Fund Raiser	Purpose: <u>Website</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/12/20</u> Date	<u>\$ 106.50</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Macomb County Clerk</u> Address 120 N. Main Street Mt. Clemens, MI 48043 ☐ Fund Raiser	Purpose: <u>Voter List</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/10/20</u> Date	<u>\$ 10.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Wix.com</u> Address 40 Namal Tel Aviv 6350671 Israel ☐ Fund Raiser	Purpose: <u>Website</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/8/20</u> Date	<u>\$ 6.50</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Michigan Bureau of Elections</u> Address P.O. Box 20126 Lansing, MI 48901-0726 ☐ Fund Raiser	Purpose: <u>Voter List</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/11/20</u> Date	<u>\$ 48.45</u> Click Here for Memo Itemization Type
Subtotal this page			405.45
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 139826
2. Committee Name Lucia DiCicco 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>Younique Cards</u> Address 42816 Willsharon Sterling Heights, MI 48314 ☐ Fund Raiser	Purpose: <u>Mailers / Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/12/20</u> Date	<u>\$ 3,280.82</u>
Expenditure #2 Name <u>Costco Wholesale</u> Address 45460 Market St. Shelby Twp., MI 48315 ☒ Fund Raiser	Purpose: <u>Fundraiser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/23/20</u> Date	<u>\$ 286.04</u>
Expenditure #3 Name <u>Nonna's Italian Kitchen</u> Address 50528 Schoenherr Rd Shelby Twp., MI 48315 ☒ Fund Raiser	Purpose: <u>Fundraiser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/23/20</u> Date	<u>\$ 297.33</u>
Expenditure #4 Name <u>C&G Newspapers</u> Address 13650 11 Mile Road Warren, MI 48089 ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/24/20</u> Date	<u>\$ 420.30</u>
Expenditure #5 Name <u>Office Depot</u> Address 44835 Schoenherr Road Sterling Heights, MI 48313 ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/28/20</u> Date	<u>\$ 438.80</u>
Subtotal this page			<u>4723.29</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 139826
2. Committee Name Lucia DiCicco 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>Lowe's Home Centers, LLC</u> Address <u>15350 Hall Road</u> <u>Clinton Twp., MI 48038</u> ☐ Fund Raiser	Purpose: <u>Sign Posts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/1/20</u> Date	<u>\$ 50.84</u>
Expenditure #2 Name <u>The Home Depot</u> Address <u>45301 Northpoint BLVD</u> <u>Utica, MI 48315</u> ☐ Fund Raiser	Purpose: <u>Sign Posts Zip Ties</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/4/20</u> Date	<u>\$ 86.95</u>
Expenditure #3 Name <u>Younique Cards</u> Address <u>42816 Willsharon</u> <u>Sterling Heights, MI 48314</u> ☐ Fund Raiser	Purpose: <u>Mailers, Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/9/20</u> Date	<u>\$ 5,175.46</u>
Expenditure #4 Name <u>Unique Cards</u> Address <u>42816 Wilsharon</u> <u>Sterling Heights, MI 48314</u> ☐ Fund Raiser	Purpose: <u>Mailers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/12/20</u> Date	<u>\$ 789.53</u>
Expenditure #5 Name <u>Facebook Advertisements</u> Address ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/14/20</u> Date	<u>\$ 787.73</u>

Subtotal this page 6890.51
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 14,624.78

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK
CANDIDATE COMMITTEE

139826

1. Committee I. D. Number

2. Committee Name Lucia DiCicco for Trustee

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

Page Subtotal

0.00

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

0.00

Enter this total
on line 7 of
the Summary
Page



EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G

CANDIDATE COMMITTEE

1. Committee I.D. Number

139826

2. Committee Name

Lucia DiCicco for Trustee

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

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

Subtotal this page \$0.00

Grand Total of all Schedules 1B-G)
(Complete on last page of Schedule \$0.00

Enter total
on Line 8b
Summary Page



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number **139826**

2. Committee Name **Lucia DiCicco for Trustee**

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

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139826
2. Committee Name Lucia DiCicco 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: Lucia DiCicco 49625 Lakebridge Drive Shelby Township, MI 48315	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>02/05/20</u> 6. <u>Original Amount of Debt:</u> \$ <u>100.00</u>	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	\$ <u>100.00</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) 0.00

Grand Total of all Schedules 1E 0.00
(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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139826
2. Committee Name Lucia DiCicco for Truste

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>3/10/2020</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>35</u>	5. Type of Fund Raising Activity <u>Presentation</u>	6. Address and Name (If any) of the place where the activity was held. <u>Da Francesco's Ristorante</u> <u>49624 Van Dyke</u> <u>Shelby Twp., MI</u> ☐ Private Residence
--	---	---	--

7. Total Contributions 4375.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 4375.00
10. Total Cost of Event 2357.82
(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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139826
2. Committee Name Lucia DiCicco for Trustee

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>6/23/2020</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>33</u>	5. Type of Fund Raising Activity <u>Presentation</u>	6. Address and Name (If any) of the place where the activity was held. <u>49625 Lakebridge Drive</u> <u>Shelby Twp., MI 48315</u> ☒ Private Residence
--	---	---	---

7. Total Contributions 2675.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 2675
10. Total Cost of Event 583.37
(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.