



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<br><b>139356</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 3. This Statement covers From: <b>08/25/20</b> to <b>10/18/20</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 2. Committee Name<br><b>Citizens to Elect Joe Aragona</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 4. Candidate Last Name <b>Aragona</b> First Name <b>Joseph</b> M.i. <b>A</b><br>4a. Office Sought Including District # or Community Served (if applicable)<br><b>Trustee-Clinton Twp.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| 5. Committee's Mailing Address<br><b>42033 Coulon Dr.<br/>Clinton Twp MI 48038</b><br><br>Area Code and Phone <b>(586) 484-1909</b><br><small>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.</small>                                                                                                                                                                |  | 4b. County of Residence <b>MACOMB</b><br>6. Treasurer's Name & Residential Address<br><b>Joseph Aragona<br/>42033 Coulon Dr.<br/>Clinton Twp MI 48038</b><br><br>Area Code & Phone <b>(586) 484-1909</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 7. Treasurer's Business Address<br><b>42033 Coulon Dr.<br/>Clinton Twp MI 48038</b><br><br>Area Code and Phone <b>(586) 484-1909</b>                                                                                                                                                                                                                                                                                                                                                       |  | 8. Designated Record Keeper's Name and Address (If the committee has Designated Record Keeper)<br><b>N/A</b><br><br>Area Code and Phone _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 9. TYPE OF STATEMENT<br>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election<br><br>Pre-Election or Post-Election Statement relates to:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Convention<br><input type="checkbox"/> Special<br><input type="checkbox"/> School<br><input type="checkbox"/> Caucus<br><br>Date of Election, Convention or Caucus<br><b>11/03/20</b> |  | Required ONLY if candidate is not on the ballot for the current year:<br><input type="checkbox"/> July Quarterly<br><input type="checkbox"/> October Quarterly<br><br>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year<br><br>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 9e. Dissolution of Candidate Committee<br><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is her 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.<br><br>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.<br><br>Effective date of dissolution _____<br><br>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 <b>Joseph Aragona</b><br>Type or Print Name                                                                                                                                                                                                                                                                                                                                                                                                  |  | Signature <b>[Signature]</b> Date <b>10/18/2020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Candidate <b>Joseph Aragona</b><br>Type or Print Name                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Signature <b>[Signature]</b> Date <b>10/18/2020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 139356

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Citizens to Elect Joe Aragona

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| <b>3. Contributions</b>                                                                         |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>8,540.00</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>8,540.00</u>       | (18.) \$ <u>\$22,840.00</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<br>(Add Line 3c + Line 4)                             | (5.) \$ <u>8,540.00</u>        | (20.) \$ <u>\$22,840.00</u>                 |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>\$636.00</u>        | (21.) \$ <u>\$961.00</u>                    |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>\$0.00</u>          | (22.) \$ <u>\$0.00</u>                      |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| <b>8. Expenditures</b>                                                                          |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>\$17,598.59</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>\$17,598.59</u>     | (23.) \$ <u>\$20,269.84</u>                 |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS<br/>(Officeholders Only)</b>                                |                                |                                             |
| <b>10. Disbursements</b>                                                                        |                                |                                             |
| 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<br>(Add Line 10a + Line 10b)                         | (11.) \$ <u>\$0.00</u>         | (24.) \$ <u>\$100.00</u>                    |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| <b>12. Debts and Obligations</b>                                                                |                                |                                             |
| a. Owed by the Committee (Schedule 1E)                                                          | (12a.) \$ <u>\$6,288.93</u>    |                                             |
| b. Owed to the Committee (Schedule 1E)                                                          | (12b.) \$ <u>\$0.00</u>        |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>\$11,651.25</u>    |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>\$8,540.00</u>   |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>\$20,191.25</u>  |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>\$17,598.59</u>  |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>\$2,592.66</u>     | *                                           |



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139356  
2. Committee Name Citizens to Elect Joe Aragona

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>08/27/20</u><br>Name & Address:<br><u>Robert Huth</u><br><u>2475 Hawthorne</u><br><u>Shelby Twp MI 48316</u>                                                                                                                                            |  | \$ <u>100</u>                   | \$ <u>350</u>                                                                   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Attorney</u> Employer <u>Kirk, Huth, Badalamenti PLLC</u><br>Business Address <u>19500 Hall Rd Ste 100 Clinton Twp MI 48038</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  | Click Here for Memo Itemization |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/27/20</u><br>Name & Address:<br><u>Robert Kirk</u><br><u>37539 Hidden Valley</u><br><u>Clinton Twp MI 48036</u>                                                                                                                                       |  | \$ <u>100</u>                   | \$ <u>200</u>                                                                   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Attorney</u> Employer <u>Kirk, Huth, Badalamenti PLLC</u><br>Business Address <u>19500 Hall Rd Ste 100 Clinton Twp MI 48038</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  | Click Here for Memo Itemization |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/27/20</u><br>Name & Address:<br><u>Rachel Badalamenti</u><br><u>52792 Sable</u><br><u>Shelby Twp MI 48315</u>                                                                                                                                        |  | \$ <u>100</u>                   | \$ <u>200</u>                                                                   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Attorney</u> Employer <u>Kirk, Huth, Badalamenti PLLC</u><br>Business Address <u>19500 Hall Rd Ste 100 Clinton Twp MI 48038</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  | Click Here for Memo Itemization |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/26/20</u><br>Name & Address:<br><u>Sherry Sorrentino</u><br><u>14633 Breza Dr.</u><br><u>Shelby Twp MI 48315</u>                                                                                                                                     |  | \$ <u>100</u>                   | \$ <u>250</u>                                                                   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Builder</u> Employer <u>Self Employed</u><br>Business Address <u>35520 Foton Ct Clinton Twp MI 48035</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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 139356  
2. Committee Name Citizens to Elect Joe Aragona

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/03/20</u>                              |                                                                                 |
| Name & Address:<br>Timothy Tomlinson<br>22600 Hall Rd Ste 205<br>Clinton Twp MI 48036                                                                                                                                                                                                                                                               |                                           | \$ <u>200</u>                                                   | \$ <u>400</u>                                                                   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Attorney</u> Employer <u>York, Dolan, and Tomlinson</u><br>Business Address <u>22600 Hall Rd Ste 205 Clinton Twp MI 48036</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           | Click Here for Memo Itemization <input type="button" value=""/> |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/03/20</u>                              |                                                                                 |
| Name & Address:<br>John Dolan<br>2388 HERONWOOD<br>BLOOMFIELD HILLS, MI 48302                                                                                                                                                                                                                                                                       |                                           | \$ <u>200</u>                                                   | \$ <u>400</u>                                                                   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Attorney</u> Employer <u>York, Dolan, and Tomlinson</u><br>Business Address <u>2600 Hall Rd Ste 205 Clinton Twp MI 48036</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser  |                                           | Click Here for Memo Itemization <input type="button" value=""/> |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/03/20</u>                              |                                                                                 |
| Name & Address:<br>Linda McGrail<br>43557 Hillsboro Dr.<br>Clinton Twp MI 48038                                                                                                                                                                                                                                                                     |                                           | \$ <u>100</u>                                                   | \$ <u>100</u>                                                                   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                   |                                           | Click Here for Memo Itemization <input type="button" value=""/> |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/02/20</u>                              |                                                                                 |
| Name & Address:<br>Frank Aragona<br>3321 Vineyard Hill<br>Rochester Hills MI 48306                                                                                                                                                                                                                                                                  |                                           | \$ <u>100</u>                                                   | \$ <u>200</u>                                                                   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Vice President</u> Employer <u>Holiday Enterprises</u><br>Business Address <u>37020 Garfield Ste T-1 Clinton Twp MI 48036</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           | Click Here for Memo Itemization <input type="button" value=""/> |                                                                                 |

Page Subtotal \$600.00

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 139356

2. Committee Name Citizens to Elect Joe Aragona

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>09/02/20</u><br>Name & Address:<br>Roger Lonsway<br>41800 Prunum Dr.<br>Sterling Heights, MI 48314                                                                                      |  | \$ <u>100</u>                                                    | \$ <u>100</u>                                                                   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/02/20</u><br>Name & Address:<br>Sandra Lee Haroutarian<br>35139 Bobcean Rd.<br>Clinton Twp MI 48035                                                                                   |  | \$ <u>40</u>                                                     | \$ <u>40</u>                                                                    |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/10/20</u><br>Name & Address:<br>Ann Anita Forlini<br>19529 Dixie Dr.<br>Clinton Twp MI 48035                                                                                         |  | \$ <u>100</u>                                                    | \$ <u>100</u>                                                                   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/05/20</u><br>Name & Address:<br>Linda Burns Torp<br>38870 Ryan Ct.<br>Harrison Twp MI 48045                                                                                          |  | \$ <u>100</u>                                                    | \$ <u>200</u>                                                                   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Retired</u> Employer <u>Retired</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |  | Click Here for Memo Itemization <input type="button" value="v"/> |                                                                                 |

Page Subtotal \$340.00

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 139356  
2. Committee Name Citizens to Elect Joe Aragona

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 09/29/20

Name & Address:  
Mark Marasco JR  
53219 Pine Ridge Dr.  
Chesterfield MI 48051

\$ 2000 \$ 2100

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

Occupation owner Employer Protean KDS Corp

Click Here for Memo Itemization ☐

Business Address 44267 Macomb Industrial Clinton Twp MI 48038

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/29/20

Name & Address  
Mark Abraham  
1910 Illinois Ave  
Englewood, FL 34224

\$ 2000 \$ 2100

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

Occupation Owner Employer Bigfoot Wellness

Click Here for Memo Itemization ☐

Business Address 4045 E Court Burton MI 48509

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/29/20

Name & Address:  
Faithann Abraham  
1910 Illinois Ave  
Englewood FL 34224

\$ 2100 \$ 2100

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

Occupation Self Employed Employer Self Employed

Click Here for Memo Itemization ☐

Business Address 1910 Illinois Ave Englewood FL 34224

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/13/20

Name & Address  
Robert Saad  
19412 Porter Dr.  
Clinton Twp MI 48038

\$ 50 \$ 50

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization ☐

Business Address \_\_\_\_\_

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

Page Subtotal \$6,150.00

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

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139356  
2. Committee Name Citizens to Elect Joe Aragona

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 10/13/20

Name & Address:

David Hoin  
52806 Muirfield Dr.  
Chesterfield MI 48051

\$ 50

\$ 50

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 10/12/20

Name & Address

Joseph Oram  
4585 Arline  
West Bloomfield MI 48325

\$ 500

\$ 700

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

Occupation Owner Employer Five Star Outdoors

Business Address P.O. Box 252755 West Bloomfield MI 48325

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 10/12/20

Name & Address:

Peter Thomas  
5018 Seven Lakes Dr. S  
Washington Twp MI 48095

\$ 500

\$ 700

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

Occupation Owner Employer Sopter Investments LLC

Business Address 35943 Gratiot Ave Clinton Twp MI 48035

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

Click Here for Memo Itemization

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_

Name & Address

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

Click Here for Memo Itemization

Page Subtotal \$1,050.00

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

\$8,540.00

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number 139356

2. Committee Name Citizens to Elect Joe Aragona

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

Contribution # 1 PAC Receipt? ☐ Yes

Name & Address:

Joe Aragona

42033 Coulon Dr.

Clinton Twp MI 48038

If over \$100.00 cumulative, please provide:

Occupation: Trustee

Employer Name & Business Address:

Clinton Township

40700 Romeo Plank

Clinton Twp, MI 48038

☐ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☒ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Signs

5. Date Of Receipt: 09/08/20

6. Vendor Name & Address:

Signarama of Clinton Township

36886 Harper Ave

Clinton Twp MI 48035

\$ 636

\$ 961

[Click Here for Memo Itemization](#)

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](#)

☐ 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](#)

☐ Fund Raiser Contribution

Page Subtotal

636.00 961.00

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

636.00

Enter this total  
on line 6 of Summary  
Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 139356  
2. Committee Name Citizens to Elect Joe Aragona

| 3. Name and address of person or vendor to whom paid                                                                                                                        | 4. Purpose (Required Information)                                                                                                                      | 5. Date                 | 6. Amount                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------|
| <b>Expenditure #1</b><br>Name <b>CTE ROBERT J CANNON</b><br>Address<br><b>17217 CANVASBACK<br/>CLINTON TWP, MI 48038</b><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>Joint Mailer</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/12/20</u><br>Date | <u>\$ 295.00</u><br>Memo Itemization Below <input type="checkbox"/> |
| <b>Expenditure #2</b><br>Name <b>Graphics East</b><br>Address<br><b>16005 Sturgeon St<br/>Roseville, MI 48066</b><br><input type="checkbox"/> Fund Raiser                   | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement               | _____<br>Date           | _____<br>(Memo Itemization) <input type="checkbox"/>                |
| <b>Expenditure #3</b><br>Name <b>United States Postal Service</b><br>Address<br><b>42383 Garfield Rd,<br/>Clinton Twp, MI 48038</b><br><input type="checkbox"/> Fund Raiser | Purpose: <u>Stamps</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement       | <u>08/31/20</u><br>Date | <u>\$ 55</u><br>Click Here for Memo Itemization Type                |
| <b>Expenditure #4</b><br>Name <b>Accuform</b><br>Address<br><b>7231 Southfield Fwy<br/>Detroit MI 48228</b><br><input type="checkbox"/> Fund Raiser                         | Purpose: <u>door hangers</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/31/20</u><br>Date | <u>\$ 575</u><br>Click Here for Memo Itemization Type               |
| <b>Expenditure #5</b><br>Name <b>Accuform</b><br>Address<br><b>7231 Southfield Fwy<br/>Detroit MI 48228</b><br><input type="checkbox"/> Fund Raiser                         | Purpose: <u>Mailer</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement       | <u>09/24/20</u><br>Date | <u>\$ 2500</u><br>Click Here for Memo Itemization Type              |

Subtotal this page **\$3,425.00**

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 139356  
2. Committee Name Citizens to Elect Joe Aragona

| 3. Name and address of person or vendor to whom paid                                                                                                                  | 4. Purpose (Required Information)                                                                                                                          | 5. Date                 | 6. Amount         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|
| <b>Expenditure #1</b><br>Name <b>CG Publishing</b><br><br>Address<br>13650 E 11 Mile Rd<br>Warren MI 48089<br><br><input type="checkbox"/> Fund Raiser                | Purpose: <u>Newspaper Ad</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/29/20</u><br>Date | <u>\$ 2504.66</u> |
| <b>Expenditure #2</b><br>Name <b>Lasercom</b><br><br>Address<br>2230 Elliott Dr.<br>Troy MI 48083<br><br><input type="checkbox"/> Fund Raiser                         | Purpose: <u>Mailer</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement       | <u>09/30/20</u><br>Date | <u>\$ 8763.43</u> |
| <b>Expenditure #3</b><br>Name <b>21st Century Media- Michigan</b><br><br>Address<br>P.O. Box 8003<br>Willoughby, OH 44096<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>Ads</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | <u>08/28/20</u><br>Date | <u>\$ 2250.00</u> |
| <b>Expenditure #4</b><br>Name <b>CTE KIM MELTZER</b><br><br>Address<br>18300 TARA<br>CLINTON TWP, MI 48036<br><br><input type="checkbox"/> Fund Raiser                | Purpose: <u>Joint Ad</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement     | <u>10/04/20</u><br>Date | <u>\$ 655.50</u>  |
| <b>Expenditure #5</b><br>Name <b>CG Publishing</b><br><br>Address<br>13650 E 11 Mile Rd<br>Warren MI 48089<br><br><input type="checkbox"/> Fund Raiser                | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement               | _____<br>Date           | \$ _____          |

Subtotal this page **\$14,173.59**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$17,598.59**

Enter this total  
on line 8a of  
Summary Page



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139356  
2. Committee Name Citizens to Elect Joe Aragona

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.<br><br>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)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br>James Aragona<br>15973 Amore<br>Clinton Twp MI                                                                                                                                                               | 4. Type: <u>Loan of Goods</u><br>5. <u>Date Debt Was Incurred:</u><br><u>07/16/18</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>39.18</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>39.18</u><br><input type="checkbox"/> FORGIVEN                 |

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

|                                                                                                                            |                                                                                                                                                    |                                                         |                 |                                                       |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------|-------------------------------------------------------|
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Joseph Aragona<br>42033 Coulon Dr.<br>Clinton Twp MI 48038 | 4. Type: <u>Loan of Services</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/21/16</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>753.68</u> | <u>12/23/16</u> \$ <u>67.60</u><br>\$<br>\$<br>\$<br>\$ | \$ <u>67.60</u> | \$ <u>686.08</u><br><input type="checkbox"/> FORGIVEN |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------|-------------------------------------------------------|

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

|                                                                                                                            |                                                                                                                                                   |                            |          |                                                         |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|---------------------------------------------------------|
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Joseph Aragona<br>42033 Coulon Dr.<br>Clinton Twp MI 48038 | 4. Type: <u>Loan of Goods</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/31/16</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>2,908.30</u> | \$<br>\$<br>\$<br>\$<br>\$ | \$ _____ | \$ <u>2,908.30</u><br><input type="checkbox"/> FORGIVEN |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|---------------------------------------------------------|

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt) **\$3,633.56**

Grand Total of all Schedules 1E  
(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.



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139356  
2. Committee Name Citizens to Elect Joe Aragona

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.<br><br>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)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br>Joseph Aragona<br>42033 Coulon Dr.<br>Clinton Twp MI 48038                                                                                                                                                   | 4. Type: <u>Loan of Services</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/03/16</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 2,162.68</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ 0.00                               | \$ 2,162.68<br><input type="checkbox"/> FORGIVEN                     |
| If bank loan, name of endorser or guarantor: _____                                                                                                                                                                                                                           |                                                                                                                                                      | Amount Endorsed: \$ _____          |                                       |                                                                      |

|                                                                                                                            |                                                                                                                                                    |                            |         |                                                |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|------------------------------------------------|
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Joseph Aragona<br>42033 Coulon Dr.<br>Clinton Twp MI 48038 | 4. Type: <u>Loan of Services</u><br>5. <u>Date Debt Was Incurred:</u><br><u>12/12/17</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 175.00</u> | \$<br>\$<br>\$<br>\$<br>\$ | \$ 0.00 | \$ 175.00<br><input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____                                                                         |                                                                                                                                                    | Amount Endorsed: \$ _____  |         |                                                |

|                                                                                                                            |                                                                                                                                                   |                            |         |                                               |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|-----------------------------------------------|
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Joseph Aragona<br>42033 Coulon Dr.<br>Clinton Twp MI 48038 | 4. Type: <u>Loan of Services</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/02/19</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 50.00</u> | \$<br>\$<br>\$<br>\$<br>\$ | \$ 0.00 | \$ 50.00<br><input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____                                                                         |                                                                                                                                                   | Amount Endorsed: \$ _____  |         |                                               |

Page Subtotal (Outstanding debt) **\$2,387.68**

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



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139356  
2. Committee Name Citizens to Elect Joe Aragona

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.<br><br>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)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br>Joseph Aragona<br>42033 Coulon Dr.<br>Clinton Twp MI 48038                                                                                                                                                    | 4. Type: <u>Loan of services</u><br>5. <u>Date Debt Was Incurred:</u><br><u>09/30/20</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>214.69</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>214.69</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                  |                                                                                                                                                    |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Joseph Aragona<br>42033 Coulon Dr.<br>Clinton Twp MI 48038                                                                                                                                                    | 4. Type: <u>Loan of Goods</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/10/20</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>53.00</u>     | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>53.00</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                  |                                                                                                                                                    |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                  | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____                                     | \$<br>\$<br>\$<br>\$<br>\$         | \$ _____                              | \$ _____<br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                  |                                                                                                                                                    |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**\$267.69**

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

**\$6,288.93**

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.