



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE

1. Committee I.D. Number 139356		10/19/20 to 11/23/20	
2. Committee Name Citizens to Elect Joe Aragona		4. Candidate Last Name Aragona First Name Joseph M.I. A	
5. Committee's Mailing Address 42033 Coulon Dr. Clinton Twp MI 48038 Area Code and Phone (586) 484-1909 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.		4a. Office Sought Including District # or Community Served (If applicable) Trustee-Clinton Twp	
7. Treasurer's Business Address 42033 Coulon Dr. Clinton Twp MI 48038 Area Code and Phone (586) 484-1909		4b. County of Residence MACOMB	
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 11/03/20		6. Treasurer's Name & Residential Address Joseph Aragona 42033 Coulon Dr. Clinton Twp MI 48038 Area Code & Phone (586) 484-1909	
		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) N/A Area Code and Phone	
		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 Joseph Aragona Type or Print Name Joseph Aragona Signature [Signature] Date 12/11/2020			
Candidate Joseph Aragona Type or Print Name Joseph Aragona Signature [Signature] Date 12/11/2020			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

120250

CANDIDATE COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 10,690.20	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 10,690.20	(18.) \$ 33,530.20
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 10,690.20	(20.) \$ 33,530.20
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 948.90	(21.) \$ 1877.59
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 6,143.91	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 6,143.91	(23.) \$ 26,413.75
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 100.00
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 7237.83	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 2,592.66	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 10,690.20	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 13,282.86	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 6,143.91	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 7,138.95	



ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

1. Committee ID Number

139356

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/28/20</u> Name & Address: Robert Huth 2475 Hawthorne Shelby Twp MI 48316		\$ <u>400</u>	\$ <u>750</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk, Huth, Badalamenti PLLC</u> Business Address <u>19500 Hall Rd Ste 100 Clinton Twp MI 48038</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>10/28/20</u> Name & Address: Robert Kirk 37539 Hidden Valley Clinton Twp MI 48036		\$ <u>400</u>	\$ <u>600</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk, Huth, Badalamenti PLLC</u> Business Address <u>19500 Hall Rd Ste 100 Clinton Twp MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/28/20</u> Name & Address: Rachel Badalamenti 52792 Sable Shelby Twp MI 48315		\$ <u>400</u>	\$ <u>600</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk, Huth, Badalamenti PLLC</u> Business Address <u>19500 Hall Rd Ste 100 Clinton Twp MI 48038</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>10/27/20</u> Name & Address: Joseph Tinpan 36707 Engleside Dr. Sterling Heights MI 48310		\$ <u>500</u>	\$ <u>750</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Actor</u> Employer <u>Self Employed</u> Business Address <u>36707 Engleside Dr. Sterling Heights MI 48310</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$1,700.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS

Committee ID Number

139356

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 10/27/20
Name & Address:
Nick Najjar
436 Mayapple Ct.
Rochester Hills MI 48307

\$ 150

\$ 150

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

Occupation Real Estate Professional Employer New MI Realty

Click Here for Memo Itemization

Business Address 850 Stephenson Hwy Ste 115 Troy MI 48083

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/20
Name & Address:
Wayne Webber
49536 Goulette Pointe Dr.
New Baltimore MI 48047

\$ 500

\$ 500

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

Occupation CEO Employer Webber Group

Click Here for Memo Itemization

Business Address 44710 Morley Dr. Clinton Twp MI 48036

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/20
Name & Address:
Gregory Buss
12900 Hall Rd. Ste 322
Sterling Heights MI 48313

\$ 100

\$ 100

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 11/02/20
Name & Address:
John George
19634 Westchester Dr.
Clinton Twp MI 48038

\$ 2000

\$ 2000

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

Occupation Employee Employer Delta Management

Click Here for Memo Itemization

Business Address 10 S Main St 403 Mt Clemens MI 48043

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

Page Subtotal

\$2,750.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS

139356

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>11/02/20</u> Name & Address: James George 882 Cumberland Rdg Ct Rochester MI 48037 5. If over \$100.00 cumulative, please provide: Occupation <u>Employee</u> Employer <u>Delta Managment</u> Business Address <u>19500 Hall Rd Ste 100 Clinton Twp MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2000</u>	\$ <u>2200</u>
		Click Here for Memo Itemization ▼	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/02/20</u> Name & Address: Joseph George 19922 Westchester Dr. Clinton Twp MI 48038 5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Delta Management</u> Business Address <u>19500 Hall Rd Ste 100 Clinton Twp MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2100</u>	\$ <u>2100</u>
		Click Here for Memo Itemization ▼	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/02/20</u> Name & Address: Patricia George 19634 Westchester Dr. Clinton Twp MI 48038 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Delta Management</u> Business Address <u>19500 Hall Rd Ste 100 Clinton Twp MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1900</u>	\$ <u>1900</u>
		Click Here for Memo Itemization ▼	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/02/20</u> Name & Address: Nick Jerjis 7051 Wild Ridge Ln West Bloomfield MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>8th Street Wellness LLC</u> Business Address <u>500 Temple Ste 2M Detroit MI 48021</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>240.20</u>	\$ <u>240.20</u>
		Click Here for Memo Itemization ▼	

Page Subtotal \$6,240.20

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

\$10,690.20

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139356

name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	5. Date of Receipt	Fair Market Value	for Election Cycle (Through 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 Rd Clinton Twp MI 48038 ☐ Fund Raiser Contribution	5. Date of Receipt: _____ 6. Name & Address of Vendor from whom goods or services were purchased: _____ _____ _____	\$ <u>948.90</u>	\$ <u>1877.59</u>
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 <u>Ads</u>			
5. Date Of Receipt: <u>11/02/20</u> 6. Vendor Name & Address: Facebook Hacker Way Menlo Park CA 94025 Click Here for Memo Itemization			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: _____ _____ _____ If over \$100.00 cumulative, please provide: Occupation: _____ Employer Name & Address: _____ ☐ Fund Raiser Contribution	5. Date Of Receipt: _____ 6. Vendor 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			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: _____ _____ _____ If over \$100.00 cumulative, please provide: Occupation: _____ Employer Name & Address: _____ ☐ Fund Raiser Contribution	5. Date Of Receipt: _____ 6. Vendor 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			

Page Subtotal \$ 948.90 \$ 1877.59

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$ 948.90

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES

139356

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Lasercom Address 2230 Elliott Dr. Troy MI 48083 ☐ Fund Raiser	Purpose: Mailer ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/20 Date	\$ 6090.91
Expenditure #2 Name Signarama Address 1017 Naughton Dr. Troy MI 48083 ☐ Fund Raiser	Purpose: Signs ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/28/20 Date	\$ 53
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page \$6,143.91

Grand Total of all Schedules 1B
(Complete on last page of Schedule) \$6,143.91

Enter this total
on line 8a of
Summary Page



CANDIDATE COMMITTEE

2. Committee Name CRIZENS 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. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at ck of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: James Aragona 15973 Amore Clinton Twp MI	4. Type: <u>Loan of Goods</u> 5. <u>Date Debt Was Incurred:</u> <u>07/16/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 39.18</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 39.18</u> ☐ FORGIV.

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #2 Corp? ☐ Yes Owed to or by: Joseph Aragona 42033 Coulon Dr. Clinton Twp MI 48038	4. Type: <u>Loan of Servies</u> 5. <u>Date Debt Was Incurred:</u> <u>10/21/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 753.68</u>	<u>12/23/16 \$67.60</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 67.60</u>	<u>\$ 686.08</u> ☐ FORGIVE
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #3 Corp? ☐ Yes Owed to or by: Joseph Aragona 42033 Coulon Dr. Clinton Twp MI 48038	4. Type: <u>Loan of Goods</u> 5. <u>Date Debt Was Incurred:</u> <u>10/31/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,908.30</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 2,908.30</u> ☐ FORGIV
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$3,633.5

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.



CANDIDATE COMMITTEE

2. Committee Name CHAZON TO ELECTED MAGISTRATE

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: Joseph Aragona 42033 Coulon Dr. Clinton Twp MI 48038	4. Type: <u>Loan of Services</u> 5. <u>Date Debt Was Incurred:</u> <u>10/03/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,162.68</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 2,162.68 ☐ FORGIVE

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

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

Debt #3 Corp? ☐ Yes Owed to or by: Joseph Aragona 42033 Coulon Dr. Clinton Twp MI 48038	4. Type: <u>Loan of Services</u> 5. <u>Date Debt Was Incurred:</u> <u>10/02/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 50.00 ☐ FORGIVE
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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 "c by" or line 12 "owed to" of Summary Page



CANDIDATE COMMITTEE

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. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Joseph Aragona 42033 Coulon Dr. Clinton Twp MI 48038	4. Type: <u>Loan of Services</u> 5. <u>Date Debt Was Incurred:</u> <u>09/30/20</u> 6. <u>Original Amount of Debt:</u> \$ <u>214.69</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>214.69</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by: Joseph Aragona 42033 Coulon Dr. Clinton Twp MI 48038	4. Type: <u>Loan of Goods</u> 5. <u>Date Debt Was Incurred:</u> <u>10/10/20</u> 6. <u>Original Amount of Debt:</u> \$ <u>53.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>53.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by: Joseph Aragona 42033 Coulon Dr. Clinton Twp MI 48038	4. Type: <u>Loan of Services</u> 5. <u>Date Debt Was Incurred:</u> <u>11/2/20</u> 6. <u>Original Amount of Debt:</u> \$ <u>948.90</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>948.90</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

\$1216.59

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

\$7237.83

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.