

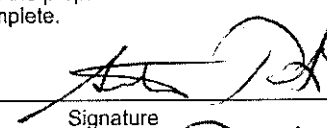
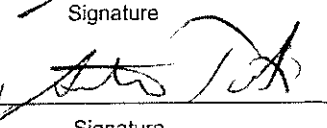


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 139838 2. Committee Name CTE SAM PREVITI FOR SUPERVISOR 5. Committee's Mailing Address 61614 COTSWOLD DR WASHINGTON, MI 48094 Area Code and Phone <u>(586)206-5185</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official. 7. Treasurer's Business Address 61614 COTSWOLD DR WASHINGTON, MI 48094 Area Code and Phone <u>(586)206-5185</u>		3. This Statement covers From: <u>10/19/20</u> to <u>11/23/20</u> 4. Candidate Last Name PREVITI First Name SEBASTIAN M.I. S 4a. Office Sought Including District # or Community Served (If applicable) WASHINGTON TOWNSHIP SUPERVISOR ☒ 4b. County of Residence MACOMB ☒ 6. Treasurer's Name & Residential Address SEBASTIAN SAM PREVITI 61614 COTSWOLD DR WASHINGTON, MI 48094 Area Code & Phone <u>(586)206-5185</u> 8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) SEBASTIAN SAM PREVITI 61614 COTSWOLD DR WASHINGTON, MI 48094 Area Code and Phone <u>(586)206-5185</u>	
9. TYPE OF STATEMENT 9a. ☐ Pre-Election OR 9b. ☒ Post-Election Pre-Election or Post-Election Statement relates to: ☐ Primary ☒ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus <u>11/03/20</u>		Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement () Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is 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 SEBASTIAN S. PREVITI Type or Print Name		 Date <u>12/3/2020</u>	
Candidate SEBASTIAN S. PREVITI Type or Print Name		 Date <u>12/3/2020</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139838

2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 10,850.-

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ _____

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ _____

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$ 10,850.-

Column I
This Period

Column II
Cumulative this election cycle

(18.) \$ 32,650.-

(19.) \$ _____

(20.) \$ 32,650.-

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ _____

(21.) \$ 3,150.-

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ _____

(22.) \$ _____

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 1,989.-

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ _____

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ _____

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 1,989.-

(23.) \$ 23,139.43

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ _____

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ _____

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$ _____

(24.) \$ _____

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ _____

b. Owed to the Committee (Schedule 1E)

(12b.) \$ _____

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 649.57

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 10,850.00

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 11,499.57

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 11,089.00

17. ENDING BALANCE

(Subtract line 16 from line 15)

(17.) \$ 410.57 *



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>10-26-20</u>	
Name & Address: <u>WALTER PROIA</u> <u>6152 PARLIAMENT</u> <u>WASHINGTON, MI 48094</u>		\$ <u>1,000.⁰⁰</u>	\$ <u>1,000.⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____		Click Here for Memo Itemization	
Business Address <u>6152 PARLIAMENT - WASHINGTON, MI 48094</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10-26-20</u>	
Name & Address: <u>MICHAEL A. CHACO</u> <u>6166 WOODBRIDGE</u> <u>WASHINGTON, MI 48094</u>		\$ <u>1,000.-</u>	\$ <u>1,000.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MJC COMPANIES</u>		Click Here for Memo Itemization	
Business Address <u>4660 ROMEO PLANK - MACOMB MI 48044</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10-26-20</u>	
Name & Address: <u>SERGIO IACOBACCI</u> <u>78672 PEARL DR.</u> <u>ROMEO, MI 48065</u>		\$ <u>500.-</u>	\$ <u>500.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>AIELLI CONSTRUCTION</u>		Click Here for Memo Itemization	
Business Address <u>48188 VAN DYKE - SHELBY TWP, MI 48315</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10-26-20</u>	
Name & Address: <u>PAUL RUGGERI</u> <u>55764 ST. REGIS DR.</u> <u>SHELBY TWP, MI 48315</u>		\$ <u>500.-</u>	\$ <u>500.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u>		Click Here for Memo Itemization	
Business Address <u>55764 ST. REGIS DR - SHELBY TWP MI 48315</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

3,000.-

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>10-26-20</u>	
Name & Address: <u>SALVATORE LEONE</u> <u>P.O. BOX 712</u> <u>WASHINGTON, MI 48094</u>		\$ <u>500.-</u>	\$ <u>500.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>P.O. BOX 712 WASHINGTON, MI 48094</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>10-26-20</u>	
Name & Address: <u>LUCIDO FOR A BRIGHTER TOMORROW PAC</u> <u>6303 26 MILE Rd.</u> <u>WASHINGTON, MI 48094</u>		\$ <u>250.-</u>	\$ <u>250.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE Senator</u> Employer _____ Business Address <u>6303 26 MILE Rd. WASHINGTON, MI 48094</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>10-26-20</u>	
Name & Address: <u>ANDY SULLENA</u> <u>63591 Providence</u> <u>WASHINGTON, MI 48094</u>		\$ <u>250.-</u>	\$ <u>250.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>SUBURBAN FORD</u> Business Address <u>58000 VAN DYKE - STERLING HEIGHTS, MI 48354</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>10-26-20</u>	
Name & Address: <u>Anthony Apone</u> <u>52849 Seven Oaks</u> <u>SHELBY TWP, MI 48315</u>		\$ <u>250.-</u>	\$ <u>250.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>Apone Investments</u> Business Address <u>52849 SEVEN OAKS - SHELBY TWP. MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

1,250.-

Grand Total of All Schedules 1A
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ITEMIZED CONTRIBUTIONS
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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	PAC Receipt? ☐ YES	4. Date of Receipt <u>10-26-20</u>	
Name & Address: <u>Domenic Gagliardi</u> <u>58732 KITTLE</u> <u>WASHINGTON, MI 48094</u>		\$ <u>250.-</u>	\$ <u>250.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>F+D COLLISION</u> Business Address <u>8141 M.I.L.S - SHELBY TWP, MI 48317</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>10-26-20</u>	
Name & Address: <u>Giuseppe Ferro</u> <u>5082 SEVEN LAKES</u> <u>WASHINGTON, MI 48095</u>		\$ <u>250.-</u>	\$ <u>250.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>FERRO HOMES</u> Business Address <u>5082 SEVEN LAKES - WASHINGTON, MI 48095</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>10-26-20</u>	
Name & Address: <u>ED MORADIAN</u> <u>11042 WALNUT LN.</u> <u>STERLING HTS, MI 48313</u>		\$ <u>250.-</u>	\$ <u>250.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>MODE DEVELOPMENT</u> Business Address <u>38400 VAN DYKE - STERLING HTS, MI 48314</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>10-26-20</u>	
Name & Address: <u>JACK CIRAULO</u> <u>51307 TIMES SQUARE DR.</u> <u>SHELBY TWP, MI 48315</u>		\$ <u>250.-</u>	\$ <u>250.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHARMACIST</u> Employer <u>SHELBY PHARMACY</u> Business Address <u>11489 HAYES - SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

1,000.-

Grand Total of All Schedules 1A
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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	PAC Receipt? ☐ YES	4. Date of Receipt <u>10-26-20</u>	
Name & Address: <u>LAURENCE SCOTT</u> <u>12900 HALL Rd.</u> <u>STERLING Hgts, MI 48313</u>		\$ <u>250.-</u>	\$ <u>250.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>O'REILLY & RANCILO</u> Business Address <u>12900 Hall Rd - Sterling Hgts MI 48313</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>10-26-20</u>	
Name & Address: <u>JOE ORAM</u> <u>P.O. Box 252755</u> <u>WEST BLOOMFIELD, MI 48325</u>		\$ <u>150.-</u>	\$ <u>150.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>S-STAR</u> Business Address <u>P.O. Box 252755 - WEST BLOOMFIELD, MI 48325</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>10-26-20</u>	
Name & Address: <u>JOSEPH JARZYNA</u> <u>57710 ROMEO PLANK</u> <u>RAY, MI 48096</u>		\$ <u>100.-</u>	\$ <u>100.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>RAY TWP</u> Business Address <u>57710 ROMEO PLANK - RAY, MI 48096</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>10-26-20</u>	
Name & Address: <u>ENZO PAGLIA</u> <u>3935 WOODGLEN Ct.</u> <u>SHELBY TWP, MI 48316</u>		\$ <u>100.-</u>	\$ <u>100.-</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

600.-

Grand Total of All Schedules 1A
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6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10-26-20

Name & Address:

GORDON WILSON
49572 COMPASS POINT
CHESTERFIELD, MI 48047

\$ 100.-

\$ 100.-

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

Occupation ENGINEER Employer AEW

[Click Here for Memo Itemization](#)

Business Address 51301 SCHODERMAN - SHELBY TWP, MI 48315

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10-26-20

Name & Address:

ROBERT ROTONDO
4149 BERKSHIRE
STERLING HTS, MI 48314

\$ 100.-

\$ 100.-

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

Occupation SELF EMPLOYED Employer CONCORDIA CONTRACTING

[Click Here for Memo Itemization](#)

Business Address 6336 MILLET AVE. - STERLING HTS, MI 48314

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 10-26-20

Name & Address:

FRANK BERARDI
361 LAKE SHORE
GROSSE POINTE FARMS, MI 48336

\$ 100.-

\$ 100.-

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

Occupation RETIRED 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 10-26-20

Name & Address:

MIKE BIONDO
56930 BIRKDALE
MACOMB, MI 48042

\$ 100.-

\$ 100.-

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

Occupation SELF EMPLOYED Employer DETROIT STABLETTE

[Click Here for Memo Itemization](#)

Business Address 39000 MOUND - STERLING HTS, MI 48314

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

Page Subtotal

400.-

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6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10-26-20
Name & Address:

\$ 100.- \$ 100.-

DOMENIK BONNI
19211 EVERGREEN
MACOMB, MI 48044

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

Occupation SELF EMPLOYED Employer DOMENIK'S LAWN CARE

Business Address 19211 EVERGREEN - MACOMB, MI 48044

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 10-26-20
Name & Address:

\$ 100.- \$ 100.-

JASON ARLOW
5709 ARNOLD
COTTLEVILLE, MI 48039

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

Occupation VICE PRESIDENT Employer AEW

Business Address 51301 SCHWENKER - SHELBY TWP, MI 48315

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 10-26-20
Name & Address:

\$ 100.- \$ 100.-

RON ROSSALL
342 BROOK DR.
ROMEO, MI 48065

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

Occupation RETIRED 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 10-26-20
Name & Address:

\$ 100.- \$ 100.-

JOE ROSSALL
61657 COTSWOOD
WASHINGTON, MI 48094

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

Occupation SELF EMPLOYED Employer Active Insurance

Business Address 38900 MOUND - SHELBY TWP, MI 48315

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

[Click Here for Memo Itemization](#)

Page Subtotal

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3. Contribution #1 PAC Receipt? ☐ YES Name & Address: <u>PETE SNYDER</u> <u>8800 23 MILE</u> <u>SHELBY TWP, MI 48316</u>	4. Date of Receipt <u>10-26-20</u>	\$ <u>100.-</u>	\$ <u>100.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Urban Land Cong. Hts</u> Business Address <u>8800 23 MILE - SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES Name & Address: <u>BOB KIRK</u> <u>19500 HALL RD</u> <u>CUNTA TWP, MI 48038</u>	4. Date of Receipt <u>10-26-20</u>	\$ <u>100.-</u>	\$ <u>100.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk & Holt</u> Business Address <u>19500 HALL RD - CUNTA 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 Name & Address: <u>BOB HOLT</u> <u>19500 HALL RD</u> <u>CUNTA TWP, MI 48038</u>	4. Date of Receipt <u>10-26-20</u>	\$ <u>100.-</u>	\$ <u>100.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk & Holt</u> Business Address <u>19500 HALL RD - CUNTA 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 Name & Address: <u>BOB SIEBER</u> <u>19500 HALL RD</u> <u>CUNTA TWP, MI 48038</u>	4. Date of Receipt <u>10-26-20</u>	\$ <u>100.-</u>	\$ <u>100.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>SIEBER & DUSKI</u> Business Address <u>19500 HALL RD - CUNTA TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

400.-

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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 10-26-20
Name & Address:

CANDICE PAZ
P.O. BOX 7036
NOVI, MI 48376

\$ 50.- \$ 50.-

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10-26-20
Name & Address:

FRANK COPPOLA
54620 CARNATION
MACOMB, MI 48044

\$ 50.- \$ 50.-

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 10-26-20
Name & Address:

AL CHIRICO
46080 SNOUBIRD
MACOMB, MI 48044

\$ 50.- \$ 50.-

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 10-26-20
Name & Address:

KIRIL PETKOV
11499 27 MILE RD
WASHINGTON, MI 48094

\$ 100.- \$ 100.-

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

[Click Here for Memo Itemization](#)

Occupation BARBER Employer WASHINGTON Barber Shop

Business Address 57899 VAN DYKE - WASHINGTON, MI 48094

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

Page Subtotal

250.-

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>10-26-20</u>	
Name & Address: <u>AMY SAKANA</u> <u>60822 Jewell Rd.</u> <u>WASHINGTON, MI 48094</u>		\$ <u>50.-</u>	\$ <u>50.-</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>10-26-20</u>	
Name & Address: <u>FILIPPO CUSUMANO</u> <u>57710 Gray Fox Gln</u> <u>WASHINGTON, MI 48090</u>		\$ <u>50.-</u>	\$ <u>50.-</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>10-26-20</u>	
Name & Address: <u>VITO GAMBANO</u> <u>16500 DAWN</u> <u>CANTON TWP, MI 48038</u>		\$ <u>50.-</u>	\$ <u>50.-</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>10-26-20</u>	
Name & Address: <u>LEN EVANS</u> <u>4502 St. Albans</u> <u>Sterling Hts, MI 48314</u>		\$ <u>50.-</u>	\$ <u>50.-</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

200.-

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>10-26-20</u>	
Name & Address: <u>SANDRA Tarnberg</u> <u>53794 Whitty Way</u> <u>SHELBY TWP, MI 48316</u>		\$ <u>50.-</u>	\$ <u>50.-</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10-26-20</u>	
Name & Address: <u>SETH VanderVlaet</u> <u>63113 Indian Hills</u> <u>Washington, MI 48095</u>		\$ <u>50.-</u>	\$ <u>50.-</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10-26-20</u>	
Name & Address: <u>Greg Melling</u> <u>57914 Gray Fox Glen</u> <u>Washington, MI 48094</u>		\$ <u>50.-</u>	\$ <u>50.-</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10-26-20</u>	
Name & Address: <u>SHERYL Melling</u> <u>57914 Gray Fox Glen</u> <u>Washington, MI 48094</u>		\$ <u>50.-</u>	\$ <u>50.-</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

200.-

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>10-26-20</u>	
Name & Address: <u>MARK STANAJ</u> <u>61796 Sunnybrook</u> <u>WASHINGTON, MI 48094</u>		\$ <u>100.-</u>	\$ <u>100.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY</u> Employer <u>OAKLAND CO. SHERIFF</u> Business Address <u>1200 N. TELEGRAPH - PONTIAC, MI 48341</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>10-26-20</u>	
Name & Address: <u>JOEL BAILOR</u> <u>50383 Heatherwood</u> <u>NEW HAVEN, MI 48317</u>		\$ <u>50.-</u>	\$ <u>50.-</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>10-26-20</u>	
Name & Address: <u>STEPHEN BALAM</u> <u>12875 Excelsior Ln.</u> <u>ROMEO, MI 48065</u>		\$ <u>300.-</u>	\$ <u>300.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>L & L Products</u> Business Address <u>160 Melrose BRUCE, MI 48065</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>10-26-20</u>	
Name & Address: <u>MICHAEL MILAN</u> <u>7319 SAWGRASS</u> <u>WASHINGTON, MI 48094</u>		\$ <u>50.-</u>	\$ <u>50.-</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>10-26-20</u>	
Name & Address: <u>BEN ALOIA</u> <u>54439 White Spruce</u> <u>SHELBY TWP, MI 48315</u>		\$ <u>250.-</u>	\$ <u>250.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Aloia & Associates</u>		Click Here for Memo Itemization	
Business Address <u>54439 White Spruce - Shelby Twp, MI 48315</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10-26-20</u>	
Name & Address: <u>Paul Iacobacci</u> <u>8966 Glenmore</u> <u>Washington, MI 48094</u>		\$ <u>500.-</u>	\$ <u>500.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Program Mgr</u> Employer <u>Aielli Construction</u>		Click Here for Memo Itemization	
Business Address <u>58122 VAN DYKE - SHELBY TWP, MI 48315</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10-26-20</u>	
Name & Address: <u>MATT IACOBACCI</u> <u>55999 SCHONHERR</u> <u>WASHINGTON, MI 48094</u>		\$ <u>500.-</u>	\$ <u>500.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOREMAN</u> Employer <u>Aielli Construction</u>		Click Here for Memo Itemization	
Business Address <u>58122 VAN DYKE - SHELBY TWP, MI 48315</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10-26-20</u>	
Name & Address: <u>MARLYN BACHOCHAN</u> <u>7079 Middlecroft</u> <u>WASHINGTON, MI 48094</u>		\$ <u>100.-</u>	\$ <u>100.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

1,350.-

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>10-26-20</u>	
Name & Address: <u>SALVATORE PREVITI</u> <u>15644 BOWEN</u> <u>MACOMB, MI 48044</u>		\$ <u>250.-</u>	\$ <u>250.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10-26-20</u>	
Name & Address: <u>ROSE CAMPI</u> <u>15897 SHERIDAN</u> <u>SHELBY TWP, MI 48315</u>		\$ <u>1,050.-</u>	\$ <u>1,050.-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address: <u>Blank</u>		\$ _____	\$ _____
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 _____	
Name & Address: <u>Blank</u>		\$ _____	\$ _____
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

1,300.-

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

10,850.-

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>SAPORI RESTAURANT</u> Address <u>6900 26 Mile Rd.</u> <u>Washington, MI 48094</u> ☒ Fund Raiser	Purpose: <u>FUNDRAISER DINNER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-26-20</u> Date	\$ <u>1,989.00</u>
Expenditure #2 Name <u>SEBASTIAN SAM PREVITI</u> Address <u>61614 COTSWOLD</u> <u>WASHINGTON, MI 48094</u> ☐ Fund Raiser	Purpose: <u>REPAY LOAN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-31-20</u> Date	\$ <u>9,100.00</u>
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 11,089
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 11,089

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139838

2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

This Schedule Remizes:

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 5 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: SEBASTIAN SAM PREVITI 61614 COTSWOLD DR. WASHINGTON, MI 48094	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>02/21/20</u> 6. Original Amount of Debt: <u>\$ 15,000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 15,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by: SEBASTIAN SAM PREVITI 61614 COTSWOLD DR WASHINGTON, MI 48094	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>8/1/2020</u> 6. Original Amount of Debt: <u>\$ 5,000.00</u>	<u>10/31/20 \$ 5,000.00</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 0</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by: BLANK	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **139838**
2. Committee Name **CTE SAM PREVITI FOR SUPERVISOR**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10-26-2020</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>50</u>	5. Type of Fund Raising Activity <u>Strolling Dinner</u>	6. Address and Name (If any) of the place where the activity was held. <u>SAPORI RESTAURANT</u> <u>6390 26 Mile Rd.</u> <u>WASHINGTON, MI 48090</u> ☐ Private Residence
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7. Total Contributions 10,850.-

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) _____

10. Total Cost of Event 1,989.00
(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.