



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: <u>1/1/2020</u> to <u>10/18/2020</u>		
4. Candidate Last Name Bratto	First Name David	M.I. A.
4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local		
4b. County of Residence MACOMB		
6. Treasurer's Name & Residential Address David Bratto 39020 Parkway Circle Harrison Township, MI 48045 Area Code & Phone <u>586-265-7841</u>		
8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) 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 <u>David Bratto</u> Signature <u>[Signature]</u> Date <u>10/23/2020</u> Type or Print Name Candidate <u>David Bratto</u> Signature <u>[Signature]</u> Date <u>10/23/2020</u> Type or Print Name		

1. Committee I.D. Number 138197
2. Committee Name CTE David Bratto
5. Committee's Mailing Address David Bratto 39020 Parkway Circle Harrison Township, MI 48045 Area Code and Phone <u>586-265-7841</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 David Bratto 39020 Parkway Circle Harrison Township, MI 48045 Area Code and Phone <u>586-265-7841</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>November 3, 2020</u>
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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.)
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FILED
20 OCT 23 PM 4:22
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

1. Committee I.D. Number 138197

2. Committee Name CTE David Bratto

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,900.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,900.00</u>	(18.) \$ <u>1,900.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,900.00</u>	(20.) \$ <u>1,900.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,936.74</u>	
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.) \$ <u>1,936.74</u>	(23.) \$ <u>1,936.74</u>
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.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,936.74</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,936.74</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,936.74</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138197

2. Committee Name CTE David Bratto

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 6/16/2020

Name & Address:

Bob Kirk
19500 Hall Road
Clinton Township, MI 48038

100.00
\$

100.00
\$

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 6/16/2020

Name & Address:

Rachel Badalamenti
37660 Lakeshore
Harrison Township, MI 48045

100.00
\$

200.00
\$

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 6/16/2020

Name & Address:

Robert Huth
2486 Hawthorne
Shelby Township, MI 48316

100.00
\$

300.00
\$

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 8/24/2020

Name & Address:

IAFF Local 1737
39460 Jefferson
Harrison Township, MI 48045

250.00
\$

550.00
\$

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 **\$550.00**

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 138197

2. Committee Name CTE David Bratto

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 8/24/2020

Name & Address:

Citizens for Honest Government

250.00
\$

800.00
\$

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address 12955 23 Mile Road, Shelby Township, MI 48316

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 9/1/2020

Name & Address

David Bratto
39020 Parkway Circle
Harrison Township, MI 48045

1,136.74
\$

1,936.74
\$

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

[Click Here for Memo Itemization](#)

Occupation Creative Director Employer Self employed

Business Address 39020 Parkway Circle, Harrison Township MI 48045

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

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal **\$1,386.74**

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

\$1,936.74

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

138197
1. Committee I. D. Number
2. Committee Name **CTE David Bratto**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name C & G Newspaper Address 13650 East 11 Mile Road Warren, MI 48089 ☐ Fund Raiser	Purpose: Advertising ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/1/2020 Date	\$ 1,426.0
Expenditure #2 Name CTE Dean Olgiati Address 26310 Harbour Pointe Drive South Harrison Township, MI 48045 ☐ Fund Raiser	Purpose: Large Signs ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/9/2020 Date	\$ 87.45
Expenditure #3 Name YOUNIQUE Signs Address 42816 Willsharon Sterling Heights, MI 48314 ☐ Fund Raiser	Purpose: Signs ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/25/2020 Date	\$ 200.00
Expenditure #4 Name Printmasters Address 26039 Dequindre Madison Heights, MI 48071 ☐ Fund Raiser	Purpose: Direct Mail ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/1/2020 Date	\$ 223.29
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	1,936.74
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1,936.74

Enter this total
on line 8a of
Summary Page