



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 11/24/20 to 07/20/21

1. Committee I.D. Number 139353	4. Candidate Last Name Rocca First Name Larry M.I.
2. Committee Name CTE Larry Rocca	4a. Office Sought Including District # or Community Served (if applicable) Treasurer - Macomb County
	4b. County of Residence MACOMB

5. Committee's Mailing Address 38299 Moravian Drive Clinton Township, MI 48036 Area Code and Phone _____ 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.	6. Treasurer's Name & Residential Address Kurt Broadbridge 45619 Thorn Tree Lane Macomb, MI 48044 Area Code & Phone (248) 854-1019
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7. Treasurer's Business Address 45619 Thorn Tree Lane Macomb, MI 48044 Area Code and Phone (586) 330-9829	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) n/a Area Code and Phone _____
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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>08/06/24</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.
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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 Kurt Broadbridge Type or Print Name	 Signature	Date 7/21/2021
Candidate Larry Rocca Type or Print Name	 Signature	Date 7/21/2021



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139353

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Larry Rocca

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.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</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.) \$	<u>\$277.00</u>	(21.) \$ <u>\$277.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$12,584.30</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>\$12,584.30</u>	(23.) \$ <u>\$12,584.30</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$48,277.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$12,105.63</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$1,900.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$14,005.63</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$12,584.30</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$1,421.33</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139353

2. Committee Name CTE Larry Rocca

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>7/14/2021</u> Name & Address: Larry Rocca 38299 Moravian Drive Clinton Township, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation <u>County Treasurer</u> Employer <u>Macomb County</u> Business Address <u>1 South Main Street, 2nd Floor, Mt. Clemens MI 48043</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		\$ <u>1000.00</u>	\$ <u>1000.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/14/21</u> Name & Address: John Carnago 20099 Thorofare Road Grosse Ile Township, MI 4813 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address <u>N/A</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/19/21</u> Name & Address: Brian Pannebecker 25984 Maritime Circle South Harrison Township, MI 48045 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address <u>N/A</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/21</u> Name & Address: George Adams 3360 26 Mile Road Shelby Township, MI 48316 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address <u>N/A</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>150.00</u>	\$ <u>150.00</u>
		Click Here for Memo Itemization	

Page Subtotal \$1,650.00

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139353

2. Committee Name CTE Larry Rocca

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/21</u>	
Name & Address: Dolores Fratacangeli 20524 Villa Grande Circle Clinton Township, MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address <u>N/A</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	
Name & Address		\$	\$
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? ☐ YES	4. Date of Receipt	
Name & Address		\$	\$
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? ☐ YES	4. Date of Receipt	
Name & Address		\$	\$
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$250.00**

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

\$1,900.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139353

CANDIDATE COMMITTEE

2. Committee Name CTE Larry Rocca

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: Larry Rocca 38299 Moravian Drive Clinton Township, MI 48036 If over \$100.00 cumulative, please provide: Occupation: <u>County Treasurer</u> Employer Name & Business Address: Macomb County 1 South Main Street Mt. Clemens, MI 48043 ☐ 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 <u>Advertisement</u> 5. Date Of Receipt: <u>07/02/21</u> 6. Vendor Name & Address: The Italian Tribune 21852 23 Mile Road Macomb, MI 48042 Click Here for Memo Itemization	\$ <u>277.00</u>	\$ <u>277.00</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ 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 _____ 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	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

\$277.00

\$277.00

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

\$277.00

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139353
2. Committee Name CTE Larry Rocca

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Head Full of Ideas</u> Address <u>18641 Beatrice</u> <u>Clinton Township, MI 48036</u> ☐ Fund Raiser	Purpose: <u>Consulting All In-House</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/25/20</u> Date	\$ <u>9,000.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>The Italian Tribute</u> Address <u>21852 23 Mile Road</u> <u>Macomb, MI 48042</u> ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/30/20</u> Date	\$ <u>277.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Memory Time, LLC</u> Address <u>2280 CUMBERLAND</u> <u>ROCHESTER HILLS, MI 48307</u> ☐ Fund Raiser	Purpose: <u>Web Development Creative</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/28/20</u> Date	\$ <u>2,440.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>The Italian Tribute</u> Address <u>21852 23 Mile Road</u> <u>Macomb, MI 48042</u> ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/29/20</u> Date	\$ <u>277.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>The Italian Tribute</u> Address <u>21852 23 Mile Road</u> <u>Macomb, MI 48042</u> ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/21</u> Date	\$ <u>277.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$12,271.00**
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 139353
2. Committee Name CTE Larry Rocca

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>The Italian Tribute</u> Address <u>21852 23 Mile Road</u> <u>Macomb, MI 48042</u> ☐ Fund Raiser	Purpose: <u>Advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/21</u> Date	\$ <u>277.00</u>
Expenditure #2 Name <u>Anedot</u> Address <u>1340 Poydras Street, Suite 1770</u> <u>New Orleans, LA 701</u> ☒ Fund Raiser	Purpose: <u>Credit Card Processing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/21</u> Date	\$ <u>10.05</u>
Expenditure #3 Name <u>Anedot</u> Address <u>1340 Poydras Street, Suite 1770</u> <u>New Orleans, LA 701</u> ☒ Fund Raiser	Purpose: <u>Credit Card Processing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/21</u> Date	\$ <u>10.05</u>
Expenditure #4 Name <u>Anedot</u> Address <u>1340 Poydras Street, Suite 1770</u> <u>New Orleans, LA 701</u> ☒ Fund Raiser	Purpose: <u>Credit Card Processing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/21</u> Date	\$ <u>6.15</u>
Expenditure #5 Name <u>Anedot</u> Address <u>1340 Poydras Street, Suite 1770</u> <u>New Orleans, LA 701</u> ☒ Fund Raiser	Purpose: <u>Credit Card Processing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/21</u> Date	\$ <u>10.05</u>

Subtotal this page **\$313.30**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$12,584.30**

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 139353
2. Committee Name CTE Larry Rocca

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: Owed To: Larry Rocca 38299 Moravian Clinton Township, MI 48036 Owed By: CTE Larry Rocca Committee ID: 139353	4. Type: <u>Loan from Candidate</u> 5. <u>Date Debt Was Incurred:</u> <u>12/23/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 36,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>36,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: <u>n/a</u> Amount Endorsed: \$ <u>0.00</u>				
Debt #2 Corp? ☐ Yes Owed to or by: Owed To: Larry Rocca 38299 Moravian Clinton Township, MI 48036 Owed By: CTE Larry Rocca Committee ID: 139353	4. Type: <u>Loan from Candidate</u> 5. <u>Date Debt Was Incurred:</u> <u>11/10/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 11,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>11,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Owed To: Larry Rocca 38299 Moravian Clinton Township, MI 48036 Owed By: CTE Larry Rocca Committee ID: 139353	4. Type: <u>Loan from Candidate</u> 5. <u>Date Debt Was Incurred:</u> <u>5/10/2021</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$48,000.00

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

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 139353
2. Committee Name CTE Larry Rocca

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: Owed To: Larry Rocca 38299 Moravian Clinton Township, MI 48036 Owed By: CTE Larry Rocca Committee ID: 139353	4. Type: <u>Loan from Candidate</u> 5. <u>Date Debt Was Incurred:</u> <u>07/02/21</u> 6. <u>Original Amount of Debt:</u> <u>\$ 277.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 277.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: <u>n/a</u> Amount Endorsed: \$ <u>0.00</u>				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ <u>\$</u>	<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: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ <u>\$</u>	<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) **\$277.00**

Grand Total of all Schedules 1E **\$48,277.00**
(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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139353

2. Committee Name CTE Larry Rocca

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>08/11/21</u> <u>In Future</u>	4. Number of Individuals Attending or Participating (whichever is greater) ~ 200	5. Type of Fund Raising Activity <u>Dinner Reception</u>	6. Address and Name (if any) of the place where the activity was held. Villa Penna 43985 Hayes Road Sterling Heights, MI 48313 ☐ Private Residence
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7. Total Contributions TBD

8. Other Receipts TBD

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

10. Total Cost of Event TBD
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

This event has not occurred
however, initial contributions
for the event has been received
and reported as a fundraiser
contribution.

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 (1-1K), 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.