



**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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1. Committee I.D. Number</b><br>138582                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>3. This Statement covers From:</b> 08/23/2022 to 10/23/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>2. Committee Name</b><br>CTE JOE SABATINI                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>4. Candidate Last Name</b> SABATINI <b>First Name</b> JOE <b>M.I.</b><br><b>4a. Office Sought Including District # or Community Served (If applicable)</b><br>COUNTY COMMISSIONER-DISTRICT 4<br><b>4b. County of Residence</b> MACOMB                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>5. Committee's Mailing Address</b><br>PO BOX 380462<br>CLINTON TWP, MI 48038<br><br><b>Area Code and Phone</b> (586) 872-0000<br><small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>                                                                                                                                                                     |  | <b>6. Treasurer's Name &amp; Residential Address</b><br>JOE SABATINI<br>20357 ALEXANDER<br>MACOMB, MI 48044<br><br><b>Area Code &amp; Phone</b> (586) 872-0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>7. Treasurer's Business Address</b><br>PO BOX 380462<br>CLINTON TWP, MI 48038<br><br><b>Area Code and Phone</b> (586) 872-0000                                                                                                                                                                                                                                                                                                                                                            |  | <b>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)</b><br>N/A<br><br><b>Area Code and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>9. TYPE OF STATEMENT</b><br>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election<br><br>Pre-Election or Post-Election Statement relates to:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Convention<br><input type="checkbox"/> Special<br><input type="checkbox"/> School<br><input type="checkbox"/> Caucus<br><br>Date of Election, Convention or Caucus<br>11/08/2022 |  | <b>9e. Dissolution of Candidate Committee</b><br><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is 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.<br><br>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.<br><br>Effective date of dissolution<br><br>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. |  |
| <b>10. Verification:</b> 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<br>JOE SABATINI<br>Type or Print Name                                                                                                                                                                                                                                                                                                                                                                                                          |  | Signature<br><i>Joe Sabatini</i><br>Date 10/28/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Candidate<br>JOE SABATINI<br>Type or Print Name                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Signature<br><i>Joe Sabatini</i><br>Date 10/28/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 138582

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE JOE SABATINI

**RECEIPTS**

|                                                                            | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|----------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                           |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                       | (3a.) \$ <u>2,000.00</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                       | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                             | (3c.) \$ <u>2,000.00</u>       | (18.) \$ <u>2,000.00</u>                    |
| 4. Other Receipts (Schedule 1A -1, Column 6)                               | (4.) \$ <u>\$0.00</u>          | (19.) \$ <u>\$0.00</u>                      |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4) | (5.) \$ <u>2,000.00</u>        | (20.) \$ <u>2,000.00</u>                    |

**IN-KIND CONTRIBUTIONS & EXPENDITURES**

|                                                    |                        |                         |
|----------------------------------------------------|------------------------|-------------------------|
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>\$35.00</u> | (21.) \$ <u>\$35.00</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>\$5,035.70</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>     |                            |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>\$5,035.70</u>  | (23.) \$ <u>\$5,035.70</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> |                        |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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>\$22,673.20</u> |  |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ <u>\$0.00</u>      |  |

**BALANCE STATEMENT**

|                                                                                                 |                              |
|-------------------------------------------------------------------------------------------------|------------------------------|
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>\$5,103.89</u>   |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>2,000.00</u>   |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>7,103.89</u>   |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>\$5,035.70</u> |
| <b>17. ENDING BALANCE</b><br>(Subtract line 16 from line 15)                                    | (17.) \$ <u>\$2,068.19</u>   |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138582

2. Committee Name CTE JOE SABATINI

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 10/18/2022

Name & Address:

**REALTORS PAC OF MICHIGAN**  
**720 N WASHINGTON AVE**  
**LANSING, MI 48906**

\$ 2,000.00

\$ 2,000.00

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 #2

PAC Receipt? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name & Address \_\_\_\_\_

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

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

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 #3

PAC Receipt? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name & Address \_\_\_\_\_

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

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

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 \_\_\_\_\_

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

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

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

**\$2,000.00**

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

**\$2,000.00**

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **138582**

## CANDIDATE COMMITTEE

2. Committee Name **CTE JOE SABATINI**

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 a 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:

**JOE SABATINI  
20357 ALEXANDER  
MACOMB, MI 48044**

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Business 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 **WEBSITE**

5. Date Of Receipt: **10/10/2022**

6. Vendor Name & Address:

**POLIENGINE**

\$ **35.00** \$ **35.00**

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description

5. Date Of Receipt:

6. Vendor Name & Address:

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description

5. Date Of Receipt:

6. Vendor Name & Address:

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Page Subtotal

**\$35.00**

**\$35.00**

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

**\$35.00**

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number **138582**  
2. Committee Name **CTE JOE SABATINI**

| 3. Name and address of person or vendor to whom paid                                                                                                 | 4. Purpose (Required Information)                                                                                                                                           | 5. Date                   | 6. Amount          |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|
| Expenditure #1<br>Name <b>JOE SABATINI</b><br><br>Address<br><b>20357 ALEXANDER<br/>MACOMB, MI 48044</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>REPAYMENT OF LOANS</b><br><br><input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>08/23/2022</b><br>Date | <b>\$ 5,035.70</b> |
| Expenditure #2<br>Name<br><br>Address<br><br><input type="checkbox"/> Fund Raiser                                                                    | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                | _____<br>Date             | \$ _____           |
| Expenditure #3<br>Name<br><br>Address<br><br><input type="checkbox"/> Fund Raiser                                                                    | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                | _____<br>Date             | \$ _____           |
| Expenditure #4<br>Name<br><br>Address<br><br><input type="checkbox"/> Fund Raiser                                                                    | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                | _____<br>Date             | \$ _____           |
| Expenditure #5<br>Name<br><br>Address<br><br><input type="checkbox"/> Fund Raiser                                                                    | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                | _____<br>Date             | \$ _____           |

Subtotal this page

**\$5,035.70**

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

**\$5,035.70**

Enter this total  
on line 8a of  
Summary Page



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

1. Committee I.D. Number 138582  
2. Committee Name CTE JOE SABATINI

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt                            | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|----------------------------------------------------------------------|
| Debt #1 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>JOE SABATINI</b><br><b>20357 ALEXANDER</b><br><b>MACOMB, MI 48044</b>                                                                                                                                     | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>07/18/2014</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 10,000.00</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ 0.00                               | \$ 10,000.00<br><input type="checkbox"/> FORGIVEN                    |

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

Amount Endorsed: \$ \_\_\_\_\_

|                                                                                                                                          |                                                                                                                                            |                            |         |                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|--------------------------------------------------|
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>JOE SABATINI</b><br><b>20357 ALEXANDER</b><br><b>MACOMB, MI 48044</b> | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>07/25/2016</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 5,000.00</u> | \$<br>\$<br>\$<br>\$<br>\$ | \$ 0.00 | \$ 5,000.00<br><input type="checkbox"/> FORGIVEN |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|--------------------------------------------------|

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

Amount Endorsed: \$ \_\_\_\_\_

|                                                                                                                                          |                                                                                                                                            |                                                |             |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------|----------------------------------------------|
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>JOE SABATINI</b><br><b>20357 ALEXANDER</b><br><b>MACOMB, MI 48044</b> | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/08/2020</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 1,459.10</u> | 08/23/2022 \$ 1,459.10<br>\$<br>\$<br>\$<br>\$ | \$ 1,459.10 | \$ 0.00<br><input type="checkbox"/> FORGIVEN |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------|----------------------------------------------|

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

Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt)

**\$15,000.00**

(Complete on last page of Schedule showing amounts owed by or to the committee)

Grand Total of all Schedules 1E

**\$22,673.20**

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 138582

2. Committee Name CTE JOE SABATINI

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.  
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|----------------------------------------------------------------------|
| Debt #1 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>JOE SABATINI</b><br><b>20357 ALEXANDER</b><br><b>MACOMB, MI 48044</b>                                                                                                                                     | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/19/2020</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 550.00</u>   | 08/23/2022 \$ 550.00<br>\$<br>\$<br>\$<br>\$   | \$ 550.00                             | \$ 0.00<br><input type="checkbox"/> FORGIVEN                         |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                            |                                                |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>JOE SABATINI</b><br><b>20357 ALEXANDER</b><br><b>MACOMB, MI 48044</b>                                                                                                                                     | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/22/2020</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 1,459.10</u> | 08/23/2022 \$ 1,459.10<br>\$<br>\$<br>\$<br>\$ | \$ 1,459.10                           | \$ 0.00<br><input type="checkbox"/> FORGIVEN                         |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                            |                                                |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>JOE SABATINI</b><br><b>20357 ALEXANDER</b><br><b>MACOMB, MI 48044</b>                                                                                                                                     | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>07/06/2020</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 550.00</u>   | 08/23/2022 \$ 550.00<br>\$<br>\$<br>\$<br>\$   | \$ 550.00                             | \$ 0.00<br><input type="checkbox"/> FORGIVEN                         |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                            |                                                |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**\$0.00**

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

**\$22,673.20**

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



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

1. Committee I.D. Number 138582  
2. Committee Name CTE JOE SABATINI

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt                           | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|----------------------------------------------------------------------|
| Debt #1<br>Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes<br><b>JOE SABATINI</b><br><b>20357 ALEXANDER</b><br><b>MACOMB, MI 48044</b>                                                                                                            | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>07/07/2020</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>1,259.10</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>1,259.10</u><br><input type="checkbox"/> FORGIVEN              |

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

Amount Endorsed: \$ \_\_\_\_\_

|                                                                                                                                                                   |                                                                                                                                            |                                                       |                    |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------|-----------------------------------------------------|
| Debt #2<br>Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes<br><b>JOE SABATINI</b><br><b>20357 ALEXANDER</b><br><b>MACOMB, MI 48044</b> | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>07/08/2020</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>1,000.00</u> | 08/23/2022 \$ <u>1,000.00</u><br>\$<br>\$<br>\$<br>\$ | \$ <u>1,000.00</u> | \$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------|-----------------------------------------------------|

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

Amount Endorsed: \$ \_\_\_\_\_

|                                                                                                                                                                   |                                                                                                                                            |                            |                |                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|---------------------------------------------------------|
| Debt #3<br>Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes<br><b>JOE SABATINI</b><br><b>20357 ALEXANDER</b><br><b>MACOMB, MI 48044</b> | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/06/2020</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>1,259.10</u> | \$<br>\$<br>\$<br>\$<br>\$ | \$ <u>0.00</u> | \$ <u>1,259.10</u><br><input type="checkbox"/> FORGIVEN |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|---------------------------------------------------------|

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

Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt)

**\$2,518.20**

(Complete on last page of Schedule showing amounts owed by or to the committee)

Grand Total of all Schedules 1E

**\$22,673.20**

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

**DEBTS AND OBLIGATIONS**

**SCHEDULE 1E**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138582  
2. Committee Name CTE JOE SABATINI

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt                           | 7. Date and amount of each payment         | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|----------------------------------------------------------------------|
| Debt #1 Corp? <input type="checkbox"/> Yes<br>JOE SABATINI<br>20357 ALEXANDER<br>MACOMB, MI 48044                                                                                                                                                                            | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/02/2021</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 8.47</u>     | 08/23/2022 \$ 8.47<br>\$<br>\$<br>\$<br>\$ | \$ 8.47                               | \$ 0.00<br><input type="checkbox"/> FORGIVEN                         |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                            |                                            |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>JOE SABATINI<br>20357 ALEXANDER<br>MACOMB, MI 48044                                                                                                                                                                            | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/01/2021</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 120.00</u>   | \$<br>\$<br>\$<br>\$<br>\$                 | \$ 0.00                               | \$ 120.00<br><input type="checkbox"/> FORGIVEN                       |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                            |                                            |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>JOE SABATINI<br>20357 ALEXANDER<br>MACOMB, MI 48044                                                                                                                                                                            | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>12/30/2021</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 5,000.00</u> | \$<br>\$<br>\$<br>\$<br>\$                 | \$ 0.00                               | \$ 5,000.00<br><input type="checkbox"/> FORGIVEN                     |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                            |                                            |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**\$5,120.00**

(Complete on last page of Schedule showing amounts owed by or to the committee)

Grand Total of all Schedules 1E

**\$22,673.20**

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Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



# DEBTS AND OBLIGATIONS

## SCHEDULE 1E

### CANDIDATE COMMITTEE

1. Committee I.D. Number 138582

2. Committee Name CTE JOE SABATINI

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt                        | 7. Date and amount of each payment                       | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------|
| Debt #1 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>JOE SABATINI</b><br><b>20357 ALEXANDER</b><br><b>MACOMB, MI 48044</b>                                                                                                                                     | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/02/2022</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 9.03</u>  | <u>08/23/2022</u> \$ <u>9.03</u><br>\$<br>\$<br>\$<br>\$ | \$ <u>9.03</u>                        | \$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN                  |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                         |                                                          |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>JOE SABATINI</b><br><b>20357 ALEXANDER</b><br><b>MACOMB, MI 48044</b>                                                                                                                                     | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/10/2022</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 35.00</u> | \$<br>\$<br>\$<br>\$<br>\$                               | \$ <u>0.00</u>                        | \$ <u>35.00</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                         |                                                          |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                 | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____                          | \$<br>\$<br>\$<br>\$<br>\$                               | \$ _____                              | \$ _____<br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                         |                                                          |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**\$35.00**

(Complete on last page of Schedule showing amounts owed by or to the committee)

Grand Total of all Schedules 1E

**\$22,673.20**

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