



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED 2023 JUL 21 4:55 PM
MACOMB COUNTY CLERK

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: 11/29/2022 to 07/20/2023

1. Committee I.D. Number

138582

2. Committee Name

CTE JOE SABATINI

4. Candidate Last Name

SABATINI

First Name

JOE

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

COUNTY COMMISSIONER-DISTRICT 4

4b. County of Residence **MACOMB**

5. Committee's Mailing Address

PO BOX 380462
CLINTON TWP, MI 48038

6. Treasurer's Name & Residential Address

JOE SABATINI
20357 ALEXANDER
MACOMB, MI 48044

Area Code and Phone (586) 872-0000

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.

Area Code & Phone (586) 872-0000

7. Treasurer's Business Address

PO BOX 380462
CLINTON TWP, MI 48038

8. Designated Record Keeper's Name and Address (If the committee has a
Designated Record Keeper)

N/A

Area Code and Phone (586) 872-0000

Area Code and Phone

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

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 **JOE SABATINI**

Type or Print Name

Signature

Date 7/20/2023

Candidate **JOE SABATINI**

Type or Print Name

Signature

Date 7/20/2023



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 This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$0.00</u>	(18.) \$ <u>\$0.00</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>\$0.00</u>	(20.) \$ <u>\$0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$9.63</u>	(21.) \$ <u>\$9.63</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>\$0.00</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>\$0.00</u>	(23.) \$ <u>\$0.00</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>\$22,682.83</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>\$2,068.19</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$2,068.19</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$2,068.19</u>	*



ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 138582
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 <u>all</u> 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)
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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 <u>DOMAIN</u> 5. Date Of Receipt: <u>06/02/2023</u> 6. Vendor Name & Address: GODADDY	\$ <u>9.63</u>	\$ <u>9.63</u>
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[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution #2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer 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:	\$ _____	\$ _____
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[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer 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:	\$ _____	\$ _____
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[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Page Subtotal **\$9.63** **\$9.63**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$9.63**

Enter this total
on line 6 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. 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: JOE SABATINI 20357 ALEXANDER MACOMB, MI 48044	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/18/2014</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,000.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 10,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: JOE SABATINI 20357 ALEXANDER MACOMB, MI 48044	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/25/2016</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 5,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: JOE SABATINI 20357 ALEXANDER MACOMB, MI 48044	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/07/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,259.10</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,259.10 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$16,259.10**

Grand Total of all Schedules 1E **\$22,682.83**
(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.



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. 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: JOE SABATINI 20357 ALEXANDER MACOMB, MI 48044	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/06/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,259.10</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,259.10 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by: JOE SABATINI 20357 ALEXANDER MACOMB, MI 48044	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/01/2021</u> 6. <u>Original Amount of Debt:</u> <u>\$ 120.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 120.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by: JOE SABATINI 20357 ALEXANDER MACOMB, MI 48044	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>12/30/2021</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 5,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$6,379.10**

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

\$ 22,682.83
602,073.20

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.
(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: JOE SABATINI 20357 ALEXANDER MACOMB, MI 48044	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/10/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 35.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 35.00 ☐ FORGIVEN

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

Debt #2 Corp? ☐ Yes Owed to or by: JOE SABATINI 20357 ALEXANDER MACOMB, MI 48044	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/02/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 9.63</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 9.63 ☐ FORGIVEN
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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> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) **\$44.63**
Grand Total of all Schedules 1E **\$22,682.83**
(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

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