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MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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

1. Committee I.D. Number 139361		3. This Statement covers From: <u>01/01/2024</u> to <u>07/21/2024</u>	
2. Committee Name CTE JOE ROMANO		4. Candidate Last Name ROMANO First Name JOSEPH M.I. V 4a. Office Sought Including District # or Community Served (If applicable) 06 COUNTY COMMISSIONER, MACOMB COUNTY 4b. County of Residence MACOMB COUNTY	
5. Committee's Mailing Address 12236 GRINDLEY STERLING HEIGHTS, MI 48312 Area Code and Phone <u>(810) 499-5599</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.		6. Treasurer's Name & Residential Address JOSEPH V ROMANO 12236 GRINDLEY STERLING HEIGHTS, MI 48312 Area Code & Phone <u>(586) 268-0967</u>	
7. Treasurer's Business Address 12236 GRINDLEY STERLING HEIGHTS, MI 48312 Area Code and Phone <u>(586) 268-0967</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone <u>() -</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>08/06/2024</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 lates 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 _____ Type or Print Name		Submitted electronically, signature on file _____ Date <u>07/23/2024</u>	
Candidate _____ Type or Print Name		Submitted electronically, signature on file _____ Date <u>07/23/2024</u>	
Signature _____		Signature _____	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139361

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE JOE ROMANO

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>11,075.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>11,075.00</u>	(18.) \$ <u>11,075.00</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>11,075.00</u>	(20.) \$ <u>11,075.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</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>2,436.77</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>4.23</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2,441.00</u>	(23.) \$ <u>3,250.00</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>0.00</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>6,893.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>11,075.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>17,968.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,441.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>15,527.00</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139361
2. Committee Name CTE JOE ROMANO

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>03/08/2024</u> Name & Address: IGOAL SINGH P. O. BOX 1281 STERLING HEIGHTS, MI 48312		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/09/2024</u> Name & Address: DONNA CANGEMI 11235 HEMLOCK DR. STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/18/2024</u> Name & Address: JOHN BOLOGNA 19135 SAXONY FRANKLIN, MI 48025		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>192 SUNER POINT, FRANKLIN, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/19/2024</u> Name & Address: RALPH MACARRON II 13921 BASILISCO CHASE DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>13921 BASILISCO CHASE DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 700.00

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 139361
2. Committee Name CTE JOE ROMANO

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>03/22/2024</u>	
Name & Address: CHALDEAN CHAMBER PAC 30095 NORTHWESTERN HWY SUITE 101 FARMINGTON HILLS, MI 48334		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/22/2024</u>	
Name & Address: JOHN MANNINO 8249 PINE CREEK CT SHELBY TWP, MI 48316		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/22/2024</u>	
Name & Address: ASSAAD SOBH 26648 VAN DYKE AVE CENTER LINE, MI 48015		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>26648 VAN DYKE AVE, CENTER LINE, MI 48015</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/22/2024</u>	
Name & Address: DINO JUNCEVIC 52756 BLUE RIDGE DR SHELBY TWP, MI 48316		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF - UTICA VAN DYKE TOWING</u> Business Address <u>44045 UTICA RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,475.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139361
2. Committee Name CTE JOE ROMANO

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>03/22/2024</u> Name & Address: BRIAN KERN 54482 RIDGEVIEW DR SHELBY TWP, MI 48316		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>44045 MERRILL RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/22/2024</u> Name & Address: LARRY SCOTT 12900 HALL RD SUITE 350 STERLING HEIGHTS, MI 48313		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>O'REILLY RANCILIO P.C.</u> Business Address <u>12900 HALL RD, SUITE 350, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/23/2024</u> Name & Address: JOHN DINKA 37279 FIORE TRAIL CLINTON TWP, MI 48036		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DENTIST</u> Employer <u>DINKA DENTAL</u> Business Address <u>35100 TIFFANY DR, #101, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/23/2024</u> Name & Address: LUKE BONNER 4875 SAWGRASS DR W ANN ARBOR, MI 48108		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>THE BONNNER GROUP</u> Business Address <u>4875 SAWGRASS DR W, ANN ARBOR, MI 48108</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,000.00**

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

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Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/23/2024</u>	
Name & Address: MIKE MACDONALD 18890 SAN QUENTIN DR LATHRUP VILLAGE, MI 48076		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>HUBBEL, ROTH & CLARK</u> Business Address <u>555 HULET DR, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/23/2024</u>	
Name & Address: LARRY CALCATERRA 11491 AUDUBON GROSSE POINTE, MI 48230		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNERAL DIRECTOR</u> Employer <u>WUJEK-CALCATERA FUNERAL HOME</u> Business Address <u>36900 SCHOENHERR RD, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/23/2024</u>	
Name & Address: D. MARK ROMANO 14762 CANARY DR SHELBY TWP, MI 48315		\$ <u>125.00</u>	\$ <u>125.00</u>
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 <u>03/25/2024</u>	
Name & Address: TONY J GALLO 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>6303 26 MILE RD, WASHINGTON, MI 48094</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **675.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/25/2024</u>	
Name & Address: PAUL BECK 2021 MCINTOSH DR TROY, MI 48098		\$ <u>175.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/25/2024</u>	
Name & Address: DENNIS HUMPHREY 3507 CLEAR STREAM DR ORLANDO, FL 32822		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/25/2024</u>	
Name & Address: JOHN FENN 13288 LILLIAN LN STERLING HEIGHTS, MI 48313		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2024</u>	
Name & Address: EDWARD CHELIAN 5719 BLOOMFIELD GLENS RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 825.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 139361
2. Committee Name CTE JOE ROMANO

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>03/28/2024</u>	
Name & Address: THOMAS GUESTELLO 34120 WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>CENTER MANAGEMENT</u> Business Address <u>34120 WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/30/2024</u>	
Name & Address: MICHAEL NOTTE 48728 JAMIE CIR SHELBY TWP, MI 48317		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FACTORY WORKER</u> Employer <u>CHRYSLER CORP</u> Business Address <u>1000 CHRYSLER DR, AUBURN HILLS, MI 48326</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/30/2024</u>	
Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>AEW</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/03/2024</u>	
Name & Address: BONNIE COBEAN 16261 SCENIC CLINTON TWP, MI 48038		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/12/2024</u> Name & Address: LOU BACKUS 45550 VANKER AVE UTICA, MI 48317		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>45550 VANKER AVE, UTICA, MI 48317</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/15/2024</u> Name & Address: DAVID CALANDRA 36863 VAN DYKE AVE STERLING HEIGHTS, MI 48312		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TAVERN OWNER</u> Employer <u>GATOR</u> Business Address <u>36863 VAN DYKE AVE, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/19/2024</u> Name & Address: GEORGE PARKER 13899 BROUGHAM DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/22/2024</u> Name & Address: RONALD A SYME, JR 38690 LONG ST HARRISON TWP, MI 48045		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>WAKELY AND ASSOCIATES</u> Business Address <u>30500 VAN DYKE AVE, #209, WARREN, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 550.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/22/2024</u> Name & Address: HARRY WARHOLAKL 3035 RIVER FALLS DR ROSWELL, GA 30076		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/24/2024</u> Name & Address: PHILIP RUGGERI 55764 ST REGIS DR SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>55764 ST REGIS DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/24/2024</u> Name & Address: CHARLES TURNBULL 53957 SUNDERLAND DR SHELBY TWP, MI 48316		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>SUNDERLAND DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/25/2024</u> Name & Address: MARILYN LAANE 16558 WOODLANE FRASER, MI 48026		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **875.00**

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 139361
2. Committee Name CTE JOE ROMANO

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>04/25/2024</u>	
Name & Address: JEFFREY MANDZIUK CHRIS DR STERLING HEIGHTS, MI 48310		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNERAL DIRECTOR</u> Employer <u>MANDZIUK FUNERAL HOME</u> Business Address <u>3801 18 MILE RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2024</u>	
Name & Address: REBECCA MCCULLOCH 36811 ALEXIS CT STERLING HEIGHTS, MI 48312		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SCHOOL TEACHER</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2024</u>	
Name & Address: PASHKO UJKIC 38346 PHYLLIS CT STERLING HEIGHTS, MI 48312		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>DODGE PARK CONEY ISLAND</u> Business Address <u>35252 DODGE PARK RD, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2024</u>	
Name & Address: JOE ORAM 4585 ARLINE DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>4585 ARLINE DR, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,375.00**

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 139361
2. Committee Name CTE JOE ROMANO

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>04/25/2024</u> Name & Address: NICK NAJJAR 850 STEPHENSON HWY #115 TROY, MI 48083		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE BROKER</u> Employer <u>NEW MICHIGAN REALTY</u> Business Address <u>850 STEPHENSON HWY, #115, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/25/2024</u> Name & Address: BRANDON KASYOUHANAN 5252 THORN RIDGE CT STERLING HEIGHTS, MI 48314		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>LIQUOR BOOK</u> Business Address <u>43904 MOUND RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/25/2024</u> Name & Address: PETER LUCIDO 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/25/2024</u> Name & Address: LEON KNIAZ 14016 PERNELL STERLING HEIGHTS, MI 48313		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

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 139361
2. Committee Name CTE JOE ROMANO

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>04/25/2024</u> Name & Address: NATHAN INKS 11848 ANGUS CIR STERLING HEIGHTS, MI 48312		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>11848 ANGUS CIR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/25/2024</u> Name & Address: VINCENT MANZELLA 18751 WIGEON DR CLINTON TWP, MI 48038		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>39999 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/25/2024</u> Name & Address: PETER RUGGIRELLO 60843 FOREST CREEK DR WASHINGTON, MI 48094		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>60843 FOREST CREEK DR, WASHINGTON, MI 48094</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/25/2024</u> Name & Address: SAIF YOUSIF 37898 ASHLAND MEADOWS CT STERLING HEIGHTS, MI 48312		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MECHANIC</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,000.00**

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 139361
2. Committee Name CTE JOE ROMANO

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>05/01/2024</u> Name & Address: MICHAEL MCCLAIN 4745 U.S. 25 SOUTH P. O. BOX 265 GREENBUSH, MI 48738 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>125.00</u>	\$ <u>125.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2024</u> Name & Address: RICHARD A OSOS 47165 SUGARBUSH RD NEW BALTIMORE, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>REALTY EXECUTIVES HOME TOWN</u> Business Address <u>49433 HAYES RD, SUITE A, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>75.00</u>	\$ <u>75.00</u>
3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>05/01/2024</u> Name & Address: STERLING HEIGHTS FIRE FIGHTERS UNION PAC LOCAL 1557 36911 VAN DYKE AVE STERLING HEIGHTS, MI 48312 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2024</u> Name & Address: JOHN P TANGALOS 43456 SCHOENHERR RD SUITE 10 STERLING HEIGHTS, MI 48313 5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>SELF</u> Business Address <u>43456 SCHOENHERR RD, SUITE 10, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>75.00</u>	\$ <u>75.00</u>

Page Subtotal 775.00

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 139361
2. Committee Name CTE JOE ROMANO

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>05/16/2024</u>	
Name & Address: LORENZO J CAVALIERE 30078 SCHOENHERR RD SUITE 300 WARREN, MI 48088		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>LEGACY MANAGEMENT</u> Business Address <u>30078 SCHOENHERR RD, SUITE 300, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2024</u>	
Name & Address: JOSEPH A ARAGONA 39285 N BLOM DR HARRISON TWP, MI 48045		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REP</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>NHOUSE OFFICE BUILDING 9-994, P.O. BOX 30014, LANSING, MI 48909</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: GREATER METRO ASSOC. OF REALTORS 24725 W 12 MILE RD SOUTHFIELD, MI 48034		\$ <u>500.00</u>	\$ <u>500.00</u>
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		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 775.00

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

11,075.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139361**
2. Committee Name **CTE JOE ROMANO**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name YVONNE KNIAZ Address 14016 PERNELL DR STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: BOOKKEEPING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/25/2024 Date	\$ 35.00
Expenditure #2 Name U.P.S. STORE Address 13335 15 MILE RD STERLING HEIGHTS, MI 48312 ☒ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/26/2024 Date	\$ 219.00
Expenditure #3 Name CTE MAI XIONG Address 29444 MALVINA DR WARREN, MI 48088 ☒ Fund Raiser	Purpose: CAMPAIGN FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/26/2024 Date	\$ 100.00
Expenditure #4 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☒ Fund Raiser	Purpose: PRINTED SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/04/2024 Date	\$ 186.77
Expenditure #5 Name KATRINA GOODBOUT Address 32339 CRESTWOOD LN FRASER, MI 48026 ☒ Fund Raiser	Purpose: INVITATION LABELS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/04/2024 Date	\$ 50.00

Subtotal this page **590.77**

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 **139361**
2. Committee Name **CTE JOE ROMANO**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name IKES RESTAURANT Address 38550 VAN DYKE AVE STERLING HEIGHTS, MI 48312 ☒ Fund Raiser	Purpose: FUNDRAISER DINNER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/25/2024 Date	\$ 1,554.00
Expenditure #2 Name YVONNE KNIAZ Address 14016 PERNELL DR STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: BOOKKEEPING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/27/2024 Date	\$ 50.00
Expenditure #3 Name D.A.W.G. Address 78440 MCKAY RD BRUCE TWP, MI 48065 ☐ Fund Raiser	Purpose: CHARITY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/26/2024 Date	\$ 100.00
Expenditure #4 Name CITY OF STERLING HEIGHTS Address 40555 UTICA RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: VOTER INFO ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/06/2024 Date	\$ 42.00
Expenditure #5 Name CTE PATRICK SIERAWSKI FOR JUDGE Address 40428 WILLIAM DR STERLING HEIGHTS, MI 48313 ☒ Fund Raiser	Purpose: CAMPAIGN FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2024 Date	\$ 100.00

Subtotal this page **1,846.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2,436.77**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139361
2. Committee Name CTE JOE ROMANO

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>04/25/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>75</u>	5. Type of Fund Raising Activity <u>FUNDRAISER DINNER</u>	6. Address and Name (If any) of the place where the activity was held. <u>IKES RESTAURANT</u> <u>38550 VAN DYKE AVE</u> <u>STERLING HEIGHTS, MI 48312</u> ☐ Private Residence
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7. Total Contributions 9,925.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 9,925.00
10. Total Cost of Event 2,093.89
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.