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25 JUL 2024 PM 06:15

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.

3. This Statement covers From: 01/01/2024 to 07/21/2024

1. Committee I.D. Number 139816	4. Candidate Last Name VIVIANO	First Name FRANK	M.I. J
2. Committee Name CTE FRANK VIVIANO	4a. Office Sought Including District # or Community Served (If applicable) SUPERVISOR, MACOMB TWP		
	4b. County of Residence MACOMB COUNTY		

5. Committee's Mailing Address 18090 TERESA MACOMB TOWNSHIP, MI 48044 Area Code and Phone <u>(586) 596-8168</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 MICHELE VIVIANO 17930 ELDER DRIVE CLINTON TOWNSHIP, MI 48038 Area Code & Phone <u>(586) 484-1469</u>
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7. Treasurer's Business Address 17930 ELDER DRIVE CLINTON TOWNSHIP, MI 48038 Area Code and Phone <u>(586) 484-1469</u>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) SUSAN VIVIANO 18090 TERESA MACOMB, MI 48044 Area Code and Phone <u>(586) 596-7430</u>
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9. TYPE OF STATEMENT 9a. ☒ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☒ Primary ☐ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus <u>08/06/2024</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.
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10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper Type or Print Name _____ Signature _____	Submitted electronically, signature on file Date <u>07/25/2024</u>
Candidate Type or Print Name _____ Signature _____	Submitted electronically, signature on file Date <u>07/25/2024</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139816

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE FRANK VIVIANO

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>45,682.76</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>45,682.76</u>	(18.) \$ <u>45,682.76</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>45,682.76</u>	(20.) \$ <u>45,682.76</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,000.00</u>	(21.) \$ <u>2,000.00</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>28,668.34</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>28,668.34</u>	(23.) \$ <u>28,668.34</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>8,827.60</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>45,682.76</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>54,510.36</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>28,668.34</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>25,842.02</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139816
2. Committee Name CTE FRANK VIVIANO

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>03/21/2024</u>	
Name & Address: JOSEPH ORAM 2187 ORCHARD LAKE RD KEEGO HARBOR, MI 48320		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>5 STAR OUTDOOR LLC</u> Business Address <u>PO BOX 252755, WEST BLOOMFIELD, MI 48325</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/03/2024</u>	
Name & Address: JIM SAGE 10 CABRI LN DEARBORN HEIGHTS, MI 48127		\$ <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>05/09/2024</u>	
Name & Address: FRANK J VIVIANO 18090 TERESA DR MACOMB, MI 48044		\$ <u>10.73</u>	\$ <u>10.73</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>05/11/2024</u>	
Name & Address: MICHAEL GARVONIC 46645 WEST RIDGE DRIVE MACOMB, MI 48044		\$ <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			

Page Subtotal **610.73**

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 139816
2. Committee Name CTE FRANK VIVIANO

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>05/11/2024</u>	
Name & Address: MIKE D'AGOSTINI 17565 AUGUSTA DR MACOMB, MI 48042		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>L D'AGOSTINI & SONS</u> Business Address <u>15801 23 MILE RD, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/13/2024</u>	
Name & Address: VINCE MANZELLA 18751 WIGEON DR CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNERY</u> Employer <u>LUCIDO & MANZELLA PC</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>05/13/2024</u>	
Name & Address: KEVIN DENHA 700 N OLD WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>VISION INVESTMENT PARTNERS</u> Business Address <u>700 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/13/2024</u>	
Name & Address: STEVE ALEXANDROWSKI 1470 WOODLAND PL PLYMOUTH, MI 48170		\$ <u>1,041.98</u>	\$ <u>1,041.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>GEM ASSET MANAGEMENT</u> Business Address <u>261 S MAIN ST, PLYMOUTH, MI 48170</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,450.63

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139816
2. Committee Name CTE FRANK VIVIANO

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>05/15/2024</u>	
Name & Address: TIM TOMLINSON 109 MERRIWEATHER RD GROSSE POINTE FARMS, MI 48236		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>YORK DOLAN & TOMLINSON</u> Business Address <u>22600 HALL RD, SUITE 205, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/17/2024</u>	
Name & Address: JOHN WILLEMIN 1142 FOXCHASE LN SE GRAND RAPIDS, MI 49546		\$ <u>521.15</u>	\$ <u>521.15</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>FISHBECK</u> Business Address <u>1515 ARBORETUM DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: JASON ARLOW ARNOLD DR MI 48044		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</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>05/20/2024</u>	
Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>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			

Page Subtotal 2,121.15

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON VLG, MI 48348		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: GORDON WILSON 49572 COMPASS POINT DR NEW BALTIMORE, MI 48047		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: SONNY RANDAZZO 37180 WILLOW TREE LN E CLINTON TWP, MI 48038		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RANDAZZO FRESH MARKET</u> Business Address <u>49800 HAYES RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2024</u>	
Name & Address: PETER DINOTO 16223 MONTICELLO DR CLINTON TWP, MI 48038		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>NU-WAY CONSTRUCTION</u> Business Address <u>48455 DIANA CT, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,900.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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2. Committee Name CTE FRANK VIVIANO

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>05/25/2024</u>	
Name & Address: ANTHONY FORLITO 37335 CASA BELLA CT CLINTON TWP, MI 48036		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>FERLITO DEVELOPMENT</u> Business Address <u>51410 MILANO DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/28/2024</u>	
Name & Address: DOMINIC MOCERI 2577 SUMMERLIN CT ROCHESTER, MI 48306		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>MOCERI MANAGEMENT COMPANY</u> Business Address <u>3005 UNIVERSITY 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>05/28/2024</u>	
Name & Address: DAN SPATAFORA 52637 PAINT CREEK DR MACOMB, MI 48042		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER/MGT</u> Employer <u>LANDTEC COMPANIES</u> Business Address <u>51410 MILANO DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/28/2024</u>	
Name & Address: STAVROS TOMA 47677 MILONAS DR SHELBY TWP, MI 48315		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>STAVROS HOLDINGS</u> Business Address <u>47677 MILONAS DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **834.60**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 139816
2. Committee Name CTE FRANK VIVIANO

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>05/28/2024</u>	
Name & Address: TIM KALAS 15 PINE GATE DR BLOOMFIELD HILLS, MI 48304		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KALAS KADIAN PLC</u> Business Address <u>31350 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/28/2024</u>	
Name & Address: MICHAEL CHIRCO LIVING TRUST 46600 ROMEO PLANK RD MACOMB, MI 48044		\$ <u>1,000.00</u>	\$ <u>1,000.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2024</u>	
Name & Address: FRANK LLAMA 56651 HARTLEY CT SHELBY TWP, MI 48316		\$ <u>521.15</u>	\$ <u>521.15</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>VANGUARD REAL ESTATE</u> Business Address <u>989 E SOUTH BLVD, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/30/2024</u>	
Name & Address: ANTHONY RUBINO 56455 KEN CHARLES DR SHELBY TWP, MI 48316		\$ <u>260.73</u>	\$ <u>260.73</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>PILOT PROPERTY GROUP</u> Business Address <u>44400 VAN DYKE AVE, SUITE 101, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,081.88

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
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2. Committee Name CTE FRANK VIVIANO

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>05/30/2024</u> Name & Address: DOMINIC GERIC 46032 MIDDLE BRANCH CT MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LANDTEC COMPANIES</u> Business Address <u>51410 MILANO DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: CLINT MANSOUR 330 HAMILTON ROW SUITE 300 BIRMINGHAM, MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>MANSOUR COMPANIES</u> Business Address <u>330 HAMILTON ROW, SUITE 300, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1,041.98</u>	\$ <u>1,041.98</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: JOSH BIGELOW 33930 JEFFERSON AVE ST CLAIR SHORES, MI 48082 5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>GREAT DANE HEATING AND COOLING</u> Business Address <u>36611 GRATIOT AVE, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>2,083.65</u>	\$ <u>2,083.65</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/31/2024</u> Name & Address: ERIC CASTAGLIA 38602 ROUGEWOOD DR STERLING HEIGHTS, MI 48312 5. If over \$100.00 cumulative, please provide: Occupation <u>CGO</u> Employer <u>BAE NETWORKS</u> Business Address <u>1250 STEPHENSON HWY, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>

Page Subtotal **4,625.63**

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 139816
2. Committee Name CTE FRANK VIVIANO

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>06/03/2024</u> Name & Address: JOHN DELL'ISOLA 52611 ARAGON DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>NOWAK AND FRAUS ENGINEERS</u> Business Address <u>46777 WOODWARD AVE, PONTIAC, MI 48342</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: BARBARA WEATHERWAX 19200 COLLINSON AVE EASTPOINTE, MI 48021		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTROLLER</u> Employer <u>HOLSBEKE CONSTRUCTION</u> Business Address <u>239 N RIVER RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2024</u> Name & Address: PAUL LANZI 3484 CORKWOOD DR STERLING HEIGHTS, MI 48314		\$ <u>260.73</u>	\$ <u>260.73</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>CONCENTRA</u> Business Address <u>30800 TELEGRAPH RD, SUITE 3900, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: LORENZO CAVALIERE 715 LAKE SHORE RD GROSSE POINTE SHORES, MI 48236		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LEGACY MANAGEMENT SERVICES</u> Business Address <u>30078 SCHOENHERR RD, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **869.38**

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 139816
2. Committee Name CTE FRANK VIVIANO

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>06/04/2024</u> Name & Address: LOUIS CIOTTI 1315 S MAIN ST ROYAL OAK, MI 48067		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALESTATE</u> Employer <u>LANDMARK COMMERCIAL REAL ESTATE</u> Business Address <u>30500 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: ANTONIO D'AGOSTINI 17565 AUGUSTA DR MACOMB, MI 48042		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>L D'AGOSTINI & SONS</u> Business Address <u>15801 23 MILE RD, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: DANTE ROSA 46735 MIDDLE BROOK DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MORTGAGE BROKER</u> Employer <u>DANTE ROSA HOME LOANS LLC</u> Business Address <u>20375 HALL RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: JIM STEVENS 32988 THORNDYKE CT FARMINGTON HILLS, MI 48334		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>OHM</u> Business Address <u>2365 PONTIAC RD, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **808.65**

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 139816
2. Committee Name CTE FRANK VIVIANO

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>06/04/2024</u> Name & Address: TOM BUDNICK 23142 PORT ST ST CLAIR SHORES, MI 48082		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BARTON MALLOW</u> Employer <u>MANAGER</u> Business Address <u>26500 AMERICAN DR, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: WILLIAM ROBINSON 28999 OAKMONT DR NEW BALTIMORE, MI 48051		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>APEX PROCESS CONSULTANTS</u> Business Address <u>2000 TOWN CENTER, SUITE 1900, SOUTHFIELD, MI 48075</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: JERRY ZACCARDELLI 13908 WOODSETT CT SHELBY TWP, MI 48315		\$ <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>06/04/2024</u> Name & Address: KEVIN MOORE 601 ABBOTT ST DETROIT, MI 48226		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF OPERATIONS</u> Employer <u>TMR & ASSOC</u> Business Address <u>601 ABBOTT ST, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,050.00**

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 139816
2. Committee Name CTE FRANK VIVIANO

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>06/04/2024</u> Name & Address: MICHAEL MUELLER 1250 S OXFORD RD GROSSE POINTE WOODS, MI 48236		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF SALES</u> Employer <u>TMR & ASSOC</u> Business Address <u>601 ABBOTT ST, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: KEVIN ABDALLAH 38229 PINEBROOK DR STERLING HEIGHTS, MI 48310		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JUAN MIGUELS</u> Business Address <u>21342 HALL 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>06/04/2024</u> Name & Address: BOB KIRK 37529 HIDDEN VALLEY CT CLINTON TWP, MI 48036		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19520 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: PETER DIVITO 6149 TRAILSIDE DR WASHINGTON, MI 48094		\$ <u>521.15</u>	\$ <u>521.15</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MERIDIAN CONTRACTING</u> Business Address <u>6149 TRAILSIDE DR, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,571.15**

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 139816
2. Committee Name CTE FRANK VIVIANO

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>06/04/2024</u>	
Name & Address: DIANA MAGNOLI 6402 BAYPOINT WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</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>06/04/2024</u>	
Name & Address: ANTHONY PENNA 37380 WILLOW LN CLINTON TWP, MI 48036		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MOORE PENNA & ASSOCIATES PLLC</u> Business Address <u>38600 VAN DYKE AVE, SUITE 300, 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>06/04/2024</u>	
Name & Address: ALAN HARAJIL 700 RIDGEMONT AVE DEARBORN, MI 48124		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>FORD ROAD PETRO, INC.</u> Business Address <u>10000 FORD RD, DEARBORN, MI 48126</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: BEN ALOIA 54439 WHITE SPRUCE LN SHELBY TWP, MI 48315		\$ <u>1,041.98</u>	\$ <u>1,041.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ALOIA & ASSOCIATES</u> Business Address <u>48 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,041.98**

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 139816
2. Committee Name CTE FRANK VIVIANO

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>06/05/2024</u> Name & Address: KOLBY MILLER 1919 HARTLAND WOODS DR HOWELL, MI 48843		\$ <u>416.98</u>	\$ <u>416.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MEDSTAR AMBULANCE</u> Business Address <u>N GRATIOT AVE, CLINTON TOWNSHIP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/07/2024</u> Name & Address: RON ACCIAVETTI 6321 GRATIOT AVE ST CLAIR, MI 48079		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>PAMAR</u> Business Address <u>PAMAR CT, NEW HAVEN, MI 48048</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/10/2024</u> Name & Address: TONY FORLINI 41270 CONGER BAY DR HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MACOMB COUNTY CLERK</u> Employer <u>MACOMB COUNTY</u> Business Address <u>40 N 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>06/10/2024</u> Name & Address: PHIL 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>PHILIP RUGGERI & ASSOCIATES</u> Business Address <u>43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,616.98**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139816
2. Committee Name CTE FRANK VIVIANO

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>06/24/2024</u>	
Name & Address: SAM KASSAB 3910 COACHWOOD LN ROCHESTER HILLS, MI 48309		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GUARDIAN ANGEL HOME CARE</u> Business Address <u>1715 NORTHFIELD DR, ROCHESTER HILLS, MI 48309</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/05/2024</u>	
Name & Address: JOHN BECKER 20129 WINDHAM DR MACOMB, MI 48044		\$ <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>07/05/2024</u>	
Name & Address: GREATER METROPOLITAN ASSOCIATION 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 <u>07/17/2024</u>	
Name & Address: REPUBLICAN UNITING MACOMB 18090 TERESA DR MACOMB, MI 48044		\$ <u>20,000.00</u>	\$ <u>20,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **21,100.00**

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

45,682.76

Enter this total on
line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139816
2. Committee Name CTE FRANK VIVIANO

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)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: JEREMY STRADLEY 35715 KOENIG ST NEW BALTIMORE, MI 48047 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Business Address: EMS TETHER 331 E 9 MILE RD, HAZEL PARK, MI 48030 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD AND BEVERAGES FOR FUNDRAISER</u> 5. Date Of Receipt: <u>06/04/2024</u> 6. Vendor Name & Address: THE HUB SPORTS BISTRO 16780 21 MILE RD, MACOMB, MI 48044	\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal 2,000.00 2,000.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 2,000.00

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on line 6 of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139816**
2. Committee Name **CTE FRANK VIVIANO**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name YOUNIQUECARDS.COM Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: CAMPAIGN SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/19/2024 Date	\$ 1,000.00
Expenditure #2 Name ANEDOT Address 1340 POYDRAS ST SUITE 1770 NEW ORLEANS, LA 70112 ☒ Fund Raiser	Purpose: FINANCE CHARGES - ANEDOT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/04/2024 Date	\$ 462.56
Expenditure #3 Name YOUNIQUECARDS.COM Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: PRINTING FOR MAILER 1 ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	\$ 8,459.40
Expenditure #4 Name HORTOS AGENCY Address 6715 RIVER ROAD MARINE CITY, MI 48039 ☐ Fund Raiser	Purpose: GRAPHIC DESIGN FOR MAILERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2024 Date	\$ 780.00
Expenditure #5 Name FALLEN & WOUNDED SOLDIERS FUND Address P.O. BOX 33099 BLOOMFIELD HILLS, MI 48303 ☐ Fund Raiser	Purpose: SPONSOR FOR VETERAN EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2024 Date	\$ 259.92

Subtotal this page **10,961.88**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139816
2. Committee Name CTE FRANK VIVIANO

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name YOUNIQUECARDS.COM Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>PRINTING MAILER 2</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date	\$ <u>8,198.22</u>
Expenditure #2 Name YOUNIQUECARDS.COM Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>PRINTING MAILER 3</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date	\$ <u>9,391.20</u>
Expenditure #3 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2024</u> Date	\$ <u>117.04</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page	17,706.46
Grand Total of all Schedules 1B (Complete on last page of Schedule)	28,668.34

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139816
2. Committee Name CTE FRANK VIVIANO

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/04/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>60</u>	5. Type of Fund Raising Activity <u>MIXER</u>	6. Address and Name (If any) of the place where the activity was held. <u>THE HUB SPORTS BAR</u> <u>16780 21 MILE RD</u> <u>MACOMB, MI 48044</u> ☐ Private Residence
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7. Total Contributions 24,363.38
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 24,363.38
10. Total Cost of Event 2,000.00
(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.