



FILED

02 MAY 2024 AM 04:41

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**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 139826		3. This Statement covers From: <u>02/01/2022</u> to <u>07/20/2022</u>	
2. Committee Name LUCIA DICICCO FOR TRUSTEE		4. Candidate Last Name DICICCO First Name LUCIA M.I. 4a. Office Sought Including District # or Community Served (If applicable) TRUSTEE, SHELBY TWP 4b. County of Residence MACOMB COUNTY	
5. Committee's Mailing Address 7755 22 MILE ROAD #183079 SHELBY TWP, MI 48318 Area Code and Phone <u>(586) 580-4665</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 DAVID HINMAN 17501 DUNBLAINE BEVERLY HILLS, MI 48025 Area Code & Phone <u>(586) 580-4665</u>	
7. Treasurer's Business Address 17501 DUNBLAINE BEVERLY HILLS, MI 48025 Area Code and Phone <u>(586) 580-4665</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 _____		Required ONLY if candidate is not on the ballot for the current year: ☒ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement (<u>2022</u>) 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>05/02/2024</u>	
Candidate _____ Type or Print Name		Submitted electronically, signature on file _____ Date <u>05/02/2024</u>	
Signature _____		Signature _____	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139826

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name LUCIA DICICCO FOR TRUSTEE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>7,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>7,000.00</u>	(18.) \$ <u>22,009.20</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>7,000.00</u>	(20.) \$ <u>22,009.20</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>250.00</u>	(21.) \$ <u>250.00</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>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>15,009.20</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>15,109.20</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>7,000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>7,000.00</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>7,000.00</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139826
2. Committee Name LUCIA DICICCO FOR TRUSTEE

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>05/18/2022</u>	
Name & Address: VALERIO POLIUTO 39085 MORAVIAN DR CLINTON TWP, MI 48036		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>FINANCIAL SECURITY CORP</u> Business Address <u>39085 MORAVIAN DRIVE, 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>06/01/2022</u>	
Name & Address: PAULA FILAR 133 GRIGGS ST ROCHESTER, MI 48307		\$ <u>100.00</u>	\$ <u>100.00</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>06/01/2022</u>	
Name & Address: GORDON WILSON 49572 COMPASS POINT DRIVE CHESTERFIELD, MI 48047		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOHNERR, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2022</u>	
Name & Address: LISA CASALI 13860 TIMBERVIEW DRIVE Shelby Township, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</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 750.00

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 139826
2. Committee Name LUCIA DICICCO FOR TRUSTEE

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>06/01/2022</u>	
Name & Address: MICHAEL DINELLO 12870 HONEY LOCUST DR SHELBY TWP, MI 48315		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE BROKER-DEVELOPER</u> Employer <u>VANGUARD COMPANIES</u> Business Address <u>101 S MAIN ST STE 200B, ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2022</u>	
Name & Address: FRANK LALAMA 56651 HARTLEY COURT SHELBY TOWNSHIP, MI 48316		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE INVESTOR</u> Employer <u>VANGUARD COMPANIES</u> Business Address <u>101 SOUTH MAIN STREET STE 200B, Rochester, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2022</u>	
Name & Address: JULIE APONE 52849 7 OAKS DR SHELBY TWP, MI 48316		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATIVE ASSISTANT</u> Employer <u>ST. JOHN HOSPITAL</u> Business Address <u>KERCHEVAL AVE, Grosse Pointe, MI 48230</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2022</u>	
Name & Address: DAVID HINMAN 17501 DUNBLAINE AVENUE BEVERLY HILLS, MI 48025		\$ <u>500.00</u>	\$ <u>500.00</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 **1,300.00**

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 139826
2. Committee Name LUCIA DICICCO FOR TRUSTEE

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>06/01/2022</u>	
Name & Address: SALVATORE SIMONE 71256 CEDAR BEND LANE ROMEO, MI 48065		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SIMONE CONSTRUCTION</u> Business Address <u>6816 19 1/2 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>06/01/2022</u>	
Name & Address: PHILIP RUGGERI 55764 SAINT REGIS DRIVE SHELBY TOWNSHIP, MI 48315		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RUGGERI & ASSOCIATES</u> Business Address <u>43231 SCHOENHERR RD, 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>06/01/2022</u>	
Name & Address: TONY GALLO 6303 26 MILE RD STE. 200 WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GALLO COMPANIES</u> Business Address <u>6303 26 MILE RD STE 200, 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>06/01/2022</u>	
Name & Address: GREG IACOBELLI 53639 CHRISTY DRIVE CHESTERFIELD, MI 48051		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>ACADIA HOMES BUILDERS LLC</u> Business Address <u>55100 WOLVERINE, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,250.00

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 139826
2. Committee Name LUCIA DICICCO FOR TRUSTEE

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>06/01/2022</u>	
Name & Address: MICHAEL FLYNN 54089 RIENAS LN SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</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>06/01/2022</u>	
Name & Address: DEMETRIOS POLYZOIS 49587 COMPASS POINTE DRIVE NEW BALTIMORE, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>64155 VAN DYKE RD, STE 269, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/06/2022</u>	
Name & Address: LYNN WILHELM 53217 GARLAND DR SHELBY TWP, MI 48316		\$ <u>100.00</u>	\$ <u>100.00</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>06/01/2022</u>	
Name & Address: ROB HUTH 19500 HALL RD CENTRE COURT PROPERTIES LLC CLINTON TWP, MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</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 139826
2. Committee Name LUCIA DICICCO FOR TRUSTEE

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>06/01/2022</u>	
Name & Address: BOB KIRK 19500 HALL RD CENTRE COURT PROPERTIES LLC CLINTON TWP, MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2022</u>	
Name & Address: ROBERT ROTONDO 4149 BERKSHIRE DRIVE STERLING HEIGHTS, MI 48314		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SELF EMPLOYED</u> Business Address <u>4149 BERKSHIRE DR, 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>06/01/2022</u>	
Name & Address: FRANK DIPONIO 51173 SIMONE INDUSTRIAL DR SHELBY TWP, MI 48316		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2022</u>	
Name & Address: MARK GESUALE 603 FLORA VALLEY CT. ROCHESTER, MI 48307		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION UNDERGROUND</u> Employer <u>WOLVERINE CO</u> Business Address <u>14955 TECHNOLOGY DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,500.00**

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 139826
2. Committee Name LUCIA DICICCO FOR TRUSTEE

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>06/01/2022</u>	
Name & Address: MIKE MCCLAIN 69321 PINE RIVER DR BRUCE, MI 48065		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>FINANCE</u> Employer <u>HANTZ</u>			
Business Address <u>125 W LAFAYETTE ST, ROMEO, MI 48065</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
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 **500.00**

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

7,000.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B – IK

CANDIDATE COMMITTEE

139826

1. Committee I. D. Number

2. Committee Name

LUCIA DICICCO FOR TRUSTEE

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable Institution ☐ Donation of assets to Political Party Committee ☐ Other Description: _____	_____ Date	\$ _____
Expenditure #2 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description: _____	_____ Date	\$ _____
Expenditure #3 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description: _____	_____ Date	\$ _____
Expenditure #4 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description: _____	_____ Date	\$ _____
Expenditure #5 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description: _____	_____ Date	\$ _____

Page Subtotal

0.00

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

0.00

Enter this total
on line 7 of
the Summary
Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139826
2. Committee Name LUCIA DICICCO FOR TRUSTEE

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: LUCIA G DI CICCO 49625 LAKEBRIDGE DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/05/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>100.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>100.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: LUCIA G DI CICCO 49625 LAKEBRIDGE DR SHELBY TOWNSHIP, LU 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/10/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,934.78</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,934.78</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: LUCIA G DI CICCO 49625 LAKEBRIDGE DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/29/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>8,513.80</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>8,513.80</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

14,548.58

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **139826**
2. Committee Name **LUCIA DICICCO FOR TRUSTEE**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/01/2022	4. Number of Individuals Attending or Participating (whichever is greater) 40	5. Type of Fund Raising Activity FUNDRAISER FOR TRUSTEE EVENT	6. Address and Name (If any) of the place where the activity was held. BREAD AND ROSES 56258 VAN DYKE AVENUE SHELBY TOWNSHIP, MI 48316 ☐ Private Residence
---	---	--	--

7. Total Contributions **7,000.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **7,000.00**
10. Total Cost of Event **350.00**
(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.