



FILED

01 AUG 2024 PM 01:50

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>08/01/2024</u>	
Candidate _____ Type or Print Name		Submitted electronically, signature on file _____ Date <u>08/01/2024</u>	
Signature _____		Signature _____	



**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>03/23/2024</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 <u>REAL ESTATE BROKER</u> Employer <u>REALTY EXECUTIVES HOME TOWN</u> Business Address <u>49433 HAYES 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>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
(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 <u>A-1 AUTO</u> Business Address <u>5717 15 MILE RD, STERLING HEIGHTS, MI 48310</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)

Enter this total on
line 3a of Summary
Page.