



FILED

22 OCT 2024 AM 10:53

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 139361		3. This Statement covers From: <u>08/27/2024</u> to <u>10/20/2024</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>11/05/2024</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 _____ Signature Date <u>10/22/2024</u>	
Candidate _____ Type or Print Name		Submitted electronically, signature on file _____ Signature Date <u>10/22/2024</u>	



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>2,100.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,100.00</u>	(18.) \$ <u>14,175.00</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>2,100.00</u>	(20.) \$ <u>14,175.00</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>9,660.22</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>9,660.22</u>	(23.) \$ <u>17,910.22</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>11,527.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,100.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>13,627.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>9,660.22</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3,966.78</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>09/11/2024</u>	
Name & Address: BETTER MACOMB PAC P. O. BOX 171 MOUNT CLEMENS, MI 48046		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2024</u>	
Name & Address: RALPH MACARRON II 13921 BASILISCO CHASE DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>300.00</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			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: STERLING HEIGHTS FIRE FIGHTERS UNION PAC LOCAL 1557 36911 VAN DYKE AVE STERLING HEIGHTS, MI 48312		\$ <u>1,000.00</u>	\$ <u>1,500.00</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

2,100.00

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

2,100.00

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 AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/09/2024</u> Date	\$ <u>3,510.22</u>
Expenditure #2 Name YVONNE KNIAZ Address 14016 PERNELL DR STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: <u>BOOKKEEPING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2024</u> Date	\$ <u>50.00</u>
Expenditure #3 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2024</u> Date	\$ <u>6,000.00</u>
Expenditure #4 Name CTE PATRICK SIERAWSKI FOR JUDGE Address 40428 WILLIAM DR STERLING HEIGHTS, MI 48313 ☒ Fund Raiser	Purpose: <u>CAMPAIGN CONTRIBUTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/2024</u> Date	\$ <u>100.00</u>
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u> </u> Date	\$ <u> </u>

Subtotal this page **9,660.22**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **9,660.22**

Enter this total
on line 8a of
Summary Page