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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: 08/27/2024 to 10/20/2024

1. Committee I.D. Number

140299

4. Candidate Last Name First Name M.I.

STROLIS VITO K

4a. Office Sought Including District # or Community Served (If applicable)

TRUSTEE, CLINTON TWP

4b. County of Residence **MACOMB COUNTY**

2. Committee Name

CTE VITO STROLIS

5. Committee's Mailing Address

**19862 WESTCHESTER
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 615-6945
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

**HEATHER DEBRUYN
167 RIVERSIDE DR
MT. CLEMENS, MI 48043**

Area Code & Phone (586) 260-1498

7. Treasurer's Business Address

**167 RIVERSIDE DR
MT. CLEMENS, MI 48043**

Area Code and Phone (586) 260-1498

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

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

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.)

Date of Election, Convention or Caucus

11/05/2024

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 late 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

Signature

Submitted electronically,
signature on file

Date

10/24/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140299

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE VITO STROLIS

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>0.00</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>0.00</u>	(20.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,796.00</u>	(21.) \$ <u>4,364.80</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>0.00</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>0.00</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>0.00</u> *	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140299
2. Committee Name CTE VITO STROLIS

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: VITO STROLIS 19862 WESTCHESTER DR CLINTON TOWNSHIP, MI 48038 If over \$100.00 cumulative, please provide: Occupation: OWNER SELF EMPLOYED Employer Name & Business Address: RUEHLES TOWING 205 NORTHBOUND GRATIOT AVE, Mount Clemens, MI 48043 ☐ 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 FULL PAGE JOURNAL AD 5. Date Of Receipt: 09/25/2024 6. Vendor Name & Address: C & G NEWSPAPERS 13650 E 11 MILE RD, WARREN, MI 48089	\$ 1,316.00	\$ 1,316.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: VITO STROLIS 19862 WESTCHESTER DR CLINTON TOWNSHIP, MI 48038 If over \$100.00 cumulative, please provide: Occupation: OWNER SELF EMPLOYED Employer Name & Address: RUEHLES TOWING 205 NORTHBOUND GRATIOT AVE, Mount Clemens, MI 48043 ☐ 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 FULL PAGE JOURNAL AD 5. Date Of Receipt: 10/16/2024 6. Vendor Name & Address: C & G NEWSPAPER 13650 E 11 MILE RD, WARREN, MI 48089	\$ 1,480.00	\$ 2,796.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: JOE ARAGONA FOR MAJORITY 39285 N BLOM DR HARRISON TOWNSHIP, MI 48045 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 DOOR HANGERS & NEWSPAPER ADVERTISING 5. Date Of Receipt: 10/05/2024 6. Vendor Name & Address: (Memo Itemization)	\$ (2,674.98)	\$ 0.00

Page Subtotal **2,796.00** **2,796.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **2,796.00**

Enter this total
on line 6 of Summary
Page