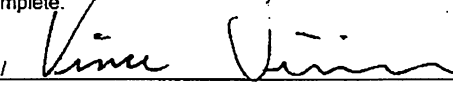
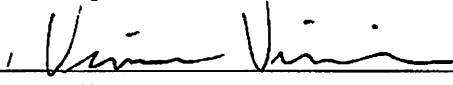


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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 139427		4. Candidate Last Name Viviano First Name Vince M.I. 4a. Office Sought Including District # or Community Served (If applicable) Shelby Township Board Trustee	
2. Committee Name Vince Viviano for Trustee		4b. County of Residence MACOMB	
5. Committee's Mailing Address 110 South Main Street Mt. Clemens, MI 48043 Area Code and Phone <u>(586) 992-2616</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 Vince Viviano 6705 St. Andrews Shelby Twp., MI 48316 Area Code & Phone <u>(586) 992-2616</u>	
7. Treasurer's Business Address 110 South Main Street Mt. Clemens, MI 48043 Area Code and Phone <u>(586) 992-2616</u>		8. Designated Record Keeper's Name and 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 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 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 Vince Viviano Type or Print Name		 Signature	
		Date <u>10/20/2024</u>	
Candidate Vince Viviano Type or Print Name		 Signature	
		Date <u>10/20/2024</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139427

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Vince Viviano for Trustee

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>3,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$3,000.00</u>	(18.) \$ <u>\$8,662.50</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>\$3,000.00</u>	(20.) \$ <u>\$8,662.50</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>\$1,502.00</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>\$1,502.00</u>	(23.) \$ <u>\$8,308.34</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>\$35,600.49</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$3,000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$38,600.49</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$1,502.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$37,098.49</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139427
2. Committee Name Vince Viviano 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>10/18/2024</u>		
Name & Address: Thomas Celani 2600 Turtle Lake Dr. Bloomfield Hills, MI 48302			\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Luna</u> Business Address <u>42875 Grand River Avenue, Suite 301, Novi, MI 48375</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/18/2024</u>		
Name & Address: Diana Magnoli 6402 Baypoint Dr. Washington, MI 48094			\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Housewife</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/18/2024</u>		
Name & Address: Frank Torre 1450 Quarton Rd. Bloomfield, MI 48304			\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self-employed</u> Employer <u>Signal Restoration Services</u> Business Address <u>44720 Macomb Industrial Dr., Clinton Twp., MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			Click Here for Memo Itemization	
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			Click Here for Memo Itemization	

Page Subtotal \$3,000.00

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

\$3,000.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139427
2. Committee Name Vince Viviano for Trustee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Lucia DiCicco for Trustee</u> Address <u>7755 22 Mile Road, #183079</u> <u>Shelby Twp., MI 48318</u> ☐ Fund Raiser	Committee paid Lucia DiCicco for Trustee to run an advertising ad Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2024</u> Date	\$ <u>184.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Memory Time, LLC</u> Address <u>2280 Cumberland</u> <u>Rochester Hills, MI 48307</u> ☐ Fund Raiser	Purpose: <u>Mailings</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2024</u> Date	\$ <u>1,318.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Subtotal this page			\$ <u>1,502.00</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$ <u>1,502.00</u>

Enter this total
on line 8a of
Summary Page