



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

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MACOMB COUNTY CLERK
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<p>1. Committee I.D. Number 140563</p> <p>2. Committee Name CTE DANIEL ACCIACCA</p> <p>5. Committee's Mailing Address 13665 BREEZY DR STERLING HEIGHTS, MI 48313</p> <p>Area Code and Phone <u>(586) 709-1537</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.</p> <p>7. Treasurer's Business Address 13665 BREEZY DR STERLING HEIGHTS, MI 48313</p> <p>Area Code and Phone <u>(586) 709-1535</u></p> <p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/04/2025</u></p>		<p>3. This Statement covers From: <u>10/20/2025</u> to <u>11/24/2025</u></p> <p>4. Candidate Last Name ACCIACCA First Name DANIEL</p> <p>4a. Office Sought Including District # or Community Served (If applicable) COUNCIL, STERLING HEIGHTS</p> <p>4b. County of Residence MACOMB COUNTY</p> <p>6. Treasurer's Name & Residential Address DENISE ACCIACCA 13665 BREEZY DR STERLING HEIGHTS, MI 48313</p> <p>Area Code & Phone <u>(586) 709-1535</u></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) DANIEL ACCIACCA 13665 BREEZY DR STERLING HEIGHTS, MI 48313</p> <p>Area Code and Phone <u>(586) 709-1537</u></p> <p>9e. DISSOLUTION OF CANDIDATE COMMITTEE</p> <p><input checked="" type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution <u>11/06/2025</u></p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
<p>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.</p> <p>Current Treasurer or Designated Record keeper _____ / _____</p> <p>Candidate _____ / _____</p>		<p>Submitted electronically, signature on file</p> <p>11/07/2025</p> <p>Submitted electronically, signature on file</p> <p>11/07/2025</p>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140563

2. Committee Name CTE DANIEL ACCIACCA

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>8,250.00</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>8,250.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>211.00</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>1,871.65</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>1,871.65</u>	(23.) \$ <u>8,290.22</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>1,831.43</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>1,831.43</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,871.65</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>-40.22</u>	*



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

140563

1. Committee I. D. Number 140563

2. Committee Name CTE DANIEL ACCIACCA

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DANIEL R ACCIACCA Address 13665 BREEZY DR STERLING HEIGHTS, MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>CLOSING OF CAMPAIGN ACCOUNT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/05/2025 Date	\$ <u>1,871.65</u>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

1,871.65

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

1,871.65

Enter this total
on line 8a of
Summary Page