



FILED

27 OCT 2025 AM 10:31

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.

3. This Statement covers From: 07/21/2025 to 10/20/2025

1. Committee I.D. Number

140457

4. Candidate Last Name First Name M.I.

AIELLO MIKE

2. Committee Name

CTE MIKE AIELLO FOR TREASURER

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

TREASURER, CLINTON TWP

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

5. Committee's Mailing Address

**18244 NARDY STREET
CLINTON TOWNSHIP, MI 48036**

6. Treasurer's Name & Residential Address

**DAVID MILLER
720 EAST LINCOLN AVENUE
MADISON HEIGHTS, MI 48071**

Area Code and Phone (586) 663-0435
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.

Area Code & Phone (248) 360-3880

7. Treasurer's Business Address

**720 EAST LINCOLN AVENUE
MADISON HEIGHTS, MI 48071**

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

**AMY LAJOY
18244 NARDY STREET
CLINTON TOWNSHIP, MI 48036**

Area Code and Phone (248) 360-3880

Area Code and Phone (517) 372-4392

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 (2025)
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

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

Signature

Submitted electronically,
signature on file

Date

10/27/2025

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/27/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140457

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE MIKE AIELLO FOR TREASURER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4,250.00</u>	(18.) \$ <u>4,950.00</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>4,250.00</u>	(20.) \$ <u>4,950.00</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>1,626.91</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>1,626.91</u>	(23.) \$ <u>1,708.18</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>2,761.38</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>4,250.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>7,011.38</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,626.91</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5,384.47</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140457
2. Committee Name CTE MIKE AIELLO FOR TREASURER

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>07/21/2025</u>	
Name & Address: DTE PAC 1 ENERGY PLAZA DETROIT, MI 48226		\$ <u>250.00</u>	\$ <u>250.00</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>08/02/2025</u>	
Name & Address: JOE ARAGONA FOR MAJORITY PAC 39285 N BLOM DR HARRISON TWP, MI 48045		\$ <u>500.00</u>	\$ <u>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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2025</u>	
Name & Address: JILLIAN CHERGET 51425 FOX HILL TRAIL CHESTERFIELD, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>GARFIELD & CANAL SERVICE INC.</u> Business Address <u>16933 CANAL RD, CLINTON TOWSHIP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2025</u>	
Name & Address: JOHN JOHNSON 48637 SHADY GLEN DR CHESTERFIELD, MI 48051		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>48637 SHADY GLEN DR, CHESTERFIELD, MI 48051</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,250.00

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 140457
2. Committee Name CTE MIKE AIELLO FOR TREASURER

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>09/24/2025</u>	
Name & Address: SCOTT LOCKWOOD SOUTHDOWN ST BLOOMFIELD, MI 48304		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK, INC</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2025</u>	
Name & Address: VITO STROLIS 205 N GRATIOT MOUNT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2025</u>	
Name & Address: JAMAL SAGE 10 CABRI LN DEARBORN HEIGHTS, MI 48127		\$ <u>100.00</u>	\$ <u>100.00</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 <u>09/24/2025</u>	
Name & Address: KENNETH SIEGLE 48872 CROSS CREEK DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SIEGLE & ASSOCIATES</u> Business Address <u>42855 GARFIELD RD, SUITE 110, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

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 140457
2. Committee Name CTE MIKE AIELLO FOR TREASURER

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>09/24/2025</u> Name & Address: CHRISTOPER AIELLO 49432 COMPASS POINT DR NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>49432 COMPASS POINT DR, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/24/2025</u> Name & Address: SALVATORE RANDAZZO 37180 WILLOW LANE Clinton Township, MI 48036		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RANDAZZOS</u> Business Address <u>36800 GARFIELD RD, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/24/2025</u> Name & Address: JEFF FLANIGAN 51032 DEQUINDRE RD SHELBY TOWNSHIP, MI 48317		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINES OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>51032 DEQUINDRE RD, SHELBY TOWNSHIP, MI 48317</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>09/24/2025</u> Name & Address: LUCIDO FOR A BRIGHTER TOMORROW 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

2,200.00

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

4,250.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140457
2. Committee Name CTE MIKE AIELLO FOR TREASURER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name UPS STORE Address 36640 GARFIELD RD CLINTON TOWNSHIP, MI 48036 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/02/2025</u> Date	\$ <u>21.89</u>
Expenditure #2 Name UPS STORE Address 36640 GARFIELD RD CLINTON TOWNSHIP, MI 48036 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/03/2025</u> Date	\$ <u>15.01</u>
Expenditure #3 Name UPS STORE Address 36640 GARFIELD RD CLINTON TOWNSHIP, MI 48036 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/2025</u> Date	\$ <u>15.01</u>
Expenditure #4 Name SOLUNA Address 36470 MORAVIAN DR CLINTON TOWNSHIP, MI 48035 ☒ Fund Raiser	Purpose: CATERING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/24/2025</u> Date	\$ <u>1,575.00</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 **1,626.91**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **1,626.91**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140457**
2. Committee Name **CTE MIKE AIELLO FOR TREASURER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/24/2025	4. Number of Individuals Attending or Participating (whichever is greater) 20	5. Type of Fund Raising Activity RECEPTION	6. Address and Name (If any) of the place where the activity was held. SOLUNA 36470 MORAVIAN DR CLINTON TOWNSHIP, MI 48035 ☐ Private Residence
---	---	--	--

7. Total Contributions **3,500.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **3,500.00**
10. Total Cost of Event **1,575.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.