



FILED

24 JUL 2026 PM 03:50

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: 01/01/2026 to 07/20/2026

1. Committee I.D. Number

139838

2. Committee Name

CTE SAM PREVITI FOR SUPERVISOR

4. Candidate Last Name

PREVITI

First Name

SEBASTIAN

M.I.

S

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

SUPERVISOR, WASHINGTON TWP

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

5. Committee's Mailing Address

**61614 COTSWOLD
WASHINGTON, MI 48094**

Area Code and Phone (586) 206-5185
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

**SEBASTIAN S PREVITI
61614 COTSWOLD
WASHINGTON, MI 48094**

Area Code & Phone (586) 206-5185

7. Treasurer's Business Address

**61614 COTSWOLD
WASHINGTON, MI 48094**

Area Code and Phone (586) 206-5185

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

**SEBASTIAN S PREVITI
61614 COTSWOLD
WASHINGTON, MI 48094**

Area Code and Phone (586) 206-5185

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

Required ONLY if candidate is not on the ballot for the current year:

- ☒ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (2026)
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

Signature

Submitted electronically,
signature on file

Date

07/24/2026

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2026



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139838

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>19,125.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>19,125.00</u>	(18.) \$ <u>39,600.00</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>19,125.00</u>	(20.) \$ <u>39,600.00</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>5,300.00</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>5,300.00</u>	(23.) \$ <u>14,027.00</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>40,892.28</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>19,125.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>60,017.28</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5,300.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>54,717.28</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u> Name & Address: CHASE RAMAJ 11455 SCARBOROUGH DR SHELBY TOWNSHIP, MI 48315		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>REAL ESTATE</u> Business Address <u>11455 SCARBOROUGH DR, 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>04/27/2026</u> Name & Address: MARY LOU PENNA 38880 VAN DYKE AVE STERLING HEIGHTS, MI 48312		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>PENNA'S OF STERLING</u> Business Address <u>38880 VAN DYKE AVE, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: CARL MUNACO 48635 VAN DYKE AVE SHELBY, MI 48317		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF- EMPLOYED</u> Employer <u>CHIRCO HOMES</u> Business Address <u>48635 VAN DYKE AVE, SHELBY, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: STEPHEN SAPH 44 MACOMB PL MT CLEMENS, MI 48043		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF-EMPLOYED</u> Employer <u>NICKEL & SAPH, INC.</u> Business Address <u>44 MACOMB PL, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,325.00

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: MICHAEL CHIRCO 6166 WOODBRIDGE DR WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>MJC COMPANIES</u> Business Address <u>46600 ROMEO PLANK RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: MARY CHIRCO 6166 WOODBRIDGE DRIVE, WASHINGTON, MI, USA WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address <u>6166 WOODBRIDGE DR, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: PHILIP RUGGERI 55764 ST REGIS DR SHELBY, MI 48315		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PHILIP RUGGERI & ASSOC PC</u> Business Address <u>43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: GIUSEPPE FERRO 5082 SEVEN LAKES DR S WASHINGTON, MI 48095		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>F & M CONSTRUCTION</u> Business Address <u>5082 SEVEN LAKES DR S, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,750.00**

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: SALVATORE LEONE 61251 BURNINGWOOD DR WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>61251 BURNINGWOOD DR, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: SALVATORE PREVITI 15644 BOREAS DR MACOMB, MI 48044		\$ <u>300.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: STAVROS TOMA 47677 MILONAS DR SHELBY TWP, MI 48315		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>TOMA CONSULTANT</u> Business Address <u>47677 MILONAS DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: JOE BREWER 8849 HEATHERWOOD CT WASHINGTON, MI 48095		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>METRO ELECTRIC</u> Business Address <u>8849 HEATHERWOOD CT, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,300.00**

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: VITO CATALFIO 2585 POND VALLEE DR OAKLAND, MI 48363		\$ <u>200.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>MR. C'S CAR WASH</u> Business Address <u>2585 POND VALLEE DR, OAKLAND, MI 48363</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: GIUSEPPE SCIORTINO 47421 WYCLIFFE DR SHELBY TWP, MI 48315		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: JOSEPH VICARI 37523 HIDDEN VALLEY CT CLINTON TWP, MI 48036		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO OF ANDIAMO</u> Employer <u>ANDIAMO RESTAURANTS</u> Business Address <u>7096 E 14 MILE RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: MARIO EVANGELISTA 69263 LAKE POINT CT BRUCE, MI 48065		\$ <u>50.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>69263 LAKE POINT CT, BRUCE, MI 48065</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 750.00

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: ROBERT KIRK 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: ROBERT HUTH 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: RACHEL BADALEMENTI 19500 HALL RD CLINTON TOWNSHIP, MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK & HUTH, P.C.</u> Business Address <u>19500 HALL RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: AARON ST. DENNIS 7417 S VILLAGE DR CLARKSTON, MI 48346		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>AUCH CONSTRUCTION</u> Business Address <u>7417 S VILLAGE DR, CLARKSTON, MI 48346</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,000.00**

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: FRANK ARAGONA 3321 VINEYARD HILL DR ROCHESTER, MI 48306		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ARAGONA LAW</u> Business Address <u>37020 GARFIELD RD, CLINTON TOWNSHIP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: DENNIS STEVENSON 59837 GLACIER SPRING N WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: MARY ANN RIZZA 78000 PEARL DR ROMEO, MI 48065		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: BEN ALOIA 48 S MAIN ST MT CLEMENS, MI 48043		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY - SELF</u> Employer <u>ALUIA LAW</u> Business Address <u>48 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,000.00**

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: ROBERT SACCO 6022 ADMIRAL CT WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>6022 ADMIRAL CT, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: KAY POCHERT 6125 HICKORY LN WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>ROMEO DDA</u> Business Address <u>141 S MAIN ST, ROMEO, MI 48065</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: VINCENZO VITALE 55178 VAN DYKE AVE SHELBY TOWNSHIP, MI 48316		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>VINCE & JOE'S GOURMET MARKET</u> Business Address <u>55178 VAN DYKE AVE, SHELBY TOWNSHIP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: EDDIE MORADIAN 11042 WALNUT LN STERLING HEIGHTS, MI 48313		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>D'AGOSTINI GROUP</u> Business Address <u>38700 VAN DYKE AVE, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,000.00**

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: MIKE TORRES 5865 JACKELYN CT WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>5865 JACKELYN CT, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: JEFF CURTIS 6328 ACADEMY DR WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>PAPA JOE'S GOURMENT</u> Business Address <u>6000 N ROCHESTER RD, ROCHESTER HILLS, MI 48306</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: CANDICE PAC P.O. BOX 7036 NOVI, MI 48376		\$ <u>100.00</u>	\$ <u>350.00</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>04/27/2026</u>	
Name & Address: LUCIDO FOR A BRIGHTER TOMORROW 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>350.00</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 950.00

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: ROBERT SIEBERT 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>250.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SIEBERT & DLOSKI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: MIKE MAGNOLI 6402 BAYPOINT WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>MICHAEL ANGELO CONSTRUCTION</u> Business Address <u>6402 BAYPOINT, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: NICK LAVDAS 6700 BORDMAN RD BRUCE, MI 48065		\$ <u>250.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>JEWELER</u> Business Address <u>3671 TWELVE MILE RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: TONY DIMOVSKI 1601 CARRIAGE WAY ROCHESTER, MI 48307		\$ <u>500.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>MODERN DERMATOLGY</u> Business Address <u>1601 CARRIAGE WAY, ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,100.00

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u> Name & Address: JON NOVAK 22611 O'CONNOR ST ST CLAIR SHORES, MI 48080		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>CONTRACTOR</u> Business Address <u>22611 O'CONNOR ST, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: TOM KALAS 15 PINE GATE DR BLOOMFIELD HILLS, MI 48304		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>ATTORNEY</u> Business Address <u>15 PINE GATE DR, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: TOM MATTHEWS 11972 LIBERTY WOODS DR WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: STEVE RIZZO 61532 E HUNTINGTON CIR WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>X-PRESS BUILDERS</u> Business Address <u>61532 E HUNTINGTON CIR, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 450.00

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: JASON ARLOW 5709 ARNOLD RD MARINE CITY, MI 48039		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AEW</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AEW</u> Business Address <u>950 W AVON RD, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: STEVE PANGORI 8106 ROSEBUD LN CLARKSTON, MI 48348		\$ <u>200.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AEW</u> Business Address <u>51371 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: TOM VITALE 7839 26 MILE RD WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>VITO'S BAKERY</u> Business Address <u>7839 26 MILE RD, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: IRA HOLCOMB 3603 28 MILE RD WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: DANA PATRONA 63589 MONTICELLO W DR WASHINGTON, MI 48095		\$ <u>150.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>63589 MONTICELLO W DR, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: MIKE ARCY 6959 HILLVIEW POINTE WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMERCIAL LENDER</u> Employer <u>ALLIED FINANCIAL</u> Business Address <u>1960 TECHNOLOGY DR, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: ROSE IACOBACCI 61685 COTSWOLD DR WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 850.00

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u> Name & Address: MIKE RICCIARDELLO 4527 OLIVIA AVE ROYAL OAK, MI 48073		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>4527 OLIVIA AVE, ROYAL OAK, MI 48073</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: LOUIS SOLDATEK 11434 BIRCH CT WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: MIKE FILLBROOK 7320 37 MILE RD BRUCE, MI 48065		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>BRUCE TOWNSHIP</u> Business Address <u>7320 37 MILE RD, BRUCE, MI 48065</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: MICHAEL CERVENAK 5798 BROOKSIDE LN WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: FAUSTO DELELLIS 52675 TUSCANY GROVE SHELBY, MI 48315		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: ANNAM SOKANA 8938 INVERNESS WASHINGTON, MI 48095		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>FRONTIER TOWN</u> Business Address <u>8938 INVERNESS, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: MICHELE MILAM 7319 SAWGRASS DR WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>7319 SAWGRASS DR, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: JEFF YAROCH 35545 POUND RD RICHMOND, MI 48062		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>35545 POUND RD, RICHMOND, MI 48062</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: JACK ODDO 6001 26 MILE RD WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>6001 26 MILE RD, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: JOANN MARINO 59217 GLACIER CLUB DR WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address <u>59217 GLACIER CLUB DR, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: MICHAEL BOMMARITO 11342 COVERED BRIDGE LN BRUCE, MI 48065		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: ANTONIO BUGLI 67889 SEVEN LAKES CT WASHINGTON, MI 48095		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WEALTH STRATEGIST</u> Employer <u>LPL FINANCE</u> Business Address <u>1460 WALTON BLVD., ROCHESTER HILLS, MI 48309</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 200.00

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: KIRIL PETKOV 11499 27 MILE RD WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BARBER</u> Employer <u>VAN DYKE BARBER SHOP</u> Business Address <u>11499 27 MILE RD, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: SANDRA TORNBERG 53794 WHITBY WAY SHELBY TWP, MI 48316		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: DEREK MILLER 4350 CREEKWOOD CT ROCHESTER, MI 48306		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>38600 VAN DYKE AVE, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: JOEL BALLOR 50383 HEATHERWOOD LN SHELBY TOWNSHIP, MI 48317		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>BALLOR TOWING</u> Business Address <u>57760 MAIN ST, NEW HAVEN, MI 48048</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: MICHAEL D'AGOSTINI 17565 AUGUSTA DR MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>QUADRATE DEVELOPMENT</u> Business Address <u>17565 AUGUSTA DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: DANA HEPNER 55511 DANUBE AVE MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINICPAL</u> Employer <u>ROMEO COMMUNITY SCHOOLS</u> Business Address <u>58888 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: VITO PIANELLO 14286 BOURNEMUTH DR SHELBY TWP, MI 48315		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: JOHN DELL'ISOLA 52611 ARAGON DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>NOWAK AND FRAUS ENGINEERS</u> Business Address <u>46777 WOODWARD AVE, PONTIAC, MI 48342</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: JOHN CHAPLAIN 61603 MT VERNON RD WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: JUDY CAIN 4608 W LAKE CIR S LITTLETON, CO 80123		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>PLANTE MORAN</u> Business Address <u>4608 W LAKE CIR N, LITTLETON, CO 80123</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: JEREMY SCHROT 4390 DOMINION BLVD BRIGHTON, MI 48114		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SPAULDING DEDECKER & ASSOC</u> Business Address <u>4390 DOMINION BLVD, BRIGHTON, MI 48114</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: FRAN SALVATORE 64527 LIMERICK LN WASHINGTON, MI 48095		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 700.00

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u> Name & Address: JEFF BROWN 45200 CARD RD MACOMB, MI 48044		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>FISHBECK</u> Business Address <u>45200 CARD RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: JOHN LONG 22600 HALL RD CLINTON TOWNSHIP, MI 48036		\$ <u>50.00</u>	\$ <u>50.00</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>04/27/2026</u> Name & Address: MICHAEL LOUIS 61590 BRADBURY RUN WASHINGTON, PR 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>61590 BRADBURY RUN, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: SONNY RANDAZZO 37180 WILLOW LN CLINTON TOWNSHIP, MI 48036		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>RANDAZZO FRESH MARKET</u> Business Address <u>59800 HAYES RD, Macomb, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,275.00

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: ANDY SOLLENA 63591 PROVIDENCE DR WASHINGTON, MI 48095		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>GERBER COLLISION</u> Business Address <u>44700 ENTERPRISE DR, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: ZOI SEREMITIS 66020 VAN DYKE AVE WASHINGTON, MI 48095		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ROMEO FAMILY RESTAURANT</u> Business Address <u>66020 VAN DYKE AVE, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: JOHN POLYZOIS 66020 VAN DYKE AVE WASHINGTON, MI 48095		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>ROMEO FAMILY RESTAURANT</u> Business Address <u>66020 VAN DYKE AVE, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: TONY CONTRI 11871 LIBERTY WOODS DR WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>50.00</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 750.00

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u>	
Name & Address: PAIGE RYTERSKI 11871 LIBERTY WOODS DR WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>50.00</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>04/27/2026</u>	
Name & Address: ELIZABETH PAKENAS 2402 DEAN DR WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>50.00</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>04/27/2026</u>	
Name & Address: KARL PILAT WEST RD WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>50.00</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>04/27/2026</u>	
Name & Address: JAMES SPAGNUOLO 19838 WESTCHESTER DR CLINTON TOWNSHIP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 200.00

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u> Name & Address: CONSERVATIVE VOICES PAC 11927 HIAWATHA DR SHELBY TOWNSHIP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</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>04/27/2026</u> Name & Address: DOUG OKOROWSKI 57900 VAN DYKE AVE WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>50.00</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>04/27/2026</u> Name & Address: MARLYN BACHOCHIN 7079 MIDDLECOFF DR WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address <u>7079 MIDDLECOFF DR, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: FRANK PREVITI 122 W AUBURN TRAIL BRIGHTON, MI 48114		\$ <u>50.00</u>	\$ <u>50.00</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 400.00

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 139838
2. Committee Name CTE SAM PREVITI FOR SUPERVISOR

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>04/27/2026</u> Name & Address: CHARLES REINHOLD 5757 CUSICK LAKE DR WASHINGTON, MI 48095		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>CPR INVESTMENTS</u> Business Address <u>1600 PARKDALE RD, ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: LOU WELCH 59097 MARY LN WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANALYST</u> Employer <u>GM FINANCIAL</u> Business Address <u>59097 MARY LN, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: MICHAEL KLIEMAN 13400 30 MILE RD WASHINGTON, MI 48095		\$ <u>225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>J&H TRANSPORTATION</u> Business Address <u>13400 30 MILE RD, WASHINGTON, MI 48095</u> 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 **425.00**

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

19,125.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139838**
2. Committee Name **CTE SAM PREVITI FOR SUPERVISOR**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address 57857 VAN DYKE AVE WASHINGTON, MI 48094 ☒ Fund Raiser	Purpose: STAMPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2026 Date	\$ 78.00
Expenditure #2 Name MEIJER Address 8401 26 MILE RD WASHINGTON, MI 48094 ☒ Fund Raiser	Purpose: CAKE FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/27/2026 Date	\$ 50.00
Expenditure #3 Name SAPORI RESTAURANT Address 6067 26 MILE RD WASHINGTON, MI 48094 ☒ Fund Raiser	Purpose: SAPORI'S RESTAURANT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/27/2026 Date	\$ 4,895.00
Expenditure #4 Name ITALIAN TRIBUNE Address 21852 23 MILE ROAD, MACOMB, MI, USA ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/2026 Date	\$ 277.00
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **5,300.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **5,300.00**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **139838**
2. Committee Name **CTE SAM PREVITI FOR SUPERVISOR**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 04/27/2026	4. Number of Individuals Attending or Participating (whichever is greater) 100	5. Type of Fund Raising Activity ANNUAL FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. SAPORI'S 6067 26 MILE RD WASHINGTON, MI 48094 ☐ Private Residence
---	--	--	--

7. Total Contributions **19,125.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **19,125.00**
10. Total Cost of Event **5,023.00**
(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.