



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Rec'd 10/22/10 - ELEC. DEPT  
SW

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 <u>8/31/10</u> to <u>10/21/10</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |
| 1. Committee I.D. Number<br><u>130582</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4. Candidate Last Name <u>Sabatini</u> First Name <u>Joseph</u> M.I. <u>F</u>                                                                |
| 2. Committee Name<br><u>Committee to Elect Joe Sabatini</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a. Office Sought including District # or Community Served (if applicable)<br><u>County Commissioner District 13</u>                         |
| 5. Committee's Mailing Address<br><u>P.O. Box 380462</u><br><u>Clinton Twp, MI 48038</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4b. County of Residence <u>Macomb</u>                                                                                                        |
| Area Code and Phone _____<br>If the address in this box is different from the committee<br>mailing address on the Statement of Organization, mail may<br>be sent to this address by the filing official.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6. Treasurer's Name & Residential Address<br><u>Joe Sabatini</u><br><u>20357 Alexander</u><br><u>Macomb, MI 48044</u><br><u>877-362-9178</u> |
| 7. Treasurer's Business Address<br><u>Joe Sabatini</u><br><u>P.O. Box 380462</u><br><u>Clinton Twp, MI 48038</u><br><u>877-362-9178</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8. Designated Record Keeper's Name and Mailing Address (if the committee has a<br>Designated Record keeper)                                  |
| Area Code and Phone <u>888-944-9992</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Area Code & Phone <u>888-944-9992</u>                                                                                                        |
| 9. TYPE OF STATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              |
| 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                              |
| Pre-Election or Post-Election Statement relates to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Convention <input type="checkbox"/> School<br><input type="checkbox"/> Special <input type="checkbox"/> Caucus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |
| Date of Election, Convention or Caucus<br><u>11/2/10</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |
| 9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)<br>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 8a, 9b, 9c<br>or 9e to indicate which Statement is being amended)<br>9e. <input type="checkbox"/> Dissolution of Candidate Committee<br>Effective Date of Dissolution _____<br>By checking this item, I/We certify that the committee has no assets or<br>outstanding debts, including late filing fees. Further, I/We request that if<br>the dissolution cannot be granted, that this be considered a request for<br>the Reporting Waiver.<br>Note: The disposition of residual funds must be reported on Schedule<br>1B and the Summary Page.                                     |                                                                                                                                              |
| A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable<br>Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.<br>If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an<br>amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or<br>before the filing deadline of a required campaign statement, that campaign statement cannot be waived. |                                                                                                                                              |
| 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<br>my/our knowledge and belief the contents are true, accurate and complete.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                              |
| Current Treasurer or<br>Designated Record keeper <u>Joe Sabatini</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Signature _____ Date <u>10/22/10</u>                                                                                                         |
| Candidate <u>Joe Sabatini</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Signature _____ Date <u>10/22/10</u>                                                                                                         |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138582  
2. Committee Name Committee to Elect Joe Sabatini

| RECEIPTS                                                                                               | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|--------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| <b>3. Contributions</b>                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                                   | (3a.) \$ <u>3,180.00</u>       | (16.) \$ _____                              |
| b. Unitemized (less than \$20.01 each - no Schedule)                                                   | (3b.) \$ <u>NOT APPLICABLE</u> | (18.) \$ _____                              |
| c. Subtotal of "Contributions"                                                                         | (3c.) \$ <u>3,180.00</u>       | (20.) \$ _____                              |
| <b>4. Other Receipts (Schedule 1A -1, Column 6)</b>                                                    | (4.) \$ <u>0</u>               | (19.) \$ _____                              |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                             | (5.) \$ <u>3,180.00</u>        |                                             |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                        |                                |                                             |
| <b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>                                              | (6.) \$ <u>1,762.64</u>        | (21.) \$ _____                              |
| <b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>                                              | (7.) \$ <u>0</u>               | (22.) \$ _____                              |
| <b>EXPENDITURES</b>                                                                                    |                                |                                             |
| <b>8. Expenditures</b>                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                                    | (8a.) \$ <u>1,831.72</u>       |                                             |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)                                                           | (8b.) \$ <u>0</u>              |                                             |
| c. Unitemized (less than \$50.01 each - no Schedule)                                                   | (8c.) \$ <u>0</u>              |                                             |
| <b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>                                         | (9.) \$ <u>1,831.72</u>        | (23.) \$ _____                              |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                        |                                |                                             |
| <b>10. Disbursements</b>                                                                               |                                |                                             |
| a. Itemized (Schedule 1C, Column 6)                                                                    | (10a.) \$ <u>0</u>             |                                             |
| b. Unitemized (less than \$50.01 each - no Schedule)                                                   | (10b.) \$ <u>0</u>             |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                         | (11.) \$ <u>0</u>              | (24.) \$ _____                              |
| <b>DEBTS AND OBLIGATIONS</b>                                                                           |                                |                                             |
| <b>12. Debts and Obligations</b>                                                                       |                                |                                             |
| a. Owed by the Committee (Schedule 1E)                                                                 | (12a.) \$ <u>1,762.64</u>      |                                             |
| b. Owed to the Committee (Schedule 1E)                                                                 | (12b.) \$ <u>0</u>             |                                             |
| <b>BALANCE STATEMENT</b>                                                                               |                                |                                             |
| <b>13. Ending Balance of last report filed</b><br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>0</u>              |                                             |
| <b>14. Amount received during reporting period</b><br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>3,180.00</u>     |                                             |
| <b>15. SUBTOTAL Add lines 13 and 14</b>                                                                | (15.) = \$ <u>3,180.00</u>     |                                             |
| <b>16. Amount expended during reporting period</b><br>(Add lines 9 and 11)                             | (16.) - \$ <u>1,831.72</u>     |                                             |
| <b>17. ENDING BALANCE</b><br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>1,348.28</u>       |                                             |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

138582

2. Committee Name

Committee to Elect Joe Sabatini

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 all 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 10/12/10

Name & Address:

Reiter, Jesse M.  
455 Linden  
Birmingham, MI 48009

\$100.00

\$100.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 10/12/10

Name & Address:

D'Agostini, Antonio  
11200 Walnut Lane  
Sterling Heights, MI 48313

\$300.00

\$300.00

5. If over \$100.00 cumulative, please provide:

Occupation Construction Employer LDS Inc.

Click Here for Memo Itemization

Business Address Macomb, MI self-employed

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 10/12/10

Name & Address:

Iacobelli, Grazio  
29040 Merrimade Lane  
Chesterfield, MI 48047

\$100.00

\$100.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 10/12/10

Name & Address:

Plastiras, Steve  
23282 Robert John  
St. Clair Shores, MI 48080

\$50.00

\$50.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

550.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

138582

2. Committee Name

Committee to Elect Joe Sabatini

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 all 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 10/12/10

Name & Address:

Czernel, Karen  
5400 Bridge Trail E  
Commerce, MI 48382

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 10/1/10

Name & Address:

Plastiras, Juliana  
19427 Hudson River  
Macomb, MI 48044

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 10/8/10

Name & Address:

Crispignani, Virgilio  
1611 Dort  
Roseville, MI 48066

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 10/7/10

Name & Address:

Krzeminski, Roger  
47535 Chrys Rd.  
Macomb, MI 48044

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

138582

2. Committee Name

Committee to Elect Joe Sabati

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 all 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 10/12/10

Name & Address:

Morelli, Gino  
39429 Moravian  
Clinton Twp, MI 48036

\$ 200.00 \$ 200.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer Self-Employed

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 10/12/10

Name & Address:

Ferrera-Reid, Rina  
18449 Tara  
Clinton Twp, MI 48036

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 10/12/10

Name & Address:

Mollicone, James  
16146 Millar  
Clinton Twp, MI 48036

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 10/12/10

Name & Address:

D'Agostini, Michael  
17565 Augusta  
Macomb, MI 48042

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

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  
the 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

138582

2. Committee Name

Committee to Elect Joe Sabatini

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 all 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 10/12/10

Name & Address:

Morelli, David  
100 W. Fifth St, #714  
Royal Oak, MI 48067

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 10/12/10

Name & Address:

Crispignani, Giovanna  
37135 Woodpointe Dr.  
Clinton Twp, MI 48036

\$ 300.00

\$ 300.00

5. If over \$100.00 cumulative, please provide:

Occupation Self-employed Employer Allegra

Click Here for Memo Itemization

Business Address 42512 Hayes, St 700, Clinton Twp 48038

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 10/12/10

Name & Address:

Maynard, Jared  
45128 Utica Grn  
Shelby Twp, MI 48317

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 10/12/10

Name & Address:

Mollicone, Louis  
37130 Willow Lane  
Clinton Twp, MI 48036

\$ 300.00

\$ 300.00

5. If over \$100.00 cumulative, please provide:

Occupation Owner/self-empl. Employer State Barri cades

Click Here for Memo Itemization

Business Address 24907 Schoenherr, Warren, MI 48089

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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

138582

2. Committee Name

Committee to Elect Joe Sabatini

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 all contributions regardless of amount.

5. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 10/12/10

Name & Address:

DeLellis, Fausto  
52675 Tuscan Grove  
Shelby Twp, MI 48315

\$50.00

\$50.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 10/12/10

Name & Address:

Vitale, Carol  
14222 Barton  
Shelby Twp, MI 48315

\$100.00

\$100.00

6. 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

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 10/12/10

Name & Address:

Bucci, Dino  
49280 Willowood  
Macomb, MI 48044

\$50.00

\$50.00

6. 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

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 10/12/10

Name & Address:

Weitzel, MaryLou  
46100 Houghton  
Shelby Twp, MI 48315

\$35.00

\$35.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

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Page Subtotal

235.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

130582

2. Committee Name

Committee to Elect Joe Sabatini

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 all 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

10/12/10

Name & Address:

Mack, Elaine  
37904 W. Horseshoe Drive  
Clinton Twp, MI 48036

\$ 35.00

\$ 35.00

5. If over \$100.00 cumulative, please provide:

Occupation Decorator Employer Realm Decor

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #2

PAC Receipt?

☐ YES

4. Date of Receipt

10/12/10

Name & Address

Michael, Anthony

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation owner Employer The Flower Peddler

Business Address 38350 Garfield, Clinton Twp, MI 48038

Click Here for Memo Itemization

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #3

PAC Receipt?

☐ YES

4. Date of Receipt

10/12/10

Name & Address:

Santia, Al  
37598 Paula Ct  
Clinton Twp, MI 48036

\$ 50.00

\$ 50.00

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

3. Contribution #4

PAC Receipt?

☐ YES

4. Date of Receipt

10/12/10

Name & Address

Santia, Dave  
37598 Paula Ct  
Clinton Twp, MI 48036

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

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Page Subtotal

195.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

138592

2. Committee Name

Committee to Elect Joe Sabatini

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 all 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

Name & Address:

Fanelli, Tony  
50466 Heatherwood  
Shelby Twp, MI 48317

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #2

PAC Receipt?

☐ YES

4. Date of Receipt

10/13/10

Name & Address

Cassatta, Josephine  
38309 Santa Anna  
Clinton Twp, MI 48036

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 3

PAC Receipt?

☐ YES

4. Date of Receipt

10/13/10

Name & Address:

Bonanni Frank  
38157 Horseshoe Dr. E  
Clinton Twp, MI 48036

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 4

PAC Receipt?

☐ YES

4. Date of Receipt

10/13/10

Name & Address

Izzi, Paul  
8255 Manne City Hwy  
Fairhaven, MI 48023

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

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)

Page

7 of 10

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

130582

2. Committee Name

Committee to Elect Joe Sabatini

| 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<br>Name & Address:<br>Sabatini, Ralph<br>19013 England<br>Macomb, MI 48042                                                                                                                                                                                         | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt: 10/13/10                                                                |                                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | <div><div>\$100.00</div><div>\$100.00</div><div>Click Here for Memo Itemization</div></div> |                                                                                 |
| 3. Contribution #2<br>Name & Address:<br>Vanosterwyk, Jean<br>17682 E. Kirkwood<br>Clinton Twp, MI 48038                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt: 10/13/10                                                                |                                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | <div><div>\$50.00</div><div>\$50.00</div><div>Click Here for Memo Itemization</div></div>   |                                                                                 |
| 3. Contribution #3<br>Name & Address:<br>Iacobelli, Anna<br>39441 Moravian<br>Clinton Twp, MI 48036                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt: 10/13/10                                                                |                                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | <div><div>\$50.00</div><div>\$50.00</div><div>Click Here for Memo Itemization</div></div>   |                                                                                 |
| 3. Contribution #4<br>Name & Address:<br>Independent Voters PAC<br>P.O. Box 665<br>Mt. Clemens, MI 48046                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt: 10/13/10                                                                |                                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |                                           | <div><div>\$50.00</div><div>\$50.00</div><div>Click Here for Memo Itemization</div></div>   |                                                                                 |

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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

138582

2. Committee Name

Committee to Elect Joe Sabatini

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 all 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

10/13/10

Name & Address:

Virga, Antonina  
30090 Manor Drive  
Madison Hts, MI 48071

\$ 60.00

\$ 60.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #2

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address

\$

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #3

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address

\$

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

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

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

60.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

138582

2. Committee Name

Committee to Elect Joe Sabatini

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 all 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

10/12/10

Name & Address:

Ferrera, Evelina  
16605 Dort  
Roseville, MI 48066

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐

Loan from a person

☒

Fund Raiser

3. Contribution #2

PAC Receipt?

☐ YES

4. Date of Receipt

10/12/10

Name & Address

Ciaramitaro, Joe III  
38954 Santa Barbara  
Clinton Twp, MI 48036

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐

Loan from a person

☒

Fund Raiser

3. Contribution #3

PAC Receipt?

☐ YES

4. Date of Receipt

10/12/10

Name & Address:

Ciaramitaro, Joseph  
38954 Santa Barbara  
Clinton Twp, MI 48036

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐

Loan from a person

☒

Fund Raiser

3. Contribution #4

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address

Sabatini, Ralph  
19013 England  
Macomb, MI 48042

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☒ Direct

☐

Loan from a person

☐

Fund Raiser

Page Subtotal

350.00

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

3180.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

138582

2. Committee Name

Committee to Elect Joe Sabatini

| 3. Name and Address from whom received<br>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 all in-kind contributions.                                             | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>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) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| <p>Contribution #1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address:<br/>Joe Sabatini<br/>20357 Alexander<br/>Macomb MI 48044</p> <p>If over \$100.00 cumulative, please provide:<br/>Occupation:</p> <p>Employer Name &amp; Business Address:</p>                                                  | <p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br/><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br/><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br/><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description: Signs</p> <p>5. Date Of Receipt: 9/28/10</p> <p>6. Vendor Name &amp; Address:<br/>Sawicki &amp; Sons Signs<br/>1521 W La Fayette<br/>Detroit MI 48216</p> | \$ 742.00                      |                                                           |
| <p><input type="checkbox"/> Fund Raiser Contribution</p> <p>Contribution #2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address:<br/>Joe Sabatini<br/>20357 Alexander<br/>Macomb, MI 48044</p> <p>If over \$100.00 cumulative, please provide:<br/>Occupation:</p> <p>Employer Name &amp; Address:</p> | <p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br/><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br/><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br/><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description: Labels</p> <p>5. Date Of Receipt: 10/2/10</p> <p>6. Vendor Name &amp; Address:<br/>Office Depot<br/>44835 Schoonhoven<br/>Sterling Hts MI 48313</p>       | \$ 18.94                       |                                                           |
| <p><input type="checkbox"/> Fund Raiser Contribution</p> <p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address:<br/>Joe Sabatini<br/>20357 Alexander<br/>Macomb MI 48044</p> <p>If over \$100.00 cumulative, please provide:<br/>Occupation:</p> <p>Employer Name &amp; Address:</p>  | <p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br/><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br/><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br/><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description: Truck Rental</p> <p>5. Date Of Receipt: 10/4/10</p> <p>6. Vendor Name &amp; Address:<br/>Enterprise<br/>20967 Hubble Rd<br/>Macomb, MI 48044</p>          | \$ 71.70                       |                                                           |

Page Subtotal

832.64

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

Enter this total  
on line 6 of Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

138582

2. Committee Name

Committee to Elect Joe Sabatini

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last<br>name first. Check box to indicate if contribution<br>is from a Political Committee or an Independent<br>Committee (Both are commonly called PACs).<br>Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were<br>purchased                                                                                                                                                                                                                                                                                                                                             | 7. Amount or<br>Fair Market<br>Value | 8. Cumulative<br>for Election<br>Cycle (Through<br>date in Item 5) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------|
| Contribution #1<br>Name & Address:<br>Joe Sabatini<br>20357 Alexander<br>Macomb MI 48044<br>If over \$100.00 cumulative, please provide:<br>Occupation:<br>Employer Name & Business Address:                                                                                           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN<br>Description: Nursery Ad<br>5. Date Of Receipt: 10/10/10<br>6. Vendor Name & Address:<br>Home Town Shopper<br>42627 Garfield<br>Clinton Twp MI 48038 | \$ 930.00                            |                                                                    |
| <input type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | Click Here for Memo Itemization                                    |
| Contribution #2<br>Name & Address:<br>If over \$100.00 cumulative, please provide:<br>Occupation:<br>Employer Name & Address:                                                                                                                                                          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN<br>Description:<br>5. Date Of Receipt:<br>6. Vendor Name & Address:                                                                                               | \$ \$                                |                                                                    |
| <input type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | Click Here for Memo Itemization                                    |
| Contribution #3<br>Name & Address:<br>If over \$100.00 cumulative, please provide:<br>Occupation:<br>Employer Name & Address:                                                                                                                                                          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN<br>Description:<br>5. Date Of Receipt:<br>6. Vendor Name & Address:                                                                                               | \$ \$                                |                                                                    |
| <input type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | Click Here for Memo Itemization                                    |

Page Subtotal

930.00

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

1762.64

Enter this total  
on line 6 of Summary  
Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number

138582

2. Committee Name

Committee to Elect Joe Sabatini

| 3. Name and address of person or vendor to whom paid                                                                                                                                         | 4. Purpose (Required Information)                                                                                                                                 | 5. Date                            | 6. Amount                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------|
| <p>Expenditure #1</p> <p>Name <u>Burning Tree Country Club</u></p> <p>Address <u>22871 21 Mile Rd</u><br/><u>Macomb, MI 48044</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p> | <p>Purpose: <u>Fundraiser</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>   | <p><u>10/12/10</u></p> <p>Date</p> | <p>\$ <u>442.00</u></p> <p>Click Here for Memo Itemization Type</p>   |
| <p>Expenditure #2</p> <p>Name <u>C. G. Newspapers</u></p> <p>Address <u>13650 11 Mile</u><br/><u>Warren, MI 48089</u></p> <p><input type="checkbox"/> Fund Raiser</p>                        | <p>Purpose: <u>Newspaper Ad</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> | <p><u>10/10/10</u></p> <p>Date</p> | <p>\$ <u>1,189.72</u></p> <p>Click Here for Memo Itemization Type</p> |
| <p>Expenditure #3</p> <p>Name <u>Hometown Shopper</u></p> <p>Address <u>42627 Garfield</u><br/><u>Clinton Twp MI 48038</u></p> <p><input type="checkbox"/> Fund Raiser</p>                   | <p>Purpose: <u>Newspaper Ad</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> | <p><u>10/10/10</u></p> <p>Date</p> | <p>\$ <u>200.00</u></p> <p>Click Here for Memo Itemization Type</p>   |
| <p>Expenditure #4</p> <p>Name _____</p> <p>Address _____</p> <p><input type="checkbox"/> Fund Raiser</p>                                                                                     | <p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>               | <p>_____</p> <p>Date</p>           | <p>\$ _____</p> <p>Click Here for Memo Itemization Type</p>           |
| <p>Expenditure #5</p> <p>Name _____</p> <p>Address _____</p> <p><input type="checkbox"/> Fund Raiser</p>                                                                                     | <p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>               | <p>_____</p> <p>Date</p>           | <p>\$ _____</p> <p>Click Here for Memo Itemization Type</p>           |

Subtotal this page

1,831.72

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

1,831.72

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138582  
2. Committee Name Committee to Elect Joe Sabatini

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt            | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|----------------------------------------------------------------------|
| Debt #1<br>Owed to or by: <u>Joe Sabatini</u><br>Corp? <input type="checkbox"/> Yes                                                                                                                                                                                           | 4. Type: <u>Loan for Signs</u><br>5. Date Debt Was Incurred: <u>9/28/10</u><br>6. Original Amount of Debt: <u>\$ 742.00</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0</u>                           | \$ <u>742.00</u><br><input type="checkbox"/> FORGIVEN                |

If bank loan, name of endorser or guarantor: \_\_\_\_\_

Amount Endorsed: \$ \_\_\_\_\_

|                                                                                     |                                                                                                                    |                            |             |                                                      |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|------------------------------------------------------|
| Debt #2<br>Owed to or by: <u>Joe Sabatini</u><br>Corp? <input type="checkbox"/> Yes | 4. Type: <u>Labels</u><br>5. Date Debt Was Incurred: <u>10/2/10</u><br>6. Original Amount of Debt: <u>\$ 18.94</u> | \$<br>\$<br>\$<br>\$<br>\$ | \$ <u>0</u> | \$ <u>18.94</u><br><input type="checkbox"/> FORGIVEN |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|------------------------------------------------------|

If bank loan, name of endorser or guarantor: \_\_\_\_\_

Amount Endorsed: \$ \_\_\_\_\_

|                                                                                     |                                                                                                                          |                            |             |                                                      |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|------------------------------------------------------|
| Debt #3<br>Owed to or by: <u>Joe Sabatini</u><br>Corp? <input type="checkbox"/> Yes | 4. Type: <u>Truck Rental</u><br>5. Date Debt Was Incurred: <u>10/4/10</u><br>6. Original Amount of Debt: <u>\$ 71.70</u> | \$<br>\$<br>\$<br>\$<br>\$ | \$ <u>0</u> | \$ <u>71.70</u><br><input type="checkbox"/> FORGIVEN |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|------------------------------------------------------|

If bank loan, name of endorser or guarantor: \_\_\_\_\_

Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt)

832.64

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number

138582

2. Committee Name

Committee to Elect Joe Sabatini

This Schedule itemizes:

☒ Debts and obligations owed by or forgiven the committee OR ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.

Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.

4. Type of Obligation (Description)

5. Indicate date debt was incurred

6. Indicate original amount of debt

7. Date and amount of each payment

8. Cumulative payment to date on debt

9. Outstanding Balance at close of this period (Item 6 minus item 8)

Debt #1 Corp? ☐ Yes  
Owed to or by:

Joe Sabatini

4. Type: Newspaper Ad

5. Date Debt Was Incurred:

10/10/10

6. Original Amount of Debt:

\$ 930.00

\$

\$

\$

\$

\$

\$

\$

930.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Corp? ☐ Yes  
Owed to or by:

4. Type:

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$

\$

\$

\$

\$

\$

\$

\$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Corp? ☐ Yes  
Owed to or by:

4. Type:

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$

\$

\$

\$

\$

\$

\$

\$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

930.00

(Complete on last page of Schedule showing amounts owed by or to the committee)

Grand Total of all Schedules 1E

1,762.64

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE

1. Committee I.D. Number

138582

2. Committee Name

Committee to Elect Joe Sabatini

- USE A SEPARATE SHEET FOR EACH EVENT -

|                                    |                                                                                  |                                                        |                                                                                                                                                                         |
|------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Event Was Held<br>10/12/10 | 4. Number of Individuals Attending or Participating (whichever is greater)<br>36 | 5. Type of Fund Raising Activity<br>Cocktail reception | 6. Address and Name (if any) of the place where the activity was held.<br>Burning Tree Club<br>21 Miller Rd<br>Macomb, MI<br><input type="checkbox"/> Private Residence |
|------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Total Contributions

2270.00

8. Other Receipts

0

9. Gross Receipts (Add lines 7 and 8)

2270.00

10. Total Cost of Event

442.00

(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  
(%)

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

- 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.