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CANDIDATE COMMITTEE COVER PAGE

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CARMILLA SABAUGH

FOR OFFICIAL USE ONLY

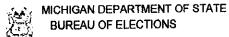
3. This Statement covers Fund April 01/12 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 07/22/12 M.I. First Name Candidate Last Name 1, Committee I.D. Number JIM CARABELLI 138109 4a. Office Sought including District # or Community Served (If applicable) COUNTY COMMISSIONER, DISTRICT 6 2. Committee Name CTE JIM CARABELLI 4b. County of Residence 6. Treasurer's Name & Residential Address 5. Committee's Mailing Address Barb Bulic 54077 MOUND ROAD SHELBY TOWNSHIP, MI 48316 8400 Yardley St., Apt. E Washington Twp., MI 48094 Area Code and Phone (586) 781-3050 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official. Area Code & Phone Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 7. Treasurer's Business Address Area Code and Phone Area Code and Phone 9. TYPE OF STATEMENT Coverage Year) Annual Statement (Pre-Election Post-Election Amendment to Campaign Statement (Complete Item 9a, 9b, 9c 9d. or 9e to indicate which Statement is being amended) Pre-Election or Post-Election Statement relates to: Dissolution of Candidate Committee General Primary Effective Date of Dissolution School Convention Special Caucus By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for Date of Election, Convention or Caucus the Reporting Waiver. 08/07/12 Note: The disposition of residual funds must be reported on Schedule 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 Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. 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 amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or 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 my\our knowledge and belief the contents are true, accurate and complete. Current Treasurer or Barb Bulic 7/26/2012 Designated Record keeper Date anature Type or Print Name (9 7/26/2012 James Carabelli Date Candidate Signature Type or Print Name

1. Committee I.D. Number 138109

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE JIM CARABELLI

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	0.400.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8,120.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$8,120.00	(20.) \$ \$8,120.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-iK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$5,025.99	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$5,025.99	(23.) \$ \$5,125.99
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$3,045.56	_
b. Owed to the Committee (Schedule 1E)		
	(12b.) \$	
13. Ending Balance of last report filed	(13.) \$ \$710.14	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$8,120.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$8,830.14	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$5,025.99	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$3,804.15	*



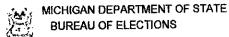
1. Committee I.D. Number ______138109

ANDIDATE COMMITTEE

2. Committee Name CTE JIM CARABELLI

line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name		
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)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address:		
Dominic Abbate 2500 Royal View Dr. Oakland MI 48363	_{\$} 100	_{\$} 100
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation President Employer Wakely Associates, Inc.		
Business Address 30500 Van Dyke Avenue, Suite M-7 Warren MI 48093		
Type of Contribution:		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address		
Bob Agar 18055 Van Dyke Avenue Detroit MI 48234	_{\$} 100	<u>\$ 100</u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Partner Employer Agar Lawn Sprinkler Systems		
Business Address 18055 Van Dyke Avenue Detroit MI 48234		
Type of Contribution:		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address:		
John Axe 21 Kercheval Ave., Ste. 360 Grosse Pointe Farms MI 48236	\$ 100	<u>\$ 100</u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Attorney Employer Self		
Business Address 21 Kercheval Ave., Ste. 360 Grosse Pointe Farms MI 48236		
Type of Contribution: Direct Loan from a person 🗸 Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address		
Theresa Borgula 1255 Lake George Road Oakland MI 48363	_{\$} 100	_{\$} 100
5. If over \$100.00 cumulative, please provide:	Olinia Liana	for Memo Itemization
Occupation Homemaker Employer	Click Here	for Memo Remization
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Page Subtotal	\$400.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total o	l In



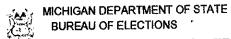
CANDIDATE COMMITTEE

1. Committee I.D. Number _____138109

Page.

2. Committee Name CTE JIM CARABELLI

CANDIDATE COMMITTEE 2: COMMISSION		7 Cumulative for
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)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address:		
Philip Brecht		
890 Harding	_{\$} 500	¢ 500
Rochester Hills MI 48307	Φ	¥
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation President Employer Green Giant Irrigation		
Business Address 52759 Lempke Dr. Shelby Township MI 48315		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address		
Jerri Burgess 4848 Rambling Drive Troy MI 48098	_{\$} 250	_{\$} 250
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Retired Employer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address:		
Robert Carabelli 53500 Hawald	_{\$} 300	_{\$} 300
Shelby Township MI 48316	Click Here fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Partner Employer Nationwide Insurance		
Business Address 842 N. Main Street Rochester MI 48307		
Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address		
Denise Chirco 3045 Harrow Way	_{\$} 200	_{\$} 200
Shelby Township MI 48316		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Owner Employer Promotional Solutions		
Business Address 48530 Van Dyke Shelby Township MI 48317		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
Page Subtotal	\$1,250.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summa	

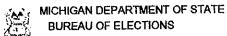


1. Committee I.D. Number _____138109

2 Committee Name CTE JIM CARABELLI

Enter this total on line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name	1 6 A	7. Cumulative for
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	Flection Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address:	-	
Tim Crawford 1415 Walton Blvd. Rochester Hills MI 48309	_{\$} 100	<u>\$ 100</u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Owner Employer Tim Crawford Insurance Agency, Inc.		
Business Address Tim Crawford Insurance Agency, Inc. Rochester Hills MI 48309		
Type of Contribution:		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address		
James Cummnins 220 S. Andrews St.	_{\$} 200	_{\$} 200
Lake Orion MI 48362 5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Business Address 45136 Cass Avenue Utica MI 48317		
Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address:		
Frank DiPonio 51173 Simone Industrial Drive	_{\$} 100	<u>\$ 100</u>
Shelby Township MI 48316	Click Here	for Memo Itemization
6. If over \$100.00 cumulative, please provide: Occupation Owner Employer DiPonio Contracting		
Occupation Owner Employer DiPonio Contracting Business Address 51173 Simone Industrial Drive Shelby Township MI 48316		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
1,700,000,000		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address	-	
Lisa Esposito 53401 Schoenherr Rd.	_{\$} 100	<u> </u>
Utica MI 48315 5. If over \$100.00 cumulative, please provide:		. F N. A
1	Click Here	e for Memo Itemization
Occupation Homemaker Employer	-	
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Page Subto	tal \$500.00	
Grand Total of All Schedules 1		
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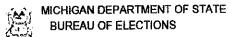
CANDIDATE COMMITTEE

1. Committee I.D. Number 138109

2. Committee Name CTE JIM CARABELLI

line 3a of Summary

OMBIDATE OFFICIAL TOTAL		
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 07/11/12 Name & Address:		
Linda Evangelista 57997 Robroy Washington MI 48094	_{\$} 100	_{\$} 100
5. If over \$100.00 cumulative, please provide:	Click Hora	for Memo Itemization
Occupation Homemaker Employer	Click Here	IOI Mellio Romazation
Business Address		
Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address		
Susan Ferry 3800 Harvest Creek Court Oakland Township MI 48306	_{\$} 250	_{\$} 250
5. If over \$100.00 oumulative, please provide:	Click Here	for Memo Itemization
Occupation Homemaker Employer		
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address:		
Eugene Gargaro, Jr. 22 Renaud Rd.	_{\$} 250	_{\$} 250
Grosse Pointe Shores MI 48236	Click Here	for Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Chairman Employer Detroit Institute of Arts		
Business Address 5200 Woodward Avenue Detroit MI 48202		
Type of Contribution: Direct Loan from a person 🗸 Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address		
Douglas Hamburger 27881 Lakehills Dr. Franklin MI 48025	_{\$} 200	_{\$} 200
5. If over \$100.00 cumulative, please provide:	Olistations	for Marna Hamistation
Occupation President Employer The Professional Group	Click Here	for Memo Itemization
Business Address 23077 Greenfield Rd., Suite 107 Southfield MI 48075		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Page Subtota	\$800.00	
Grand Total of All Schedules 1A		
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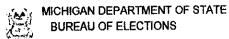


138109 1. Committee I.D. Number

CTE JIM CARABELLI

line 3a of Summary

CANDIDA I E COMMITTEE 2. Committee Name		
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 07/11/12 Name & Address: Patricia Hellebuyck 225 Wimpole Dr.	_ _s 200	200
Rochester MI 48309	<u>\$ 200</u>	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Homemaker Employer	0.101.110.10	
Business Address		
Type of Contribution: □ Direct □ Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address	-	
Thomas lacobelli 2415 Collins Ave. Shelby Township MI 48317	_{\$} 20	<u>\$ 20</u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address:		
Bob Kirk 19500 Hall Rd., Ste. 100 Clinton Townhsip MI 48038	\$ 300	<u>\$ 300</u>
5. If over \$100.00 cumulative, please provide:	Click Here 1	for Memo Itemization
Occupation Attorney Employer Kirk, Huth, Lange & Badalamenti		
Business Address 19500 Hall Rd., Ste. 100 Clinton Township MI 48038		
Type of Contribution:		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address	_	
Amy Lobdell 1143 Autumnview Dr. Rochester MI 48307	_§ 400	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here:	for Memo Itemization
Occupation Nurse Employer William Beaumont Hospital	- Office 1 to 10	or Memo Remization
Business Address 44201 Dequindre Road Troy MI 48085		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Page Subto	otal \$920.00	
Grand Total of All Schedules	1	
(Complete on last page of Schedu	lle) Enter this total or	 1

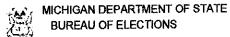


CANDIDATE COMMITTEE

2. Committee Name CTE JIM CARABELLI

line 3a of Summary

OVIDINALE ACHIER LEE		
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)
Contribution #1 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address:		
Albert Lorenzo 37281 Woodside Lane Clinton Township MI 48036	_{\$} 100	s 100
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Deputy County Executive Employer Macomb County	Onoic Floro	101 11101110 110111112
Business Address One South Main, 8th Floor Mount Clemens MI 48043		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address		
Paul Maddox 49673 Shelby Creek Drive Shelby Township MI 48317	_{\$} 250	\$ 250
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Owner Employer Maddox Irrigation - Automatic Lawn Sprinklers		
Business Address 46800 Erb Drive Macomb MI 48042		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address:		
Diana Magnoli 6402 Baypoint Dr. Washington MI 48094 5. If over \$100.00 cumulative, please provide:	\$ 100 Click Here f	s 100
Occupation Homemaker Employer		
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address		
Edward Mancini 6850 Nineteen Mile Sterling Heights MI 48314	_{\$} 100	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Horo	for Momo Itamization
Occupation Director/Vice President Employer Ric-Man Construction	Click Here i	for Memo Itemization
Business Address 6850 Nineteen Mile Sterling Heights MI 48314		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$550.00	
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Grand Total of All Schedules 1A		



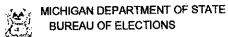
1. Committee I.D. Number 138109

CANDIDATE COMMITTEE

2. Committee Name CTE JIM CARABELLI

line 3a of Summary

CANDIDATE COMMITTEE 2. COMMING TELLS		7 Cumulativa 5
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	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address:		
Dianne Mattina 53961 Sutherland Ct. Shelby Township MI 48316	_{\$} 50	\$ 50
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address		
Wayne Oehmke 17610 - 21 Mile Rd. Macomb MI 48044	\$ 100	\$ 100
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation President & CEO Employer Sterling Heights Regional Chamber		
Business Address 12900 Hall Road, Ste. 100 Sterling Heights MI		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address:	•	
Mark O'Halla 1734 Wyngate Dr. Troy MI 48098	ş 500	500
5. If over \$100.00 cumulative, please provide:	Click Here t	for Memo Itemization
Occupation President & CEO Employer Mt. Clemens Regional Hospital		
Business Address 1000 Harrington Boulevard Mount Clemens MI 48043		
Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
3. Contribution #4 PAC Receipt? ✓ YES 4. Date of Receipt 07/11/12 Name & Address		
Anthony Marrocco Victory PAC PO Box 665	_{\$} 100	\$ 100
Mount Clemens MI 48046		
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
Page Subtota	\$750.00	
Grand Total of All Schedules 1A		
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9 of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

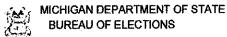
CANDIDATE COMMITTEE

1. Committee I.D. Number _____138109

2. Committee Name CTE JIM CARABELLI

line 3a of Summary

CANDIDATE COMMITTEE 2. Committee state		
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 07/11/12 Name & Address:		
Sharon Roncelli 69900 Hicks Armada MI 48005	_{\$} \$200	<u>\$ 200</u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Homemaker Employer	\$	
Business Address		
Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address		
Robert Rotondo 4149 Berkshire Sterling Heights MI 48314	_{\$} 100	\$ <u>\00</u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Finance Director Employer Capital Contracting Co.		
Business Address 6336 Millett Ave Sterling Heights MI 48312		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address:		
Kris Ruffino 7896 Glacier Club Drive Washington MI 48094	_{\$} 100	\$ 100
5. If over \$100.00 cumulative, please provide:	Click Here t	for Memo Itemization
Occupation Homemaker Employer		
Business Address		
Type of Contribution: Direct Loan from a person 🗸 Fund Raiser		
Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address		
Jennifer Schmidt 55353 Parkview Shelby Township MI 48316	_{\$} 50	<u> </u>
5. If over \$100.00 cumulative, please provide:	Olivia III	C
Occupation Employer	Click Here	for Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
Page Subtota	\$450.00	·
Grand Total of All Schedules 1A	4	
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Page _____of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

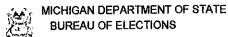
CANDIDATE COMMITTEE

1. Committee I.D. Number _____138109

2. Committee Name CTE JIM CARABELLI

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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)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address:		
Meredith Shanle 66 Stanton Ln. Grosse Pointe MI 48236	_{\$} 100	s 100
if over \$100.00 cumulative, please provide: Occupation Homemaker Employer	Click Here fo	r Memo Itemization
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ✔ Fund Raiser	•	
Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address		
Katherine Sinishtaj 54218 Lily Macomb MI 48042	_{\$} 250	<u>\$ 250</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Homemaker Employer		
Business Address		
Type of Contribution: ☐Direct ☐ Loan from a person ☑ Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address:		
Louis Stramaglia 3000 Auburn Rd. Shelby Township MI 48317	_{\$} 200	<u>\$ 200</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Developer Employer Self		
Business Address 3000 Auburn Rd. Shelby Township MI 48317		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/11/12 Name & Address		
Gregory Sudderth 67260 Hidden Oak Ln. Washington MI 48095	_{\$} 500	<u>500</u>
5. If over \$100.00 cumulative, please provide:	Clink Have for	. Mama Itawaiwatian
Occupation Partner Employer Sterling Financial Group	Click Here to	r Memo Itemization
Business Address 245 Barclay Circle, Ste. 200 Rochester Hills MI 48317		
Type of Contribution: Direct Loan from a person 🗸 Fund Raiser		
Page Subtotal	\$1,050.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
10	line 3a of Summary	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 138109

OTE III

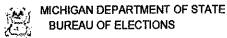
2. Committee Name

CTE JIM CARABELLI

line 3a of Summary

Page.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 7. Cumulative for 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) PAC Receipt? 3. Contribution # 1 4. Date of Receipt 07/11/12 Name & Address: Jerome Wasik 49150 Schoenherr 200 Shelby Township MI 48315 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer Wasik Funeral Home Occupation Funeral Director Business Address 49150 Schoenherr Shelby Township MI 48315 **Fund Raiser** Type of Contribution: Loan from a person Direct 4. Date of Receipt 07/11/12 PAC Receipt? lyes 3. Contribution #2 Name & Address Marie Weingartz ູ 100 100 50490 Romeo Plank Rd. Macomb MI 48044 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Homemaker Employer_ Business Address **Fund Raiser** Type of Contribution: Direct Loan from a person PAC Receipt? 4. Date of Receipt 07/11/12 3. Contribution #3 Name & Address: Richard Wright _s 100 100 8800 23 Mile Road Shelby Township MI 48316 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer Urban Land Consultatnts, LLC Occupation Civil Engineer Business Address 8800 23 Mile Road Shelby Township MI 48316 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? 4. Date of Receipt 07/11/12 Name & Address Janet Ziulkowski 39850 Van Dyke Avenue, Suite 200 (OO) Sterling Heights MI 48313 6. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer Ziulkowski & Associates, PLC Occupation Accountant Business Address 39850 Van Dyke Avenue, Suite 200 Sterling Heights MI 48313 Fund Raiser Type of Contribution: Direct Loan from a person Page Subtotal \$500.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on



Page _____of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

138109

CANDIDATE COMMITTEE

2. Committee Name CTE JIM CARABELLI

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 07/11/12 Name & Address:		
Committee for Responsible Government		
5802 Vincent Trail	300	200
Shelby Township MI 48316	_{\$} 300	<u>\$ 300</u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer	Click Here	or prestio iterrization
Business Address		
Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	-	
	\$	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
	\$	_ \$
	Clink Horo f	or Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click Here i	or wemo nemzadon
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	•	
	<u>\$</u>	_ \$
5. if over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer	-	or morno normazanon
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
	otal legge on	
	s300.00	
Grand Total of All Schedules *	1A 1\$8 120 00	

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

138109

1, Committee I. D. Number

2. Committee Name CTE JIM CARABELLI				
	4. Purpose (Required Information)	5. Date	6. Amount	

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount	
Expenditure #1 Name MACOMB COUNTY CLERK		04/20/12 Date	\$ <u>100</u>	
Address	Purpose: FILING FEE	vale	ł	
40 North Main Street	Click Here for Memo Itemization Type			
Mount Clemens MI 48043	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #2				
Name US Post Office		07/05/12	s 135	
Address	Purpose: STAMPS	Date		
Address Shollov Township MI 48317	· ·		r	
Shelby Township MI 48317	Click F	tere for Memo l	temization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		······································	
Expenditure #3				
Name TRACTOR SUPPLY COMPANY		07/10/12	\$ 392	
Address	Purpose: POSTS FOR SIGNS	Date	· -	
Romeo MI 48065	Click H	lere for Memo I	temization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #4				
Name Home Depot		07/10/12	\$ 88.56	
Address	Purpose: POSTS FOR SIGNS	Date		
Shelby Township MI 48315		lere for Memo I	temization Type	
	Check box if this expenditure is payment of		· ·	
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #5				
Name Office Max		07/10/12	* 45.00	
Address	Purpose: OFFICE SUPPLIES	Date	\$ <u>15.36</u>	
Sterling Heights MI 48314	Click F	lere for Memo i	temization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
	Subto	tal this page	\$730.92	
	Grand Total of all ((Complete on last page	1		
	(outspice of that page		Enter this total	

Enter this total on line 8a of Summary Page

Page 1 of 2



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

138109 1, Committee I. D. Number

CTE JIM CARABELLI 2. Committee Name

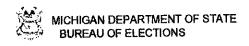
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Da Francesas		07/11/12	\$ 900
Address	Purpose: Fundraiser/Event	Date	
Shelby Township MI 48317	Click H	ere for Memo	temization Type
√ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Photos		07/12/12	\$ 40
Address	Purpose: PHOTOS	Date	<u> </u>
	Click F	lere for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name YOUniqueCards.com		07/16/12	\$ 395
Address	Purpose: PRINTING	Date	
42816 Willsharon	Click H	lere for Memo	temization Type
Sterling Heights MI 48314	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Walter Nowinski		07/16/12	
Address	Purpose: CONSULTING	Date	\$ <u>1855</u>
Address	Purpose:		
1915 W. Fort Street, Apt. 401 Detroit MI 48216	Click H	lere for Memo	Itemization Type
Detroit Wil 402 10	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name WAM (Western American Mailers)		07/19/12	
Address	Purpose: Printing/Mailing	Date	\$ <u>1105.07</u>
5510 - 33rd Street SE			–
Grand Rapids MI 49512	Click for Check box if this expenditure is payment of	Here for Memo	Itemization Type
Fund Raiser	debt or obligation reported on previous statement		
	0	tal this name	

Subtotal this page

\$4,295.07

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

Enter this total on line 8a of **Summary Page**



Page _____ of ____

138109

DEBTS AND OBLIGATIONS 1.0	ommittee I.D. Number			
SCHEDULE 1E	CTE JIM (CARBELLI		
CANDIDATE COMMITTEE 2. C	committee Name			
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	ck either a or b. Use only for the pu	القريف والمراز والبناف فيساورون والمناف والمراز		المالة والمستوية والمناولية والمستوية والمناولة والمناولة والمناولة والمناولة والمناولة والمناولة والمناولة وا
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation (Description) Indicate date debt was	7. Date and amount of each payment	Cumulative payment to date on debt	9. Outstanding Balance at close of this period
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.	incurred 6. Indicate original amount of debt			(Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
JIM CARABELLI	5. Date Debt Was Incurred:	\$		
54077 MOUND ROAD	10/25/08	\$		\$
SHELBY TWP., MI 48316	6. Original Amount of Debt:	\$	\$ 0	3
	\$1045.56			FORGIVEN
Ist. 1.4		<u> </u>	numb Endorand: \$	
If bank loan, name of endorser or guarantor.		Ame	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
JIM CARABELLI	5. <u>Date Debt Was Incurred</u> :	\$		
54077 MOUND ROAD	5/18/2012	\$		
SHELBY TWP., MI 48316	6. Original Amount of Debt:	\$	1 \$ 0	1 \$
	\$ 2000			FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$,
	5. Date Debt Was Incurred:	\$	ļ	
		\$		
	6. Original Amount of Debt:	\$	l _{\$}	\$
	\$			FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor.		A	mount Endorsed: \$	
		Page Subtota	il (Outstanding debt)	\$3,045.56
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				
A dati na ahlingilan manai ha ahanem an ihir Cahae	dula if thara was an outstanding	amount owed on it at the c	olosing date of	Enter this total on line 12a "owed by"" or line 12b "owed to" of the
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.				



Page _____ of ___

FUND RAISER SCHEDULE 1F

138109

1, Committee I.D. Number 2. Committee Name CTE JIM CARABELLI CANDIDATE COMMITTEE - USE A SEPARATE SHEET FOR EACH EVENT -6. Address and Name (if any) of the 4. Number of Individuals Attending 5. Type of Fund Raising Activity 3. Date Event Was Held place where the activity was held. or Participating (whichever is greater) Da Francesas 07/11/12 Shelby Township MI 48317 40 DINNER Private Residence \$8,120.00 7. Total Contributions \$0.00 8. Other Receipts \$8,120.00 9. Gross Receipts (Add lines 7 and 8) \$900.00 10. Total Cost of Event (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: Contribution Split Expenditure Split Co-Sponsor(s) (%) (%) 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.