



FILED

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FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

CANDIDATE: JIM CARABELLI
MASON COUNTY CLERK
This Statement covers From 07/01/12 to 07/22/12

1. Committee I.D. Number

138109

2. Committee Name

CTE JIM CARABELLI

5. Committee's Mailing Address

54077 MOUND ROAD
SHELBY TOWNSHIP, MI 48316

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.

4. Candidate Last Name

CARABELLI

First Name

JIM

M.I.

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

COUNTY COMMISSIONER, DISTRICT 6

4b. County of Residence

6. Treasurer's Name & Residential Address

Barb Bulic
8400 Yardley St., Apt. E
Washington Twp., MI 48094

Area Code & Phone

7. Treasurer's Business Address

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

Area Code and Phone

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

08/07/12

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

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 the Reporting Waiver.

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

Designated Record keeper

Barb Bulic

Type or Print Name

Signature

Date

7/26/2012

Candidate

James Carabelli

Type or Print Name

Signature

Date

7/26/2012



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138109

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE JIM CARABELLI

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138109
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Dominic Abbate 2500 Royal View Dr. Oakland MI 48363		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Wakely Associates, Inc.</u> Business Address <u>30500 Van Dyke Avenue, Suite M-7 Warren MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Bob Agar 18055 Van Dyke Avenue Detroit MI 48234		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Agar Lawn Sprinkler Systems</u> Business Address <u>18055 Van Dyke Avenue Detroit MI 48234</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: John Axe 21 Kercheval Ave., Ste. 360 Grosse Pointe Farms MI 48236		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>21 Kercheval Ave., Ste. 360 Grosse Pointe Farms MI 48236</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Theresa Borgula 1255 Lake George Road Oakland MI 48363		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$400.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138109
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:

Philip Brecht
890 Harding
Rochester Hills MI 48307

\$ 500

\$ 500

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

Occupation President Employer Green Giant Irrigation

Business Address 52759 Lempke Dr. Shelby Township MI 48315

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

[Click Here for Memo Itemization](#)

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:

Occupation Retired 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 07/11/12
Name & Address:

Robert Carabelli
53500 Hawald
Shelby Township MI 48316

\$ 300

\$ 300

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

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/11/12
Name & Address:

Denise Chirco
3045 Harrow Way
Shelby Township MI 48316

\$ 200

\$ 200

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

Occupation Owner Employer Promotional Solutions

Business Address 48530 Van Dyke Shelby Township MI 48317

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

[Click Here for Memo Itemization](#)

Page Subtotal \$1,250.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138109
2. Committee Name CTE JIM CARABELLI

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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:

Tim Crawford
1415 Walton Blvd.
Rochester Hills MI 48309

\$ 100

\$ 100

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

Occupation Owner Employer Tim Crawford Insurance Agency, Inc.

Business Address Tim Crawford Insurance Agency, Inc. Rochester Hills MI 48309

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/11/12

Name & Address:

James Cummins
220 S. Andrews St.
Lake Orion MI 48362

\$ 200

\$ 200

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

Occupation Principal Employer The Cummins Group

Business Address 45136 Cass Avenue Utica MI 48317

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 07/11/12

Name & Address:

Frank DiPonio
51173 Simone Industrial Drive
Shelby Township MI 48316

\$ 100

\$ 100

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

Occupation Owner Employer DiPonio Contracting

Business Address 51173 Simone Industrial Drive Shelby Township MI 48316

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 07/11/12

Name & Address:

Lisa Esposito
53401 Schoenherr Rd.
Utica MI 48315

\$ 100

\$ 100

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

Occupation Homemaker Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

Page Subtotal \$500.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Linda Evangelista 57997 Robroy Washington MI 48094		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Susan Ferry 3800 Harvest Creek Court Oakland Township MI 48306		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Eugene Gargaro, Jr. 22 Renaud Rd. Grosse Pointe Shores MI 48236		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Chairman</u> Employer <u>Detroit Institute of Arts</u> Business Address <u>5200 Woodward Avenue Detroit MI 48202</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Douglas Hamburger 27881 Lakehills Dr. Franklin MI 48025		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>The Professional Group</u> Business Address <u>23077 Greenfield Rd., Suite 107 Southfield MI 48075</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$800.00**

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

Enter this total on
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u></p> <p>Name & Address: Patricia Hellebuyck 225 Wimpole Dr. Rochester MI 48309</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>200</u>	\$ <u>200</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u></p> <p>Name & Address: Thomas Iacobelli 2415 Collins Ave. Shelby Township MI 48317</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>20</u>	\$ <u>20</u>
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u></p> <p>Name & Address: Bob Kirk 19500 Hall Rd., Ste. 100 Clinton Townhsip MI 48038</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk, Huth, Lange & Badalamenti</u> Business Address <u>19500 Hall Rd., Ste. 100 Clinton Township MI 48038</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>300</u>	\$ <u>300</u>
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u></p> <p>Name & Address: Amy Lobdell 1143 Autumnview Dr. Rochester MI 48307</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Nurse</u> Employer <u>William Beaumont Hospital</u> Business Address <u>44201 Dequindre Road Troy MI 48085</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>400</u>	\$ <u>400</u>

Page Subtotal **\$920.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Albert Lorenzo 37281 Woodside Lane Clinton Township MI 48036		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Deputy County Executive</u> Employer <u>Macomb County</u> Business Address <u>One South Main, 8th Floor Mount Clemens MI 48043</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Paul Maddox 49673 Shelby Creek Drive Shelby Township MI 48317		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Maddox Irrigation - Automatic Lawn Sprinklers</u> Business Address <u>46800 Erb Drive Macomb MI 48042</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Diana Magnoli 6402 Baypoint Dr. Washington MI 48094		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Edward Mancini 6850 Nineteen Mile Sterling Heights MI 48314		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Director/Vice President</u> Employer <u>Ric-Man Construction</u> Business Address <u>6850 Nineteen Mile Sterling Heights MI 48314</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$550.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Dianne Mattina 53961 Sutherland Ct. Shelby Township MI 48316		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Wayne Oehmke 17610 - 21 Mile Rd. Macomb MI 48044		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President & CEO</u> Employer <u>Sterling Heights Regional Chamber</u> Business Address <u>12900 Hall Road, Ste. 100 Sterling Heights MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Mark O'Halla 1734 Wyngate Dr. Troy MI 48098		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President & CEO</u> Employer <u>Mt. Clemens Regional Hospital</u> Business Address <u>1000 Harrington Boulevard Mount Clemens MI 48043</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Anthony Marrocco Victory PAC PO Box 665 Mount Clemens MI 48046		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$750.00

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

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**ITEMIZED CONTRIBUTIONS
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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Sharon Roncelli 69900 Hicks Armada MI 48005		\$ <u>\$200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Robert Rotondo 4149 Berkshire Sterling Heights MI 48314		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Finance Director</u> Employer <u>Capital Contracting Co.</u> Business Address <u>6336 Millett Ave Sterling Heights MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Kris Ruffino 7896 Glacier Club Drive Washington MI 48094		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Jennifer Schmidt 55353 Parkview Shelby Township MI 48316		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$450.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138109
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Meredith Shanle 66 Stanton Ln. Grosse Pointe MI 48236		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Katherine Sinishtaj 54218 Lily Macomb MI 48042		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Louis Stramaglia 3000 Auburn Rd. Shelby Township MI 48317		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Developer</u> Employer <u>Self</u> Business Address <u>3000 Auburn Rd. Shelby Township MI 48317</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Gregory Sudderth 67260 Hidden Oak Ln. Washington MI 48095		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Sterling Financial Group</u> Business Address <u>245 Barclay Circle, Ste. 200 Rochester Hills MI 48317</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$1,050.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138109
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u></p> <p>Name & Address:</p> <p>Jerome Wasik 49150 Schoenherr Shelby Township MI 48315</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Funeral Director</u> Employer <u>Wasik Funeral Home</u></p> <p>Business Address <u>49150 Schoenherr Shelby Township MI 48315</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>200</u>	\$ <u>200</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u></p> <p>Name & Address:</p> <p>Marie Weingartz 50490 Romeo Plank Rd. Macomb MI 48044</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Homemaker</u> Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ <u>100</u>
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u></p> <p>Name & Address:</p> <p>Richard Wright 8800 23 Mile Road Shelby Township MI 48316</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Civil Engineer</u> Employer <u>Urban Land Consultatnts, LLC</u></p> <p>Business Address <u>8800 23 Mile Road Shelby Township MI 48316</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ <u>100</u>
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u></p> <p>Name & Address:</p> <p>Janet Ziulkowski 39850 Van Dyke Avenue, Suite 200 Sterling Heights MI 48313</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Accountant</u> Employer <u>Ziulkowski & Associates, PLC</u></p> <p>Business Address <u>39850 Van Dyke Avenue, Suite 200 Sterling Heights MI 48313</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ <u>100</u>

Page Subtotal \$500.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138109
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>07/11/12</u> Name & Address: Committee for Responsible Government 5802 Vincent Trail Shelby Township MI 48316		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$300.00**

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

\$8,120.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138109
2. Committee Name CTE JIM CARABELLI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MACOMB COUNTY CLERK Address 40 North Main Street Mount Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: FILING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/12</u> Date	<u>\$ 100</u>
Expenditure #2 Name US Post Office Address Shelby Township MI 48317 <input type="checkbox"/> Fund Raiser	Purpose: STAMPS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/12</u> Date	<u>\$ 135</u>
Expenditure #3 Name TRACTOR SUPPLY COMPANY Address Romeo MI 48065 <input type="checkbox"/> Fund Raiser	Purpose: POSTS FOR SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/12</u> Date	<u>\$ 392</u>
Expenditure #4 Name Home Depot Address Shelby Township MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: POSTS FOR SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/12</u> Date	<u>\$ 88.56</u>
Expenditure #5 Name Office Max Address Sterling Heights MI 48314 <input type="checkbox"/> Fund Raiser	Purpose: OFFICE SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/12</u> Date	<u>\$ 15.36</u>

Subtotal this page

\$730.92

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138109
2. Committee Name CTE JIM CARABELLI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Da Francesas Address Shelby Township MI 48317 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Fundraiser/Event <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/12</u> Date	<u>\$ 900</u>
Expenditure #2 Name Photos Address <input type="checkbox"/> Fund Raiser	Purpose: PHOTOS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/12/12</u> Date	<u>\$ 40</u>
Expenditure #3 Name YOUNiqueCards.com Address 42816 Willsharon Sterling Heights MI 48314 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/12</u> Date	<u>\$ 395</u>
Expenditure #4 Name Walter Nowinski Address 1915 W. Fort Street, Apt. 401 Detroit MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: CONSULTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/12</u> Date	<u>\$ 1855</u>
Expenditure #5 Name WAM (Western American Mailers) Address 5510 - 33rd Street SE Grand Rapids MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: Printing/Mailing <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/12</u> Date	<u>\$ 1105.07</u>

Subtotal this page **\$4,295.07**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$5,025.99**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138109
2. Committee Name CTE JIM CARBELLI

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. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser 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? <input type="checkbox"/> Yes Owed to or by: JIM CARABELLI 54077 MOUND ROAD SHELBY TWP., MI 48316	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/25/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1045.56</u>	\$ \$ \$ \$ \$	\$ 0	\$ <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: JIM CARABELLI 54077 MOUND ROAD SHELBY TWP., MI 48316	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>5/18/2012</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2000</u>	\$ \$ \$ \$ \$	\$ 0	\$ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) **\$3,045.56**

Grand Total of all Schedules 1E **\$3,045.56**
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138109
2. Committee Name CTE JIM CARABELLI

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>07/11/12</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>40</u>	5. Type of Fund Raising Activity <u>DINNER</u>	6. Address and Name (If any) of the place where the activity was held. <u>Da Francesas</u> <u>Shelby Township MI 48317</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$8,120.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$8,120.00
10. Total Cost of Event \$900.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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