

FILED



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

12 SEP -5 AM 8:06

**CANDIDATE COMMITTEE  
COVER PAGE**

CAROLLA SABAUGH  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

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: 1-1-12 to 7-23-12

1. Committee I.D. Number

136783

2. Committee Name

CTE PAULA FILAR

4. Candidate Last Name

First Name

M.I.

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

Shelby Twp. Trustee

4b. County of Residence

Macomb

5. Committee's Mailing Address

5500 24 MI Rd  
Shelby Twp MI  
48316

Area Code and Phone

586 739 4692

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name &amp; Residential Address

Roseann Filar  
265 Glenmoor  
Rochester MI  
48307

Area Code &amp; 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

8-07-129c. ☐ 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

PAULA FILAR

Type or Print Name

Paula Filar

Signature

Date

9-3-12

Candidate

PAULA FILAR

Type or Print Name

Paula Filar

Signature

Date

9-3-12



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1367832. Committee Name CTE Paula Filan

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? ☐ YES4. Date of Receipt 4-25-12

Name &amp; Address:

James Pieprzak  
6267 St. Clair Hwy.  
China 48054

\$ 200.00

\$

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

Click Here for Memo Itemization

Occupation Retired Employer

Business Address

Type of Contribution:

☐ Direct☐

Loan from a person

☒

Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES4. Date of Receipt 4-25-12

Name &amp; Address:

Gennaro Zuccherino  
49514 Golden Park Dr.  
Shelby Twp, MI 48315

\$ 500.00

\$

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

Click Here for Memo Itemization

Occupation Retired Employer

Business Address

Type of Contribution:

☐ Direct☐

Loan from a person

☒

Fund Raiser

3. Contribution #3

PAC Receipt? ☐ YES4. Date of Receipt 4-25-12

Name &amp; Address:

Robert Siebent  
19500 Hall Rd. Suite 101  
Clinton Twp, MI

\$ 100.00

\$

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

Click Here for Memo Itemization

Occupation Attorney Employer Robert Siebent - Dolinski, L.L.CBusiness Address 19500 Hall Rd. Suite 101 Clinton Twp 4808

Type of Contribution:

☐ Direct☐

Loan from a person

☒

Fund Raiser

3. Contribution #4

PAC Receipt? ☐ YES4. Date of Receipt 4-25-12

Name &amp; Address:

Dick Wright  
8800 23 mile Rd.  
Shelby Twp MI 48316

\$ 100.00

\$

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

Click Here for Memo Itemization

Occupation Engineer Employer Urban Land ConsultantsBusiness Address 8800 23 mile Rd. Shelby Twp 48316

Type of Contribution:

☐ Direct☐

Loan from a person

☒

Fund Raiser

Page Subtotal

400

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 136783  
2. Committee Name CTE PAULA FILAR

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? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>Gregory Jacobelli</u> <u>53058 Ridgewood DR.</u> <u>Chesterfield, MI 48051</u>		\$ <u>200.<sup>00</sup></u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Concorde Development</u> <a href="#">Click Here for Memo Itemization</a> Business Address <u>53765 Buckingham Ln. Utica, MI 48316</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>CMM PAUL Viar</u> <u>53134 Alyss DR.</u> <u>Shelby Twp MI 48315</u>		\$ <u>100.<sup>00</sup></u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>Shelby Twp Twp</u> Employer <u>Charter Twp. Shelby</u> <a href="#">Click Here for Memo Itemization</a> Business Address <u>52700 Van Dyke Shelby Twp, MI 48316</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>Anthony Penna</u>		\$ <u>300.<sup>00</sup></u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>SELF</u> <a href="#">Click Here for Memo Itemization</a> Business Address <u>13957 Plumbrook, Sterling Hgts, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
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 _____ <a href="#">Click Here for Memo Itemization</a> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

600.<sup>00</sup>

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

Enter this total on  
line 3a of Summary  
Page.



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BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

136783

2. Committee Name

CTE Paula Filar

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 4-25-12

Name &amp; Address:

John Chavilla  
56389 Dickens DR  
Shelby Twp 48316

\$ 100.00

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

Click Here for Memo Itemization

Occupation Retired Employer

Business Address

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

Name &amp; Address

\$ \$

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 #3 PAC Receipt? ☐ YES

4. Date of Receipt 4-25-12

Name &amp; Address:

Salvatore DiMercurio  
5540 Brookside Ln.  
Washington, 48094

\$ 100.00

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

Click Here for Memo Itemization

Occupation Retired Employer

Business Address

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

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

Name &amp; Address

\$ \$

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 Subtotal

200.00

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

Enter this total on  
line 3a of Summary  
Page.