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OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 08/14/2023 to 10/22/2023

1. Committee I.D. Number

98262

2. Committee Name

CTE AL CASINELLI

4. Candidate Last Name

CASINELLI

First Name

ALLAN

M.I.

H

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

CITY COUNCIL, HAZEL PARK

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

5. Committee's Mailing Address

**580 E. HAYES
HAZEL PARK, MI 48030**

Area Code and Phone (248) 797-9479
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**ALLAN H CASINELLI
580 E. HAYES
HAZEL PARK, MI 48030**

Area Code & Phone (248) 797-9479

7. Treasurer's Business Address

**580 E. HAYES
HAZEL PARK, MI 48030**

Area Code and Phone (248) 797-9479

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

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
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

11/07/2023

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

- ☐ July Quarterly
☐ October Quarterly

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

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/21/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/21/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98262

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE AL CASINELLI

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,550.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,550.00</u>	(18.) \$ <u>3,550.00</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>3,550.00</u>	(20.) \$ <u>3,550.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>5,254.10</u>	(21.) \$ <u>5,254.10</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>200.00</u>	(22.) \$ <u>200.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3,550.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,550.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3,550.00</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98262
2. Committee Name CTE AL CASINELLI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2023</u> Name & Address: ALLAN CASINELLI 580 E HAYES AVE HAZEL PARK, MI 48030		\$ <u>1,000.00</u>	\$ <u>5,079.70</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEST LEAD</u> Employer <u>NORTH AMERICAN CONTROLS, INC</u> Business Address <u>13955 TERESA DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: SHERMAN ABDO 55479 CLEVELAND SHELBY TWP, MI 48316		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>THE LAW OFFICE OF SHERMAN ABDO</u> Business Address <u>12900 HALL RD, STE 403, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: DOMINIC CASINELLI 240 STEPHENS RD GROSSE POINTE FARMS, MI 48236		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: VANESSA OGLETREE 18470 WESTOVER AVE SOUTHFIELD, MI 48075		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,500.00**

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 98262
2. Committee Name CTE AL CASINELLI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: JOHN SPURCK 49645 VALLEY DR SHELBY TWP, MI 48317		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: DANIEL DILEGGE 55651 WHITNEY DR SHELBY TWP, MI 48315		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>D.V.M. UTILITIES, INC</u> Business Address <u>6045 SIMS DR, STE 2, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/03/2023</u> Name & Address: FRANK CASINELLI 15918 PATRIOT DR MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SKF USA INC</u> Business Address <u>46815 PORT ST, PLYMOUTH, MI 48170</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/06/2023</u> Name & Address: VERONICA MCINNIS 17537 TRACEY ST DETROIT, MI 48235		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

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 98262
2. Committee Name CTE AL CASINELLI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2023</u>	
Name & Address: MARK SAVAYA 500 S OLD WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>800.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>CEO</u>		Employer <u>FUTURE GROW SOLUTIONS</u>	
Business Address <u>500 S OLD WOODWARD AVE, SECOND FLOOR, BIRMINGHAM, MI 48009</u>			
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	
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	
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	
Business Address			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **800.00**

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

3,550.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **98262**
2. Committee Name **CTE AL CASINELLI**

3. Name and Address from whom received 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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 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)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: ALLAN CASINELLI 580 E HAYES AVE HAZEL PARK, MI 48030 If over \$100.00 cumulative, please provide: Occupation: TEST LEAD Employer Name & Business Address: NORTH AMERICAN CONTROLS, INC 13955 TERESA DR, SHELBY TWP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description WEBSITE DOMAIN 5. Date Of Receipt: 08/26/2023 6. Vendor Name & Address: SQUARESPACE, INC 225 VARICK ST, NEW YORK, NY 10014	\$ 172.80	\$ 172.80
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: ALLAN CASINELLI 580 E HAYES AVE HAZEL PARK, MI 48030 If over \$100.00 cumulative, please provide: Occupation: TEST LEAD Employer Name & Address: NORTH AMERICAN CONTROLS, INC 13955 TERESA DR, SHELBY TWP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN INTERVIEW 5. Date Of Receipt: 09/10/2023 6. Vendor Name & Address: OAKLAND COUNTY TIMES P.O. BOX 20293, FERNDAL, MI 48220	\$ 250.00	\$ 422.80
Contribution #3 PAC Receipt? ☐ Yes Name & Address: ALLAN CASINELLI 580 E HAYES AVE HAZEL PARK, MI 48030 If over \$100.00 cumulative, please provide: Occupation: TEST LEAD Employer Name & Address: NORTH AMERICAN CONTROLS, INC 13955 TERESA DR, SHELBY TWP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description POSTCARD MAILER 5. Date Of Receipt: 09/11/2023 6. Vendor Name & Address: C & G PUBLISHING 13650 E ELEVEN MILE RD, WARREN, MI 48089	\$ 1,566.05	\$ 1,988.85

Page Subtotal **1,988.85** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **98262**

2. Committee Name **CTE AL CASINELLI**

3. Name and Address from whom received 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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 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)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: ALLAN CASINELLI 580 E HAYES AVE HAZEL PARK, MI 48030 If over \$100.00 cumulative, please provide: Occupation: TEST LEAD Employer Name & Business Address: NORTH AMERICAN CONTROLS, INC 13955 TERESA DR, SHELBY TWP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN BANNER 5. Date Of Receipt: 09/13/2023 6. Vendor Name & Address: ALL PRO COLOR, INC 20750 CHESLEY DR, FARMINGTON, MI 48336	\$ 318.00	\$ 2,306.85
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: ALLAN CASINELLI 580 E HAYES AVE HAZEL PARK, MI 48030 If over \$100.00 cumulative, please provide: Occupation: TEST LEAD Employer Name & Address: NORTH AMERICAN CONTROLS, INC 13955 TERESA DR, SHELBY TWP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN SIGNS 5. Date Of Receipt: 09/14/2023 6. Vendor Name & Address: SAWICKI & SON, INC 1521 W LAFAYETTE BLVD, DETROIT, MI 48216	\$ 621.43	\$ 2,928.28
Contribution #3 PAC Receipt? ☐ Yes Name & Address: ALLAN CASINELLI 580 E HAYES AVE HAZEL PARK, MI 48030 If over \$100.00 cumulative, please provide: Occupation: TEST LEAD Employer Name & Address: NORTH AMERICAN CONTROLS, INC 13955 TERESA DR, SHELBY TWP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN SIGNS 5. Date Of Receipt: 09/19/2023 6. Vendor Name & Address: SAWICKI & SON, INC 1521 W LAFAYETTE BLVD, DETROIT, MI 48216	\$ 621.42	\$ 3,549.70

Page Subtotal **1,560.85** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98262**

CANDIDATE COMMITTEE

2. Committee Name **CTE AL CASINELLI**

3. Name and Address from whom received 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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 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)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: ALLAN CASINELLI 580 E HAYES AVE HAZEL PARK, MI 48030 If over \$100.00 cumulative, please provide: Occupation: TEST LEAD Employer Name & Business Address: NORTH AMERICAN CONTROLS, INC 13955 TERESA DR, SHELBY TWP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description SMOKED LOTUS BBQ 5. Date Of Receipt: 09/21/2023 6. Vendor Name & Address: SMOKED LOTUS BBQ 21509 JOHN R RD, HAZEL PARK, MI 48030	\$ 530.00	\$ 4,079.70
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: ALLAN CASINELLI 580 E HAYES AVE HAZEL PARK, MI 48030 If over \$100.00 cumulative, please provide: Occupation: TEST LEAD Employer Name & Address: NORTH AMERICAN CONTROLS, INC 13955 TERESA DR, SHELBY TWP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description SMOKED LOTUS BBQ 5. Date Of Receipt: 09/26/2023 6. Vendor Name & Address: SMOKED LOTUS BBQ 21509 JOHN R RD, HAZEL PARK, MI 48030	\$ 106.00	\$ 5,185.70
Contribution #3 PAC Receipt? ☐ Yes Name & Address: ALLAN CASINELLI 580 E HAYES AVE HAZEL PARK, MI 48030 If over \$100.00 cumulative, please provide: Occupation: TEST LEAD Employer Name & Address: NORTH AMERICAN CONTROLS, INC 13955 TERESA DR, SHELBY TWP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description NEWSPAPER AD 5. Date Of Receipt: 10/04/2023 6. Vendor Name & Address: C & G PUBLISHING 13650 E ELEVEN MILE RD, WARREN, MI 48089	\$ 484.20	\$ 5,669.90

Page Subtotal **1,120.20** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **98262**

2. Committee Name **CTE AL CASINELLI**

3. Name and Address from whom received 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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 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)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: ALLAN CASINELLI 580 E HAYES AVE HAZEL PARK, MI 48030 If over \$100.00 cumulative, please provide: Occupation: TEST LEAD Employer Name & Business Address: NORTH AMERICAN CONTROLS, INC 13955 TERESA DR, SHELBY TWP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description WEB AD 5. Date Of Receipt: 10/04/2023 6. Vendor Name & Address: C & G PUBLISHING 13650 E ELEVEN MILE RD, WARREN, MI 48089	\$ 100.00	\$ 5,769.90
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: ALLAN CASINELLI 580 E HAYES AVE HAZEL PARK, MI 48030 If over \$100.00 cumulative, please provide: Occupation: TEST LEAD Employer Name & Address: NORTH AMERICAN CONTROLS, INC 13955 TERESA DR, SHELBY TWP, MI 48315 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description NEWSPAPER AD 5. Date Of Receipt: 10/12/2023 6. Vendor Name & Address: C & G PUBLISHING 13650 E ELEVEN MILE RD, WARREN, MI 48089	\$ 484.20	\$ 6,254.10
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal **584.20** **6,254.10**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **5,254.10**

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B – IK
CANDIDATE COMMITTEE

98262

1. Committee I. D. Number

2. Committee Name

CTE AL CASINELLI

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address: MORGAN HUTSON 18069 NORWOOD ST DETROIT, MI 48234	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable Institution ☐ Donation of assets to Political Party Committee ☐ Other Description: _____	09/29/2023 Date	\$ 100.00
Expenditure #2 Name & Address: JAMES LINCK 2209 CANIFF ST HAMTRAMCK, MI 48212	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description: _____	09/29/2023 Date	\$ 100.00
Expenditure #3 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description: _____	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description: _____	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description: _____	_____ Date	\$ _____ Click Here for Memo Itemization Type

Page Subtotal

200.00

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

200.00

Enter this total
on line 7 of
the Summary
Page