



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 139892		3. This Statement covers From: <u>04/16/20</u> to <u>07/19/20</u>	
2. Committee Name CTE Anthony G Forlini		4. Candidate Last Name Forlini First Name Anthony M.I. G 4a. Office Sought Including District # or Community Served (If applicable) Clerk 4b. County of Residence MACOMB	
5. Committee's Mailing Address 39285 N. Blom Harrison Twp., MI 48045 Area Code and Phone <u>(586) 275-7703</u> 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 Kenneth Verkest 39285 N. Blom Harrison Twp., MI 48045 Area Code & Phone <u>(586) 914-9944</u>	
7. Treasurer's Business Address 39285 N. Blom Harrison Twp., MI 48045 Area Code and Phone <u>(586) 914-9944</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has Designated Record keeper) Kenneth Verkest 39285 N. Blom Harrison Twp., MI 48045 Area Code and Phone <u>(586) 914-9944</u>	
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 <u>08/04/20</u>		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 Kenneth Verkest Type or Print Name		Signature Date <u>07/24/20</u>	
Candidate Anthony G. Forlini Type or Print Name		Signature Date <u>07/24/20</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139892

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Anthony G Forlini

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>45,148.52</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$45,148.52</u>	(18.) \$ <u>\$45,148.52</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>\$45,148.52</u>	(20.) \$ <u>\$45,148.52</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-K, Column 7)	(6.) \$ <u>\$500.00</u>	(21.) \$ <u>\$500.00</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>\$10,487.82</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>\$10,487.82</u>	(23.) \$ <u>\$10,487.82</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>\$45,148.52</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$45,148.52</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$10,487.82</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$34,660.70</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE Anthony G Forlini

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>04/30/20</u> Name & Address: CTE Anthony G. Forlini for State Rep 39285 N. Blom Harrison Twp., MI 48045 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>30,000.00</u>	\$ <u>30,000.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>05/20/20</u> Name & Address: CANDICEPAC P.O. Box 7036 Novi, MI 48376 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Robert Williams 27332 Van Dyke Warren, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Geraldine Bielecki 19818 Sussex St. Clair Shores, MI 48081 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$30,575.00**

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 139892
2. Committee Name CTE Anthony G Forlini

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>06/29/20</u> Name & Address: Christopher Butts 48073 Fuller New Baltimore, MI 48051 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Barbara Limburg 38641 Harrison Creek Ct. Harrison Twp., MI 48045 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Joan Maluchnik 38660 Lakeshore Harrison Twp., MI 48045 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Rona Myers 28801 Jefferson #214 St. Clair Shores, MI 48081 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>

Page Subtotal **\$100.00**

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE Anthony G Forlini

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>06/29/20</u> Name & Address: Monika Rittner 850 Townsend Algonac, MI 48001		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Gloria Cipriano 37794 Circle Dr. Harrison Twp., MI 48045		\$ <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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Russell Jones 9016 Morning Mist Dr. Clarkston, MI 48348		\$ <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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Ken Lucas 37870 Jefferson Harrison Twp., MI 48045		\$ <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		Click Here for Memo Itemization	

Page Subtotal \$175.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE Anthony G Forlini

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>06/29/20</u> Name & Address: Neil Williams 37895 DePrez Ct. Harrison Twp., MI 48045 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Dominic Tringali 37266 Jefferson Harrison Twp., MI 48045 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Raechel Badalamenti 19500 Hall Rd. Ste. 100 Clinton Twp., MI 48035 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: William Bitonti 28026 Norcross Harrison Twp., MI 48045 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **\$300.00**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: David Bourbeau 818 Lochmoor Grosse Pointe Woods, MI 48236 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Kay Brown-Askar 39894 Memory Lane Harrison Twp., MI 48045 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Gaetano Caparso 44333 Rivergate Dr. Clinton Twp., MI 48038 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Paul Desantis 1170 Terra Lane Rochester, MI 48306 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
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Page Subtotal **\$400.00**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Robert Huth 2486 Hawthorne Dr. S. Shelby Twp., MI 48316		\$ <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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Frank Forner 41699 Windmill Harrison Twp., MI 48045		\$ <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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Mary Hostnik 38400 Foxcroft Harrison Twp., MI 48045		\$ <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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: William Jarvis 41800 Executive Harrison Twp., MI 48045		\$ <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		Click Here for Memo Itemization	

Page Subtotal **\$400.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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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? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Robert Kirk 19500 Hall Rd. Ste. 100 Clinton Twp., MI 48035		\$ <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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: James Krause 41314 Conger Bay Drive Harrison Twp., MI 48045		\$ <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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Michael Lotito 22525 Hall Rd. Ste. A Macomb, MI 48042		\$ <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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Tim McGuire 24166 Oak Grove Blvd. Macomb, MI 48044		\$ <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		Click Here for Memo Itemization	

Page Subtotal **\$400.00**

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Carol Murray 24740 Victoria Ct. Harrison Twp., MI 48045		\$ <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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Bernard Pavone 37952 Elmite Harrison Twp., MI 48045		\$ <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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Lawrence Scott 38447 Huron Pointe Harrison Twp., MI 48045		\$ <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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Stephen Swetech 43868 Scoter Lane Clinton Twp., MI 48038		\$ <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		Click Here for Memo Itemization	

Page Subtotal **\$400.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
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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? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Linda Torp 38870 Ryan Ct. Harrison Twp., MI 48045 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Marianne Viviano 31030 Champine St. St. Clair Shores, MI 48082 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Giulio Zaccagnini 19829 Westchester Clinton Twp., MI 48038 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Rocco Ciro 48363 American Elm Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>150.00</u>	\$ <u>150.00</u>

Page Subtotal **\$450.00**

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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 139892
2. Committee Name CTE Anthony G Forlini

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>06/29/20</u> Name & Address: <u>Lynda Cicchini</u> <u>38479 Foxcroft</u> <u>Harrison Twp., MI 48045</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ 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 <u>06/29/20</u> Name & Address: <u>Slawomir Jaskiewicz</u> <u>61800 Van Dyke</u> <u>Washington, MI 48094</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>MGA Roofing</u> Business Address <u>6505 Auburn Rd., Utica, MI 48317</u> 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 <u>06/29/20</u> Name & Address: <u>Ralph Maccarone III</u> <u>13921 Basilisco Chase</u> <u>Shelby Twp., MI 48315</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>3921 Basilisco Chase, Shelby Twp., MI 48315</u> 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 <u>06/29/20</u> Name & Address: <u>Carl Moss</u> <u>22632 Violet</u> <u>St. Clair Shores, MI 48082</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$1,000.00**

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 139892
2. Committee Name CTE Anthony G Forlini

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>06/29/20</u> Name & Address: Edward Phillips 8467 Colony Drive Algonac, MI 48001		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Phillips Sign and Lighting</u> Business Address <u>40920 Executive Dr, Harrison Twp., MI 48045</u> 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 <u>06/29/20</u> Name & Address: James Rop 37711 Devoe Clinton Twp., MI 48036		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Financial Planner</u> Employer <u>Design Financial</u> Business Address <u>5 Belleview St. # 100, Mt Clemens, MI 48043</u> 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 <u>06/29/20</u> Name & Address: Joseph Oram 4585 Arline West Bloomfield, MI 48323		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>5 Star Outdoor</u> Business Address <u>P.O. Box 252755, West Bloomfield, MI 48325</u> 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 <u>07/03/20</u> Name & Address: Anthony Rascano 29634 Jefferson St. Clair Shores, MI 48082		\$ <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		Click Here for Memo Itemization	

Page Subtotal **\$1,100.00**

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 139892
2. Committee Name CTE Anthony G Forlini

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>07/06/20</u> Name & Address: Paul Shamo 38311 Huron Pointe Dr. Harrison Twp., MI 48045		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Taylor Ford</u> Business Address <u>13500 Telegraph Rd., Taylor, MI 48180</u> 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 <u>07/09/20</u> Name & Address: Timothy Ries 5700 Jankow Rd. Algonac, MI 48001		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/20</u> Name & Address: Susan Wit 29026 Thistle Lane Harrison Twp., MI 48045		\$ <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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/20</u> Name & Address: Cynthia Wojtowycz 13814 Bonington Dr. Sterling Heights, MI 48312		\$ <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		Click Here for Memo Itemization	

Page Subtotal **\$625.00**

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 139892
2. Committee Name CTE Anthony G Forlini

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>07/06/20</u> Name & Address: Antonio Agosta 55497 Irvin Shelby Twp., MI 48316		\$ <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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/20</u> Name & Address: Mark Cicchini 39065 Parkway Circle Harrison Twp., MI 48045		\$ <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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/20</u> Name & Address: James Coraci 6359 Ridge Hollow Ln. Davisburg, MI 48350		\$ <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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/20</u> Name & Address: Barb Dempsey 1379 Kingsley Mt. Clemens, MI 48043		\$ <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		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 139892
2. Committee Name CTE Anthony G Forlini

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>07/17/20</u> Name & Address: Vincenzo Ciraulo 53425 Pondview Dr. Shelby Twp., MI 48315 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Ciraulo Brothers Building Co.</u> Business Address <u>53425 Pondview Dr., Shelby Twp., MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2000.00</u>	\$ <u>2000.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/20</u> Name & Address: Wayne Webber 44710 Morley Dr. Clinton Twp., MI 48036 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Webber Development Co.</u> Business Address <u>44710 Morley Dr., Clinton Twp., MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>5000.00</u>	\$ <u>5000.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/09/20</u> Name & Address: Paul Aragona 37020 Garfield Ste. T-1 Clinton Twp., MI 48036 5. If over \$100.00 cumulative, please provide: Occupation <u>Investor</u> Employer <u>Aragona Properties</u> Business Address <u>37020 Garfield Ste. T-1, Clinton Twp., MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1000.00</u>	\$ <u>1000.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/09/20</u> Name & Address: Kathy Elliott 27442 Clark Circle New Baltimore, MI 48051 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$8,100.00**

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 139892
2. Committee Name CTE Anthony G Forlini

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>06/10/20</u> Name & Address: Keith Hirvonen 951 Cricket Cove Dr. Troy, MI 48084		\$ <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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/11/20</u> Name & Address: Linda Marah 39894 Southpointe Harrison Twp., MI 48045		\$ <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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/13/20</u> Name & Address: Toni Eid 12850 Towering Oaks Dr. Utica, MI 48315		\$ <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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/19/20</u> Name & Address: Anthony Galui 37472 Alpinia Ln. Clinton Twp., MI 48036		\$ <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		Click Here for Memo Itemization	

Page Subtotal **\$300.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE Anthony G Forlini

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>06/22/20</u> Name & Address: Jim Coburn 20554 Windham Dr. Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/20</u> Name & Address: Jeffrey Wojtowycz 52706 Delena Dr. Macomb, MI 48042 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/20</u> Name & Address: Leo Garry 45815 Grant Ct. Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/20</u> Name & Address: John Foglyano 102 Moross Mt. Clemens, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$200.00**

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

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line 3a of Summary
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1. Committee I.D. Number 139892

2. Committee Name CTE Anthony G Forlini

Page Subtotal	\$223.52
I Schedules 1A (Part of Schedule)	\$45,148.52



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139892

CANDIDATE COMMITTEE

2. Committee Name CTE Anthony G Forlini

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: Joseph Oram 4585 Arline West Bloomfield, MI 48323 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: 5 Star Outdoor P.O. Box 252755 West Bloomfield, MI 48325 ☐ 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 <u>Billboard Advertising</u> 5. Date Of Receipt: <u>05/15/20</u> 6. Vendor Name & Address: 5 Star Outdoor P.O. Box 252755 West Bloomfield, MI 48325 Click Here for Memo Itemization	\$ <u>500.00</u>	\$ <u>1000.00</u>
Contribution # 2 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	\$ _____	\$ _____
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 **\$500.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$500.00**

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on line 6 of Summary
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139892
2. Committee Name CTE Anthony G Forlini

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 5 By 5 Design, LLC Address 46653 Franks Ln. Shelby Twp., MI 48315 ☐ Fund Raiser	Purpose: <u>Website Design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/14/20</u> Date	\$ <u>350.00</u>
Expenditure #2 Name Vistaprint Address 447 Advance Blvd. Windsor, ON, N8N 5G8 ☐ Fund Raiser	Purpose: <u>Business Cards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/15/20</u> Date	\$ <u>21.20</u>
Expenditure #3 Name Italian American Cultural Center Address 43843 Romeo Plank Rd. Clinton Twp., MI 48038 ☐ Fund Raiser	Purpose: <u>Food for Seniors</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/09/20</u> Date	\$ <u>300.00</u>
Expenditure #4 Name Sign-A-Rama Address 36886 Harper Clinton Twp., MI 48035 ☐ Fund Raiser	Purpose: <u>Lawn Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/10/20</u> Date	\$ <u>1240.78</u>
Expenditure #5 Name Karma Jack Address 2915 John R St. #51/507 Detroit, MI 48201 ☐ Fund Raiser	Purpose: <u>Social Media Marketing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/20</u> Date	\$ <u>1398.00</u>
Subtotal this page			\$3,309.98
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 139892
2. Committee Name CTE Anthony G Forlini

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Sams Club Address 45600 Utica Park Blvd. Utica, MI 48315 ☐ Fund Raiser	Purpose: Postage ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/13/20 Date	\$ 283.86
Expenditure #2 Name The Huntington National Bank Address 39840 Bridgeview St. Harrison Twp., MI 48045 ☐ Fund Raiser	Purpose: Statement Fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/15/20 Date	\$ 5.00
Expenditure #3 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: Online Marketing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/29/20 Date	\$ 110.00
Expenditure #4 Name Home Depot Address 45301 Northpointe Blvd. Utica, MI 48315 ☐ Fund Raiser	Purpose: Sign Stakes and Materials ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/29/20 Date	\$ 32.72
Expenditure #5 Name Exact Data Address 33N. Dearborn St. Chicago, IL 60602 ☐ Fund Raiser	Purpose: Online Marketing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/20 Date	\$ 698.85

Subtotal this page **\$1,130.43**
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 139892
2. Committee Name CTE Anthony G Forlini

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Online Marketing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/20</u> Date	<u>\$ 50.00</u>
Expenditure #2 Name Sign-A-Rama Address 36886 Harper Clinton Twp., MI 48035 ☐ Fund Raiser	Purpose: <u>Lawn Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/20</u> Date	<u>\$ 430.61</u>
Expenditure #3 Name Steven Berry Address 29710 Rosemont Roseville, MI 48066 ☐ Fund Raiser	Purpose: <u>Video Production</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/20</u> Date	<u>\$ 3671.00</u>
Expenditure #4 Name Constant Contact Address 1601 Trapelo Rd. Waltham, MA 02451 ☐ Fund Raiser	Purpose: <u>Marketing Services</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/20</u> Date	<u>\$ 52.00</u>
Expenditure #5 Name Karma Jack Address 2915 John R St. #51/507 Detroit, MI 48201 ☐ Fund Raiser	Purpose: <u>Social Media Marketing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/06/20</u> Date	<u>\$ 699.00</u>
Subtotal this page			\$4,902.61
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139892
2. Committee Name CTE Anthony G Forlini

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Online Marketing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/20</u> Date	\$ <u>275.00</u>
Expenditure #2 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Online Marketing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/13/20</u> Date	\$ <u>175.00</u>
Expenditure #3 Name 5 By 5 Design, LLC Address 46653 Franks Ln. Shelby Twp., MI 48315 ☐ Fund Raiser	Purpose: <u>Website Design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/13/20</u> Date	\$ <u>350.00</u>
Expenditure #4 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Online Marketing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/20</u> Date	\$ <u>104.98</u>
Expenditure #5 Name WinRed Address 1776 Wilson Blvd., Suite 530 Arlington, VA 22219 ☐ Fund Raiser	Purpose: <u>Fundraising Fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/20</u> Date	\$ <u>66.30</u>

Subtotal this page **\$971.28**
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 139892
2. Committee Name CTE Anthony G Forlini

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Online Marketing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/20</u> Date	\$ <u>20.00</u>
Expenditure #2 Name GoDaddy.com Address 14455 N. Hayden Rd., Ste. 226 Scottsdale, AZ 85260 ☐ Fund Raiser	Purpose: <u>Website/Domain Hosting</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/21/20</u> Date	\$ <u>153.52</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			\$173.52
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$10,487.82

Enter this total
on line 8a of
Summary Page