



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.

3. This Statement covers From:

07/20/20 to 08/24/20

1. Committee I.D. Number

139892

2. Committee Name

CTE Anthony G Forlini

5. Committee's Mailing Address

**39285 N. Blom
Harrison Twp., MI 48045**

Area Code and Phone (586) 275-7703

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.

7. Treasurer's Business Address

**39285 N. Blom
Harrison Twp., MI 48045**

Area Code and Phone (586) 914-9944

4. Candidate Last Name

First Name

M.I.

Forlini

Anthony

G

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

Clerk

4b. County of Residence **MACOMB**

6. Treasurer's Name & Residential Address

**Kenneth Verkest
39285 N. Blom
Harrison Twp., MI 48045**

Area Code & Phone (586) 914-9944

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

**Kenneth Verkest
39285 N. Blom
Harrison Twp., MI 48045**

Area Code and Phone (586) 914-9944

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

08/04/20

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 hereby 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 09/03/20

Candidate **Anthony G. Forlini**

Type or Print Name

Signature

Date 09/03/20



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139892

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Anthony G Forini

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>12,491.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$12,491.00</u>	(18.) \$ <u>\$57,639.52</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>\$12,491.00</u>	(20.) \$ <u>\$57,639.52</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-K, Column 7)	(6.) \$	<u>\$250.00</u>	(21.) \$ <u>\$750.00</u>
7. In-Kind Expenditures (Schedule 1B-K, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$9,022.96</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>\$9,022.96</u>	(23.) \$ <u>\$19,510.78</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>\$250.00</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>\$34,660.70</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$12,491.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$47,151.70</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$9,022.96</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$38,128.74</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 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 07/20/20

Name & Address:

Frank Lovasco
5541 Meadow Lane
Shelby Twp., MI 48316

\$ 150.00

\$ 150.00

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

Occupation Appraiser Employer Self

[Click Here for Memo Itemization](#)

Business Address 5541 Meadow Lane, Shelby Twp., MI 48316

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/20/20

Name & Address:

Eric Ventimiglia
1401 S. Joyce St. Apt. 819
Arlington, VA 22202

\$ 15.00

\$ 15.00

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 07/20/20

Name & Address:

Christopher Loria
44125 Riverview Ridge Dr.
Clinton Twp., MI 48038

\$ 150.00

\$ 150.00

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 07/20/20

Name & Address:

David Hoin
52806 Muirfield Dr.
Chesterfield Twp., MI 48051

\$ 250.00

\$ 250.00

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

[Click Here for Memo Itemization](#)

Occupation Property Manager Employer Self

Business Address 52806 Muirfield Dr. Chesterfield Twp., MI 48051

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

Page Subtotal \$565.00

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>07/20/20</u> Name & Address: Carol Budchuk 38397 Huron Pointe Harrison Twp., MI 48045 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>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/20</u> Name & Address: Thomas Hayes 4964 Deer Creek Circle Washington Twp., MI 48094 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>07/20/20</u> Name & Address: Mary Drabik 900 S. Lapeer Rd. Oxford, MI 48371 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>07/20/20</u> Name & Address: Gilbert Enwyia 61138 Wedgewood Dr. Washington Twp., MI 48094 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 **\$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 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 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 07/20/20

Name & Address:

Lorenzo Cavaliere
30078 Schoenherr
Warren, MI 48088

\$ 250.00

\$ 250.00

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

Occupation Principal Employer Cavaliere Companies

[Click Here for Memo Itemization](#)

Business Address 30078 Schoenherr, Warren, MI 48088

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/22/20

Name & Address:

Lisa Fistler
33375 31 Mile Rd.
Lenox Twp., MI 48050

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/22/20

Name & Address:

Christine Malzahn
225 N. Main
Romeo, MI 48065

\$ 150.00

\$ 150.00

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

Occupation President Employer Village of Romeo

[Click Here for Memo Itemization](#)

Business Address 121 W. St. Clair, Romeo, MI 48065

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/20/20

Name & Address:

John Ezzo
1405 Combermere Dr.
Troy, MI 48083

\$ 1000.00

\$ 1000.00

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

Occupation CEO Employer New Image Bldg. Services

[Click Here for Memo Itemization](#)

Business Address 1405 Combermere Dr., Troy, MI 48083

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 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>07/24/20</u> Name & Address: Ralph Maccarone III 13921 Basilisco Chase Shelby Twp., MI 48315		\$ <u>100.00</u>	\$ <u>350.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/20</u> Name & Address: Steve Kuhr 7804 Long Island Ct. Fair Haven, MI 48023		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Advisor to CEO</u> Employer <u>PTM Corporation</u> Business Address <u>6560 Bethuy Rd., Fair Haven, MI 48023</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>07/24/20</u> Name & Address: Don Wesley 19220 Lloyd St. Clinton Twp., MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance Sales</u> Employer <u>Self</u> 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>07/24/20</u> Name & Address: Marylou Levell 22137 Trombley St. St. Clair Shores, MI 48080		\$ <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 **\$950.00**

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

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CANDIDATE COMMITTEE**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/20</u> Name & Address: Terri North 42668 Elizabeth Place 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	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/20</u> Name & Address: David Nummer 36561 Hathaway New Baltimore, MI 48047		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Civil Engineer</u> Employer <u>Wade Trim</u> Business Address <u>25251 Northline Rd, Taylor, MI 48180</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>07/27/20</u> Name & Address: Nancy Trompicks 26071 South Lake Dr. Harrison Twp., MI 48045		\$ <u>150.00</u>	\$ <u>150.00</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	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/20</u> Name & Address: Robert Little 14625 Shirley Ave. Warren, MI 48089		\$ <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 **\$500.00**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/29/20</u> Name & Address: Tim Pierson 49514 Regatta St. New Baltimore, MI 48047		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Quality Lumber</u> Business Address <u>49514 Regatta St., New Baltimore, MI 48047</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>07/29/20</u> Name & Address: Jeff Farrington 8830 Summers Ct. Utica, MI 48317		\$ <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>07/29/20</u> Name & Address: Francesco Fregoli 49191 Dunhill Dr. Macomb, MI 48044		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Student</u> Employer <u>N / A</u> 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>07/29/20</u> Name & Address: Robert Steinwascher 50168 Oxford Macomb, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HR Mgr.</u> Employer <u>Superior Ambulance Service</u> Business Address <u>2000 Centerwood Dr., Warren, MI 48091</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$900.00**

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? ☐ YES	4. Date of Receipt <u>07/29/20</u>	
Name & Address: Michael Nelson 38659 Reimold 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/20</u>	
Name & Address: Shannon Peltier 36186 Edman Hamison Twp., MI 48045		\$ <u>151.00</u>	\$ <u>151.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Lending Specialist</u> Employer <u>Chase Bank</u> Business Address <u>45303 Van Dyke, 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>07/29/20</u>	
Name & Address: John Digiorgio 22455 McPhail Rd. Armada, MI 48005		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Construction</u> Employer <u>ECM</u> Business Address <u>22455 McPhail Rd., Armada, MI 48005</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>07/31/20</u>	
Name & Address: Patrick Haggerty 38531 Thornwood 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 **\$401.00**

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

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Page.



**ITEMIZED CONTRIBUTIONS
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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>07/31/20</u> Name & Address: Salvatore Cavaliere 45673 Heather Ridge Dr. Macomb, MI 48044		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Signature Bldg.</u> Business Address <u>45673 Heather Ridge Dr., Macomb, MI 48044</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>07/31/20</u> Name & Address: Pasquale Casasanta 53657 Romeo Plank Rd. Macomb Twp., MI 48042		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Michigan Insurance</u> Business Address <u>47798 Van Dyke, 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>07/31/20</u> Name & Address: Jim Wallace 8161 Kendall Rd. Columbus, MI 48063		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP</u> Employer <u>New Image Bldg. Services</u> Business Address <u>1405 Combermere Dr., Troy, MI 48083</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>07/31/20</u> Name & Address: Jordon David 920 Ironwood Dr., Apt. 342 Rochester, MI 48307		\$ <u>70.00</u>	\$ <u>70.00</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 **\$720.00**

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

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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>07/31/20</u>		
Name & Address: Kathy Elliot 27442 Clark Circle New Baltimore, MI 48051				\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Investor Advisor Rep.</u> Employer <u>Trivelloni Asset Management</u> Business Address <u>25 N. Main St., Mt. Clemens, MI 48043</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>07/31/20</u>		
Name & Address: William Elliot 27442 Clark Circle New Baltimore, MI 48051				\$ <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>07/31/20</u>		
Name & Address: Gina Cavaliere 4897 Chicago Rd. Warren, MI 48092				\$ <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>08/03/20</u>		
Name & Address: Nicholas Aiuto 42870 N. Walnut Clinton Twp., MI 48036				\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Nick's Towing</u> Business Address <u>42870 N. Walnut, Clinton Twp., MI 48036</u> 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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Enter this total on
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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>08/05/20</u> Name & Address: <u>Franco Iaderosa</u> <u>37135 Aspen Dr.</u> <u>Farmington Hills, MI 48335</u>		\$ <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>08/24/20</u> Name & Address: <u>Jonathan Swetech</u> <u>43600 Garfield Rd.</u> <u>Clinton Twp., MI 48038</u>		\$ <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>07/27/20</u> Name & Address: <u>Maresa Rimatzki</u> <u>39365 Canterbury Dr.</u> <u>Harrison Twp., MI 48045</u>		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Fraser Schools</u> Business Address <u>33466 Garfield, Fraser, MI 48026</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>07/27/20</u> Name & Address: <u>Michael Castillo</u> <u>39326 N. Pointe Parkway</u> <u>Harrison Twp., MI 48045</u>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Cardiology Assoc. of MI</u> Business Address <u>25910 Kelly Road, Suite B, Roseville, MI 48066</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$650.00**

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

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

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3. Contribution #1	PAC Receipt? ☐ YES	4. Date of Receipt	<u>07/27/20</u>		
Name & Address: Denise Williams 29410 Grandview 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>07/27/20</u>		
Name & Address: Robert Williams 27332 Van Dyke Warren, MI 48093				\$ <u>100.00</u>	\$ <u>150.00</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	
3. Contribution #3	PAC Receipt? ☐ YES	4. Date of Receipt	<u>07/30/20</u>		
Name & Address: Vincenzo Ciraulo 53425 Pondview Dr. Shelby Twp., MI 48315				\$ <u>250.00</u>	\$ <u>2250.00</u>
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				Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? ☐ YES	4. Date of Receipt	<u>07/30/20</u>		
Name & Address: Denise Mathews 24070 30 Mile Rd. Ray Twp., MI 48096				\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Financial Planner</u> Employer <u>Infinex</u> Business Address <u>538 Preston Ave., Meriden, CT 06450</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser				Click Here for Memo Itemization	

Page Subtotal \$600.00

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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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/30/20</u> Name & Address: <u>James Cresswell</u> <u>32640 North River Rd.</u> <u>Harrison Twp., MI 48045</u>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>American Education Systems</u> Business Address <u>14 Belleview, Mt. Clemens, MI 48043</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>07/30/20</u> Name & Address: <u>Robert Hanson</u> <u>59286 Kittle</u> <u>Washington Twp., MI 48094</u>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Square Deal Building Supply</u> Business Address <u>7670 19 Mile Rd., Sterling Heights, MI 48314</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>07/30/20</u> Name & Address: <u>Charles Drummond</u> <u>38001 Lakeville</u> <u>Harrison Twp., MI 48045</u>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Ford Motor Company</u> Business Address <u>P.O. Box 6248, Dearborn, MI 48126</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>07/30/20</u> Name & Address: <u>Isabell Meldrum</u> <u>521 Ruskin</u> <u>Algonac, MI 48001</u>		\$ <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 **\$550.00**

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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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/30/20</u> Name & Address: Ken Goike 22440 32 Mile Rd. Ray, MI 48096		\$ <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>07/30/20</u> Name & Address: William Robinson 28999 Oakmont Dr. Chesterfield, MI 48051		\$ <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>07/30/20</u> Name & Address: Michael Garvonic 39757 Berkley Dr. 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	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/30/20</u> Name & Address: Linda Burns Torp 38870 Ryan 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	

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
2. Committee Name CTE Anthony G Forlini

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/30/20</u> Name & Address: Frank Viviano 18090 Teresa Ct. 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	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/30/20</u> Name & Address: Jane Gralewski 52594 Crestwood Ct. Chesterfield, MI 48051		\$ <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>07/30/20</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/30/20</u> Name & Address: Kathleen Wochaski 43484 Riverway Dr. 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

2. Committee Name CTE Anthony G Forlini

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/31/20</u> Name & Address: <u>Diana Scamardella</u> <u>38450 Santa Anna</u> <u>Clinton Twp., MI 48036</u>		\$ <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>07/31/20</u> Name & Address: <u>Angelo D'Alessandro</u> <u>13046 Ruby Dr.</u> <u>Shelby Twp., MI 48315</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer <u>AQD Consultants</u> Business Address <u>28135 Groesbeck Hwy Roseville, MI 48066</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>07/31/20</u> Name & Address: <u>Timothy McGuire</u> <u>24166 Oak Grove Dr.</u> <u>Macomb, MI 48042</u>		\$ <u>200.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Design Engineer</u> Employer <u>BAE Systems</u> Business Address <u>34201 Van Dyke, Sterling Heights, MI 48312</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>07/31/20</u> Name & Address: <u>Pauline Cambridge</u> <u>24654 N. Meadow Dr.</u> <u>Harrison Twp., MI 48045</u>		\$ <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 **\$600.00**

Grand Total of All Schedules 1A
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139892

2. Committee Name CTE Anthony G Forlini

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3. Contribution # <u>1</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>07/31/20</u> Name & Address: <u>Michelle Bohren</u> <u>8800 Continental Dr.</u> <u>Taylor, MI 48180</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>Bohren and Associates</u> Business Address <u>14 Belleview St #103, Mt Clemens, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>150.00</u>	\$ <u>150.00</u>
		Click Here for Memo Itemization	
3. Contribution # <u>2</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>07/31/20</u> Name & Address: <u>James Krause</u> <u>41314 Conger Bay Drive</u> <u>Harrison Twp., MI 48045</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		\$ <u>150.00</u>	\$ <u>150.00</u>
		Click Here for Memo Itemization	
3. Contribution # <u>3</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>07/31/20</u> Name & Address: <u>John Kapousis</u> <u>4893 Crystal Creek Lane</u> <u>Washington, MI 48094</u> 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 # <u>4</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/20</u> Name & Address: <u>Kay Casey</u> <u>25544 Sun Sail Ct.</u> <u>Harrison Twp., MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>60.00</u>	\$ <u>60.00</u>
		Click Here for Memo Itemization	

Page Subtotal \$460.00

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

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

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3. Contribution #1 Name & Address: Tom Peggie 3832 Nash Dr. Troy, MI 48083 5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>Quality Lumber</u> Business Address <u>49514 Regatta, New Baltimore, MI 48047</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>150.00</u>	\$ <u>150.00</u> Click Here for Memo Itemization
3. Contribution #2 Name & Address: Richard Stathakis 13883 Timbeerview Dr. Shelby Twp., MI 48315 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 Name & Address: Jack Lucido 38831 Bellingham 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> Click Here for Memo Itemization
3. Contribution #4 Name & Address: Peter Barbieri 52312 Matterhorn 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>75.00</u>	\$ <u>75.00</u> Click Here for Memo Itemization

Page Subtotal **\$375.00**

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 139892

2. Committee Name CTE Anthony G Forlini

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/05/20</u> Name & Address: Frederick Teutsch 9370 Alidor Rd. Schoolcraft, MI 49087		\$ <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>08/05/20</u> Name & Address: James Timpa 39378 Aynesley 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	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/05/20</u> Name & Address: Michael Youngblood 40499 Emerald Lane W. Clinton Twp., MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Plastic Service Centers</u> Business Address <u>21445 Carlo Drive, Clinton Twp., MI 48038</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>08/05/20</u> Name & Address: Florent Muylaert 27165 Hickory St. 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 **\$550.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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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>08/05/20</u>	
Name & Address: Thomas Brisse 5400 Great Fosters Dr. Oakland Twp., MI 48306		\$ <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>08/01/20</u>	
Name & Address: CTE Anthony G. Forlini for State Rep 39285 N. Blom Harrison Twp., MI 48045		\$ <u>20.00</u>	\$ <u>30,193.52</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 _____	
Name & Address: 		\$ _____	\$ _____
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 _____	
Name & Address: 		\$ _____	\$ _____
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 **\$120.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$12,491.00**



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139892

2. Committee Name CTE Anthony G Forini

CANDIDATE COMMITTEE

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 all 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: Anthony Forini 41270 Conger Bay Drive Harrison Twp., MI 48045 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Rep. Paul Mitchell 48701 Van Dyke Avenue Shelby Twp., MI 48317 ☐ 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>Reservation Fee</u> 5. Date Of Receipt: <u>07/20/20</u> 6. Vendor Name & Address: Youngblood Vineyard 61829 Ray Center Rd. Ray, MI 48096	\$ <u>250.00</u>	\$ <u>250.00</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:	\$ _____	\$ _____
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](#)

[Click Here for Memo Itemization](#)

[Click Here for Memo Itemization](#)

Page Subtotal **\$250.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$250.00**

Enter this total
on line 6 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 <u>Triangle Printing</u> Address <u>30520 Gratiot Ave.</u> <u>Roseville, MI 48066</u> ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/20</u> Date	<u>\$ 185.50</u>
Expenditure #2 Name <u>C & G Newspapers</u> Address <u>13650 E Eleven Mile Rd.</u> <u>Warren, MI 48089</u> ☐ Fund Raiser	Purpose: <u>Newspaper Ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/20</u> Date	<u>\$ 4633.00</u>
Expenditure #3 Name <u>Facebook</u> Address <u>1 Hacker Way</u> <u>Menlo Park, CA 94025</u> ☐ Fund Raiser	Purpose: <u>Online Marketing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/20</u> Date	<u>\$ 250.00</u>
Expenditure #4 Name <u>Facebook</u> Address <u>1 Hacker Way</u> <u>Menlo Park, CA 94025</u> ☐ Fund Raiser	Purpose: <u>Online Marketing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/27/20</u> Date	<u>\$ 400.00</u>
Expenditure #5 Name <u>Constant Contact</u> Address <u>1601 Trapelo Rd.</u> <u>Waltham, MA 02451</u> ☐ Fund Raiser	Purpose: <u>Marketing Services (all done in-house)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/20</u> Date	<u>\$ 95.00</u>

Subtotal this page	\$5,563.50
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 Youngblood Vineyard Address 61829 Ray Center Rd. Ray, MI 48096 ☐ Fund Raiser	Purpose: <u>Fundraiser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/30/20</u> Date	<u>\$ 1551.84</u>
Expenditure #2 Name Karma Jack Address 2915 John R St. #51/507 Detroit, MI 48201 ☐ Fund Raiser	Purpose: <u>Social Media Marketing (all done in-house)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/20</u> Date	<u>\$ 699.00</u>
Expenditure #3 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>08/17/20</u> Date	<u>\$ 146.65</u>
Expenditure #4 Name Karma Jack Address 2915 John R St. #51/507 Detroit, MI 48201 ☐ Fund Raiser	Purpose: <u>Social Media Marketing (all done in-house)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/21/20</u> Date	<u>\$ 500.00</u>
Expenditure #5 Name Sign-A-Rama Address 36886 Harper Clinton Twp., MI 48035 ☐ Fund Raiser	Purpose: <u>Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/24/20</u> Date	<u>\$ 318.00</u>

Subtotal this page **\$3,215.49**
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 <u>WinRed</u> Address <u>1776 Wilson Blvd., Suite 530</u> <u>Arlington, VA 22219</u> ☐ Fund Raiser	Purpose: <u>Fundraising Fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/20</u> Date	\$ <u>223.97</u>
Expenditure #2 Name <u>GoDaddy.com</u> Address <u>14455 N. Hayden Rd., Ste. 226</u> <u>Scottsdale, AZ 85260</u> ☐ Fund Raiser	Purpose: <u>Website/Domain Hosting</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/20</u> Date	\$ <u>20.00</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	\$243.97
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$9,022.96

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

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? ☐ Yes Owed to or by: Anthony G. Forlini 41270 Conger Bay Drive Harrison Twp., MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/20/20</u> 6. <u>Original Amount of Debt:</u> \$ <u>250.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>250.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$250.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$250.00

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 139892
2. Committee Name CTE Anthony G. Forlini

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>07/29/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>62</u>	5. Type of Fund Raising Activity <u>Wine Tasting</u>	6. Address and Name (if any) of the place where the activity was held. <u>Youngblood Vineyard</u> <u>61829 Ray Center Rd.</u> <u>Ray, MI 48096</u> ☐ Private Residence
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7. Total Contributions \$10,886.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$10,886.00
10. Total Cost of Event \$1,801.84
(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 (1-1K), 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.