



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:

08/25/20 to 10/18/20

1. Committee I.D. Number

139892

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 (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.

6. Treasurer's Name & Residential Address

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

Area Code & Phone (586) 914-9944

7. Treasurer's Business Address

39285 N. Blom
Harrison Twp., MI 48045

Area Code and 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

11/03/20

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 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

10/23/20

Candidate **Anthony G. Forlini**

Type or Print Name

Signature

Date

10/23/20



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>34,365.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$34,365.00</u>	(18.) \$ <u>\$92,004.52</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>\$34,365.00</u>	(20.) \$ <u>\$92,004.52</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$750.00</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>\$39,766.18</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>\$39,766.18</u>	(23.) \$ <u>\$59,276.96</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>\$38,128.74</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$34,365.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$72,493.74</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$39,766.18</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$32,727.56</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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? <input type="checkbox"/> YES 4. Date of Receipt <u>08/25/20</u> Name & Address: <u>Willard McMachen</u> <u>22251 Beech Knoll Dr.</u> <u>Macomb, MI 48044</u>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Agent</u> Employer <u>Self</u> Business Address <u>22251 Beech Knoll Dr. Macomb, MI 48044</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/25/20</u> Name & Address: <u>Macomb County Republican Committee</u> <u>P.O. Box 380962</u> <u>Clinton Twp., MI 48038</u>		\$ <u>2000.00</u>	\$ <u>2000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/31/20</u> Name & Address: <u>Dr. Ronald Martella</u> <u>23703 Old Orchard Trail</u> <u>Bingham Farms, MI 48025</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Dentist</u> Employer <u>Self</u> Business Address <u>2241 Hilton Rd. #1, Ferndale, MI 48220</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/31/20</u> Name & Address: <u>Ralph Maccarone III</u> <u>13921 Basilisco Chase</u> <u>Shelby Twp., MI 48315</u>		\$ <u>100.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>13921 Basilisco Chase Shelby Twp., MI 48315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$2,750.00**

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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/08/20</u>			
Name & Address: Roger Lonsway 41800 Prunum Sterling Hgts., MI 48314			\$ <u>200.00</u>	\$ <u>200.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			Click Here for Memo Itemization		
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/20</u>			
Name & Address: Christopher Butts 48073 Fuller Rd. Chesterfield, MI 48051			\$ <u>50.00</u>	\$ <u>75.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization		
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/23/20</u>			
Name & Address: Gary Roncelli 69900 Hicks Rd. Armada, MI 48005			\$ <u>5000.00</u>	\$ <u>5000.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>Roncelli, Inc.</u> Business Address <u>6471 Metro Pkwy., Sterling Hgts., MI 48312</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization		
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/20</u>			
Name & Address: CTE Anthony G. Forlini for State Rep 39285 N. Blom Harrison Twp., MI 48045			\$ <u>15,000.00</u>	\$ <u>45,173.52</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization		

Page Subtotal **\$20,250.00**

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/20</u>		
Name & Address: Lori Neff 20860 McKishnie 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/20</u>		
Name & Address: Steven Schuster 38401 Townhall 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/21/20</u>		
Name & Address: Join Jacobsen 401 N. Hayford Ave. Lansing, MI 48912			\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/20</u>		
Name & Address: William Yerabek 3302 Marc Dr. Sterling Hgts., MI 48310			\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	

Page Subtotal \$400.00

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

1. Committee I.D. Number 139892

2. Committee Name CTE Anthony G Forini

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/21/20</u> Name & Address: <u>Jonathan Vandenbossche</u> <u>39400 W. Archer</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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/21/20</u> Name & Address: <u>Keith Rengert</u> <u>34080 Armada Ridge Rd.</u> <u>Richmond, MI 48062</u>		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/30/20</u> Name & Address: <u>Dr. Stephen Swetech</u> <u>43868 Scoter Ln.</u> <u>Clinton Twp., MI 48038</u>		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Self</u> Business Address <u>43600 Garfield Rd., Clinton Twp., MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/30/20</u> Name & Address: <u>Jennifer Walker</u> <u>37680 Mound Rd.</u> <u>Sterling Hgts., MI 48310</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$270.00**

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

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

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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/30/20</u> Name & Address: Gaetano Rizzo 65 Macomb Place 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/30/20</u> Name & Address: Guy Rizzo Jr. 37516 Hidden Valley Ct. Clinton Twp., MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/30/20</u> Name & Address: Nick Rizzo 37516 Hidden Valley Ct. Clinton Twp., MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/30/20</u> Name & Address: Wessam Akrawi 35214 Dodge Park Sterling Hgts., MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$400.00

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

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 09/30/20

Name & Address:

Michelle Leake
48586 Sandifer
Shelby Twp., MI 48317

\$ 50.00

\$ 50.00

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 #2 PAC Receipt? ☐ YES

4. Date of Receipt 09/30/20

Name & Address

Sandra Haroutunian
35139 Bobcean Rd.
Clinton Twp., MI 48035

\$ 50.00

\$ 50.00

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 09/30/20

Name & Address:

Susan Coraci
6359 Ridge Hollow Ln.
Davisburg, MI 48350

\$ 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 # 4 PAC Receipt? ☐ YES

4. Date of Receipt 09/30/20

Name & Address

Lisa Dubay
32440 Woody
Fraser, MI 48026

\$ 200.00

\$ 200.00

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

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

Page Subtotal **\$400.00**

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

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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/30/20</u> Name & Address: Rob Montilla 21754 Keroyl 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/30/20</u> Name & Address: Anna Mekowski 16381 Vandelay 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/30/20</u> Name & Address: Sam Kassab 3910 Coachwood Ln. Rochester Hills, MI 48309		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Operator</u> Employer <u>Self</u> Business Address <u>3910 Coachwood Ln., Rochester Hills, MI 48309</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/30/20</u> Name & Address: Micheline Trosper 45410 Nottingham Dr. 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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$600.00

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

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

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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/30/20</u> Name & Address: <u>Michael Levell</u> <u>22137 Trombly St.</u> <u>St. Clair Shores, MI 48080</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/30/20</u> Name & Address: <u>Marylou Levell</u> <u>22137 Trombly St.</u> <u>St. Clair Shores, MI 48080</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/30/20</u> Name & Address: <u>Daniel Acciavatti</u> <u>49839 Miller Ct.</u> <u>Chesterfield Twp., MI 48047</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Chesterfield Township</u> Business Address <u>47275 Sugarbush, Chesterfield Twp., MI 48047</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/30/20</u> Name & Address: <u>Steve Eskelinen</u> <u>14000 Simone</u> <u>Shelby Twp., MI 48315</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Roofer</u> Employer <u>Esko Roofing</u> Business Address <u>14000 Simone, Shelby Twp., MI 48315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$1,200.00**

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 10/05/20

Name & Address:

Polly Helzer
93 Canfield
Mt. Clemens, MI 48043

\$ 200.00

\$ 200.00

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

Occupation Owner Employer Polyanna's

[Click Here for Memo Itemization](#)

Business Address 287 North Ave., Mt. Clemens, MI 48043

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/15/20

Name & Address

Antonio Cavaliere
47508 Angeline Ct.
Shelby Twp., MI 48315

\$ 250.00

\$ 250.00

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

Occupation Attorney Employer Self

[Click Here for Memo Itemization](#)

Business Address 47508 Angeline Ct., Shelby Twp., MI 48315

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

3. Contribution #3 PAC Receipt? ☒ YES 4. Date of Receipt 10/15/20

Name & Address:

Linda Burns-Torp
38870 Ryan Ct.
Harrison Twp., MI 48045

\$ 150.00

\$ 350.00

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

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 10/15/20

Name & Address

Daniel Russell
17680 Maisons Dr.
Clinton Twp., MI 48038

\$ 300.00

\$ 300.00

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

Occupation CEO Employer International Marketing Consultants

[Click Here for Memo Itemization](#)

Business Address 17680 Maisons Dr., Clinton Twp., MI 48038

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

Page Subtotal \$900.00

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? <input type="checkbox"/> YES	4. Date of Receipt	<u>10/15/20</u>		
Name & Address: Fara Cavaliere 30078 Schoenherr Ste. 300 Warren, MI 48088				\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Legacy Management Services</u> Business Address <u>30078 Schoenherr, Ste. 300, Warren, MI 48088</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>10/15/20</u>		
Name & Address: Alexander Aprile 14107 Silent Woods Dr. Shelby Twp., MI 48315				\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	<u>10/15/20</u>		
Name & Address: Sheri Ciraulo 53425 Pondview Dr. Shelby Twp., MI 48315				\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Utica Community Schools</u> Business Address <u>11303 Greendale, Sterling Hgts., MI 48312</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>10/15/20</u>		
Name & Address: George Vidu 2651 Hiller Rd. West Bloomfield, MI 48324				\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Mark Precision Tool</u> Business Address <u>4360 Haggerty Rd., Walled Lake, MI 48390</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				Click Here for Memo Itemization	

Page Subtotal **\$870.00**

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 10/15/20

Name & Address:

Michael Graham
38288 Sheffield St.
Clinton Twp., MI 48036

\$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/15/20

Name & Address

Lisa Valerio-Nowc
20761 Marvindale St.
Clinton Twp., MI 48035

\$ 50.00 \$ 50.00

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 10/15/20

Name & Address:

Vinay Shenoy
28278 Wolcott Dr.
Novi, MI 48377

\$ 500.00 \$ 500.00

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

Occupation Project Mgr. Employer Winstar Contracting, LLC

[Click Here for Memo Itemization](#)

Business Address 400 Renaissance Ctr., Detroit, MI 48243

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 10/15/20

Name & Address

Thomas Jacob
20880 Fleetwood Dr.
Clinton Twp., MI 48035

\$ 250.00 \$ 250.00

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

Occupation Support Services Employer Archdiocese of Detroit

[Click Here for Memo Itemization](#)

Business Address 12 State St., Detroit, MI 48226

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

Page Subtotal \$900.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 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 10/15/20

Name & Address:

Dr. Stephen Swetech
43868 Scoter Ln.
Clinton Twp., MI 48038

\$ 100.00

\$ 250.00

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

Occupation Physician Employer Self

[Click Here for Memo Itemization](#)

Business Address 43600 Garfield Rd., Clinton Twp., MI 48038

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/15/20

Name & Address:

Cathi Humphreys
21921 Lakeshore
St. Clair Shores, MI 48081

\$ 100.00

\$ 100.00

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 10/17/20

Name & Address:

James Lane
16558 Woodlane
Fraser, MI 48026

\$ 100.00

\$ 100.00

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 10/17/20

Name & Address:

Pamela David
16558 Woodlane
Fraser, MI 48026

\$ 25.00

\$ 25.00

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 **\$325.00**

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? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/20</u> Name & Address: <u>Gary D'Alessandro</u> <u>28117 Groesbeck Hwy.</u> <u>Roseville, MI 48066</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Lanzo Construction</u> Business Address <u>28135 Groesbeck Hwy. Roseville, MI 48066</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/20</u> Name & Address: <u>Massimo Mancini</u> <u>41744 Stonehenge</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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/17/20</u> Name & Address: <u>John Becker</u> <u>20129 Windham</u> <u>Macomb, MI 48044</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/20</u> Name & Address: <u>Gloria DeLano</u> <u>32775 N. River Rd.</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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$1,300.00

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 10/17/20

Name & Address:

Michael DeLano
32775 N. River Rd.
Harrison Twp., MI 48045

\$ 100.00

\$ 100.00

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 09/10/20

Name & Address

Nancy Tiseo
16155 Vista Woods Ct.
Clinton Twp., MI 48038

\$ 100.00

\$ 100.00

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 09/10/20

Name & Address:

David Hoin
52806 Muirfield
Chesterfield, MI 48051

\$ 50.00

\$ 300.00

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

Occupation Property Manager Employer Self

Business Address 52806 Muirfield, Chesterfield, MI 48051

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 09/11/20

Name & Address

Ken Nelson
40862 Firesteel Dr.
Sterling Hgts., MI 48313

\$ 100.00

\$ 100.00

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 \$350.00

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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/12/20</u> Name & Address: <u>Deanna Forlini</u> <u>25 Belleview St.</u> <u>Mt. Clemens, MI 48043</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/14/20</u> Name & Address: <u>Francesco Fregoli</u> <u>49191 Dunhill Dr.</u> <u>Macomb, MI 48044</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/14/20</u> Name & Address: <u>Linda Burns-Torp</u> <u>38870 Ryan Ct.</u> <u>Harrison Twp., MI 48045</u>		\$ <u>100.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/14/20</u> Name & Address: <u>Robert Little</u> <u>14625 Shirley Ave.</u> <u>Warren, MI 48089</u>		\$ <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: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$400.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/15/20</u> Name & Address: <u>Roger Lonsway</u> <u>41800 Prunum</u> <u>Sterling Hgts., MI 48314</u>		\$ <u>50.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/15/20</u> Name & Address: <u>Marian Devereux</u> <u>56328 St. Andrews</u> <u>Macomb, MI 48044</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales Executive</u> Employer <u>Priority Health</u> Business Address <u>56328 St. Andrews, Macomb, MI 48044</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/16/20</u> Name & Address: <u>Joe Haveman</u> <u>151 Sorrento Dr.</u> <u>Holland, MI 49423</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/20</u> Name & Address: <u>John Ezzo</u> <u>1405 Combermere Dr.</u> <u>Troy, MI 48083</u>		\$ <u>200.00</u>	\$ <u>1200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>New Image Bldg. Services</u> Business Address <u>1405 Combermere Dr., Troy, MI 48083</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$600.00**

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)
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3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 10/05/20
Name & Address:
Joseph DeSchryver
35310 Eden Park Dr.
Sterling Hgts., MI 48312

\$ <u>50.00</u>	\$ <u>50.00</u>
-----------------	-----------------

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

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/08/20
Name & Address:
James Burton
13368 Banbury Ct.
Shelby Twp., MI 48315

\$ <u>150.00</u>	\$ <u>150.00</u>
------------------	------------------

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

Occupation Engineer Employer HRC

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Business Address 555 Hulet Dr., Bloomfield Hills, MI 48302

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

3. Contribution #3 PAC Receipt? ☒ YES 4. Date of Receipt 10/11/20
Name & Address:
Robert Little
14625 Shirley Ave.
Warren, MI 48089

\$ <u>150.00</u>	\$ <u>300.00</u>
------------------	------------------

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

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 10/12/20
Name & Address:
Daniel Russell
17680 Maisons Dr.
Clinton Twp., MI 48038

\$ <u>200.00</u>	\$ <u>500.00</u>
------------------	------------------

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

Occupation CEO Employer International Marketing Consultants

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Business Address 17680 Maisons Dr., Clinton Twp., MI 48038

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

Page Subtotal **\$550.00**

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 10/12/20

Name & Address:

Michael Pittiglio
61522 Wagonwheel
Washington, MI 48094

\$ 500.00

\$ 500.00

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

Occupation Construction Employer Florence Cement Co.

[Click Here for Memo Itemization](#)

Business Address 51515 Corridor, Utica, MI 48315

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/12/20

Name & Address

Salvatore Cavaliere
45673 Heather Ridge Dr.
Macomb, MI 48044

\$ 1000.00

\$ 1250.00

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

Occupation Owner Employer Signature Building

[Click Here for Memo Itemization](#)

Business Address 48620 Lorenzo Dr., Macomb, MI 48044

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

3. Contribution #3 PAC Receipt? ☒ YES 4. Date of Receipt 10/12/20

Name & Address:

Nancy Tiseo
16155 Vista Woods Ct.
Clinton Twp., MI 48038

\$ 150.00

\$ 250.00

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

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 10/12/20

Name & Address

Sandra Haroutunian
35139 Bobcean Rd.
Clinton Twp., MI 48035

\$ 50.00

\$ 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

Page Subtotal **\$1,700.00**

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 10/13/20

Name & Address:

Frank Lovasco
5541 Meadow Lane
Shelby Twp., MI 48316

\$ 200.00

\$ 350.00

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 _____

Name & Address _____

\$ _____ \$ _____

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address: _____

\$ _____ \$ _____

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address _____

\$ _____ \$ _____

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

\$200.00

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

\$34,365.00

Enter this total on
line 3a 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 Karma Jack Address 2915 John R St. #51/507 Detroit, MI 48201 <input type="checkbox"/> Fund Raiser	Purpose: <u>Social Media Marketing (all done in-house)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/20</u> Date	<u>\$ 500.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Constant Contact Address 1601 Trapelo Rd. Waltham, MA 02451 <input type="checkbox"/> Fund Raiser	Purpose: <u>Marketing Services (all done in-house)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/20</u> Date	<u>\$ 95.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Karma Jack Address 2915 John R St. #51/507 Detroit, MI 48201 <input type="checkbox"/> Fund Raiser	Purpose: <u>Social Media Marketing (all done in-house)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/20</u> Date	<u>\$ 699.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Marketing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/20</u> Date	<u>\$ 510.42</u> Click Here for Memo Itemization Type
Expenditure #5 Name Sign-A-Rama Address 36886 Harper Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/20</u> Date	<u>\$ 391.14</u> Click Here for Memo Itemization Type

Subtotal this page	\$2,195.56
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 Italian American Cultural Center Address 43843 Romeo Plank Rd. Clinton Twp., MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food & Beverages</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/20</u> Date	<u>\$ 600.00</u>
Expenditure #2 Name America's Finest Printing Address 17060 Masonic #401 Fraser, MI 48026 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/21/20</u> Date	<u>\$ 624.34</u>
Expenditure #3 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Marketing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/20</u> Date	<u>\$ 600.00</u>
Expenditure #4 Name Google Address 1600 Amphitheatre Parkway Mountain View, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Marketing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/20</u> Date	<u>\$ 350.00</u>
Expenditure #5 Name C & G Newspapers Address 13650 11 Mile Rd. Warren, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Print Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/24/20</u> Date	<u>\$ 10,795.10</u>

Subtotal this page **\$12,969.44**
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 WXYZ / WMYD Address 20777 W. 10 Mile Rd. Southfield, MI 48075 <input type="checkbox"/> Fund Raiser	Purpose: <u>Television Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/20</u> Date	<u>\$ 3000.00</u>
Expenditure #2 Name Constant Contact Address 1601 Trapelo Rd. Waltham, MA 02451 <input type="checkbox"/> Fund Raiser	Purpose: <u>Marketing Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/20</u> Date	<u>\$ 95.00</u>
Expenditure #3 Name City of Sterling Heights Address 40555 Utica Road Sterling Hgts., MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>FOIA Request</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/20</u> Date	<u>\$ 33.00</u>
Expenditure #4 Name Sign-A-Rama Address 36886 Harper Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/20</u> Date	<u>\$ 174.90</u>
Expenditure #5 Name Karma Jack Address 2915 John R St. #51/507 Detroit, MI 48201 <input type="checkbox"/> Fund Raiser	Purpose: <u>Social Media Marketing (all done in-house)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/20</u> Date	<u>\$ 250.00</u>

Subtotal this page	\$3,552.90
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>Google</u> Address <u>1600 Amphitheatre Parkway</u> <u>Mountain View, CA 94043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Marketing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/20</u> Date	<u>\$ 500.00</u>
Expenditure #2 Name <u>Facebook</u> Address <u>1 Hacker Way</u> <u>Menlo Park, CA 94025</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Marketing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/20</u> Date	<u>\$ 600.00</u>
Expenditure #3 Name <u>America's Finest Printing</u> Address <u>17060 Masonic #401</u> <u>Fraser, MI 48026</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/20</u> Date	<u>\$ 132.29</u>
Expenditure #4 Name <u>Karma Jack</u> Address <u>2915 John R St. #51/507</u> <u>Detroit, MI 48201</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Social Media Marketing (all done in-house)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/20</u> Date	<u>\$ 699.00</u>
Expenditure #5 Name <u>C & G Newspapers</u> Address <u>13650 11 Mile Rd.</u> <u>Warren, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Print Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/20</u> Date	<u>\$ 8613.83</u>

Subtotal this page **\$10,545.12**
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 Constant Contact Address 1601 Trapelo Rd. Waltham, MA 02451 <input type="checkbox"/> Fund Raiser	Purpose: Marketing Services <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/06/20 Date	\$ 27.09
Expenditure #2 Name Google Address 1600 Amphitheatre Parkway Mountain View, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: Online Marketing <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/06/20 Date	\$ 500.00
Expenditure #3 Name Triangle Printing Address 30520 Gratiot Ave. Roseville, MI 48066 <input type="checkbox"/> Fund Raiser	Purpose: Printing Services <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/07/20 Date	\$ 79.50
Expenditure #4 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: Online Marketing <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/20 Date	\$ 900.00
Expenditure #5 Name Sign-A-Rama Address 36886 Harper Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: Signs <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/20 Date	\$ 271.15

Subtotal this page **\$1,777.74**
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>Sajo's</u> Address <u>36470 Moravian Dr.</u> <u>Clinton Twp., MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food & Beverages</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/20</u> Date	<u>\$ 599.97</u>
Expenditure #2 Name <u>Google</u> Address <u>1600 Amphitheatre Parkway</u> <u>Mountain View, CA 94043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Marketing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/20</u> Date	<u>\$ 500.00</u>
Expenditure #3 Name <u>USPS</u> Address <u>155 S. Main St.</u> <u>Mt. Clemens, MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/20</u> Date	<u>\$ 220.00</u>
Expenditure #4 Name <u>Facebook</u> Address <u>1 Hacker Way</u> <u>Menlo Park, CA 94025</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Marketing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/20</u> Date	<u>\$ 342.51</u>
Expenditure #5 Name <u>Google</u> Address <u>1600 Amphitheatre Parkway</u> <u>Mountain View, CA 94043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Marketing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/20</u> Date	<u>\$ 35.98</u>

Subtotal this page **\$1,688.46**
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> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraising Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/20</u> Date	<u>\$ 150.70</u>
Expenditure #2 Name <u>Triangle Printing</u> Address <u>30520 Gratiot Ave.</u> <u>Roseville, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/20</u> Date	<u>\$ 148.40</u>
Expenditure #3 Name <u>WXYZ / WMYD</u> Address <u>20777 W. 10 Mile Rd.</u> <u>Southfield, MI 48075</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Television Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/20</u> Date	<u>\$ 6000.00</u>
Expenditure #4 Name <u>MediaNews Group</u> Address <u>101 W. Colfax Ave.</u> <u>Denver, CO 80202</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Newspaper Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/20</u> Date	<u>\$ 737.86</u>
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$7,036.96**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$39,766.18**

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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? <input type="checkbox"/> 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> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 09/15/20	4. Number of Individuals Attending or Participating (whichever is greater) 47	5. Type of Fund Raising Activity Bocce & Meatballs	6. Address and Name (If any) of the place where the activity was held. Italian American Cultural Center 43843 Romeo Plank Rd, Clinton Twp., MI 48038 <input type="checkbox"/> Private Residence
---	---	--	---

7. Total Contributions **\$5,270.00**

8. Other Receipts **\$0.00**

9. Gross Receipts (Add lines 7 and 8) **\$5,270.00**

10. Total Cost of Event **\$600.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 10/12/20	4. Number of Individuals Attending or Participating (whichever is greater) 52	5. Type of Fund Raising Activity Columbus Day Dinner	6. Address and Name (if any) of the place where the activity was held. Sajo's 36470 Moravian Dr. Clainton Twp., MI 48035 <input type="checkbox"/> Private Residence
---	---	--	--

7. Total Contributions **\$7,045.00**

8. Other Receipts **\$0.00**

9. Gross Receipts (Add lines 7 and 8) **\$7,045.00**

10. Total Cost of Event **\$599.97**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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