



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 139892		3. This Statement covers From: 10/19/20 to 11/23/20	
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		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 12/2/20	
Candidate Anthony G. Forlini Type or Print Name		Signature Date 12/2/20	



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>1,425.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$1,425.00</u>	(18.) \$ <u>\$93,429.52</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>\$1,425.00</u>	(20.) \$ <u>\$93,429.52</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>\$21,802.77</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>\$21,802.77</u>	(23.) \$ <u>\$81,089.73</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>\$32,717.56</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$1,425.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$34,142.56</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$21,802.77</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$12,339.79</u>	*



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139892

2. Committee Name CTE Anthony G Forlini

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/21/20</u> Name & Address: <u>Michelle Trosper</u> <u>8800 Continental Dr.</u> <u>Taylor, MI 48180</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>10/21/20</u> Name & Address: <u>Marvin Kiezi</u> <u>888 W. Big Beaver</u> <u>Troy, MI 48084</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>Self</u> Business Address <u>888 W. Big Beaver, Troy, MI 48084</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>10/26/20</u> Name & Address: <u>William Morrow</u> <u>45410 Nottingham Dr.</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: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/26/20</u> Name & Address: <u>Jeffrey Yaroach</u> <u>35545 Pound Rd.</u> <u>Richmond, MI 48062</u>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>State Representative</u> Employer <u>State of Michigan</u> Business Address <u>P.O. Box 30014, Lansing, MI 48909</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$850.00

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 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 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 11/03/20

Name & Address:

Dr. Keith Defever
4123 River Rd.
East China, MI 48054

\$ 25.00

\$ 25.00

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 11/03/20

Name & Address

Frank Lovasco
5541 Meadow Lane
Shelby Twp., MI 48316

\$ 100.00

\$ 450.00

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 #3 PAC Receipt? ☐ YES 4. Date of Receipt 11/09/20

Name & Address:

Kurt Broadbridge
45619 Thorn Tree Lane
Macomb, MI 48044

\$ 200.00

\$ 200.00

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

Occupation President Employer Spectrum Investment Holdings, LLC

[Click Here for Memo Itemization](#)

Business Address 440 Burroughs, Ste. 129, Detroit, MI 48202

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 11/20/20

Name & Address

Barbara Rossman
14836 N. Park Dr.
Shelby Twp., MI 48315

\$ 250.00

\$ 250.00

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

Occupation CEO Employer Henry Ford Macomb Hospitals

[Click Here for Memo Itemization](#)

Business Address 15855 19 Mile Rd., Clinton Twp., MI 48038

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

Page Subtotal \$575.00

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

\$1,425.00

Enter this total on
line 3a of Summary
Page.

**ITEMIZED EXPENDITURES**
SCHEDULE 1B
CANDIDATE COMMITTEE1. 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> ☐ Fund Raiser	Purpose: <u>Online Marketing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/20</u> Date	<u>\$ 500.00</u>
Expenditure #2 Name <u>America's Finest Printing</u> Address <u>17060 Masonic #401</u> <u>Fraser, MI 48026</u> ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/20</u> Date	<u>\$ 114.48</u>
Expenditure #3 Name <u>C & G Newspapers</u> Address <u>13650 11 Mile Rd.</u> <u>Warren, MI 48089</u> ☐ Fund Raiser	Purpose: <u>Print Advertising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/20</u> Date	<u>\$ 8077.50</u>
Expenditure #4 Name <u>America's Finest Printing</u> Address <u>17060 Masonic #401</u> <u>Fraser, MI 48026</u> ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/20</u> Date	<u>\$ 274.54</u>
Expenditure #5 Name <u>C & G Newspapers</u> Address <u>13650 11 Mile Rd.</u> <u>Warren, MI 48089</u> ☐ Fund Raiser	Purpose: <u>Print Advertising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/20</u> Date	<u>\$ 4988.89</u>

Subtotal this page

\$13,955.41Grand 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 American Conservative Union Address 1199 N Fairfax St. Alexandria, VA 22314 ☐ Fund Raiser	Purpose: <u>Advertising / Booth</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/20</u> Date	<u>\$ 150.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Google Address 1600 Amphitheatre Parkway Mountain View, CA 94043 ☐ Fund Raiser	Purpose: <u>Online Marketing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/20</u> Date	<u>\$ 500.00</u> Click Here for Memo Itemization Type
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>10/26/20</u> Date	<u>\$ 900.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name America's Finest Printing Address 17060 Masonic #401 Fraser, MI 48026 ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/20</u> Date	<u>\$ 274.54</u> Click Here for Memo Itemization Type
Expenditure #5 Name Constant Contact Address 1601 Trapelo Rd. Waltham, MA 02451 ☐ 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>10/29/20</u> Date	<u>\$ 125.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$1,949.54**
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> ☐ Fund Raiser	Purpose: <u>Online Marketing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/20</u> Date	<u>\$ 500.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>John's Family Grill</u> Address <u>304 Cass Ave.</u> <u>Mt Clemens, MI 48043</u> ☐ Fund Raiser	Purpose: <u>Food for Meeting</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/20</u> Date	<u>\$ 71.79</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>WXYZ / WMYD</u> Address <u>20777 W. 10 Mile Rd.</u> <u>Southfield, MI 48075</u> ☐ Fund Raiser	Purpose: <u>Television Advertising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/20</u> Date	<u>\$ 3000.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Google</u> Address <u>1600 Amphitheatre Parkway</u> <u>Mountain View, CA 94043</u> ☐ Fund Raiser	Purpose: <u>Online Marketing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/20</u> Date	<u>\$ 500.00</u> Click Here for Memo Itemization Type
Expenditure #5 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>11/02/20</u> Date	<u>\$ 900.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$4,971.79**
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>Triangle Printing</u> Address <u>30520 Gratiot Ave.</u> <u>Roseville, MI 48066</u> ☐ Fund Raiser	Purpose: <u>Printing Services</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/20</u> Date	<u>\$ 79.50</u>
Expenditure #2 Name <u>5 By 5 Design, LLC</u> Address <u>46653 Franks Ln.</u> <u>Shelby Twp., MI 48315</u> ☐ Fund Raiser	Purpose: <u>Website Design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/20</u> Date	<u>\$ 100.00</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>11/16/20</u> Date	<u>\$ 737.08</u>
Expenditure #4 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>11/20/20</u> Date	<u>\$ 9.45</u>
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 \$926.03
Grand Total of all Schedules 1B
(Complete on last page of Schedule) \$21,802.77

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
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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
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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.