



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

25 OCT 2022 PM 03:21

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 07/21/2022 to 10/20/2022

1. Committee I.D. Number

139892

4. Candidate Last Name First Name M.I.

FORLINI ANTHONY G

2. Committee Name

CTE ANTHONY G. FORLINI

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

CLERK/REGISTER OF DEEDS, MACOMB COUNTY

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

5. Committee's Mailing Address

**39285 N. BLOM
HARRISON TWP, MI 48045**

6. Treasurer's Name & Residential Address

**KENNETH VERKEST
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.

Area Code & Phone (586) 914-9944

7. Treasurer's Business Address

**39285 N. BLOM
HARRISON TWP, MI 48045**

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

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

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

- ☐ July Quarterly
☒ October Quarterly

9c. ☐ Annual Statement (2022)
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

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 lates fees or has any outstanding debt.

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2022

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2022



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>23,300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>23,300.00</u>	(18.) \$ <u>60,651.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>208.33</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>23,300.00</u>	(20.) \$ <u>60,859.33</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</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>7,412.40</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>7,412.40</u>	(23.) \$ <u>18,823.77</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>37,677.75</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>23,300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>60,977.75</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>7,412.40</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>53,565.35</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>09/12/2022</u>	
Name & Address: <u>JAMES TIGNANELLI</u> <u>8679 26 MILE RD</u> <u>#331</u> <u>WASHINGTON, MI 48094</u>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>POAM</u> Business Address <u>27056 JOY RD, REDFORD TWP, MI 48239</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2022</u>	
Name & Address: <u>NANCY TISEO</u> <u>16155 VISTA WOODS CT</u> <u>CLINTON TWP, MI 48038</u>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2022</u>	
Name & Address: <u>STEPHEN PANGORI</u> <u>8106 ROSEBUD LN</u> <u>CLARKSTON, MI 48348</u>		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>AEW</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/21/2022</u>	
Name & Address: <u>TODD SANKIEWICZ</u> <u>43544 WALKER ST</u> <u>CLINTON TWP, MI 48038</u>		\$ <u>450.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>DTE</u> Business Address <u>1 ENERGY PLAZA, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,050.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE ANTHONY G. FORLINI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2022</u> Name & Address: GORDON WILSON 49572 COMPASS POINT DR NEW BALTIMORE, MI 48047		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AEW</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2022</u> Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AEW</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2022</u> Name & Address: FLORENT MUYLAERT 27165 HICKORY HARRISON TOWNSHIP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2022</u> Name & Address: PAUL GLANTZ 300 GREY WOODS LN LAKE ANGELUS, MI 48326		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>303 MANAGEMENT INC</u> Business Address <u>3221 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 650.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE ANTHONY G. FORLINI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2022</u>	
Name & Address: ANTHONY FANELLI 50466 HEATHERWOOD LN SHELBY TWP, MI 48317		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF EMPLOYED</u> Business Address <u>50466 HEATHERWOOD LN, SHELBY TWP, MI 48317</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2022</u>	
Name & Address: LYNDA CICCHINI 38479 FOXCROFT BLVD HARRISON TWP, MI 48045		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIBRARIAN ASSISTANT</u> Employer <u>HARRISON TWP PUBLIC LIBRARY</u> Business Address <u>38255 LANSE CREUSE ST, STE A, HARRISON TWP, MI 48045</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2022</u>	
Name & Address: JULIE TURNER 40270 RYAN RD STERLING HEIGHTS, MI 48310		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SECRETARY</u> Employer <u>ROSEVILLE SCHOOLS</u> Business Address <u>16335 CHESTNUT ST, ROSEVILLE, MI 48066</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2022</u>	
Name & Address: TOM BRISSE 5400 GREAT FOSTERS DR ROCHESTER, MI 48306		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOSPITAL ADMINISTRATOR</u> Employer <u>MCLAREN MACOMB</u> Business Address <u>1000 HARRINGTON ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,150.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE ANTHONY G. FORLINI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2022</u>	
Name & Address: LISA FISTLER 33375 31 MILE RD NEW HAVEN, MI 48050		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>ALLERGAN</u> Business Address <u>33375 31 MILE RD, NEW HAVEN, MI 48050</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2022</u>	
Name & Address: THOMAS GIACHINO 2742 RHODES DR TROY, MI 48083		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>MTERO TECHNOLOGIES</u> Business Address <u>59 N WALNUT ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2022</u>	
Name & Address: BENJAMIN ALOIA 54439 WHITE SPRUCE LN SHELBY TWP, MI 48315		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ALOIA LAW</u> Business Address <u>48 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: JAMES CRESSWELL 32640 N RIVER RD HARRISON TWP, MI 48045		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>AMERICAN EDUCATION SYSTEMS</u> Business Address <u>14 BELLEVIEW ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,300.00

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 <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>10/05/2022</u>	
Name & Address: ROBERT WILLIAMS 41304 CONGER BAY DR HARRISON TWP, MI 48045		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: ROY SERA 47786 VAN DYKE AVE SHELBY TWP, MI 48317		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>GLENRIO CONSULTING</u> Business Address <u>47786 VAN DYKE AVE, SHELBY TWP, MI 48317</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/06/2022</u>	
Name & Address: HUSSEIN SMIDI 50349 KOSS DR MACOMB, MI 48044		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SMIDI DRUGS INC</u> Business Address <u>80850 MAIN ST, MEMPHIS, MI 48041</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/06/2022</u>	
Name & Address: LORENZO CAVALIERE 30078 SCHOENHERR RD STE 300 WARREN, MI 48088		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>CAVALIERE COMPANIES</u> Business Address <u>30078 SCHOENHERR RD, STE 300, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 3,000.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE ANTHONY G. FORLINI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2022</u>	
Name & Address: ROBERT CLANCY 52823 BASE ST NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>RCC</u> Business Address <u>9342 MARINE CITY HWY, CASCO, MI 48064</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2022</u>	
Name & Address: GUY RIZZO 65 MACOMB PL MT CLEMENS, MI 48043		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GTR COMPANIES</u> Business Address <u>65 MACOMB PL, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/08/2022</u>	
Name & Address: CLAUDIA MCCRACKIN 16556 COVINGTON DR CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS</u> Employer <u>EMERGENT HOLDINGS</u> Business Address <u>1000 TOWN CENTER, FLR 13, SOUTHFIELD, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2022</u>	
Name & Address: BRIAN PANNEBACKER 25984 MARITIME CIR S HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,400.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE ANTHONY G. FORLINI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/10/2022</u> Name & Address: THOMAS BARTZ 5975 WILLIAM DR BRANDON TWP, MI 48371		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>5975 WILLIAM DR, BRANDON TWP, MI 48371</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/10/2022</u> Name & Address: SCOTT ROBINSON 400 S FRANKLIN ST SAGINAW, MI 48607		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT & CEO</u> Employer <u>US IMAGING INC</u> Business Address <u>400 S FRANKLIN ST, SAGINAW, MI 48607</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/11/2022</u> Name & Address: DANIEL RUSSELL 17680 MAISONS DR CLINTON TWP, MI 48038		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/11/2022</u> Name & Address: CHRIS HOLSBEKE 68120 OMO RD NEW HAVEN, MI 48050		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>HOLSBEKE CONSTRUCTION</u> Business Address <u>239 N RIVER RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,700.00

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 <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>10/11/2022</u>	
Name & Address: STEPHANIE MONTOYA 21823 CHRISTENBURY CREEK BLVD MACOMB, MI 48044		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2022</u>	
Name & Address: KIM SAWYER 25950 DAYTON RD RICHMOND, MI 48062		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTRICAL CONTRACTOR</u> Employer <u>SAWYER SERVICES INC</u> Business Address <u>56851 GRATIOT AVE, NEW BALTIMORE, MI 48051</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/12/2022</u>	
Name & Address: LISA PUSZ 43651 VINTAGE OAKS DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/12/2022</u>	
Name & Address: RHEYANA KARJO 45869 LONE PINE LN MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COURT CLERK</u> Employer <u>MACOMB COUNTY CLERK/REGISTER OF DEEDS</u> Business Address <u>40 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,550.00**

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 <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>10/12/2022</u>	
Name & Address: VINCENZO MANZELLA 39999 GARFIELD RD CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>39999 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/2022</u>	
Name & Address: PATRICK HAGGERTY 38531 THORNWOOD DR HARRISON TWP, MI 48045		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/2022</u>	
Name & Address: NICHOLAS AIUTO 41100 CONGER BAY DR HARRISON TWP, MI 48045		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>NICK'S TOWING INC</u> Business Address <u>42870 WALNUT ST, CLINTON TWP, MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/2022</u>	
Name & Address: SHANE GIANINO 38340 TRILLIUM PL HARRISON TWP, MI 48045		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>PATHWAY STAFFING</u> Business Address <u>59 N WALNUT ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 450.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE ANTHONY G. FORLINI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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>10/13/2022</u>	
Name & Address: RON KLINGER 5592 STONEY PL N SHELBY TWP, MI 48316		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>AM SPECIALTIES, INC</u> Business Address <u>5985 WALL ST, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/2022</u>	
Name & Address: STEPHEN AUGER 3956 SHOSHONE CT OXFORD, MI 48370		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>AKA ARCHITECTS</u> Business Address <u>303 E 3RD ST, ROCHESTER, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/2022</u>	
Name & Address: JOHNATHON SWETECH 13359 BURNINGWOOD DR WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>SWETECH MEDICAL CENTER</u> Business Address <u>43600 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/2022</u>	
Name & Address: JEFF HOHLFELDT 1583 N RENAUD RD GROSSE POINTE WOODS, MI 48236		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>NORTHERN INDUSTRIAL MFG</u> Business Address <u>41000 EXECUTIVE DR, HARRISON TWP, MI 48045</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,500.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE ANTHONY G. FORLINI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/13/2022</u>	
Name & Address: DANIEL FELSTOW 49892 SCHOONER CT NEW BALTIMORE, MI 48047		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>UHY</u> Business Address <u>49892 SCHOONER CT, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: GIOVANNI ORLANDO 15921 WHITE WATER DR MACOMB, MI 48042		\$ <u>350.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BRICKLAYER</u> Employer <u>AMC MASONRY</u> Business Address <u>15921 WHITE WATER DR, MACOMB, MI 48042</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: KEITH MASSERANT 7676 STRONG RD BERLIN TWP, MI 48166		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>MID AMERICAN GROUP</u> Business Address <u>8475 PORT SUNLIGHT RD, BERLIN TWP, MI 48166</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: GASPER RANDAZZO 6627 POND DR WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>RANDAZZO HEATING AND COOLING</u> Business Address <u>51327 QUADRATE DR, MACOMB, MI 48042</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,000.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE ANTHONY G. FORLINI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: ISABELL MELDRUM 521 RUSKIN AVE ALGONAC, MI 48001		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: JEREMY LONESKE 12755 PARTRIDGE RUN SHELBY TWP, MI 48315		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>GM</u> Business Address <u>GM TECH CENTER RD, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: ROB HUTH 19500 HALL RD STE 100 CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK, HUTH, LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, STE 100, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: BOB KIRK 19500 HALL RD STE 100 CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, STE 100, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,100.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE ANTHONY G. FORLINI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: SAM KASSAB 3910 COACHWOOD LN ROCHESTER HILLS, MI 48309		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GUARDIAN ANGEL HOME CARE</u> Business Address <u>1715 NORTHFIELD DR, ROCHESTER HILLS, MI 48309</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: MICHAEL DEVAULT 7910 WALTERS RD LAINGSBURG, MI 48848		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERINTENDENT</u> Employer <u>MISD</u> Business Address <u>44001 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: ARTHUR REAUME 8070 21 MILE RD SHELBY TWP, MI 48317		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>REAUME INSURANCE AGENCY</u> Business Address <u>8070 21 MILE RD, SHELBY TWP, MI 48317</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: RAYMOND CONFER 12119 FOREST GLEN LN SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>C & J PARKING LOT SWEEPING</u> Business Address <u>2200 E 10 MILE RD, WARREN, MI 48091</u> 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? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: RENATO MELIA 3520 FOX HILL DR STERLING HEIGHTS, 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: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: COLETTA MELIA 3520 FOX HILL DR STERLING HEIGHTS, 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: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: RALPH MACCARONE 13921 BASILISCO CHASE DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>13921 BASILISCO CHASE DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: RICHARD VEIHL 1416 SOUTHBOUND GRATIOT AVE MT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>VEIHL CONSULTING GROUP</u> Business Address <u>1416 SOUTHBOUND GRATIOT AVE, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

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 <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>10/14/2022</u>	
Name & Address: ROBERT MONTILLA 13848 WOODSETT CT SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM CONSULTANT</u> Employer <u>GENERAL MOTORS</u> Business Address <u>TECH CENTER RD, Warren, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: STEFANO DEANGELO 19799 YVONNE 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: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: KEITH HIRVONEN 951 CRICKET COVE DR TROY, MI 48084		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: LAWRENCE SCOTT 12900 HALL RD STE 350 STERLING HEIGHTS, MI 48313		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>O'REILLY RANCILIO P.C.</u> Business Address <u>12900 HALL RD, STE 350, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE ANTHONY G. FORLINI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2022</u>	
Name & Address: VINCENZO CIRAULO 53425 PONDVIEW DR SHELBY TWP, MI 48315		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>CIRAULO BROS. BUILDING</u> Business Address <u>53425 PONDVIEW DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2022</u>	
Name & Address: JOSEPH ORAM 2187 ORCHARD LAKE RD WEST BLOOMFIELD, MI 48320		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>5 STAR OUTDOOR</u> Business Address <u>P. O. BOX 252755, WEST BLOOMFIELD, MI 48325</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2022</u>	
Name & Address: CATHERINE DEDECKER 29218 COTTON RD NEW BALTIMORE, MI 48047		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SURVEYOR</u> Employer <u>SPALDING DEDECKER ASSOCIATES</u> Business Address <u>905 E SOUTH BLVD, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2022</u>	
Name & Address: ALICIA ST GERMAINE 38252 MAST ST HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>AFLAC</u> Business Address <u>38252 MAST ST, HARRISON TWP, MI 48045</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,800.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE ANTHONY G. FORLINI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2022</u>	
Name & Address: LISA NOWC-VALERIO 20761 MARVINDALE ST CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2022</u>	
Name & Address: JAMES NOWC 20761 MARVINDALE ST CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2022</u>	
Name & Address: GIUSEPPE BIONDO 15907 WHITE WATER DR MACOMB, MI 48042		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY TREASURER</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MOUNT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2022</u>	
Name & Address: LINDA BURNS TORP 38870 RYAN CT HARRISON TOWNSHIP, MI 48045		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE ANTHONY G. FORLINI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2022</u>	
Name & Address: STEPHEN SWETECH 43868 SCOTER LN CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>SWETECH MEDICAL CENTER</u> Business Address <u>43600 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

150.00

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

23,300.00

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 MICHIGAN ACCORDION SOCIETY Address 37365 HANSON DR STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: ENTERTAINMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2022 Date	\$ 250.00
Expenditure #2 Name MICHELLE JOHNSON Address 32 MARKET ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: REIMBURSEMENT FOR FOOD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/08/2022 Date	\$ 122.52
Expenditure #3 Name KATHY SMITH Address 32 MARKET ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: REIMBURSEMENT FOR DECORATIONS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/17/2022 Date	\$ 231.16
Expenditure #4 Name LISA BROWN Address 32 MARKET ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: REIMBURSEMENT FOR COFFEE CUPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2022 Date	\$ 105.00
Expenditure #5 Name SHUTTERSTOCK Address 350 5TH AVE NEW YORK, NY 10118 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2022 Date	\$ 49.00

Subtotal this page

757.68

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 EZTEXTING Address 1410 2ND ST STE 200 SANTA MONICA, CA 90401 ☒ Fund Raiser	Purpose: <u>MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/2022</u> Date	\$ <u>36.25</u>
Expenditure #2 Name CONSTANT CONTACT Address 1601 TRAPELO RD WALTHAM, MA 02451 ☒ Fund Raiser	Purpose: <u>MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/2022</u> Date	\$ <u>131.17</u>
Expenditure #3 Name AMERICAS FINEST PRINTING Address 17060 MASONIC #401 FRASER, MI 48026 ☒ Fund Raiser	Purpose: <u>PRINTING INVITATIONS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/2022</u> Date	\$ <u>94.34</u>
Expenditure #4 Name REC BOWL Address 40 CROCKER BLVD MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>FOOD FOR MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/2022</u> Date	\$ <u>81.35</u>
Expenditure #5 Name EZTEXTING Address 1410 2ND ST STE 200 SANTA MONICA, CA 90401 ☒ Fund Raiser	Purpose: <u>MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/2022</u> Date	\$ <u>49.00</u>

Subtotal this page

392.11

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 CARLO'S PIZZA Address 28370 S RIVER RD HARRISON TWP, MI 48045 ☐ Fund Raiser	Purpose: <u>FOOD FOR MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2022</u> Date	\$ <u>73.99</u>
Expenditure #2 Name CONSTANT CONTACT Address 1601 TRAPELO RD WALTHAM, MA 02451 ☒ Fund Raiser	Purpose: <u>MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2022</u> Date	\$ <u>125.00</u>
Expenditure #3 Name COLUMBUS DAY CELEBRATION COMMITTEE Address 43843 ROMEO PLANK RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>DONATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/2022</u> Date	\$ <u>360.00</u>
Expenditure #4 Name UNITED COUNTY OFFICERS ASSOCIATION Address 32 MARKET ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>CONFERENCE DUES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/2022</u> Date	\$ <u>40.00</u>
Expenditure #5 Name EZTEXTING Address 1410 2ND ST STE 200 SANTA MONICA, CA 90401 ☒ Fund Raiser	Purpose: <u>MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/2022</u> Date	\$ <u>84.72</u>

Subtotal this page

683.71

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 ☒ Fund Raiser	Purpose: <u>FOOD AND BEVERAGES FOR FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/2022</u> Date	\$ <u>5,047.00</u>
Expenditure #2 Name WINRED Address 1776 WILSON BLVD STE 530 ARLINGTON, VA 22209 ☐ Fund Raiser	Purpose: <u>FUNDRAISING EXPENSE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/2022</u> Date	\$ <u>531.90</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **5,578.90**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **7,412.40**

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 DR HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/20/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 250.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>250.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

250.00

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

250.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.