



FILED

30 JAN 2024 AM 01:29

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: 10/21/2023 to 12/31/2023

1. Committee I.D. Number

**139892**

4. Candidate Last Name

First Name

M.I.

**FORLINI**

**ANTHONY**

**G**

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

**CLERK/REGISTER OF DEEDS, MACOMB COUNTY**

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

2. Committee Name

**CTE ANTHONY G. FORLINI**

5. Committee's Mailing Address

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

Area Code and Phone (586) 275-7703  
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

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  
  
\_\_\_\_\_

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

- ☐ July Quarterly  
☐ October Quarterly

9c. ☒ Annual Statement (2023 )  
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 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

**01/30/2024**

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

**01/30/2024**



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<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>1,900.00</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>1,900.00</u>       | (18.) \$ <u>97,050.50</u>                   |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>208.33</u>                      |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>1,900.00</u>        | (20.) \$ <u>97,258.83</u>                   |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 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>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>387.00</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>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>387.00</u>          | (23.) \$ <u>29,854.43</u>                   |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>250.00</u>        |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>77,421.19</u>      |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>1,900.00</u>     |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>79,321.19</u>    |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>387.00</u>       |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>78,934.19</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? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/06/2023</u> |                                                                                 |
| Name & Address:<br><b>QUIRINO D'ALESSANDRO</b><br><b>28117 GROESBECK HWY</b><br><b>ROSEVILLE, MI 48066</b>                                                                                                                                                                                                                                    |                                           | \$ <u>1,000.00</u>                   | \$ <u>3,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>LANZO CONSTRUCTION</u><br>Business Address <u>28135 GROESBECK HWY, ROSEVILLE, MI 48066</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser        |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/29/2023</u> |                                                                                 |
| Name & Address:<br><b>JAMAL SAGE</b><br><b>10 CABRI LN</b><br><b>DEARBORN HEIGHTS, MI 48127</b>                                                                                                                                                                                                                                               |                                           | \$ <u>400.00</u>                     | \$ <u>400.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>SAJOS INVESTMENT GROUP LLC</u><br>Business Address <u>10 CABRI LN, DEARBORN HEIGHTS, MI 48127</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>12/20/2023</u> |                                                                                 |
| Name & Address:<br><b>SALVATORE CAVALIERE</b><br><b>45673 HEATHER RIDGE DR</b><br><b>MACOMB, MI 48044</b>                                                                                                                                                                                                                                     |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>BUILDER</u> Employer <u>SELF</u><br>Business Address <u>45673 HEATHER RIDGE DR, MACOMB, MI 48044</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                    |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address<br>_____<br>_____                                                                                                                                                                                                                                                                                                              |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                        |                                           |                                      |                                                                                 |

Page Subtotal

**1,900.00**

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

**1,900.00**

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<br>Name <b>CONSTANT CONTACT</b><br><br>Address<br><b>1601 TRAPELO RD</b><br><b>WALTHAM, MA 02451</b><br><br><input type="checkbox"/> Fund Raiser                            | Purpose: <b>MARKETING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>11/06/2023</b><br>Date | \$ <b>145.00</b> |
| Expenditure #2<br>Name <b>EZTEXTING</b><br><br>Address<br><b>1410 2ND ST</b><br><b>STE 200</b><br><b>SANTA MONICA, CA 90401</b><br><br><input type="checkbox"/> Fund Raiser                | Purpose: <b>MARKETING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>11/14/2023</b><br>Date | \$ <b>36.00</b>  |
| Expenditure #3<br>Name <b>CONSTANT CONTACT</b><br><br>Address<br><b>1601 TRAPELO RD</b><br><b>WALTHAM, MA 02451</b><br><br><input type="checkbox"/> Fund Raiser                            | Purpose: <b>MARKETING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>12/05/2023</b><br>Date | \$ <b>10.00</b>  |
| Expenditure #4<br>Name <b>COLUMBUS DAY CELEBRATION COMMITTEE</b><br><br>Address<br><b>43843 ROMEO PLANK RD</b><br><b>CLINTON TWP, MI 48038</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>DONATION</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  | <b>12/07/2023</b><br>Date | \$ <b>60.00</b>  |
| Expenditure #5<br>Name <b>EZTEXTING</b><br><br>Address<br><b>1410 2ND ST</b><br><b>STE 200</b><br><b>SANTA MONICA, CA 90401</b><br><br><input type="checkbox"/> Fund Raiser                | Purpose: <b>MARKETING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>12/14/2023</b><br>Date | \$ <b>36.00</b>  |

Subtotal this page

**287.00**

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<br>Name <b>MACOMB COUNTY CLERK</b><br><br>Address<br><b>32 MARKET ST</b><br><b>MT CLEMENS, MI 48043</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>FILING FEE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>12/28/2023</b><br>Date | \$ <b>100.00</b> |
| Expenditure #2<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                              | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement             | _____<br>Date             | \$ _____         |
| Expenditure #3<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                              | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement             | _____<br>Date             | \$ _____         |
| Expenditure #4<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                              | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement             | _____<br>Date             | \$ _____         |
| Expenditure #5<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                              | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement             | _____<br>Date             | \$ _____         |

Subtotal this page **100.00**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **387.00**

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.<br><br>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)<br>5. Indicate date debt was incurred<br>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<br>Owed to or by:<br><b>ANTHONY G FORLINI</b><br><b>41270 CONGER BAY DR</b><br><b>HARRISON TWP, MI 48045</b>                                                                                                                      | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>07/20/2020</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>250.00</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>250.00</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                          |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                 | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____                           | \$<br>\$<br>\$<br>\$<br>\$         | \$ _____                              | \$ _____<br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                          |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                 | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____                           | \$<br>\$<br>\$<br>\$<br>\$         | \$ _____                              | \$ _____<br><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.**