MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
14 FEB 2024 PM 04:11
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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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
140291

2. Committee Name
CTE CHRISTINA HINES

4. Candidate Last Name: HINES First Name: CHRISTINA M.I.

4a. Office Sought Including District # or Community Served (If applicable)
PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address
P O BOX 1251
WARREN, MI 48090

Area Code and Phone (586) 298-2589
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
KYLE JOHNSON
4829 LA CHENE DRIVE
WARREN, MI 48092

Area Code & Phone (317) 416-8316

7. Treasurer's Business Address
4829 LA CHENE DRIVE
WARREN, MI 48092

Area Code and Phone (317) 416-8316

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
TARA WEST
857 CLIFFORD AVENUE SE
GRAND RAPIDS, MI 49546

Area Code and Phone (616) 915-8438

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 oustanding assets, owes no lates fees or has any oustanding 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 _____ / _____ Submitted electronically, signature on file Date 02/14/2024
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 02/14/2024
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

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 11/15/2023

Name & Address:
MELISSA SEXTON
748 MOORLAND DR
GROSSE POINTE WOODS, MI 48236

$ 25.00 $ 225.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11/15/2023

Name & Address
STACEY FISCHER LEWIS
16734 FOREST AVE
EASTPOINTE, MI 48021

$ 75.00 $ 75.00

5. If over $100.00 cumulative, please provide:

Occupation CLIENT SERVICE SPECIALIST Employer RAYMOND JAMES AND ASSOC

Business Address _____

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

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3. Contribution # 3 PAC Receipt? ☑ YES 4. Date of Receipt 11/15/2023

Name & Address:
HERTEL FOR MICHIGAN
22401 LAVON ST
ST CLAIR SHORES, MI 48081

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 11/15/2023

Name & Address
DEBBIE MCNERLIN
39910 MAZUCHET DR
HARRISON TWP, MI 48045

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

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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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140291

2. Committee Name CTE CHRISTINA HINES

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: BRIAN VOGAL 22500 ST CLAIR DR ST CLAIR SHORES, MI 48081 **If over $100.00 cumulative, please provide:** Occupation: OWNER Employer Name & Business Address: FIREHOUSE PUB 23018 GREATER MACK AVE, ST CLAIR SHORES, MI 48080 ☑ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☑ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description FOOD FOR 11/15 FUNDRAISER EVENT 5. Date Of Receipt: 11/15/2023 6. **Vendor Name & Address:**	$ 130.00	$ 130.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address OLU JABARI 8705 TEXAS CT WARREN, MI 48093 **If over $100.00 cumulative, please provide:** Occupation: OWNER Employer Name & Address: JABARI'S MARTIAL ARTS ACADEMY 43710 SCHOENHERR RD, STERLING HEIGHTS, MI 48313 ☑ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☑ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description COST OF SPACE RENTED FOR FUNDRAISER 5. Date Of Receipt: 11/29/2023 6. **Vendor Name & Address:**	$ 300.00	$ 350.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description _____ 5. Date Of Receipt: _____ 6. **Vendor Name & Address:** Click Here for Memo Itemization	$ _____	$ _____
	Page Subtotal	430.00	480.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	430.00	

Enter this total on line 6 of Summary Page