



FILED

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MACOMB COUNTY CLERK
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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: 07/22/2024 to 08/26/2024

1. Committee I.D. Number

140291

4. Candidate Last Name First Name M.I.

HINES CHRISTINA

2. Committee Name

CTE CHRISTINA HINES

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**

6. Treasurer's Name & Residential Address

**TARA WEST
857 CLIFFORD AVENUE SE
GRAND RAPIDS, MI 49546**

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.

Area Code & Phone (616) 915-8438

7. Treasurer's Business Address

**857 CLIFFORD AVENUE SE
GRAND RAPIDS, MI 49546**

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

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

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

Date of Election, Convention or Caucus

08/06/2024

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 _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

09/05/2024

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

09/05/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140291

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE CHRISTINA HINES

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>32,531.31</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>32,531.31</u>	(18.) \$ <u>224,773.67</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>32,531.31</u>	(20.) \$ <u>224,773.67</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,990.94</u>	(21.) \$ <u>10,799.29</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>10,662.20</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>10,662.20</u>	(23.) \$ <u>109,375.86</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>0.00</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>93,528.70</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>32,531.31</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>126,060.01</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>10,662.20</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>115,397.81</u> *	



**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 <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>07/22/2024</u> Name & Address: KAREN DEVECSERY 14772 LL ROAD WETMORE, MI 49895		\$ <u>10.00</u>	\$ <u>495.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/22/2024</u> Name & Address: FRANK FREDERICK 740 DRIFTWOOD AVE ROCHESTER HILLS, MI 48307		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/22/2024</u> Name & Address: ALICE JENNINGS-EDWARD 495 LODGE DR DETROIT, MI 48214		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>EDWARDS & JENNINGS, PC</u> Business Address <u>495 LODGE DR, DETROIT, MI 48214</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/22/2024</u> Name & Address: GARY CYNOWA 45451 FIELDING ST. MACOMB TWP., MI 48042		\$ <u>25.00</u>	\$ <u>754.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 235.00

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

Enter this total on
line 3a of Summary
Page.



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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 <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>07/22/2024</u> Name & Address: CLARICE SQUILLACE 14816 MAYVIEW CT SHELBY TWP, MI 48315		\$ <u>25.00</u>	\$ <u>56.00</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>07/22/2024</u> Name & Address: IDEN BAGHDADCHI 1971 RODNEY DR #303 LOS ANGELES, CA 90027		\$ <u>25.00</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>07/23/2024</u> Name & Address: LISA SIMMS 30221 BRADMORE RD WARREN, MI 48092		\$ <u>10.00</u>	\$ <u>10.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: STEVEN M KAPLAN 6823 POST OAK DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>WEST BLOOMFIELD</u> Business Address <u>4550 WALNUT LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 260.00

Grand Total of All Schedules 1A
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**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 <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>07/24/2024</u> Name & Address: STEVEN M KAPLAN 6823 POST OAK DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>400.00</u>	\$ <u>1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>WEST BLOOMFIELD</u> Business Address <u>4550 WALNUT LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>5.00</u>	\$ <u>104.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: LUIGI GJOKAJ 21723 RAYMOND ST ST CLAIR SHORES, MI 48082		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: CY ABDO 42550 GARFIELD RD 104A CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>17797 CANVASBACK DR, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 655.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/25/2024</u>	
Name & Address: REOLA HAMMOND 17325 SPRENGER AVE EASTPOINTE, MI 48021		\$ <u>25.00</u>	\$ <u>25.00</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>07/27/2024</u>	
Name & Address: EMILY BUSCH 97 DENNISON ST OXFORD, MI 48371		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/28/2024</u>	
Name & Address: CYNTHIA DENARDIS 36664 RIDGECROFT DR STERLING HEIGHTS, MI 48312		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2024</u>	
Name & Address: MARSHALL E GOLDBERG 615 GRISWOLD STE. 1120 DETROIT, MI 48226		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>615 GRISWOLD ST, STE. 1120, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 375.00

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**ITEMIZED CONTRIBUTIONS
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2. Committee Name CTE CHRISTINA HINES

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2024</u>	
Name & Address: NORRINE A NEVILLE 22464 VIRGINIA AVE EASTPOINTE, MI 48021		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2024</u>	
Name & Address: ANN MCMILLAN 30073 LORRAINE AVE WARREN, MI 48093		\$ <u>10.00</u>	\$ <u>1,140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2024</u>	
Name & Address: RENEE CHELIAN 5719 BLOOMFIELD GLENS RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>NORTHLAND FAMILY PLANNING CLINIC</u> Business Address <u>35000 FORD RD, WESTLAND, MI 48185</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2024</u>	
Name & Address: MICHAEL OSWALT 2235 YORKTOWN DR ANN ARBOR, MI 48105		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **180.00**

Grand Total of All Schedules 1A
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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>07/31/2024</u>	
Name & Address: NANCY IVERS 35917 FIERIMONTE DR CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/31/2024</u>	
Name & Address: DEBRA DOROSH 44188 RINA LN CLINTON TWP, MI 48038		\$ <u>30.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/31/2024</u>	
Name & Address: REOLA HAMMOND 17325 SPRENGER AVE EASTPOINTE, MI 48021		\$ <u>30.00</u>	\$ <u>55.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/31/2024</u>	
Name & Address: MONICA FOREST 54503 BERRYFIELD DR MACOMB, MI 48042		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **185.00**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/31/2024</u> Name & Address: SALLY KENNEY 215 SE 8TH AVE FORT LAUDERDALE, FL 33301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>TULANE UNIVERSITY</u> Business Address <u>6823 ST CHARLES AVE, NEW ORLEANS, LA 70118</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/31/2024</u> Name & Address: ANTHONY CAMPBELL 5736 STONEY PL S SHELBY TWP, MI 48316		\$ <u>9.31</u>	\$ <u>20.52</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>08/01/2024</u> Name & Address: ANGELE B SMITH 38562 PALM MEADOW DR CLINTON TWP, MI 48036		\$ <u>30.00</u>	\$ <u>30.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/01/2024</u> Name & Address: LORETTA LORENZO 29601 JEFFERSON AVE ST CLAIR SHORES, MI 48082		\$ <u>25.00</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			

Page Subtotal **164.31**

Grand Total of All Schedules 1A
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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>08/01/2024</u> Name & Address: DANIEL MAJHAN 11265 ANNA LISA DR STERLING HEIGHTS, MI 48312		\$ <u>10.00</u>	\$ <u>10.00</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>08/02/2024</u> Name & Address: BRIAN JENNINGS 4924 KELSCH LN UNIT 1 CINCINNATI, OH 45227		\$ <u>15.00</u>	\$ <u>210.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIRE FIGHTER</u> Employer <u>CITY OF DAYTON</u> Business Address <u>4118 W THIRD ST, DAYTON, OH 45213</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/02/2024</u> Name & Address: GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092		\$ <u>10.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MENTAL HEALTH ADMINISTRATOR</u> Employer <u>EDMENTUM</u> Business Address <u>4753 STILWELL DR, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/03/2024</u> Name & Address: SUZANNE VITALE 36124 ST CLAIR DR NEW BALTIMORE, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VOLUNTEER</u> Employer <u>NEW BALTIMORE HISTORICAL SOCIETY</u> Business Address <u>51065 WASHINGTON ST., NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 285.00

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line 3a of Summary
Page.



**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 <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>08/03/2024</u> Name & Address: KENNETH P JENKINS 46385 WHITE CAP DR MACOMB, MI 48044		\$ <u>10.00</u>	\$ <u>20.00</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>08/03/2024</u> Name & Address: GARY CYNOWA 45451 FIELDING ST. MACOMB TWP., MI 48042		\$ <u>100.00</u>	\$ <u>854.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/03/2024</u> Name & Address: ROBERT SPADA 33314 JEFFERSON AVE ST CLAIR SHORES, MI 48082		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>430 W ALLEGAN ST, 4TH FLOOR, Lansing, MI 48918</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/03/2024</u> Name & Address: ERIC JACKSON 22615 THOMSON ST CLINTON TWP, MI 48035		\$ <u>100.00</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 460.00

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

Enter this total on
line 3a of Summary
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**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 <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>08/03/2024</u>	
Name & Address: NANCY L ENTWISTLE 49587 BISHOP CT. SHELBY TOWNSHIP, MI 48315		\$ <u>30.00</u>	\$ <u>30.00</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>08/03/2024</u>	
Name & Address: LINDA M PIDUTTI 37649 CHARTER OAKS BOULEVARD CLINTON TOWNSHIP, MI 48036		\$ <u>30.00</u>	\$ <u>105.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/03/2024</u>	
Name & Address: MARTHA O'KRAY 49849 HIDDEN VALLEY DR. MACOMB, MI 48044		\$ <u>30.00</u>	\$ <u>30.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/03/2024</u>	
Name & Address: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <u>30.00</u>	\$ <u>319.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 120.00

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

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

1. Committee I.D. Number 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 <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>08/03/2024</u> Name & Address: SHERRY BOSCHERT 337 MT SUPPORT RD LEBANON, NH 03766		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/03/2024</u> Name & Address: JOAN MEIER 42 COLUMBIA AVE TAKOMA PARK, MD 20912		\$ <u>30.00</u>	\$ <u>30.00</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>08/03/2024</u> Name & Address: JUDY L HARTWELL 25921 MARITIME CIR S HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>280.00</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>08/04/2024</u> Name & Address: BIRDIE NASH 29484 ASHLAND AVE #103 HARRISON TWP, MI 48045		\$ <u>30.00</u>	\$ <u>185.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 260.00

Grand Total of All Schedules 1A
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**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 <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>08/04/2024</u> Name & Address: KAREN A DEBGUPTA 44536 N BUNKER HILL DR CLINTON TWP, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>30.00</u>	\$ <u>145.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/04/2024</u> Name & Address: KENRICK AYLESWORTH 5789 MEADOWVIEW ST YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>STMICROELECTRONICS</u> Business Address <u>19111 VICTOR PKWY, LIVONIA, MI 48152</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>750.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/05/2024</u> Name & Address: LEO R LALONDE 24801 ROSALIND AVE EASTPOINTE, MI 48021 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		\$ <u>100.00</u>	\$ <u>305.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/05/2024</u> Name & Address: CAROLE BANNISTER 18877 HIGHLITE DR. S. CLINTON TOWNSHIP, MI 48035 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>440.00</u>

Page Subtotal 280.00

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

1. Committee I.D. Number 140291
2. Committee Name CTE CHRISTINA HINES

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/05/2024</u> Name & Address: MARY MATA CZYNSKI 28572 ASPEN DR WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>45.23</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/05/2024</u> Name & Address: BRYAN R PADGETT 48787 PINEBROOK DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER P.C.</u> Business Address <u>32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/05/2024</u> Name & Address: THERESA A BODWIN 954 ALBERTA ST FERNDAL E, MI 48220 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER P.C.</u> Business Address <u>32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>400.00</u>	\$ <u>400.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/05/2024</u> Name & Address: CRISTY M DEVOS 500 PARK AVE. ROYAL OAK, MI 48067 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER P.C.</u> Business Address <u>32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>300.00</u>	\$ <u>300.00</u>

Page Subtotal

1,225.00

Grand Total of All Schedules 1A
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**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 <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>08/05/2024</u>	
Name & Address: SHAUN NEAL 18521 SUNFLOWER DR BROWNSTOWN TWP, MI 48173		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER P.C.</u> Business Address <u>32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2024</u>	
Name & Address: JOSHUA CHRISTOPHER 36663 HEATHERTON DR FARMINGTON, MI 48335		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER P.C.</u> Business Address <u>32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2024</u>	
Name & Address: KRISTINA MACIONSKI 5198 WHISPERING OAK LN WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER P.C.</u> Business Address <u>32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2024</u>	
Name & Address: DANIELLE DEPRIEST 3912 TYLER AVE BERKLEY, MI 48072		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER P.C.</u> Business Address <u>32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

1,400.00

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

1. Committee I.D. Number 140291
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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>08/05/2024</u>	
Name & Address: KYLE WARWICK 13146 ELGIN AVE HUNTINGTON WOODS, MI 48070		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER P.C.</u> Business Address <u>32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2024</u>	
Name & Address: COLIN B MACBETH 6779 CRESTWAY DR BLOOMFIELD HILLS, MI 48301		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER P.C.</u> Business Address <u>32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2024</u>	
Name & Address: MICHAEL CALDWELL 4221 WARRINGTON DR WIXOM, MI 48393		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER P.C.</u> Business Address <u>32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2024</u>	
Name & Address: DANIEL J MCCARTHY 6794 RETREAT WEST BLOOMFIELD, MI 48322		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER P.C.</u> Business Address <u>32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

1,500.00

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

1. Committee I.D. Number 140291
2. Committee Name CTE CHRISTINA HINES

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2024</u>	
Name & Address: NICOLE WRIGHT 47540 MANORWOOD DR NORTHVILLE, MI 48168		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER P.C.</u> Business Address <u>32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2024</u>	
Name & Address: JULIAN J HEIDENREICH 1575 COIT AVE NE APT. 2 GRAND RAPIDS, MI 49505		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER P.C.</u> Business Address <u>146 MONROE CENTER ST NW, STE. 805, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2024</u>	
Name & Address: ARTHUR A POST 971 N OXFORD RD GROSSE POINTE, MI 48236		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER P.C.</u> Business Address <u>32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2024</u>	
Name & Address: MARK J ZAUSMER 2298 LOCKLIN LN WEST BLOOMFIELD, MI 48324		\$ <u>1,350.00</u>	\$ <u>1,350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZAUSMER P.C.</u> Business Address <u>32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,400.00

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

1. Committee I.D. Number 140291
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/05/2024</u> Name & Address: MARK BREWER 37414 STONEGATE CIR CLINTON TWP, MI 48036		\$ <u>2,500.00</u>	\$ <u>5,600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GOODMAN ACKER</u> Business Address <u>17000 W 10 MILE RD, 2ND FLOOR, SOUTHFIELD, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/05/2024</u> Name & Address: HUWAIDA ARRAF 45836 EDEN DR MACOMB, MI 48044		\$ <u>30.00</u>	\$ <u>55.00</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>08/05/2024</u> Name & Address: NICK CIARAMITARO 19473 CANDLELIGHT ST ROSEVILLE, MI 48066		\$ <u>500.00</u>	\$ <u>1,500.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/05/2024</u> Name & Address: SARAH SULLIVANT 470 COLA BALLENA #F ALAMEDA, CA 94501		\$ <u>7.00</u>	\$ <u>597.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANALYST</u> Employer <u>US EPA</u> Business Address <u>2000 TRAVERWOOD DR, ANN ARBOR, MI 48105</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **3,037.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/05/2024</u> Name & Address: SCOTT LAUFER 17007 SMUGGLERS COVE ST CHARTER TWP OF CLINTON, MI 48038		\$ <u>5.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHEF</u> Employer <u>ZUCCARO'S CATERING</u> Business Address <u>CHARTER TWP OF CLINTON, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/05/2024</u> Name & Address: PHYLLIS SMITH 28726 HIDDEN TRAIL FARMINGTON, MI 48331		\$ <u>25.00</u>	\$ <u>1,375.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/05/2024</u> Name & Address: HECTOR RODRIGUEZ 3200 HUDDLESTONE DR 203 RALEIGH, NC 27612		\$ <u>10.00</u>	\$ <u>410.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BIOSTATISTICIAN</u> Employer <u>PPD</u> Business Address <u>3200 HUDDLESTONE DR, RALEIGH, NC 27612</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/07/2024</u> Name & Address: FLORENCE M HAYMAN 53540 GRACE DR NEW BALTIMORE, MI 48047		\$ <u>30.00</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			

Page Subtotal 70.00

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

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line 3a of Summary
Page.



**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 <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>08/07/2024</u> Name & Address: CHERYL K KRYSIAK 65 KENDRICK ST MT CLEMENS, MI 48043		\$ <u>30.00</u>	\$ <u>55.00</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>08/07/2024</u> Name & Address: NANCY BACKHURST 275 RIVERSIDE DRIVE CLINTON TOWNSHIP, MI 48036		\$ <u>30.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/08/2024</u> Name & Address: SHARON ROSE 28359 ALINE DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOTHERAPIST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>28359 ALINE DR, WARREN, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/08/2024</u> Name & Address: SOFIA NELSON 14652 GRANDMONT AVE DETROIT, MI 48227		\$ <u>1,000.00</u>	\$ <u>1,385.33</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>NEIGHBORHOOD DEFENDER SERVICE OF DETROIT</u> Business Address <u>1333 BREWERY PARK BLVD, STE. 350, DETROIT, MI 48207</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,160.00**

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

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**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 <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>08/08/2024</u> Name & Address: NANCY OREWYLER 50065 JEFFERSON CHESTERFIELD, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</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>08/08/2024</u> Name & Address: VINCENZO NESTICO 51420 WASHINGTON ST NEW BALTIMORE, MI 48047		\$ <u>30.00</u>	\$ <u>30.00</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>08/08/2024</u> Name & Address: JENNIFER LEHRER 46793 TWIN CITY TRAIL MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>UCS</u> Business Address <u>46793 TWIN CITY TRAIL, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/08/2024</u> Name & Address: CLARE ALLENSON 1518 18TH ST DETROIT, MI 48216		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTING</u> Employer <u>ACTIVATE DETROIT</u> Business Address <u>1518 18TH ST, DETROIT, MI 48216</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 405.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**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 <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>08/08/2024</u>	
Name & Address: BARBARA GECK 39526 WALDORF DR CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>705.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/08/2024</u>	
Name & Address: MELODY MAGEE 25800 TIMBERLINE DR WARREN, MI 48091		\$ <u>25.00</u>	\$ <u>275.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TALENT OFFICER</u> Employer <u>CAREER FOCUS CONSULTING</u> Business Address <u>25800 TIMBERLINE DR, WARREN, MI 48091</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/09/2024</u>	
Name & Address: CHRISTINA HWANG 17914 MAPLE HILL DR NORTHVILLE, MI 48168		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAL TECHNOLOGIST</u> Employer <u>TRINITY HEALTH LIVONIA</u> Business Address <u>36475 W FIVE MILE ROAD, LIVONIA, MI 28154</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/09/2024</u>	
Name & Address: GRACE SELLERS 52631 BORDEAUX WAY SHELBY TOWNSHIP, MI 48315		\$ <u>20.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 120.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**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 <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>08/09/2024</u> Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>30.00</u>	\$ <u>349.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/09/2024</u> Name & Address: JANET DRIVER 1215 KUEHNLE AVE ANN ARBOR, MI 48103		\$ <u>25.00</u>	\$ <u>25.00</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>08/09/2024</u> Name & Address: CLAIRE KIRSCH 2834 WASHBURN RD VASSAR, MI 48768		\$ <u>20.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMIN ASSISTANT</u> Employer <u>NPS</u> Business Address <u>1234 MARKET ST, PHILADELPHIA, PA 19107</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/10/2024</u> Name & Address: MICHAEL D COLBURN 43089 POINTE DR CLINTON TWP, MI 48038		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 105.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**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 <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>08/10/2024</u> Name & Address: BARBARA PERREAULT 23391 SPRING CREEK DR MACOMB, MI 48042		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/11/2024</u> Name & Address: AMY MERKLE 2980 S FOXRIDGE CT ANN ARBOR, MI 48105		\$ <u>30.00</u>	\$ <u>100.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>SAFEHOUSE CENTER</u> Business Address <u>2980 S FOXRIDGE CT, ANN ARBOR, MI 48105</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/11/2024</u> Name & Address: CARIN GOLDFARB 2141 COLONY CLUB CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>75.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>WAYNE COUNTY</u> Business Address <u>1441 ST ANTOINE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/11/2024</u> Name & Address: ANGELINA FELDMAN 291 PINEWAY DR ANN ARBOR, MI 48103		\$ <u>30.00</u>	\$ <u>230.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANALYST</u> Employer <u>FEDERAL GOVERNMENT</u> Business Address <u>291 PINEWAY DR, ANN ARBOR, MI 48103</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 235.00

Grand Total of All Schedules 1A
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**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 <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>08/11/2024</u>	
Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>5.00</u>	\$ <u>109.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/12/2024</u>	
Name & Address: PATRICIA M BELANGER 14938 ALMA DR STERLING HEIGHTS, MI 48313		\$ <u>30.00</u>	\$ <u>215.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/12/2024</u>	
Name & Address: ALLEN SALYER 1657 WELLING DR TROY, MI 48085		\$ <u>150.00</u>	\$ <u>550.00</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>08/12/2024</u>	
Name & Address: JUDY PRITCHETT 62823 TOURNAMENT DR. WASHINGTON TOWNSHIP, MI 48094		\$ <u>50.00</u>	\$ <u>275.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 235.00

Grand Total of All Schedules 1A
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**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 <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>08/12/2024</u> Name & Address: SUSAN R VERGILIO 5344 SEVEN LAKES DR N WASHINGTON, MI 48095 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>350.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/2024</u> Name & Address: SHEILA COCKREL 1769 VERMONT ST DETROIT, MI 48216 5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER/CONSULTANT</u> Employer <u>WSU/CROSSROADS CONSULTING</u> Business Address <u>1769 VERMONT ST, DETROIT, MI 48216</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>150.00</u>	\$ <u>150.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/2024</u> Name & Address: SHARON LINDSEY 57353 COVINGTON DR WASHINGTON, MI 48094 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/15/2024</u> Name & Address: NANCY EARLY 13361 WYNDEMERE CIR STERLING HEIGHTS, MI 48313 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal **325.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**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 <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>08/15/2024</u> Name & Address: RICK FLYNN 43225 CHARDONNAY DR STERLING HEIGHTS, MI 48314		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/15/2024</u> Name & Address: VINCENZO NESTICO 51420 WASHINGTON ST NEW BALTIMORE, MI 48047		\$ <u>20.00</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>08/15/2024</u> Name & Address: JAMES P CONRAD 4816 LA CHENE DR WARREN, MI 48092		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/15/2024</u> Name & Address: SUZANNE VITALE 36124 ST CLAIR DR NEW BALTIMORE, MI 48047		\$ <u>20.00</u>	\$ <u>270.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VOLUNTEER</u> Employer <u>NEW BALTIMORE HISTORICAL SOCIETY</u> Business Address <u>51065 WASHINGTON ST., NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 490.00

Grand Total of All Schedules 1A
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**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 <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>08/15/2024</u> Name & Address: CTE MATHEW CHURCHWELL TREASURER 22111 CHALON ST ST CLAIR SHORES, MI 48080		\$ <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>08/15/2024</u> Name & Address: JOYCE LALONDE 24801 ROSALIND AVE EASTPOINTE, MI 48021		\$ <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>08/15/2024</u> Name & Address: PAUL LEBLANC 16159 WHITE WATER DR MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>95.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/15/2024</u> Name & Address: SUE FLIS 32840 NORTHAMPTON DR WARREN, MI 48093		\$ <u>30.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 280.00

Grand Total of All Schedules 1A
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**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 <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>08/15/2024</u>	
Name & Address: BARBARA GECK 39526 WALDORF DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>805.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/15/2024</u>	
Name & Address: RONALD HALL 210 DEVON RD BLOOMFIELD HILLS, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>BRIDGEWATER INTERIORS, LLC</u> Business Address <u>4617 W FORT ST, DETROIT, MI 48209</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/15/2024</u>	
Name & Address: KRISTIN MEEKHOF PO BOX 300555 WATERFORD TWP, MI 48330		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUND DEVELOPMENT</u> Employer <u>GARY BURNSTEIN COMMUNITY HEALTH CLINIC</u> Business Address <u>45580 WOODWARD AVE, PONTIAC, MI 48341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/15/2024</u>	
Name & Address: ASHLEY LOWE 1893 LONG POINTE DR BLOOMFIELD HILLS, MI 48302		\$ <u>500.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAKESHORE LEGAL AID</u> Business Address <u>35 W HURON ST, STE 701, PONTIAC, MI 48342</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,250.00**

Grand Total of All Schedules 1A
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**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 <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>08/15/2024</u> Name & Address: JOSHUA RONNEBAUM 19410 LUCERNE DR DETROIT, MI 48203		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MARSHAL HYMAN & ASSOC</u> Business Address <u>19410 LUCERNE DR, DETROIT, MI 48203</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/15/2024</u> Name & Address: KAREN ABELLA 23317 GLENBROOK ST ST CLAIR SHORES, MI 48082		\$ <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>08/15/2024</u> Name & Address: SHIELA STRUNK 24106 MEADOWBRIDGE DR CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>280.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/15/2024</u> Name & Address: HUWAIDA ARRUF 45836 EDEN DR MACOMB, MI 48044		\$ <u>25.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 625.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**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 <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>08/15/2024</u> Name & Address: HOLLY BURMEISTER 4 LAWLER CT LANSING, MI 48906		\$ <u>30.00</u>	\$ <u>30.00</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>08/15/2024</u> Name & Address: AMY MERKLE 2980 S FOXRIDGE CT ANN ARBOR, MI 48105		\$ <u>20.00</u>	\$ <u>120.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>SAFEHOUSE CENTER</u> Business Address <u>2980 S FOXRIDGE CT, ANN ARBOR, MI 48105</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/15/2024</u> Name & Address: MEGAN KOLA 8125 OGDEN DR STERLING HEIGHTS, MI 48314		\$ <u>30.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>THE LOBB LAW FIM</u> Business Address <u>8125 OGDEN DR, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/16/2024</u> Name & Address: VINCENZO NESTICO 51420 WASHINGTON ST NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>PISTON AUTOMOTIVE</u> Business Address <u>12723 TELEGRAPH RD, REDFORD TWP, MI 48239</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 180.00

Grand Total of All Schedules 1A
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**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 <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>08/16/2024</u> Name & Address: DIANNE QUEENER LA CHENE AVE WARREN, MI 48092		\$ <u>30.00</u>	\$ <u>30.00</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>08/17/2024</u> Name & Address: MARY ANN FONTANA 26080 SALEM RD HUNTINGTON WOODS, MI 48070		\$ <u>500.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/17/2024</u> Name & Address: NINA ABRAMS 12959 TALBOT LN HUNTINGTON WOODS, MI 48070		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/17/2024</u> Name & Address: GRACE BROUGHTON 284 FISHER RD GROSSE POINTE FARMS, MI 48230		\$ <u>15.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WASHTENAW COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>200 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,545.00**

Grand Total of All Schedules 1A
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**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 <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>08/19/2024</u> Name & Address: VALERIE ALLAN 1321 W CUCHARRAS ST COLORADO SPRINGS, CO 80904		\$ <u>20.00</u>	\$ <u>2,370.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2024</u> Name & Address: ANN DAMERON HINES 201 OAK PARK ST #1602 BERKELEY COUNTY, SC 29486		\$ <u>25.00</u>	\$ <u>275.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RN</u> Employer <u>COASTAL PEDIATRIC ASSOCIATES</u> Business Address <u>2051 CHARLIE HALL RD., BERKELEY COUNTY, SC 29486</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/20/2024</u> Name & Address: CONNIE TUCKER 2515 FRED ST WARREN, MI 48092		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/20/2024</u> Name & Address: LINDSAY ABRAMSON 1875 HAYES ST. BIRMINGHAM, MI 48009		\$ <u>150.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 395.00

Grand Total of All Schedules 1A
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**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 <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>08/20/2024</u> Name & Address: KAREN ROZANSKI 420 RIVERIA DR SAINT CLAIR SHORES, MI 48080 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>75.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/20/2024</u> Name & Address: CHARLES DUPUIS 22204 FRAZHO ST ST CLAIR SHORES, MI 48081 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/20/2024</u> Name & Address: CHERYL FORD 11184 IRENE AVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation <u>SURGICAL RECORDS</u> Employer <u>CATARACT AND EYE CONSULTANTS OF MI</u> Business Address <u>29753 HOOVER RD, WARREN, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10.00</u>	\$ <u>385.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/20/2024</u> Name & Address: KELSEY KRUEL 916 N TRUMBULL AVE CHICAGO, IL 60651 5. If over \$100.00 cumulative, please provide: Occupation <u>VP PR/SOCIAL DIRECTOR</u> Employer <u>CRAMER-KRASSELT</u> Business Address <u>225 MICHIGAN AVE, CHICAGO, IL 60601</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>5.00</u>	\$ <u>90.00</u>

Page Subtotal 85.00

Grand Total of All Schedules 1A
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**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 <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>08/21/2024</u> Name & Address: DENNIS J BRUCK 19637 LLOYD ST CLINTON TWP, MI 48038		\$ <u>30.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2024</u> Name & Address: ALLISON KRIGER 500 GRISWOLD ST STE. 2400 DETROIT, MI 48226		\$ <u>1,000.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LARENE & KRIGER PLC</u> Business Address <u>500 GRISWOLD ST, STE. 2400, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2024</u> Name & Address: CLAUDIA SILLS 120 HAWTHORNE ST BIRMINGHAM, MI 48009		\$ <u>150.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR</u> Employer <u>FIRST HOLDING</u> Business Address <u>6960 ORCHARD LAKE RD, SUITE 300, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2024</u> Name & Address: LINDSAY VAN SYCKLE 881 ARLINGTON ST BIRMINGHAM, MI 48009		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BANKER</u> Employer <u>WELLS FARGO</u> Business Address <u>881 ARLINGTON ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,330.00**

Grand Total of All Schedules 1A
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**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 <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>08/21/2024</u> Name & Address: QUINN WRIGHT 30738 WOODMONT DR MADISON HEIGHTS, MI 48071		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>30738 WOODMONT DR, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2024</u> Name & Address: TODD FLOOD 10555 LINCOLN DR HUNTINGTON WOODS, MI 48070		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF</u> Business Address <u>155 W CONGRESS ST, STE. 350, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2024</u> Name & Address: DIANE L YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>330.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL PLANNER</u> Employer <u>ARROWROOT FAMILY OFFICE</u> Business Address <u>13250 IRVINGTON DR, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2024</u> Name & Address: JULIE CAMPBELL-BODE 432 S WASHINGTON AVE #1302 ROYAL OAK, MI 48067		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>CAMPBELL BODE CONSULTING</u> Business Address <u>432 S WASHINGTON AVE, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 850.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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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 <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>08/21/2024</u>	
Name & Address: DENISE ILITCH 779 LAKE PARK DR BIRMINGHAM, MI 48009		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>ILITCH ENTERPRISES LLC</u> Business Address <u>PO BOX 250210, FRANKLIN, MI 48025</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2024</u>	
Name & Address: ERIN DANNE 2121 N WILSON AVE ROYAL OAK, MI 48073		\$ <u>150.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WAYNE COUNTY</u> Business Address <u>1441 ST ANTOINE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2024</u>	
Name & Address: JIM STAPLETON 4484 LAKE FOREST DR E ANN ARBOR, MI 48108		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>4484 LAKE FOREST DR E, ANN ARBOR, MI 48108</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2024</u>	
Name & Address: TALITHA MAHOME 21291 SUMMERFIELD DR MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>145.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>ZAUSMER</u> Business Address <u>32255 NORTHWESTERN HWY, SUITE 225, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,950.00**

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

1. Committee I.D. Number 140291
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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>08/21/2024</u>	
Name & Address: OPOLLA BROWN 2096 HYDE PARK RD DETROIT, MI 48207		\$ <u>150.00</u>	\$ <u>819.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WAYNE COUNTY</u> Business Address <u>1441 ST ANTOINE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2024</u>	
Name & Address: GINA KELLER 3952 COTTONTAIL LN BLOOMFIELD HILLS, MI 48301		\$ <u>150.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>3952 COTTONTAIL LN, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2024</u>	
Name & Address: ARDIOLA SINAJ 16991 CRISTINA CT CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>1,275.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BIRACH LAW PC</u> Business Address <u>16991 CRISTINA CT, 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>08/21/2024</u>	
Name & Address: DAVID SUWAL 39535 MUFFATT ST HARRISON TWP, MI 48045		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 375.00

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

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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>08/21/2024</u> Name & Address: KRISTOFFER BUTLER 6215 SENATE DR TROY, MI 48085		\$ <u>150.00</u>	\$ <u>210.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WAYNE COUNTY CORPORATION COUNSEL</u> Business Address <u>500 GRISWOLD ST, 30TH FLOOR, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2024</u> Name & Address: PETE RUGGIRELLO 60843 FOREST CREEK DR WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2024</u> Name & Address: CINDY MOON 11301 KILARNEY DR WASHINGTON, MI 48095		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GRAPHIC DESIGN</u> Employer <u>SELF</u> Business Address <u>11301 KILARENY LANE, WASHINGTON, MI 48095</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/22/2024</u> Name & Address: TIMOTHY KRUG 43178 DANTE CT STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>1,350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 425.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**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 <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>08/22/2024</u> Name & Address: DAN BERTRAND 3722 HARMONY HILLS DR. OXFORD, MI 48370		\$ <u>250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/22/2024</u> Name & Address: RENEE CHELIAN 5719 BLOOMFIELD GLENS RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>500.00</u>	\$ <u>1,150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>NORTHLAND FAMILY PLANNING CLINIC</u> Business Address <u>35000 FORD RD, WESTLAND, MI 48185</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/22/2024</u> Name & Address: RUTH WHITE 736 LAWNVIEW CT ROCHESTER, MI 48307		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF OF STAFF</u> Employer <u>SIXTEEN 42 VENTURES</u> Business Address <u>736 LAWNVIEW CT., ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/22/2024</u> Name & Address: KAREN DEVECSERY 14772 LL ROAD WETMORE, MI 49895		\$ <u>10.00</u>	\$ <u>505.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **910.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**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 <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>08/23/2024</u> Name & Address: EDWARD PATE 57364 TANGLEWOOD ST NEW HAVEN, MI 48048		\$ <u>25.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/23/2024</u> Name & Address: CHRISTOPHER WEE 16805 ALDERSYDE DR SHAKER HEIGHTS, OH 44120		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>CLEVELAND CLINIC</u> Business Address <u>9500 EUCLID AVE, CLEVELAND, OH 44195</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/23/2024</u> Name & Address: NANCY CUMMING 14765 MYSTIC CT SHELBY TWP, MI 48315		\$ <u>10.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/23/2024</u> Name & Address: STEVE KRAJNIK 48224 LAKE VALLEY DR SHELBY TWP, MI 48317		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</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			

Page Subtotal 235.00

Grand Total of All Schedules 1A
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**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 <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>08/23/2024</u> Name & Address: TIMOTHY ZOLLNER 54421 IROQUOIS LN SHELBY TWP, MI 48315		\$ <u>25.00</u>	\$ <u>179.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/23/2024</u> Name & Address: DIANE L YOUNG 725 BARCLAY CIRCLE ROCHESTER, MI 48307		\$ <u>25.00</u>	\$ <u>355.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL PLANNER</u> Employer <u>ARROWROOT</u> Business Address <u>725 BARCLAY CIRCLE, 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>08/23/2024</u> Name & Address: KAREN HANSON 579 MICHIGAN AVE MARYSVILLE, MI 48040		\$ <u>500.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/24/2024</u> Name & Address: DAVID M KATZ 363 ST CLAIR AVE GROSSE POINTE, MI 48230		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SR. VP FOR GOVERNMENT & COMMUNITY AFFAIRS</u> Employer <u>DETROIT MEDICAL CENTER</u> Business Address <u>3990 JOHN R ST, DETROIT, MI 48201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 5,550.00

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 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 <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>08/24/2024</u>	
Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>5.00</u>	\$ <u>114.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/25/2024</u>	
Name & Address: RANDY YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>75.00</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>08/25/2024</u>	
Name & Address: CHRISTINA HWANG 17914 MAPLE HILL DR NORTHVILLE, MI 48168		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAL TECHNOLOGIST</u> Employer <u>TRINITY HEALTH LIVONIA</u> Business Address <u>36475 W FIVE MILE ROAD, LIVONIA, MI 28154</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/26/2024</u>	
Name & Address: PAMELA BRITTON 5557 WOODVIEW DR STERLING HEIGHTS, MI 48314		\$ <u>25.00</u>	\$ <u>74.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **180.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**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 <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>08/26/2024</u>	
Name & Address: CYNTHIA DECKER 3628 PRATT RD METAMORA, MI 48455		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/26/2024</u>	
Name & Address: BARBARA REED 443 W CHERRY ST GRANTSVILLE, UT 84029		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/26/2024</u>	
Name & Address: ERIN DANNE 2121 N WILSON AVE ROYAL OAK, MI 48073		\$ <u>25.00</u>	\$ <u>225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WAYNE COUNTY</u> Business Address <u>1441 ST ANTOINE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/26/2024</u>	
Name & Address: SUSAN DILIBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>214.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **175.00**

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

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

1. Committee I.D. Number 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 <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>08/26/2024</u> Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088 \$ 25.00 \$ 374.00 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____ \$ _____ \$ _____ Click Here for Memo Itemization 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 _____ \$ _____ \$ _____ Click Here for Memo Itemization 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 _____ \$ _____ \$ _____ Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140291**

CANDIDATE COMMITTEE

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 <u>all</u> 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: SHANNON H PHILLIPS 7174 GLENGROVE DR BLOOMFIELD HILLS, MI 48301 If over \$100.00 cumulative, please provide: Occupation: ASST. PROFESSOR Employer Name & Business Address: WAYNE STATE UNIVERSITY 471 W PALMER AVE, DETROIT, MI 48202 ☒ 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 CATERING FOR 8/15 FUNDRAISER 5. Date Of Receipt: 08/15/2024 6. Vendor Name & Address: RSA FOUNDATION 23855 LAWRENCE AVE, CENTER LINE, MI 48015	\$ 747.50	\$ 747.50
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: CLINT MANSOUR 2688 INDIAN MOUND S BLOOMFIELD HILLS, MI 48301 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: ADACHI 325 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009 ☒ 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/DRINKS FOR 8/21 FUNDRAISER EVENT 5. Date Of Receipt: 08/21/2024 6. Vendor Name & Address: ADACHI 325 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009	\$ 2,243.44	\$ 2,243.44
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 **2,990.94** **2,990.94**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **2,990.94**

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on line 6 of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291
2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/24/2024</u> Date	\$ <u>7.65</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/24/2024</u> Date	\$ <u>4.29</u>
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/2024</u> Date	\$ <u>0.45</u>
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/2024</u> Date	\$ <u>0.15</u>
Expenditure #5 Name JENNA FRANKLIN Address 26536 LARCHMONT ST ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: <u>CAMPAIGN COORDINATOR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/2024</u> Date	\$ <u>800.00</u>

Subtotal this page

812.54

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291
2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name JENNA FRANKLIN Address 26536 LARCHMONT ST ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: <u>CAMPAIGN COORDINATOR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/2024</u> Date	\$ <u>800.00</u>
Expenditure #2 Name JENNA FRANKLIN Address 26536 LARCHMONT ST ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: <u>CAMPAIGN COORDINATOR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/2024</u> Date	\$ <u>720.00</u>
Expenditure #3 Name JENNA FRANKLIN Address 26536 LARCHMONT ST ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: <u>CAMPAIGN COORDINATOR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/2024</u> Date	\$ <u>800.00</u>
Expenditure #4 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/2024</u> Date	\$ <u>10.00</u>
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/26/2024</u> Date	\$ <u>6.30</u>

Subtotal this page **2,336.30**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291
2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/26/2024</u> Date	\$ <u>3.83</u>
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/2024</u> Date	\$ <u>0.78</u>
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/2024</u> Date	\$ <u>0.38</u>
Expenditure #4 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/2024</u> Date	\$ <u>10.00</u>
Expenditure #5 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/30/2024</u> Date	\$ <u>10.00</u>

Subtotal this page

24.99

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291
2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/2024</u> Date	\$ <u>7.31</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/2024</u> Date	\$ <u>4.20</u>
Expenditure #3 Name SCALE TO WIN Address 13742 HARPER ST SANTA ANA, CA 92703 ☐ Fund Raiser	Purpose: <u>TEXT MESSAGING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/2024</u> Date	\$ <u>319.32</u>
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/2024</u> Date	\$ <u>3.64</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/2024</u> Date	\$ <u>2.02</u>

Subtotal this page

336.49

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291
2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/2024</u> Date	\$ <u>10.00</u>
Expenditure #2 Name AGAINST THE GRAIN BOOKKEEPING, LLC Address 857 CLIFFORD AVE SE GRAND RAPIDS, MI 49546 ☐ Fund Raiser	Purpose: BOOKKEEPING/COMPLIANCE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/2024</u> Date	\$ <u>1,500.00</u>
Expenditure #3 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/2024</u> Date	\$ <u>10.00</u>
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/06/2024</u> Date	\$ <u>1.01</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/06/2024</u> Date	\$ <u>0.38</u>

Subtotal this page

1,521.39

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140291**
2. Committee Name **CTE CHRISTINA HINES**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMERICAN GRAPHICS PRINTING CO. Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2024 Date	\$ 2,286.42
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2024 Date	\$ 22.93
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2024 Date	\$ 13.77
Expenditure #4 Name NGP VAN Address 655 15TH ST NW STE. 650 WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: MONTHLY FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2024 Date	\$ 320.00
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2024 Date	\$ 23.34

Subtotal this page **2,666.46**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291
2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name JENNA FRANKLIN Address 26536 LARCHMONT ST ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: <u>CAMPAIGN COORDINATOR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/12/2024</u> Date	\$ <u>800.00</u>
Expenditure #2 Name JENNA FRANKLIN Address 26536 LARCHMONT ST ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: <u>CAMPAIGN COORDINATOR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/12/2024</u> Date	\$ <u>800.00</u>
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/13/2024</u> Date	\$ <u>1.13</u>
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>BUTTONS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/13/2024</u> Date	\$ <u>94.87</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/14/2024</u> Date	\$ <u>5.86</u>

Subtotal this page

1,701.86

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291
2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HUNTINGTON BANK Address 41 S HIGH ST COLUMBUS, OH 43287 ☐ Fund Raiser	Purpose: <u>STATEMENT CHARGE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/15/2024</u> Date	\$ <u>5.00</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/16/2024</u> Date	\$ <u>2.63</u>
Expenditure #3 Name JENNA FRANKLIN Address 26536 LARCHMONT ST ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: <u>REIMBURSEMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	<u>08/16/2024</u> Date	\$ <u>27.10</u>
Expenditure #4 Name FAMILY DOLLAR Address 5735 E THIRTEEN MILE RD WARREN, MI 48092 ☒ Fund Raiser	Purpose: <u>DRINKS FOR 8/15 FUNDRAISER EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	<u>08/15/2024</u> Date	\$ <u>(27.10)</u>
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/19/2024</u> Date	\$ <u>17.12</u>

Subtotal this page	51.85
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291
2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/19/2024</u> Date	\$ <u>27.83</u>
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/20/2024</u> Date	\$ <u>3.32</u>
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/20/2024</u> Date	\$ <u>1.95</u>
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/21/2024</u> Date	\$ <u>35.47</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/21/2024</u> Date	\$ <u>23.41</u>

Subtotal this page

91.98

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291
2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/2024</u> Date	\$ <u>6.32</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/2024</u> Date	\$ <u>3.53</u>
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/23/2024</u> Date	\$ <u>109.74</u>
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/23/2024</u> Date	\$ <u>72.01</u>
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/24/2024</u> Date	\$ <u>18.88</u>

Subtotal this page **210.48**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291
2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/24/2024</u> Date	\$ <u>11.79</u>
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/2024</u> Date	\$ <u>10.43</u>
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/2024</u> Date	\$ <u>5.73</u>
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2024</u> Date	\$ <u>23.37</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2024</u> Date	\$ <u>15.15</u>

Subtotal this page **66.47**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291
2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MASS MAILING LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☒ Fund Raiser	Purpose: <u>FUNDRAISER MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2024</u> Date	\$ <u>241.39</u>
Expenditure #2 Name MICHAEL POCHOTKO Address 26595 COLLINGWOOD ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>VIDEO EDITING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2024</u> Date	\$ <u>600.00</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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	841.39
Grand Total of all Schedules 1B (Complete on last page of Schedule)	10,662.20

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**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140291
2. Committee Name CTE CHRISTINA HINES

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>08/15/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>42</u>	5. Type of Fund Raising Activity <u>HINES FOR WOMEN FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>GATHER + GROUNDS</u> <u>25709 VAN DYKE AVE</u> <u>CENTER LINE, MI 48015</u> ☐ Private Residence
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7. Total Contributions 3,690.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 3,690.00
10. Total Cost of Event 1,015.99
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140291
2. Committee Name CTE CHRISTINA HINES

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>08/21/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>36</u>	5. Type of Fund Raising Activity <u>ILITCH ARCHER FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>ADACHI SUSHI</u> <u>325 S OLD WOODWARD AVE</u> <u>BIRMINGHAM, MI 48009</u> ☐ Private Residence
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7. Total Contributions 8,510.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 8,510.00
10. Total Cost of Event 2,243.44
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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