



FILED

25 OCT 2024 PM 04:00

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 08/27/2024 to 10/20/2024

1. Committee I.D. Number

140291

4. Candidate Last Name

First Name

M.I.

HINES

CHRISTINA

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

2. Committee Name

CTE CHRISTINA HINES

5. Committee's Mailing Address

**P O BOX 1251
WARREN, MI 48090**

Area Code and Phone (586) 298-2589

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

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

Area Code & Phone (616) 915-8438

7. Treasurer's Business Address

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

Area Code and Phone (616) 915-8438

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

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

Area Code and Phone (616) 915-8438

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ Special

☐ School

☐ Caucus

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

11/05/2024

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

10/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2024



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>103,239.26</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>103,239.26</u>	(18.) \$ <u>328,012.93</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>103,239.26</u>	(20.) \$ <u>328,012.93</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>7,232.92</u>	(21.) \$ <u>18,032.21</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>157,358.68</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>157,358.68</u>	(23.) \$ <u>266,734.54</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>115,397.81</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>103,239.26</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>218,637.07</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>157,358.68</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>61,278.39</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>08/27/2024</u>	
Name & Address: INTERNATIONAL UNION OF PAINTERS & ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL COMMITTEE 7234 PARKWAY DR HANOVER, MD 21076		\$ <u>5,000.00</u>	\$ <u>6,500.00</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>08/27/2024</u>	
Name & Address: KARAN BATES-GASIOR 147 LODEWYCK ST MT CLEMENS, MI 48043		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NON PROFIT DIRECTOR</u> Employer <u>HEARTS FOR HOMES</u> Business Address <u>115 S MAIN, MOUNT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/27/2024</u>	
Name & Address: MICHAEL E LABUHN 57248 WHITE OAKS WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>85.00</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>08/27/2024</u>	
Name & Address: DANIEL HINES 138 WOODLAND RD FREDERICKSBURG, VA 22401		\$ <u>200.00</u>	\$ <u>975.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DENTIST</u> Employer <u>PDC</u> Business Address <u>405 BUTTERNUT ST NW, WASHINGTON, DC 20012</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 5,275.00

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>08/27/2024</u> Name & Address: KELLY L BREEN 36741 IROQUOIS STERLING HEIGHTS, MI 48310		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/27/2024</u> Name & Address: NANCY J DIEHL 1300 E LAFAYETTE ST DETROIT, MI 48207		\$ <u>100.00</u>	\$ <u>700.00</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>08/28/2024</u> Name & Address: DENISE L MENTZER 1399 KINGSLEY ST. MOUNT CLEMENS, MI 48043		\$ <u>250.00</u>	\$ <u>280.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>PO BOX 30014, Lansing, MI 48909</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/28/2024</u> Name & Address: JEANNE LARCH 5626 24 MILE RD SHELBY TWP, MI 48316		\$ <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			

Page Subtotal **450.00**

Grand Total of All Schedules 1A
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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>08/28/2024</u> Name & Address: MICHELLE JARCZEWSKI 13116 WALES AVE HUNTINGTON WOODS, MI 48070		\$ <u>25.00</u>	\$ <u>295.87</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>WCPO</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>08/28/2024</u> Name & Address: TYLER LAFRANCE 41633 AMBERLY DR CLINTON TWP, MI 48038		\$ <u>7.00</u>	\$ <u>7.00</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>08/29/2024</u> Name & Address: BIRDIE NASH 29484 ASHLAND AVE #103 HARRISON TWP, MI 48045		\$ <u>30.00</u>	\$ <u>215.00</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>08/29/2024</u> Name & Address: JENNIFER GOULAH 3756 NORBERT 10 MILE/RYAN WARREN, MI 48091		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BODMAN PLC</u> Business Address <u>201 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **312.00**

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
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/29/2024</u> Name & Address: PAMELA SENICAL 8734 MUNROVIA ST SHELBY TWP, MI 48317		\$ <u>25.00</u>	\$ <u>45.24</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>08/29/2024</u> Name & Address: ALEXANDER BRONSON 8 NORTHBOUND GRATIOT AVE MT CLEMENS, MI 48043		\$ <u>600.00</u>	\$ <u>1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR</u> Employer <u>BLACKOUT CONSTRUCTION</u> Business Address <u>34 QUEEN ST, MOUNT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/29/2024</u> Name & Address: CYNTHIA DENARDIS 36664 RIDGECROFT DR STERLING HEIGHTS, MI 48312		\$ <u>50.00</u>	\$ <u>100.00</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>08/29/2024</u> Name & Address: SYLVIA CACOSSA 6606 FLINTLOCK RIDGE UTICA, MI 48317		\$ <u>100.00</u>	\$ <u>100.00</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 775.00

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>08/29/2024</u> Name & Address: JULIANN MORELLI 29827 LANE CT WARREN, MI 48088 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/29/2024</u> Name & Address: LAUREN TENGLIN 35674 IMPALA DR STERLING HEIGHTS, MI 48312 5. If over \$100.00 cumulative, please provide: Occupation <u>CHEMIST</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>7150 HARRIS DR, DIMONDALE, MI 48821</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>135.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/29/2024</u> Name & Address: RAYMOND WHITE JR 425 CLINTON RIVER DR MT CLEMENS, MI 48043 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>185.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/29/2024</u> Name & Address: DEAN DIBASIO 18198 MILLAR RD CLINTON TWP, MI 48036 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10.00</u>	\$ <u>10.00</u>

Page Subtotal **160.00**

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>08/29/2024</u> Name & Address: CAROLE BANNISTER 18877 HIGHLITE DR. S. CLINTON TOWNSHIP, MI 48035		\$ <u>100.00</u>	\$ <u>540.00</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>08/29/2024</u> Name & Address: CARL MARLINGA 5228 CARAWAY DR STERLING HEIGHTS, MI 48314		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>MACOMB COUNTY</u> Business Address <u>10 N MAIN ST, MT. CLEMENS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/29/2024</u> Name & Address: JOHN LEARY 1187 W SOUTHLAWN BLVD BIRMINGHAM, MI 48009		\$ <u>50.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/29/2024</u> Name & Address: MICHAEL JACOBSON 21741 CYMAN AVE WARREN, MI 48091		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FRAUD ANALYST</u> Employer <u>TD BANK</u> Business Address <u>27777 INKSTER RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,175.00**

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>08/29/2024</u>	
Name & Address: WILLIAM ALLARD 8862 COLOGNE DR STERLING HEIGHTS, MI 48314		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/29/2024</u>	
Name & Address: JOSH FOSTER 29365 DOVER AVE WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATION MANAGER</u> Employer <u>GM FINANCIAL</u> Business Address <u>29365 DOVER AVE, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/29/2024</u>	
Name & Address: GLENDA DUBAK 54 LODEWYCK ST MT CLEMENS, MI 48043		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/29/2024</u>	
Name & Address: ANN MCMILLAN 30073 LORRAINE AVE WARREN, MI 48093		\$ <u>10.00</u>	\$ <u>1,150.00</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			

Page Subtotal **110.00**

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

Enter this total on
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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>08/30/2024</u>	
Name & Address: AMANDA RADTKE 31129 STRICKER DR WARREN, MI 48088		\$ <u>20.00</u>	\$ <u>40.00</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>08/30/2024</u>	
Name & Address: SUSAN HOARD 62721 FRANKLIN PARK DR WASHINGTON, MI 48095		\$ <u>50.00</u>	\$ <u>100.00</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>08/30/2024</u>	
Name & Address: EDLIRA SAKO 17054 KINGSBROOKE 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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/31/2024</u>	
Name & Address: CHRISTINE MERRITT 35444 UPMANN DR STERLING HEIGHTS, MI 48310		\$ <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			

Page Subtotal **110.00**

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>08/31/2024</u>	
Name & Address: MARY JO MATHISEN 20604 BIRCH MEADOW CLINTON TWP, MI 48036		\$ <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>08/31/2024</u>	
Name & Address: BARBARA PERREAULT 23391 SPRING CREEK DR MACOMB, MI 48042		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/31/2024</u>	
Name & Address: ANGELA LENDA 38409 PRIMROSE LN HARRISON CHARTER TWP, MI 48045		\$ <u>50.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM MANAGER</u> Employer <u>ADVANCING MACOMB</u> Business Address <u>25 N MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/31/2024</u>	
Name & Address: DIANA ADAMS 30738 DOVER AVE WARREN, MI 48088		\$ <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
(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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2024</u> Name & Address: BRANDON WILLIAMS 22517 VIOLET ST SAINT CLAIR SHORES, MI 48082		\$ <u>10.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOOD SERVICE</u> Employer <u>LAKEVIEW PUBLIC SCHOOLS</u> Business Address <u>27575 HARPER AVE, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2024</u> Name & Address: MAUREEN SNYDER 30738 DOVER AVE WARREN, MI 48088		\$ <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>08/31/2024</u> Name & Address: DAVID TIRSELL 292 JONES ST MT CLEMENS, MI 48043		\$ <u>20.24</u>	\$ <u>336.92</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>09/02/2024</u> Name & Address: TIMOTHY KRUG 43178 DANTE CT STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>1,450.00</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 155.24

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

Enter this total on
line 3a of Summary
Page.



**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>09/02/2024</u>	
Name & Address: ANNE LERINI 17633 ANNAPOLIS ST DEARBORN HEIGHTS, MI 48125		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIRST ASSISTANT PROSECUTOR</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>200 N MAIN ST, Ann Arbor, MI 48107</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/02/2024</u>	
Name & Address: FLORENCE M HAYMAN 53540 GRACE DR NEW BALTIMORE, MI 48047		\$ <u>25.00</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>09/02/2024</u>	
Name & Address: ALAN SCHENK 1304 JOLIET PLACE DETROIT, MI 48207		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/02/2024</u>	
Name & Address: GLENDA DUBAK 54 LODEWYCK ST MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>125.00</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 275.00

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
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/02/2024</u> Name & Address: EDWARD PATE 57364 TANGLEWOOD ST NEW HAVEN, MI 48048		\$ <u>25.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/02/2024</u> Name & Address: LAUREN SUTTON 14561 LEGENDS BLVD N #401 FORT MYERS, FL 33912		\$ <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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/02/2024</u> Name & Address: AVINASH RACHMALE 160 CANTERBURY RD BLOOMFIELD HILLS, MI 48304		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS</u> Employer <u>LAKE SHORE GLOBAL LGC</u> Business Address <u>7310 WOODWARD AVE, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/02/2024</u> Name & Address: GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092		\$ <u>10.00</u>	\$ <u>210.00</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			

Page Subtotal **545.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2024</u>	
Name & Address: SHARON ROSE 28359 ALINE DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>275.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2024</u>	
Name & Address: KAREN A DEBGUPTA 44536 N BUNKER HILL DR CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>195.00</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>09/03/2024</u>	
Name & Address: STEVEN HAWRING 1001 WOODWARD AVE STE. 500 DETROIT, MI 48226		\$ <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>09/03/2024</u>	
Name & Address: CAROL BERTRAND 1915 DUNHILL DR MILFORD TWP, MI 48381		\$ <u>100.00</u>	\$ <u>1,125.00</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 300.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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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>09/03/2024</u> Name & Address: GARY CYNOWA 45451 FIELDING ST. MACOMB TWP., MI 48042 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>954.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/03/2024</u> Name & Address: JUDY PRITCHETT 62823 TOURNAMENT DR. WASHINGTON TOWNSHIP, 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>50.00</u>	\$ <u>325.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/04/2024</u> Name & Address: SHIELA STRUNK 24106 MEADOWBRIDGE DR CLINTON TWP, MI 48035 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>330.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/04/2024</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>800.00</u>

Page Subtotal 250.00

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
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/05/2024</u> Name & Address: ALLEN SALYER 1657 WELLING DR TROY, MI 48085		\$ <u>50.00</u>	\$ <u>600.00</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>09/05/2024</u> Name & Address: MICHELLE JARCZEWSKI 13116 WALES AVE HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>395.87</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>WCPO</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>09/05/2024</u> Name & Address: LAUREN NICKELS 16975 MARTIN RD ROSEVILLE, MI 48066		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HUMAN RESOURCES</u> Employer <u>GOVERNMENT</u> Business Address <u>16975 MARTIN RD, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/05/2024</u> Name & Address: BROOKE ARCHIE 5833 FINEWAY CT WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BROOKE LAUREN LAW</u> Business Address <u>5833 FINEWAY CT, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 400.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2024</u>	
Name & Address: SYMA D ECHEANDIA 47254 WARWICK CT SHELBY TWP, MI 48315		\$ <u>25.00</u>	\$ <u>85.00</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>09/05/2024</u>	
Name & Address: HECTOR RODRIGUEZ 3200 HUDDLESTONE DR 203 RALEIGH, NC 27612		\$ <u>10.00</u>	\$ <u>420.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2024</u>	
Name & Address: PHYLLIS SMITH 28726 HIDDEN TRAIL FARMINGTON, MI 48331		\$ <u>25.00</u>	\$ <u>1,400.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2024</u>	
Name & Address: SCOTT LAUFER 17007 SMUGGLERS COVE ST CHARTER TWP OF CLINTON, MI 48038		\$ <u>5.00</u>	\$ <u>25.00</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			

Page Subtotal 65.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/05/2024</u> Name & Address: SARAH SULLIVANT 470 COLA BALLENA #F ALAMEDA, CA 94501 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		\$ <u>7.00</u>	\$ <u>604.24</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/05/2024</u> Name & Address: LINDA KASLER 70288 HILLSIDE CT. BRUCE, MI 48065 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>125.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/06/2024</u> Name & Address: SHALOM JOSEPH 43968 MALLARD LN CLINTON TWP, MI 48038 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>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/06/2024</u> Name & Address: MAUREEN SNYDER 30738 DOVER AVE WARREN, MI 48088 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>125.00</u>

Page Subtotal 207.00

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(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/06/2024</u>	
Name & Address: RENEE TURNERBAILEY 4534 STRANDWYCK RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <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>09/06/2024</u>	
Name & Address: JANET SOWELL 98 PALMER PONTIAC, MI 48341		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>98 PALMER, PONTIAC, MI 48341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/06/2024</u>	
Name & Address: DAVID TIRSELL 292 JONES ST MT CLEMENS, MI 48043		\$ <u>125.00</u>	\$ <u>461.92</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>09/06/2024</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>424.00</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 325.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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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>09/06/2024</u> Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>50.00</u>	\$ <u>164.00</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>09/07/2024</u> Name & Address: RICK FLYNN 43225 CHARDONNAY DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>300.00</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>09/07/2024</u> Name & Address: NORTH MACOMB PAC 23391 SPRING CREEK DR MACOMB, MI 48042		\$ <u>1,000.00</u>	\$ <u>1,000.00</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>09/07/2024</u> Name & Address: GREATER THAN 1403 MORSE ST NE WASHINGTON, DC 20002		\$ <u>1,300.00</u>	\$ <u>1,300.00</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 **2,450.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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>09/07/2024</u> Name & Address: NANCY CANTALUPO 18503 FAIRFIELD ST DETROIT, MI 48221		\$ <u>150.00</u>	\$ <u>1,685.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAW PROFESSOR;ASSOC DEAN FOR DEI</u> Employer <u>WAYNE STATE UNIVERSITY</u> Business Address <u>18503 FAIRFIELD ST, DETROIT, MI 48221</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2024</u> Name & Address: LAUREN LISI 8775 LINCOLN DR HUNTINGTON WOODS, MI 48070		\$ <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>09/07/2024</u> Name & Address: MIKE MCFALL 1405 E MADGE AVE HAZEL PARK, MI 48030		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2024</u> Name & Address: CAROLE BANNISTER 18877 HIGHLITE DR. S. CLINTON TOWNSHIP, MI 48035		\$ <u>50.00</u>	\$ <u>590.00</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 350.00

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>09/08/2024</u>	
Name & Address: MARTHA THEUS SERRETA MISSION VIEJO, CA 92692		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>MARTHA THEUS</u> Business Address <u>8939 S SEPULVEDA BLVD, LOS ANGELES, CA 90045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/08/2024</u>	
Name & Address: DENNIS MARENTETTE 32332 ERBEN ST ST CLAIR SHORES, MI 48081		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/08/2024</u>	
Name & Address: THOMAS VAUGHAN 53881 WOODBRIDGE DR SHELBY TWP, MI 48316		\$ <u>40.00</u>	\$ <u>40.00</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>09/08/2024</u>	
Name & Address: ALEXANDRIA R KELLEY 5685 ARDEN AVE WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>160.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GRAPHIC DESIGNER</u> Employer <u>ALEX DESIGN LLC</u> Business Address <u>5685 ARDEN AVE, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **365.00**

Grand Total of All Schedules 1A
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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>09/08/2024</u> Name & Address: MELODY MAGEE 25800 TIMBERLINE DR WARREN, MI 48091 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		\$ <u>25.00</u>	\$ <u>300.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: BIRDIE NASH 29484 ASHLAND AVE #103 HARRISON TWP, MI 48045 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>50.00</u>	\$ <u>265.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: OLU JABARI 37455 STONEWAY LEXON TWP, MI 48048 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JABARI'S MARTIAL ARTS ACADEMY</u> Business Address <u>43710 SCHOENHERR RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>450.00</u>
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: WARREN STERLING HEIGHTS DEMOCRATS PAC 31428 SARATOGA AVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1,600.00</u>	\$ <u>1,600.00</u>

Page Subtotal **1,775.00**

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>09/09/2024</u> Name & Address: DAVID BERTRAND 46480 SPRINGHILL DR SHELBY TOWNSHIP, MI 48317		\$ <u>200.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>GM</u> Business Address <u>46480 SPRINGHILL DR, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: ALEXANDRA WORTZ 1060 WEST SHORE DR SW HUTCHINSON, MN 55350		\$ <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>09/09/2024</u> Name & Address: DIANE HINES 19509 CUMBERLAND WAY DETROIT, MI 48203		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: SHERVIN FATEHI 4701 PRESTON PARK BLVD PLANO, TX 75093		\$ <u>5.00</u>	\$ <u>5.00</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 405.00

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>09/09/2024</u> Name & Address: BILL LAMBERT 211 CENTRAL PARK W 14E NEW YORK, NY 10024		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: DAVID HARTMAN 1227 GREEN RIDGE RD ROCHESTER HILLS, MI 48309		\$ <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>09/09/2024</u> Name & Address: APRIL GARRETT 49524 COURTYARD LN CANTON, MI 48188		\$ <u>50.00</u>	\$ <u>170.24</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: STACY FOX 1 PARK AVE DETROIT, MI 48226		\$ <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			

Page Subtotal 1,200.00

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>09/09/2024</u>	
Name & Address: JENNIFER DAMICO 7 DEVONSHIRE RD PLEASANT RIDGE, MI 48069		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>FIEGER LAW</u> Business Address <u>19390 W 10 MILE RD, 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>09/09/2024</u>	
Name & Address: CHERYL ROBERTS 55714 SHELBY RD APT. 8306 UTICA, MI 48316		\$ <u>100.00</u>	\$ <u>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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2024</u>	
Name & Address: FATIMA BOLYEA 14637 BLOSSOM DR WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TAFT STETTINIUS & HOLLISTER LLP</u> Business Address <u>27777 FRANKLIN RD, SUITE 2500, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2024</u>	
Name & Address: CHAD ENGELHARDT 3622 PRATT RD ANN ARBOR, MI 48103		\$ <u>250.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>GOETHEL ENDELHARDT PLLC</u> Business Address <u>3049 MILLER RD, ANN ARBOR, MI 48103</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 650.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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>09/09/2024</u> Name & Address: NANCY M DUEMLING 20776 MOXON DR CLINTON TWP, MI 48036		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: KEVIN HIGGINS 28045 MAVIS DR WARREN, MI 48088		\$ <u>150.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>MR WONDERFUL REALTY</u> Business Address <u>28045 MAVIS DR, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: ANN MCMILLAN 30073 LORRAINE AVE WARREN, MI 48093		\$ <u>50.00</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>09/09/2024</u> Name & Address: MIKE SCHWEYEN 263 E WOODLAND ST FERNDAL, MI 48220		\$ <u>100.00</u>	\$ <u>225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>6826 REDFORD CIR, TROY, MI 48085</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: CLAIRE KIRSCH 2834 WASHBURN RD VASSAR, MI 48768 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		\$ <u>20.00</u>	\$ <u>160.00</u>
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC 400 RENAISSANCE CENTER STE. 1010 DETROIT, MI 48243 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10,000.00</u>	\$ <u>15,000.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: SCOTT SMITH 43455 LEELANAU DR STERLING HEIGHTS, MI 48314 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>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: STEVE KRAJNIK 48224 LAKE VALLEY DR SHELBY TWP, MI 48317 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		\$ <u>50.00</u>	\$ <u>150.00</u>

Page Subtotal **10,120.00**

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: DEAN DIBASIO 18198 MILLAR RD CLINTON TWP, MI 48036		\$ <u>5.00</u>	\$ <u>15.00</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>09/10/2024</u> Name & Address: RUTH BENNETT 5605 WOODVIEW DR STERLING HEIGHTS, MI 48314		\$ <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>09/10/2024</u> Name & Address: CHRISTOPHER KESSEL 3815 BURNING TREE DR BLOOMFIELD TWP, MI 48302		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: BRIAN JAYE 1641 DEEPWOOD CIR ROCHESTER, MI 48307		\$ <u>50.00</u>	\$ <u>90.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER/TEACHER</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 105.00

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>09/10/2024</u>	
Name & Address: KIM GARNER 10704 SILVERBROOK DR CINCINNATI, OH 45240		\$ <u>50.00</u>	\$ <u>60.50</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>09/10/2024</u>	
Name & Address: DANIELLE HICKS 8130 MEADOW AVE WARREN, MI 48089		\$ <u>25.00</u>	\$ <u>40.00</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>09/10/2024</u>	
Name & Address: SCOTT DUPOUE 22510 MAPLE ST SAINT CLAIR SHORES, MI 48081		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SUPERIOR ELECTRIC TRI COUNTY</u> Business Address <u>1213 INDUSTRIAL DR, SALINE, MI 48176</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/11/2024</u>	
Name & Address: EVERYTOWN DEMAND A SEAT PAC MICHIGAN PO BOX 4184 NEW YORK, NY 10163		\$ <u>500.00</u>	\$ <u>500.00</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 775.00

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>09/11/2024</u>	
Name & Address: LINDA M PIDUTTI 37649 CHARTER OAKS BOULEVARD CLINTON TOWNSHIP, MI 48036		\$ <u>50.00</u>	\$ <u>155.00</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>09/11/2024</u>	
Name & Address: MELANIE CHAMBERLAIN 3221 BROOKSHEAR CIR AUBURN HILLS, MI 48326		\$ <u>50.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACADEMIC ADVISER</u> Employer <u>OAKLAND UNIVERSITY</u> Business Address <u>23900 LONGACRE ST, FARMINGTON, MI 48335</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/11/2024</u>	
Name & Address: DANETTE DURON-WILLNER 35750 FREDERICKSBURG RD FARMINGTON, MI 48331		\$ <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>09/11/2024</u>	
Name & Address: TIMOTHY KRUG 43178 DANTE CT STERLING HEIGHTS, MI 48313		\$ <u>250.00</u>	\$ <u>1,700.00</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 400.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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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>09/11/2024</u>	
Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>5.00</u>	\$ <u>169.00</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>09/12/2024</u>	
Name & Address: ERICA E PERESMAN 1240 DORCHESTER RD BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VOTING RIGHTS LAWYER</u> Employer <u>DEMOCRACY FORWARD LLC</u> Business Address <u>PO BOX 34553, WASHINGTON, DC 20043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2024</u>	
Name & Address: CINDY DOYLE 53246 MARK DR SHELBY TWP, MI 48316		\$ <u>40.00</u>	\$ <u>40.00</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>09/12/2024</u>	
Name & Address: GEORGE HIGGINS 18331 BREEZEWAY FRASER, MI 48026		\$ <u>100.00</u>	\$ <u>385.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPAIGN COORDINATOR</u> Employer <u>MICHIGAN HOUSE DEMOCRATIC FUND</u> Business Address <u>18311 BREEZEWAY, FRASER, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 395.00

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
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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>09/12/2024</u>	
Name & Address: MICHELLE MILETIC 3675 BERKSHIRE DR BLOOMFIELD TOWNSHIP, MI 48301		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2024</u>	
Name & Address: CLARICE SQUILLACE 14816 MAYVIEW CT SHELBY TWP, MI 48315		\$ <u>25.00</u>	\$ <u>81.00</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>09/12/2024</u>	
Name & Address: JOHN ARMELAGOS 711 N PROSPECT RD YPSILANTI, MI 48198		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2024</u>	
Name & Address: MARIA VAN DYKE 509 CURRY AVE ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>5,450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SPANISH FOR TODDLERS</u> Business Address <u>509 FISHER CT, CLAWSON, MI 48017</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 275.00

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>09/12/2024</u> Name & Address: SUSAN GUNN 4538 STRANDWYCK RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2024</u> Name & Address: KYLE LADY 618 S MAIN ST APT. 629 ANN ARBOR, MI 48104		\$ <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>09/12/2024</u> Name & Address: BECKY HIGBIE 13401 25 MILE RD SHELBY TWP, MI 48315		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2024</u> Name & Address: LINDA PANNUTO 1375 HATHAWAY RISING ROCHESTER HILLS, MI 48306		\$ <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 275.00

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>09/12/2024</u> Name & Address: FRANK FREDERICK 740 DRIFTWOOD AVE ROCHESTER HILLS, MI 48307		\$ <u>200.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2024</u> Name & Address: CHRISTOPHER CLASON 1938 GRAYSLAKE DR ROCHESTER HILLS, MI 48306		\$ <u>16.67</u>	\$ <u>16.67</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>09/12/2024</u> Name & Address: KATHLEEN MCLAREN 24516 HARMON CIR 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2024</u> Name & Address: MARCUS HINES 12245 CYPRESS SPRING RD CLARKSBURG, MD 20871		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING</u> Employer <u>MARCUS HINES</u> Business Address <u>12245 CYPRESS SPRING RD, CLARKSBURG, MD 20871</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **416.67**

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>09/12/2024</u>	
Name & Address: CAROL GRANT 23216 GLENBROOK ST ST CLAIR SHORES, MI 48082		\$ <u>25.00</u>	\$ <u>319.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RECEPTIONIST</u> Employer <u>ALOIA LAW</u> Business Address <u>39292 CHART ST, HARRISON TWP, MI 48045</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2024</u>	
Name & Address: BARBARA GECK 39526 WALDORF DR CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>830.24</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: TORI MCLAMORE 110 VINCA DR GOOSE CREEK, SC 29445		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: VALERIE MURRAY 4831 BALLANTRAE RD BLOOMFIELD HILLS, MI 48301		\$ <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			

Page Subtotal 200.00

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>09/13/2024</u> Name & Address: GERALDINE BARCLAY 32241 SOUTHFIELD FRANKLIN, MI 48025		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/13/2024</u> Name & Address: KRISTEN VANANDEL 639 PINGREE ST DETROIT, MI 48202		\$ <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>09/13/2024</u> Name & Address: SUMMER MOUKALLED 4659 ROSALIE ST DEARBORN, MI 48126		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/13/2024</u> Name & Address: STEVIE VERGES 6889 POPLAR DR YPSILANTI, MI 48197		\$ <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			

Page Subtotal 300.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140291
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: MARTHA THEUS SERRETA MISSION VIEJO, CA 92692		\$ <u>50.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>MARTHA THEUS</u> Business Address <u>8939 S SEPULVEDA BLVD, LOS ANGELES, CA 90045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: ANDREA WINTERS 5223 BRYCE CT STERLING HEIGHTS, MI 48310		\$ <u>100.00</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>09/13/2024</u>	
Name & Address: TAMMY PEREIRA 1847 WEBSTER ST BIRMINGHAM, MI 48009		\$ <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>09/13/2024</u>	
Name & Address: EDLIRA SAKO 17054 KINGSBROOKE DR CLINTON TWP, MI 48038		\$ <u>50.00</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 250.00

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**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: DIANE HUTCHERSON 4127 GRAYTON ST DETROIT, MI 48224		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: MARIE ADKINS 13742 HOBART AVE WARREN, MI 48089		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>HENRY FORD HEALTH SYSTEM</u> Business Address <u>19401 HUBBARD DR, DEARBORN, MI 48126</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: ROBERT PALMER 1488 ROSLYN ST SAINTE SHORES, MI 40326		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PITT MCGHEE PALMER BONANI RIVERS</u> Business Address <u>117 W 4TH ST, SOUTHFIELD, MI 48086</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: BRYAN WATSON 343 ASBURY CT HIGHLAND TWP, MI 48357		\$ <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			

Page Subtotal 400.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: FLORENCE M HAYMAN 53540 GRACE DR NEW BALTIMORE, MI 48047		\$ <u>30.00</u>	\$ <u>105.00</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>09/13/2024</u>	
Name & Address: CELESTIA MAYS 4148 S DREXEL BLVD CHICAGO, IL 60653		\$ <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>09/13/2024</u>	
Name & Address: KORI BOLDEN 28092 UNIVERSAL DR WARREN, MI 48092		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: ANN DAMERON HINES 201 OAK PARK ST #1602 BERKELEY COUNTY, SC 29486		\$ <u>100.00</u>	\$ <u>375.00</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			

Page Subtotal 280.00

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>09/13/2024</u>	
Name & Address: MELANIE CHAMBERLAIN 3221 BROOKSHEAR CIR AUBURN HILLS, MI 48326		\$ <u>50.00</u>	\$ <u>225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACADEMIC ADVISER</u> Employer <u>OAKLAND UNIVERSITY</u> Business Address <u>23900 LONGACRE ST, FARMINGTON, MI 48335</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: AARON RYANS 9542 BRAILE ST DETROIT, MI 48228		\$ <u>60.00</u>	\$ <u>60.00</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>09/13/2024</u>	
Name & Address: JORDAN BARKEY 13740 WINCHESTER ST OAK PARK, MI 48237		\$ <u>50.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MICHIGAN AUTO LAW</u> Business Address <u>30101 NORTHWESTERN HWY, FARMINGTON, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: DIANE L YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>455.00</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			

Page Subtotal 260.00

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

Enter this total on
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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>09/13/2024</u>	
Name & Address: LORIE BARNWELL 5182 CUTTY LN WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TREASURER</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, STE. 200, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: PATRICK LINDSEY 17165 PARKSIDE ST DETROIT, MI 48221		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>WAYNE STATE UNIVERSITY</u> Business Address <u>4211 FACULTY ADMINISTRATION BLDG, DETROIT, MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: ARDIOLA SINAJ 16991 CRISTINA CT CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>1,325.00</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>09/13/2024</u>	
Name & Address: ROBIN OMORI 34144 BROOKSHIRE 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			

Page Subtotal 260.00

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>09/13/2024</u> Name & Address: RICHARD UPTON 78 N 12TH ST SAN JOSE, CA 95112		\$ <u>16.66</u>	\$ <u>16.66</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>09/13/2024</u> Name & Address: RICHARD UPTON 78 N 12TH ST SAN JOSE, CA 95112		\$ <u>20.00</u>	\$ <u>36.66</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>09/14/2024</u> Name & Address: BELINDA SEAL-SWEET 5270 BRONCO DR CLARKSTON, MI 48346		\$ <u>33.33</u>	\$ <u>33.33</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>09/14/2024</u> Name & Address: CAROLYN BOURLAND 121 W LAKE ST PETOSKEY, MI 49770		\$ <u>8.33</u>	\$ <u>8.33</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 78.32

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>09/14/2024</u> Name & Address: JOANNE MCCLURE 21440 MOROSS RD DETROIT, MI 48236		\$ <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>09/14/2024</u> Name & Address: WILLIAM HEAPHY 433 MCKINLEY AVE GROSSE POINTE FARMS, MI 48236		\$ <u>500.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WAYNE COUNTY</u> Business Address <u>433 MCKINLEY AVE, GROSSE POINTE FARMS, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/14/2024</u> Name & Address: JAMES C SCOTT 36734 WAYNE DR STERLING HEIGHTS, MI 48312		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/14/2024</u> Name & Address: SHARON LINDSEY 57353 COVINGTON DR WASHINGTON, MI 48094		\$ <u>25.00</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 725.00

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>09/15/2024</u> Name & Address: NUNZIO IZZO 103 12TH ST. APT. 7 HOBOKEN, NJ 07030		\$ <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>09/16/2024</u> Name & Address: JAMES FOSTER 28149 S RIVER RD HARRISON TWP, MI 48045		\$ <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>09/16/2024</u> Name & Address: CHRISTINA HWANG 17914 MAPLE HILL DR NORTHVILLE, MI 48168		\$ <u>50.00</u>	\$ <u>300.00</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>09/16/2024</u> Name & Address: SARAH SULLIVANT 470 COLA BALLENA #F ALAMEDA, CA 94501		\$ <u>200.00</u>	\$ <u>804.24</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 360.00

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>09/16/2024</u>	
Name & Address: JIMMY MUELLER 27721 GRANT ST ST CLAIR SHORES, MI 48081		\$ <u>500.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SURGEON</u> Employer <u>HENRY FORD ALLEGIANCE MEDICAL GROUP</u> Business Address <u>1201 E MICHIGAN AVE, #300, CHELSEA, MI 48118</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: JAMES KOPAS 126 NEW ST MT CLEMENS, MI 48043		\$ <u>50.00</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>09/16/2024</u>	
Name & Address: JUDITH WEISS 21 ORCHARD ST CAMBRIDGE, MA 02140		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>SAMUEL RUBIN FOUNDATION</u> Business Address <u>50 CHURCH ST., 5TH FLOOR, CAMBRIDGE, MA 02140</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: MARK BRINKER 14580 DEBBIE DR STERLING HEIGHTS, MI 48313		\$ <u>8.33</u>	\$ <u>8.33</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 **808.33**

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>09/16/2024</u> Name & Address: JACQUELINE BOND 6319 OLM LANDRITH DR ALEXANDRIA, VA 22307		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOND AND GRACE</u> Employer <u>FOUNDER</u> Business Address <u>6319 OLM LANDRITH DR, ALEXANDRIA, VA 22307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/16/2024</u> Name & Address: SARAH MCNANNEY 21326 LITTLESTONE RD HARPER WOODS, MI 48225		\$ <u>8.33</u>	\$ <u>8.33</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>09/16/2024</u> Name & Address: DENIS CALLEWAERT 4600 GARDNER RD METAMORA, MI 48455		\$ <u>75.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/2024</u> Name & Address: GILBERT SHANNON 53246 MARK DR SHELBY TWP, MI 48316		\$ <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 **1,108.33**

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**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: ANDY LEVIN 6015 DARRAMOOD RD BLOOMFIELD HILLS, MI 48301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>6015 DARRAMOOD RD, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: DAVID TIRSELL 292 JONES ST MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>561.92</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>09/17/2024</u>	
Name & Address: NORMAN BEITNER 4556 FAIRWAY RIDGE CT WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <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>09/17/2024</u>	
Name & Address: PATRICIA MEADOWS 2254 ARGONNE DR MARYVILLE, TN 37804		\$ <u>25.00</u>	\$ <u>100.00</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
(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
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: THERESE KENNEDY 4171 BROOKWAY LANE CLEVELAND, OH 44144		\$ <u>3.00</u>	\$ <u>3.00</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>09/17/2024</u>	
Name & Address: TIMOTHY KRUG 43178 DANTE CT STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>1,800.00</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>09/17/2024</u>	
Name & Address: JEANNE LARCH 5626 24 MILE RD SHELBY TWP, MI 48316		\$ <u>50.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: LAURA KROPP 15 BELLEVIEW ST MT CLEMENS, MI 48043		\$ <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			

Page Subtotal 203.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140291
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/2024</u> Name & Address: GRACE BROUGHTON 284 FISHER RD GROSSE POINTE FARMS, MI 48230 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		\$ <u>15.00</u>	\$ <u>215.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2024</u> Name & Address: MARCIA LAHAIE 511 EBERWHITE BLVD ANN ARBOR, MI 48103 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>09/18/2024</u> Name & Address: BILL LAMBERT 211 CENTRAL PARK W 14E NEW YORK, NY 10024 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>225.00</u>	\$ <u>275.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2024</u> Name & Address: THERESE KENNEDY 4171 BROOKWAY LANE CLEVELAND, OH 44144 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>5.00</u>	\$ <u>8.00</u>

Page Subtotal 265.00

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>09/18/2024</u>	
Name & Address: SUSAN DILIBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>239.24</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>09/18/2024</u>	
Name & Address: LANCE GABLE 18922 FAIRFIELD ST DETROIT, MI 48221		\$ <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>09/18/2024</u>	
Name & Address: MARIA KATSIMPALIS 39247 RIVERCREST AVE HARRISON TWP, MI 48045		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2024</u>	
Name & Address: RUTH ROBINSON 10 FRANKLIN ST ANNAPOLIS, MD 21401		\$ <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			

Page Subtotal 200.00

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>09/18/2024</u> Name & Address: TRACY HEWAT 53 WINGATE RD PROVIDENCE, RI 02906		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>53 WINGATE RD, PROVIDENCE, RI 02906</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2024</u> Name & Address: NINA PAOLINI-LOTARAKI 6100 N ROCHESTER RD ROCHESTER HILLS, MI 48306		\$ <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>09/18/2024</u> Name & Address: AGNES GUND 20052 HUNT CLUB DR HARPER WOODS, MI 48225		\$ <u>2,500.00</u>	\$ <u>2,500.00</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>09/19/2024</u> Name & Address: ASHOK GUPTA P O BOX 645 KEEGO HARBOR, MI 48320		\$ <u>30.00</u>	\$ <u>54.00</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 **7,580.00**

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

Enter this total on
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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>09/19/2024</u>	
Name & Address: KENNETH KRONNER 30340 MERRICK WARREN, MI 48092		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2024</u>	
Name & Address: CAROLE BANNISTER 18877 HIGHLITE DR. S. CLINTON TOWNSHIP, MI 48035		\$ <u>50.00</u>	\$ <u>640.00</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>09/19/2024</u>	
Name & Address: TODD BLOCH 39214 SUNDERLAND DR. WARREN, MI 48038		\$ <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>09/19/2024</u>	
Name & Address: ANN DAMERON HINES 201 OAK PARK ST #1602 BERKELEY COUNTY, SC 29486		\$ <u>25.00</u>	\$ <u>400.00</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			

Page Subtotal **175.00**

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>09/19/2024</u>	
Name & Address: VALERIE ALLAN 1321 W CUCHARRAS ST COLORADO SPRINGS, CO 80904		\$ <u>20.00</u>	\$ <u>2,390.00</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>09/20/2024</u>	
Name & Address: NANCY CUMMING 14765 MYSTIC CT SHELBY TWP, MI 48315		\$ <u>10.00</u>	\$ <u>40.00</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>09/20/2024</u>	
Name & Address: DONNA SPERRY 22434 LAKE BLVD ST CLAIR SHORES, MI 48082		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2024</u>	
Name & Address: EDWARD PATE 57364 TANGLEWOOD ST NEW HAVEN, MI 48048		\$ <u>30.00</u>	\$ <u>105.00</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 **160.00**

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>09/20/2024</u> Name & Address: JAMES BOW 22516 BEACH ST ST CLAIR SHORES, MI 48081		\$ <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>09/20/2024</u> Name & Address: RICHARD GREEN 23220 HARMON 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2024</u> Name & Address: AMBER SITKO 16151 FRAZHO RD ROSEVILLE, MI 48066		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2024</u> Name & Address: ROBERT FETTER 21816 SHADY LN AVE ST CLAIR SHORES, MI 48080		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MILLER COHEN</u> Business Address <u>7700 2ND AVE, DETROIT, MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 730.00

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>09/20/2024</u> Name & Address: NANCY G PRATT 22023 EDGEWOOD ST ST CLAIR SHORES, MI 48080 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2024</u> Name & Address: MINDY THILL 28401 RUEHLE 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>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2024</u> Name & Address: DIANA PICHIERRI 29133 CONGRESS ST ROSEVILLE, MI 48066 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>30.00</u>	\$ <u>30.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2024</u> Name & Address: CONNIE IGNASIAK 19101 COLLINSON AVE EASTPOINTE, MI 48021 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>10.00</u>	\$ <u>10.00</u>

Page Subtotal **165.00**

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>09/20/2024</u>	
Name & Address: TAKURA NYAMFUKUDZA 505 WENDOVER DR LANSING, MI 48906		\$ <u>250.00</u>	\$ <u>1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CHARTIER & NYAMFUKUDZA P.L.C.</u> Business Address <u>2295 SOWER BOULEVARD, INGHAM COUNTY, MI 48864</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2024</u>	
Name & Address: LYNDSEY WINKEL 27164 ROBIN DR CHESTERFIELD, MI 48051		\$ <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>09/20/2024</u>	
Name & Address: JENNIFER CRAY 1100 ALMA ST STE. 200 MENLO PARK, CA 94025		\$ <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>09/20/2024</u>	
Name & Address: CYNTHIA FARAJI 53320 J SHELBY TOWNSHIP, MI 48315		\$ <u>40.00</u>	\$ <u>60.00</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 325.00

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2024</u> Name & Address: GERALD HASSPACHER 8299 KENNEDY CIR N UNIT 1 WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2024</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 <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>30.00</u>	\$ <u>670.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2024</u> Name & Address: KELSEY KRUZEL 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>95.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2024</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>395.00</u>

Page Subtotal **145.00**

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>09/21/2024</u> Name & Address: MARK PAYNE 2948 CORTLAND ST DETROIT, MI 48206		\$ <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>09/21/2024</u> Name & Address: LARRY LIPTON 2543 ESSEX LN BLOOMFIELD HILLS, MI 48304		\$ <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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/21/2024</u> Name & Address: TIMOTHY ZOLLNER 54421 IROQUOIS LN SHELBY TWP, MI 48315		\$ <u>60.00</u>	\$ <u>239.00</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>09/21/2024</u> Name & Address: LARISA BRETON 16256 BUCKINGHAM AVE BEVERLY HILLS, MI 48025		\$ <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 **195.00**

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

Enter this total on
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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>09/21/2024</u> Name & Address: CINDY MOON 11301 KILARNEY DR WASHINGTON, MI 48095 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		\$ <u>25.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/22/2024</u> Name & Address: PATRICIA M BELANGER 14938 ALMA DR STERLING HEIGHTS, MI 48313 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		\$ <u>25.00</u>	\$ <u>240.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/22/2024</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 <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>720.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/22/2024</u> Name & Address: JAMES BOW 22516 BEACH 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>25.00</u>	\$ <u>55.00</u>

Page Subtotal **125.00**

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

Enter this total on
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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>09/22/2024</u> Name & Address: RANDALL WALKOWICZ 4340 BLOOMFIELD DR STERLING HEIGHTS, MI 48310		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/22/2024</u> Name & Address: TERESA MCCOLLUM 32329 DOVER AVE WARREN, MI 48088		\$ <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>09/22/2024</u> Name & Address: CHRISTOPHER CLASON 1938 GRAYSLAKE DR ROCHESTER HILLS, MI 48306		\$ <u>25.00</u>	\$ <u>41.67</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>09/22/2024</u> Name & Address: GREGORY ROBINSON 37042 BRYNFORD DR CLINTON TWP, MI 48036		\$ <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			

Page Subtotal **110.00**

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>09/22/2024</u>	
Name & Address: JONATHAN DECKER 3628 PRATT RD METAMORA, MI 48455		\$ <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>09/22/2024</u>	
Name & Address: STANLEY SIMEK 21728 FRANCIS ST ST CLAIR SHORES, MI 48082		\$ <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>09/22/2024</u>	
Name & Address: ROSS DEDDENS 116 WRIGHTWOOD PL STERLING, VA 20164		\$ <u>15.00</u>	\$ <u>15.00</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>09/22/2024</u>	
Name & Address: JEANNE SWANDER 1513 W MAIN ST KALAMAZOO, MI 49006		\$ <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 95.00

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>09/22/2024</u> Name & Address: YVONNE KNIAZ 14016 PERNELL DR STERLING HEIGHTS, MI 48313		\$ <u>125.00</u>	\$ <u>125.00</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>09/22/2024</u> Name & Address: KAREN DEVECSERY 14772 LL ROAD WETMORE, MI 49895		\$ <u>10.00</u>	\$ <u>515.00</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>09/23/2024</u> Name & Address: LEANNA BELCHER 14290 NORTHLINE RD SOUTHGATE, MI 48195		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF</u> Business Address <u>14290 NORTHLINE RD, SOUTHGATE, MI 48195</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2024</u> Name & Address: THERESE KENNEDY 4171 BROOKWAY LANE CLEVELAND, OH 44144		\$ <u>3.00</u>	\$ <u>11.00</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 **388.00**

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>09/23/2024</u>	
Name & Address: EDWARD PATE 57364 TANGLEWOOD ST NEW HAVEN, MI 48048		\$ <u>5.00</u>	\$ <u>110.00</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>09/23/2024</u>	
Name & Address: JERRY BLONSKY 37981 BRONSON DR CLINTON TWP, MI 48036		\$ <u>5.00</u>	\$ <u>5.00</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>09/23/2024</u>	
Name & Address: GREG LINDEN 117 MAIDEN LN OAKLAND, CA 94602		\$ <u>25.00</u>	\$ <u>90.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCHER</u> Employer <u>UC BERKELEY</u> Business Address <u>F402 HAAS SCHOOL OF BUSINESS, #1930, BERKELEY, CA 94720</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: JEAN-PHILLIPPE FALETTA 41101 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>145.00</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 60.00

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>09/23/2024</u>	
Name & Address: VALON JAKUPI 8130 MEADOW AVE WARREN, MI 48089		\$ <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>09/23/2024</u>	
Name & Address: STEVE KRAJNIK 48224 LAKE VALLEY DR SHELBY TWP, MI 48317		\$ <u>100.00</u>	\$ <u>250.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: MICHAEL STEINBERG 1203 LINWOOD AVE ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN LAW SCHOOL</u> Business Address <u>801 MONROE ST, ANN ARBOR, MI 48109</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: SCOTT SMITH 43455 LEELANAU DR STERLING HEIGHTS, MI 48314		\$ <u>10.00</u>	\$ <u>60.00</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 **170.00**

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>09/23/2024</u> Name & Address: JANICE SANECKI 1104 OTTAWA DR ROYAL OAK, MI 48073		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2024</u> Name & Address: TOMAS TORRES 4714 DEVON ST HOUSTON, TX 77027		\$ <u>2,000.00</u>	\$ <u>2,000.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2024</u> Name & Address: RICHARD WEINKAUF 8615 VAN HORN DR PINCKNEY, MI 48169		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/24/2024</u> Name & Address: JAMES C SCOTT 36734 WAYNE DR STERLING HEIGHTS, MI 48312		\$ <u>200.00</u>	\$ <u>300.00</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 2,350.00

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>09/24/2024</u> Name & Address: RUTH BENNETT 5605 WOODVIEW DR STERLING HEIGHTS, MI 48314		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/24/2024</u> Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>5.00</u>	\$ <u>174.00</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>09/25/2024</u> Name & Address: SUSAN DIPACE 12876 QUAKER CT STERLING HEIGHTS, MI 48313		\$ <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>09/25/2024</u> Name & Address: PATRICIA KOVACS 22631 AVON ST ST CLAIR SHORES, MI 48082		\$ <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 **115.00**

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>09/25/2024</u>	
Name & Address: DAN BERTRAND 3722 HARMONY HILLS DR. OXFORD, MI 48370		\$ <u>250.00</u>	\$ <u>1,500.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: DIANE MCKELVIE 23031 EDGEWOOD ST ST CLAIR SHORES, MI 48080		\$ <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>09/25/2024</u>	
Name & Address: MONA DEQUIS 25950 PRINZ RD RICHMOND, MI 48062		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: NANCY M DUEMLING 20776 MOXON DR CLINTON TWP, MI 48036		\$ <u>10.00</u>	\$ <u>260.00</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 **315.00**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: LINDA KASLER 70288 HILLSIDE CT. BRUCE, MI 48065		\$ <u>30.00</u>	\$ <u>155.00</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>09/25/2024</u>	
Name & Address: SANDRA CLARKE-RENARD 48490 DUNN CT MACOMB, MI 48044		\$ <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>09/25/2024</u>	
Name & Address: RENEE CHELIAN 5719 BLOOMFIELD GLENS RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>500.00</u>	\$ <u>1,650.00</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>09/25/2024</u>	
Name & Address: KARAN BATES-GASIOR 147 LODEWYCK ST MT CLEMENS, MI 48043		\$ <u>25.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NON PROFIT DIRECTOR</u> Employer <u>HEARTS FOR HOMES</u> Business Address <u>115 S MAIN, MOUNT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **605.00**

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
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2024</u> Name & Address: DAVID TIRSELL 292 JONES ST MT CLEMENS, MI 48043		\$ <u>50.00</u>	\$ <u>611.92</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>09/25/2024</u> Name & Address: ALEXANDRIA HESS 22339 BARTON ST ST CLAIR SHORES, MI 48081		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSOCIATE DIRECTOR</u> Employer <u>WAYNE STATE UNIVERSITY</u> Business Address <u>22339 BARTON ST, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2024</u> Name & Address: RICHARD GREEN 23220 HARMON ST ST CLAIR SHORES, MI 48080		\$ <u>50.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2024</u> Name & Address: DEAN DIBASIO 18198 MILLAR RD CLINTON TWP, MI 48036		\$ <u>10.00</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 **160.00**

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>09/26/2024</u> Name & Address: BURKE FOSSEE 15 E KIRBY ST DETROIT, MI 48202		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BURKE FOSSEE III, PC</u> Business Address <u>32100 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: ERIC LARSON 828 BAY CROSSING DR WATERFORD TWP, MI 48327		\$ <u>83.33</u>	\$ <u>83.33</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>09/26/2024</u> Name & Address: ANNA CASALI 22704 ALGER 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: KATHLEEN MCLAREN 24516 HARMON CIR ST CLAIR SHORES, MI 48080		\$ <u>100.00</u>	\$ <u>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			

Page Subtotal **1,283.33**

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>09/26/2024</u> Name & Address: RENEE VATNE 3396 TRACY DR STERLING HEIGHTS, MI 48310		\$ <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>09/26/2024</u> Name & Address: DIANE MCKEE 1637 BLAIRMoor CT GROSSE POINTE, MI 48236		\$ <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>09/26/2024</u> Name & Address: JENNIFER GOSSARD 51097 PINewood DR MACOMB, MI 48042		\$ <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>09/26/2024</u> Name & Address: DANIELLE STOETZER 21207 ARDMORE PARK DR ST CLAIR SHORES, MI 48081		\$ <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 100.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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>09/26/2024</u> Name & Address: SUE FLIS 32840 NORTHAMPTON DR WARREN, MI 48093		\$ <u>30.00</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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: SUSANNE MITCHELL 34396 BURSTYN DR STERLING HEIGHTS, MI 48312		\$ <u>430.00</u>	\$ <u>430.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIASION</u> Employer <u>UAW RETIREE HEALTH CARE TRUSY</u> Business Address <u>1150 GRATIOT AVE, 4TH FLOOR, DETROIT, MI 48207</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: SYLVIA CACOSSA 6606 FLINTLOCK RIDGE UTICA, MI 48317		\$ <u>100.00</u>	\$ <u>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>09/26/2024</u> Name & Address: ANA FERNANDEZ 13419 HIGHLAND CIR STERLING HEIGHTS, MI 48312		\$ <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 590.00

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>09/26/2024</u> Name & Address: KELLY JURONOC 36596 CAPPER DR CLINTON TWP, MI 48035		\$ <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>09/26/2024</u> Name & Address: NANCY CUMMING 14765 MYSTIC CT SHELBY TWP, MI 48315		\$ <u>10.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: JENNIFER SASEK 26707 GRANT ST ST CLAIR SHORES, MI 48081		\$ <u>60.00</u>	\$ <u>60.00</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>09/26/2024</u> Name & Address: WILLIAM MEREDITH 1813 ALLARD AVE GROSSE POINTE, MI 48236		\$ <u>60.00</u>	\$ <u>310.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>COLDWELL BANKER</u> Business Address <u>1813 ALLARD AVE, GROSSE POINTE, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 160.00

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>09/26/2024</u>	
Name & Address: KENNETH ALYASS 189 CAMBRIDGE ST ALLSTON, MA 02134		\$ <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>09/26/2024</u>	
Name & Address: DIANNE QUEENER LA CHENE AVE WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>130.00</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>09/26/2024</u>	
Name & Address: DONA NORLOCK 23112 ARTHUR CT. SAINT CLAIR SHORES, MI 48080		\$ <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>09/26/2024</u>	
Name & Address: DONA NORLOCK 23112 ARTHUR CT. SAINT CLAIR SHORES, MI 48080		\$ <u>30.00</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 190.00

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>09/26/2024</u>	
Name & Address: LYNN M REHAHN 21446 BEACONSFIELD AVE ST CLAIR SHORES, MI 48080		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: CAROLE A MURRAY 42489 CLINTON PL DR 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>CAROLE MURRAY - ATTORNEY AT LAW</u> Business Address <u>43550 ELIZABETH RD, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: JAMES D CARLONE 37247 MORAVIAN 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>09/27/2024</u>	
Name & Address: NANCY J DIEHL 1300 E LAFAYETTE ST DETROIT, MI 48207		\$ <u>250.00</u>	\$ <u>950.00</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 **580.00**

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>09/27/2024</u> Name & Address: TIMOTHY CORY YEA I19912 CHALON SAINT CLAIR SHORES, MI 48080		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2024</u> Name & Address: VERONICA PAIZ 20052 HUNT CLUB DR HARPER WOODS, MI 48225		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>MI HOUSE OF REPRESENTATIVES</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2024</u> Name & Address: CAROLINE S REID 38652 SYCAMORE MEADOW DR CLINTON TWP, MI 48036		\$ <u>30.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2024</u> Name & Address: PETER P CUCINELLA 19585 MASONIC APT. 20 ROSEVILLE, MI 48066		\$ <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			

Page Subtotal 230.00

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>09/27/2024</u>	
Name & Address: DARLENE KALTZ 28801 JEFFERSON AVE #210 ST CLAIR SHORES, MI 48081		\$ <u>200.00</u>	\$ <u>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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2024</u>	
Name & Address: ANTHONY CAMPBELL 5736 STONEY PL S SHELBY TWP, MI 48316		\$ <u>50.00</u>	\$ <u>70.52</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>09/28/2024</u>	
Name & Address: ANTHONY CARDAMONE 16826 ST PAUL ST GROSSE POINTE, MI 48230		\$ <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>09/28/2024</u>	
Name & Address: DENNIS MARENTETTE 32332 ERBEN ST ST CLAIR SHORES, MI 48081		\$ <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			

Page Subtotal **325.00**

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>09/28/2024</u> Name & Address: MARK KRIGER 1129 MARTIN PL ANN ARBOR, MI 48104		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>1129 MARTIN PL, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2024</u> Name & Address: HENRY NEWNAN 27156 GAIL DR WARREN, MI 48093		\$ <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>09/29/2024</u> Name & Address: HOWARD GOURWITZ 1783 ALEXANDER DR BLOOMFIELD TWP, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LIPSON NEILSON</u> Business Address <u>3910 TELEGRAPH RD, STE. 200, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2024</u> Name & Address: ALISA DIEZ 13526 TOWERING OAKS DRIVE SHELBY TOWNSHIP, MI 48315		\$ <u>60.00</u>	\$ <u>260.00</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 **1,410.00**

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2024</u> Name & Address: ANN MCMILLAN 30073 LORRAINE AVE WARREN, MI 48093		\$ <u>10.00</u>	\$ <u>1,210.00</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>09/29/2024</u> Name & Address: DEAN DIBASIO 18198 MILLAR RD CLINTON TWP, MI 48036		\$ <u>4.00</u>	\$ <u>29.00</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>09/29/2024</u> Name & Address: MICHAEL JACOBSON 21741 CYMAN AVE WARREN, MI 48091		\$ <u>10.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FRAUD ANALYST</u> Employer <u>TD BANK</u> Business Address <u>27777 INKSTER RD, 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>09/30/2024</u> Name & Address: THOMAS HOOYMAN 64 W 14TH ST HOLLAND, MI 49423		\$ <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			

Page Subtotal 124.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: NICOLE BREADON 9881 MARMORA CLARKSTON, MI 48348		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: SUSAN JAEGER 3615 MCKAIL RD. ROMEO, MI 48065		\$ <u>60.00</u>	\$ <u>60.00</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>09/30/2024</u>	
Name & Address: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>344.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: NINA ABRAMS 12959 TALBOT LN HUNTINGTON WOODS, MI 48070		\$ <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			

Page Subtotal 385.00

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>09/30/2024</u> Name & Address: CAROLE BANNISTER 18877 HIGHLITE DR. S. CLINTON TOWNSHIP, MI 48035		\$ <u>100.00</u>	\$ <u>820.00</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>09/30/2024</u> Name & Address: JUDY PRITCHETT 62823 TOURNAMENT DR. WASHINGTON TOWNSHIP, MI 48094		\$ <u>50.00</u>	\$ <u>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>09/30/2024</u> Name & Address: EDWARD PATE 57364 TANGLEWOOD ST NEW HAVEN, MI 48048		\$ <u>30.00</u>	\$ <u>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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/30/2024</u> Name & Address: DAVID TIRSELL 292 JONES ST MT CLEMENS, MI 48043		\$ <u>20.24</u>	\$ <u>632.16</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 200.24

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>09/30/2024</u> Name & Address: MARY JO MATHISEN 20604 BIRCH MEADOW CLINTON TWP, MI 48036		\$ <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>10/01/2024</u> Name & Address: VICKY CHEGASH 37520 HEBEL RD RICHMOND, MI 48062		\$ <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>10/01/2024</u> Name & Address: DEBRA DOROSH 44188 RINA LN CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>145.00</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>10/01/2024</u> Name & Address: SARAH BARTON 1020 37TH AVE E SEATTLE, WA 98112		\$ <u>2,800.00</u>	\$ <u>2,800.00</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 2,885.00

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>10/01/2024</u> Name & Address: JEAN-PHILLIPPE FALETTA 41101 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>30.00</u>	\$ <u>175.00</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>10/01/2024</u> Name & Address: TIMOTHY CORY YEA I19912 CHALON SAINT CLAIR SHORES, MI 48080		\$ <u>30.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/01/2024</u> Name & Address: LINDSAY VAN SYCKLE 881 ARLINGTON ST BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>650.00</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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/02/2024</u> Name & Address: RICK FLYNN 43225 CHARDONNAY DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>400.00</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 660.00

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>10/02/2024</u> Name & Address: BUILDING BRIDGES PAC PO BOX 12056 LANSING, MI 48901		\$ <u>10,000.00</u>	\$ <u>10,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/02/2024</u> Name & Address: BARBARA EISENBEISS 19917 BRAMBLE BUSH DR GAITHERSBURG, MD 20879		\$ <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>10/02/2024</u> Name & Address: SAMUEL CHURIKIAN 500 GRISWOLD ST STE. 2340 DETROIT, MI 48226		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SAMUEL J. CHURIKIAN</u> Business Address <u>500 GRISWOLD, STE. 2340, 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>10/02/2024</u> Name & Address: JAMES TRASK 7430 OLD MILL RD BLOOMFIELD HILLS, MI 48301		\$ <u>250.00</u>	\$ <u>750.00</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 **10,600.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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>10/02/2024</u> Name & Address: ANTHONY RAVETTA 12365 MARLA DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/02/2024</u> Name & Address: GEORGE-MICHAEL HIGGINS 28045 MAVIS DR WARREN, MI 48088		\$ <u>175.00</u>	\$ <u>560.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPAIGN COORDINATOR</u> Employer <u>MICHIGAN HOUSE DEMOCRATIC FUND</u> Business Address <u>18311 BREEZEWAY, FRASER, MI 48026</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/02/2024</u> Name & Address: SUSAN MANCANI 14400 25 MILE ROAD UTICA, MI 48315		\$ <u>100.00</u>	\$ <u>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>10/02/2024</u> Name & Address: EMILY CALABRESE 4247 MANKATO AVE ROYAL OAK, MI 48073		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAKESHORE LEGAL AID</u> Business Address <u>30500 VAN DYKE AVE, WARREN, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **625.00**

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>10/02/2024</u>	
Name & Address: LEM SMITH 1133 NW 57TH ST SEATTLE, WA 98107		\$ <u>500.00</u>	\$ <u>825.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>OVERLAKE HOSPITAL</u> Business Address <u>1035 116TH AVE NE, BELLEVUE, WA 98004</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2024</u>	
Name & Address: CHRYSANTHE KOHL 22191 ANTLER DR NOVI, MI 48375		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CHRYSANTHE A KOTIS</u> Business Address <u>200 N CENTER ST, NORTHVILLE, MI 48167</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2024</u>	
Name & Address: MICHAEL TESNER 12209 DENTONVIEW DR FENTON, MI 48430		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GENESEE COUNTY</u> Business Address <u>900 SAGINAW ST, Fenton, MI 48430</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2024</u>	
Name & Address: GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092		\$ <u>10.00</u>	\$ <u>220.00</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			

Page Subtotal 710.00

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>10/02/2024</u>	
Name & Address: DANIEL WEAVER 9 ELWOOD ST REDWOOD CITY, CA 94062		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMPUTER PROGRAMMER</u> Employer <u>META</u> Business Address <u>1 HACKER WY, MENLO PARK, CA 94025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/03/2024</u>	
Name & Address: SARAH DEFLON 3390 STRATFORD RD APT. 612 ATLANTA, GA 30326		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/03/2024</u>	
Name & Address: ALEXANDRA FLUEGEL 1079 MARYLAND ST GROSSE POINTE, MI 48230		\$ <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>10/03/2024</u>	
Name & Address: MARK FARRAH 3341 COUNTRY VILLAGE LN TRENTON, MI 48183		\$ <u>250.00</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			

Page Subtotal **810.00**

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>10/03/2024</u>	
Name & Address: SHIELA STRUNK 24106 MEADOWBRIDGE DR CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>380.00</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>10/03/2024</u>	
Name & Address: DAVID ZEMENS 432 PHIL ST ROCHESTER, MI 48307		\$ <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>10/03/2024</u>	
Name & Address: ALEC DOSS 638 5TH ST ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>120.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNDRAISER</u> Employer <u>FRIENDS OF SHERROD BROWN</u> Business Address <u>30 W 1ST AVE, UNIT 201, COLUMBUS, OH 43215</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/03/2024</u>	
Name & Address: DANA FORTIER 23871 W LEBOST NOVI, MI 48375		\$ <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 205.00

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>10/03/2024</u> Name & Address: CARLY BABI 2598 IVANHOE DR WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>THE BOSS ATTORNEY</u> Business Address <u>32121 WOODWARD AVE, ROYAL OAK, MI 48073</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/04/2024</u> Name & Address: KAREN DEVECSERY 14772 LL ROAD WETMORE, MI 49895		\$ <u>25.00</u>	\$ <u>540.00</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>10/04/2024</u> Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>10.00</u>	\$ <u>184.00</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>10/04/2024</u> Name & Address: OPOLLA BROWN 2096 HYDE PARK RD DETROIT, MI 48207		\$ <u>100.00</u>	\$ <u>919.24</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			

Page Subtotal **635.00**

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>10/04/2024</u>	
Name & Address: JAMES GOODSMITH 2959 RANIERI DR TROY, MI 48085		\$ <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>10/04/2024</u>	
Name & Address: SUSAN DILIBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>10.00</u>	\$ <u>249.24</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: DANIEL HINES 138 WOODLAND RD FREDERICKSBURG, VA 22401		\$ <u>100.00</u>	\$ <u>1,075.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DENTIST</u> Employer <u>PDC</u> Business Address <u>405 BUTTERNUT ST NW, WASHINGTON, DC 20012</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: SLOAN HOGAN 45914 FOUNTAIN VIEW DR CANTON, MI 48188		\$ <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			

Page Subtotal 170.00

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>10/04/2024</u> Name & Address: ELIZABETH GOODENOUGH 2260 PINE GROVE CT ANN ARBOR, MI 48103		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LECTURER</u> Employer <u>UM</u> Business Address <u>2260 PINE GROVE CT, ANN ARBOR, MI 48103</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/04/2024</u> Name & Address: JOSH FOSTER 29365 DOVER AVE WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATION MANAGER</u> Employer <u>GM FINANCIAL</u> Business Address <u>29365 DOVER AVE, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/04/2024</u> Name & Address: ANTHONY CAMPBELL 5736 STONEY PL S SHELBY TWP, MI 48316		\$ <u>11.04</u>	\$ <u>81.56</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>10/04/2024</u> Name & Address: ANA QUIROZ 41272 COVENTRY RD NOVI, MI 48375		\$ <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			

Page Subtotal **1,111.04**

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>10/04/2024</u>	
Name & Address: RAED ISSA 341 E HURON ST ANN ARBOR, MI 48104		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>MIDWEST CREATIVE INVESTMENTS</u> Business Address <u>341 E HURON ST, ANN ARBOR, MI 48104</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: EVAN MALINOWSKI 28020 BRANDYWINE RD FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: ALYSA DIEBOLT 23225 OAKWOOD AVE EASTPOINTE, MI 48021		\$ <u>6.87</u>	\$ <u>763.02</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARTIST</u> Employer <u>BRICK TOWN GLASS</u> Business Address <u>23225 OAKWOOD AVE, EASTPOINTE, MI 48021</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: JALESE DEBIASI 3642 SANCROFT AVE WEST BLOOMFIELD, MI 48324		\$ <u>50.00</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>32255 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **656.87**

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

Enter this total on
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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>10/04/2024</u>	
Name & Address: MIKE RAYMOND 47707 ANNA CT SHELBY TWP, MI 48315		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: EMILY MELLITS LIMERICK LN WASHINGTON, MI 48095		\$ <u>25.00</u>	\$ <u>132.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE DIRECTOR</u> Employer <u>FAROUGH & ASSOCIATES</u> Business Address <u>30150 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: BENJAMIN FALK 219 T ST NE WASHINGTON, DC 20002		\$ <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>10/04/2024</u>	
Name & Address: KENRICK AYLESWORTH 5789 MEADOWVIEW ST YPSILANTI, MI 48197		\$ <u>50.00</u>	\$ <u>850.00</u>
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			

Page Subtotal 135.00

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

Enter this total on
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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>10/04/2024</u> Name & Address: COMMITTEE TO ELECT VERONICA PAIZ 20052 HUNT CLUB DR HARPER WOODS, MI 48225		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/05/2024</u> Name & Address: JON GENTILE 17117 SILK TREE WAY SANTA CLARITA, CA 91387		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>CDW</u> Business Address <u>17117 SILK TREE WAY, LOS ANGELES COUNTY, CA 91387</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/05/2024</u> Name & Address: LEAH BERDY 32252 HAWTHORNE DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>270.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSTRUCTOR</u> Employer <u>OPC CENTER</u> Business Address <u>32252 HAWTHORNE 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>10/05/2024</u> Name & Address: HECTOR RODRIGUEZ 3200 HUDDLESTONE DR 203 RALEIGH, NC 27612		\$ <u>10.00</u>	\$ <u>430.00</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			

Page Subtotal 460.00

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>10/05/2024</u> Name & Address: SCOTT LAUFER 17007 SMUGGLERS COVE ST CHARTER TWP OF CLINTON, MI 48038		\$ <u>5.00</u>	\$ <u>30.00</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>10/05/2024</u> Name & Address: PHYLLIS SMITH 28726 HIDDEN TRAIL FARMINGTON, MI 48331		\$ <u>25.00</u>	\$ <u>1,425.00</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>10/05/2024</u> Name & Address: SARAH SULLIVANT 470 COLA BALLENA #F ALAMEDA, CA 94501		\$ <u>7.00</u>	\$ <u>811.24</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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/06/2024</u> Name & Address: JOSEPH J FARAH 5189 WARWICK WDS TRL GRAND BLANC, MI 48439		\$ <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			

Page Subtotal **137.00**

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>10/06/2024</u> Name & Address: NORTH MACOMB PAC 23391 SPRING CREEK DR MACOMB, MI 48042		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/06/2024</u> Name & Address: LORETTA LORENZO 29601 JEFFERSON AVE ST CLAIR SHORES, MI 48082		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/06/2024</u> Name & Address: ANNE LERINI 17633 ANNAPOLIS ST DEARBORN HEIGHTS, MI 48125		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIRST ASSISTANT PROSECUTOR</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>200 N MAIN ST, Ann Arbor, MI 48107</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/06/2024</u> Name & Address: CAITLIN KLEIN 1516 MORTON AVE ANN ARBOR, MI 48104		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STUDENT</u> Employer <u>EMU</u> Business Address <u>1516 MORTON AVE, ANN ARBOR, MI 48104</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,150.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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>10/06/2024</u> Name & Address: LEIGH BENIGNI 2165 WALTER CT 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>10/06/2024</u> Name & Address: SYLVIA CACOSSA 6606 FLINTLOCK RIDGE UTICA, MI 48317		\$ <u>100.00</u>	\$ <u>300.00</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>10/06/2024</u> Name & Address: PHILIP ZAZOVE 11458 CEDAR BEND DR PINCKNEY, MI 48169		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/06/2024</u> Name & Address: ELIZABETH FAULKNER 209 FAUNHILL RD BROOMALL, PA 19008		\$ <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			

Page Subtotal 255.00

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>10/07/2024</u>	
Name & Address: PAUL LEBLANC 16159 WHITE WATER DR MACOMB, MI 48042		\$ <u>30.00</u>	\$ <u>125.00</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>10/07/2024</u>	
Name & Address: JILL TURNES 22442 CORTEVILLE ST ST CLAIR SHORES, MI 48081		\$ <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>10/07/2024</u>	
Name & Address: GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092		\$ <u>250.00</u>	\$ <u>470.00</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>10/07/2024</u>	
Name & Address: GARY MCMENAMIN 27428 NEWPORT DR WARREN, MI 48088		\$ <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			

Page Subtotal 405.00

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>10/07/2024</u>	
Name & Address: KATHERINE GRISWOLD 3565 FOX HUNT DR ANN ARBOR, MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: ERIC ROBERTS 2835 S WAGNER RD ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: CHRISTINE MERRITT 35444 UPMANN DR STERLING HEIGHTS, MI 48310		\$ <u>25.00</u>	\$ <u>35.00</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>10/07/2024</u>	
Name & Address: DAVID NACHT 2533 N WAGNER RD ANN ARBOR, MI 48103		\$ <u>1,000.00</u>	\$ <u>1,750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>NACHTLAW PC</u> Business Address <u>101 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,175.00

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>10/07/2024</u> Name & Address: ROBIN DOPP 34720 HUNTLEY DR H13 STERLING HEIGHTS, MI 48312 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/07/2024</u> Name & Address: ELIZABETH MONDOUX 4435 WHITEWOOD FARMS DR NE GRAND RAPIDS, MI 49525 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/07/2024</u> Name & Address: PATTY QUILLIN 849 ALMAR AVE STE. C523 SANTA CRUZ, CA 95060 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>5,000.00</u>	\$ <u>5,000.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/07/2024</u> Name & Address: KARLA JURVETSON 27200 ALTAMONT RD LOS ALTOS HILLS, CA 94022 5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>SELF</u> Business Address <u>27200 ALTAMONT RD, LOS ALTOS HILLS, CA 94022</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>

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>10/08/2024</u> Name & Address: ANGELA VERGES 6889 POPLAR DR YPSILANTI, MI 48197		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/08/2024</u> Name & Address: LORI STONE 27582 EVELYN AVE WARREN, MI 48093		\$ <u>500.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MAYOR</u> Employer <u>CITY OF WARREN</u> Business Address <u>1 CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/08/2024</u> Name & Address: MARYANN GRIFFITH 1015 GUINAN RD CHELSEA, MI 48118		\$ <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>10/08/2024</u> Name & Address: GABRIELLE RAGLAND 15355 PIEDMONT ST DETROIT, MI 48223		\$ <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			

Page Subtotal **660.00**

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>10/08/2024</u>	
Name & Address: GREG LEWIS 2023 DAY ST ANN ARBOR, MI 48104		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/08/2024</u>	
Name & Address: BARBARA KRAMER 505 HIGHLAND RD ANN ARBOR, MI 48104		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>KRAMER & KRAMER</u> Business Address <u>24 FRANK LLOYD WRIGHT DR, LOBBY D, 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>10/08/2024</u>	
Name & Address: KENNETH E OVERWATER 329 S MELBORN ST DEARBORN, MI 48124		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PUBLIC DEFENDER</u> Employer <u>PUBLIC DEFENDER OF WASHTENAW COUNTY</u> Business Address <u>220 E HURON ST, 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>10/08/2024</u>	
Name & Address: MERVIN WHITE 5839 FRONTENAC AVE DETROIT, MI 48211		\$ <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 **825.00**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/08/2024</u>	
Name & Address: MERVIN WHITE 5839 FRONTENAC AVE DETROIT, MI 48211		\$ <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>10/08/2024</u>	
Name & Address: MELODY MAGEE 25800 TIMBERLINE DR WARREN, MI 48091		\$ <u>25.00</u>	\$ <u>325.00</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>10/08/2024</u>	
Name & Address: BARBARA GECK 39526 WALDORF DR CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>855.24</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/08/2024</u>	
Name & Address: HENRY NEWNAN 27156 GAIL DR WARREN, MI 48093		\$ <u>20.00</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			

Page Subtotal 100.00

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/08/2024</u> Name & Address: SEAN FITZPATRICK 10 W 65TH ST APT. 3C NEW YORK, NY 10023		\$ <u>8.33</u>	\$ <u>8.33</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/09/2024</u> Name & Address: MICHAEL J CASCONI 97 DENNISON ST OXFORD, MI 48371		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/09/2024</u> Name & Address: EMILY BUSCH 97 DENNISON ST OXFORD, MI 48371		\$ <u>200.00</u>	\$ <u>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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/09/2024</u> Name & Address: ALYSHIA DYER 5908 QUEBEC AVE ANN ARBOR, MI 48103		\$ <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			

Page Subtotal 408.33

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: THOMAS NIEMER 48320 SAND CASTLE CT SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: ROBYN MCCOY 13255 LAKE POINT BLVD APT. #F VAN BUREN TWP, MI 48111		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MCCOY & ASSOCIATES PLLC</u> Business Address <u>13255 LAKE POINT BLVD, VAN BUREN TWP, MI 48111</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: NATALIE REESE 2832 PARDEE AVE DEARBORN, MI 48124		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WAYNE COUNTY</u> Business Address <u>500 GRISWOLD ST, 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>10/09/2024</u>	
Name & Address: CLAIRE KIRSCH 2834 WASHBURN RD VASSAR, MI 48768		\$ <u>20.00</u>	\$ <u>180.00</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			

Page Subtotal 320.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140291
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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: SHEET METAL WORKERS LOCAL 80 PAC 17100 W 12 MILE RD 2ND FLOOR SOUTHFIELD, MI 48076		\$ <u>580.00</u>	\$ <u>580.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: FEMS FOR DEMS PAC 2590 KENT RIDGE CT BLOOMFIELD TWP, MI 48301		\$ <u>500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: ANTONIA ABBEY 16696 WHITE HAVEN DR NORTHVILLE, MI 48168		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: LINDA M PIDUTTI 37649 CHARTER OAKS BOULEVARD CLINTON TOWNSHIP, MI 48036		\$ <u>60.00</u>	\$ <u>215.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,240.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140291
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: STEVEN M KAPLAN 6823 POST OAK DR WEST BLOOMFIELD, MI 48322		\$ <u>500.00</u>	\$ <u>1,600.00</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>10/10/2024</u>	
Name & Address: THERESE KENNEDY 4171 BROOKWAY LANE CLEVELAND, OH 44144		\$ <u>5.00</u>	\$ <u>16.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: TIMOTHY CORY YEA I19912 CHALON SAINT CLAIR SHORES, MI 48080		\$ <u>30.00</u>	\$ <u>110.00</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>10/10/2024</u>	
Name & Address: JAMES C SCOTT 36734 WAYNE DR STERLING HEIGHTS, MI 48312		\$ <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			

Page Subtotal **635.00**

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**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/10/2024</u> Name & Address: ANDREW BOERTMANN 68667 STOECKER LN RICHMOND, MI 48062		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/10/2024</u> Name & Address: TAKURA NYAMFUKUDZA 505 WENDOVER DR LANSING, MI 48906		\$ <u>100.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CHARTIER & NYAMFUKUDZA P.L.C.</u> Business Address <u>2295 SOWER BOULEVARD, INGHAM COUNTY, MI 48864</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/11/2024</u> Name & Address: KEVIN HIGGINS 28045 MAVIS DR WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>MR WONDERFUL REALTY</u> Business Address <u>28045 MAVIS 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>10/11/2024</u> Name & Address: JOSH FOSTER 29365 DOVER AVE WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATION MANAGER</u> Employer <u>GM FINANCIAL</u> Business Address <u>29365 DOVER AVE, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 290.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2024</u>	
Name & Address: OPOLLA BROWN 2096 HYDE PARK RD DETROIT, MI 48207		\$ <u>50.00</u>	\$ <u>969.24</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>10/11/2024</u>	
Name & Address: DAVID TIRSELL 292 JONES ST MT CLEMENS, MI 48043		\$ <u>50.00</u>	\$ <u>682.16</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>10/11/2024</u>	
Name & Address: KATHERINE RUTH 53359 MARK DR SHELBY TWP, MI 48316		\$ <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>10/11/2024</u>	
Name & Address: BRADLEY COBB 2873 RIVER MEADOW CIR CANTON, MI 48188		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WAYNE COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>2873 RIVER MEADOW CIR, CANTON, MI 48188</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 200.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2024</u>	
Name & Address: CAROL GRANT 23216 GLENBROOK ST ST CLAIR SHORES, MI 48082		\$ <u>24.40</u>	\$ <u>343.64</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RECEPTIONIST</u> Employer <u>ALOIA LAW</u> Business Address <u>39292 CHART ST, HARRISON TWP, MI 48045</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2024</u>	
Name & Address: KRISTOFFER BUTLER 19785 W 12 MILE RD SOUTHFIELD, MI 48076		\$ <u>50.00</u>	\$ <u>260.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2024</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>24.40</u>	\$ <u>448.40</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>10/11/2024</u>	
Name & Address: RICHARD GREEN 23220 HARMON ST ST CLAIR SHORES, MI 48080		\$ <u>24.40</u>	\$ <u>174.40</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 123.20

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/11/2024</u> Name & Address: JOELYN PAWENSKI 6150 RAINTREE DR CANTON, MI 48187		\$ <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>10/11/2024</u> Name & Address: MECHA CROCKETT 6033 15TH ST DETROIT, MI 48208		\$ <u>24.40</u>	\$ <u>124.40</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>10/11/2024</u> Name & Address: PATRICIA M BELANGER 14938 ALMA DR STERLING HEIGHTS, MI 48313		\$ <u>50.00</u>	\$ <u>290.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/11/2024</u> Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>5.00</u>	\$ <u>189.00</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 89.40

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(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



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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>10/11/2024</u>	
Name & Address: OPERATING ENGINEERS LOCAL 324 STATE OF MICHIGAN PAC 500 HULET DR BLOOMFIELD TWP, MI 48302		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2024</u>	
Name & Address: BIRDIE NASH 29484 ASHLAND AVE #103 HARRISON TWP, MI 48045		\$ <u>30.00</u>	\$ <u>295.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2024</u>	
Name & Address: PAT ROGAN 201 RODNEY ST GLEN ROCK, NJ 07452		\$ <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>10/12/2024</u>	
Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>24.40</u>	\$ <u>213.40</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 1,064.40

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>10/12/2024</u> Name & Address: KIMBERLY BROWN 1300 E LAFAYETTE ST #2201 DETROIT, MI 48207 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/12/2024</u> Name & Address: LYNN MCDANIELS 44701 STERRITT ST STERLING HEIGHTS, MI 48314 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>24.40</u>	\$ <u>24.40</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/12/2024</u> Name & Address: DIANE WILBUR 11555 MOUNTAIN WOODS DR THOMPSONVILLE, MI 49683 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>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/12/2024</u> Name & Address: SHIELA STRUNK 24106 MEADOWBRIDGE DR CLINTON TWP, MI 48035 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>410.00</u>

Page Subtotal 204.40

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>10/12/2024</u>	
Name & Address: DIANE WILBUR 11555 MOUNTAIN WOODS DR THOMPSONVILLE, MI 49683		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/12/2024</u>	
Name & Address: DIANE WILBUR 11555 MOUNTAIN WOODS DR THOMPSONVILLE, MI 49683		\$ <u>50.00</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>10/12/2024</u>	
Name & Address: ANDREA SCHEID 30733 WINTHROP DR MADISON HEIGHTS, MI 48071		\$ <u>250.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/12/2024</u>	
Name & Address: MARGARET FISK 20004 PARKSIDE ST ST CLAIR SHORES, MI 48080		\$ <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			

Page Subtotal 400.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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>10/12/2024</u> Name & Address: CYNTHIA DECKER 3628 PRATT RD METAMORA, MI 48455		\$ <u>50.00</u>	\$ <u>125.00</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>10/12/2024</u> Name & Address: ERIC WELSBY 4664 BROCKHAM WAY STERLING HEIGHTS, MI 48310		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/13/2024</u> Name & Address: CLARICE SQUILLACE 14816 MAYVIEW CT SHELBY TWP, MI 48315		\$ <u>24.40</u>	\$ <u>105.40</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>10/13/2024</u> Name & Address: MARGARET A HADER 46109 SHOAL DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>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			

Page Subtotal 224.40

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>10/13/2024</u>	
Name & Address: TIMOTHY CORY YEA I19912 CHALON SAINT CLAIR SHORES, MI 48080		\$ <u>20.00</u>	\$ <u>130.00</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>10/13/2024</u>	
Name & Address: MEGAN HAGENAUER 2191 HARDING AVE YPSILANTI, MI 48197		\$ <u>8.33</u>	\$ <u>8.33</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: CATHY RUIZ 27550 STRATHMOOR DR 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>10/14/2024</u>	
Name & Address: DEAN DIBASIO 18198 MILLAR RD CLINTON TWP, MI 48036		\$ <u>10.00</u>	\$ <u>39.00</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 48.33

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>10/14/2024</u> Name & Address: MEAGHAN MCKEON 1027 SOMERSET JACKSON, MI 49203		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>JACKSON COUNTY</u> Business Address <u>312 S JACKSON ST, JACKSON, MI 49201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/14/2024</u> Name & Address: FLORENCE M HAYMAN 53540 GRACE DR NEW BALTIMORE, MI 48047		\$ <u>20.00</u>	\$ <u>125.00</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>10/14/2024</u> Name & Address: MAUREEN SNYDER 30738 DOVER AVE WARREN, MI 48088		\$ <u>10.00</u>	\$ <u>135.00</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>10/14/2024</u> Name & Address: PATRICIA MEADOWS 901 ECKFORD DR TROY, MI 48085		\$ <u>25.00</u>	\$ <u>125.00</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 105.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: DONNA LEMLEY 8985 FERNWOOD PATH WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>450.00</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>10/14/2024</u>	
Name & Address: CAROLE BANNISTER 18877 HIGHLITE DR. S. CLINTON TOWNSHIP, MI 48035		\$ <u>100.00</u>	\$ <u>920.00</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>10/14/2024</u>	
Name & Address: SHARON LINDSEY 57353 COVINGTON DR WASHINGTON, MI 48094		\$ <u>25.00</u>	\$ <u>300.00</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>10/14/2024</u>	
Name & Address: RICK FLYNN 43225 CHARDONNAY DR STERLING HEIGHTS, MI 48314		\$ <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			

Page Subtotal 475.00

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>10/14/2024</u>	
Name & Address: MARY MATA CZYNSKI 28572 ASPEN DR WARREN, MI 48093		\$ <u>25.00</u>	\$ <u>70.23</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>10/14/2024</u>	
Name & Address: RONALD P FIORANI 8138 VIRGINIA PK CENTER LINE, MI 48015		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: DAVID IVERS 35917 FIERIMONTE DR CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>225.00</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>10/15/2024</u>	
Name & Address: DAVID TIRSELL 292 JONES ST MT CLEMENS, MI 48043		\$ <u>250.00</u>	\$ <u>932.16</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
(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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/15/2024</u> Name & Address: CTE JOHN CHIRKUN FOR ROSEVILLE CITY TREASURER 31229 MERRILY ST ROSEVILLE, MI 48066 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/15/2024</u> Name & Address: KLINEFELT FOR MICHIGAN 16143 WILSON AVE EASTPOINTE, MI 48021 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>130.00</u>	\$ <u>130.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/15/2024</u> Name & Address: ROBERT KELLY-MCFARLAND FOR STATE REPRESENTATIVE 51674 WILSHIRE DR NEW BALTIMORE, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>60.00</u>	\$ <u>60.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/15/2024</u> Name & Address: DENNIS J BRUCK 19637 LLOYD ST CLINTON TWP, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>30.00</u>	\$ <u>90.00</u>

Page Subtotal 320.00

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>10/15/2024</u>	
Name & Address: DEBRA DOROSH 44188 RINA LN CLINTON TWP, MI 48038		\$ <u>30.00</u>	\$ <u>175.00</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>10/15/2024</u>	
Name & Address: PURSUIT OF JUSTICE PAC 2075 W STADIUM BLVD ANN ARBOR, MI 48103		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: BEVERLY BEATHAM 22275 BORDMAN RD BERLIN, MI 48002		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: RICHARD BLUMENSTEIN 32400 TELEGRAPH RD STE. 205 BINGHAM FARMS, MI 48025		\$ <u>2,800.00</u>	\$ <u>2,800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>DOVER DEVELOPMENT</u> Business Address <u>32400 TELEGRAPH RD, STE. 205, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **3,355.00**

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>10/15/2024</u>	
Name & Address: JAIMIE HOROWITZ 26419 YORK RD HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: AARON INGBER 29056 FOREST HILL DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PIRANO AND INGBER</u> Business Address <u>3280 E THIRTEEN MILE RD, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: VALERIE NEWMAN 13142 BORGMAN AVE HUNTINGTON WOODS, MI 48070		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WAYNE COUNTY</u> Business Address <u>5301 RUSSELL ST, DETROIT, MI 48211</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: BARBARA REED 443 W CHERRY ST GRANTSVILLE, UT 84029		\$ <u>50.00</u>	\$ <u>300.00</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 500.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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>10/15/2024</u> Name & Address: MICHIGAN LABORERS' POLITICAL LEAGUE PAC 1118 CENTENNIAL WAY STE. 100 LANSING, MI 48917 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/15/2024</u> Name & Address: NOELLE SCIARINI 3024 ROSEFIELD DR ANN ARBOR, MI 48108 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>10/15/2024</u> Name & Address: MAMIE DAYAN 190 LAUREL FOREST CIR NE ATLANTA, GA 30342 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10.00</u>	\$ <u>10.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/16/2024</u> Name & Address: GUIDO FUCINARI 20920 ERBEN 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>15.00</u>	\$ <u>15.00</u>

Page Subtotal 2,545.00

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>10/16/2024</u>	
Name & Address: AMBER SITKO 16151 FRAZHO RD ROSEVILLE, MI 48066		\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CSA</u> Employer <u>MICROSOFT</u> Business Address <u>16151 FRAZHO RD, ROSEVILLE, MI 48066</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/16/2024</u>	
Name & Address: VINCENT HAISHA 836 CHAPIN AVE BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FLOOD LAW</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>10/16/2024</u>	
Name & Address: ELIZABETH YOUNG 3060 KENMORE RD BERKLEY, MI 48072		\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FEDERAL COMMUNITY DEFENDER OFFICE EDM</u> Business Address <u>613 ABBOTT ST, 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>10/16/2024</u>	
Name & Address: KATELYN MCTAGUE 213 DAHLGREN PL FORT HAMILTON, NY 11228		\$ <u>4.16</u>	\$ <u>4.16</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 **554.16**

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>10/16/2024</u> Name & Address: ALBERT BIANCHI 1718 DUNMORE RD ANN ARBOR, MI 48103		\$ <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>10/17/2024</u> Name & Address: LINDA ROSE CLOR 46301 MEADOW LN MACOMB TWP, MI 48044		\$ <u>7.00</u>	\$ <u>7.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/17/2024</u> Name & Address: SUSANNE MITCHELL 34396 BURSTYN DR STERLING HEIGHTS, MI 48312		\$ <u>250.00</u>	\$ <u>680.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIASION</u> Employer <u>UAW RETIREE HEALTH CARE TRUSY</u> Business Address <u>1150 GRATIOT AVE, 4TH FLOOR, DETROIT, MI 48207</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/17/2024</u> Name & Address: SUSAN PAUL 32655 BRUGGEMAN DR WARREN, MI 48089		\$ <u>50.00</u>	\$ <u>100.00</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 **317.00**

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>10/17/2024</u>	
Name & Address: NANCY CUMMING 14765 MYSTIC CT SHELBY TWP, MI 48315		\$ <u>15.00</u>	\$ <u>65.00</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>10/17/2024</u>	
Name & Address: ESTELLE BOGDONOFF 12 MAHAIWE ST GREAT BARRINGTON, MA 01230		\$ <u>6.25</u>	\$ <u>6.25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2024</u>	
Name & Address: ANNIE ANDERSON 45 HIGHLAND DR JAMESTOWN, RI 02835		\$ <u>40.00</u>	\$ <u>40.00</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>10/17/2024</u>	
Name & Address: MARTHA GOUEL 103 CHARMUTH RD LUTHERVILLE, MD 21093		\$ <u>5.00</u>	\$ <u>5.00</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 66.25

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>10/17/2024</u> Name & Address: DAN VISGER 14641 RIVERSIDE DR LIVONIA, MI 48154		\$ <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>10/17/2024</u> Name & Address: JUDY L HARTWELL 25921 MARITIME CIR S HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>380.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/17/2024</u> Name & Address: ANA QUIROZ 41272 COVENTRY RD NOVI, MI 48375		\$ <u>50.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/17/2024</u> Name & Address: EDWARD PATE 57364 TANGLEWOOD ST NEW HAVEN, MI 48048		\$ <u>25.00</u>	\$ <u>165.00</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 200.00

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>10/17/2024</u> Name & Address: GRACE BROUGHTON 284 FISHER RD GROSSE POINTE FARMS, MI 48230 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		\$ <u>15.00</u>	\$ <u>230.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/18/2024</u> Name & Address: AL ENGLE 9197 MORNING MIST DR CLARKSTON, MI 48348 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>8.33</u>	\$ <u>8.33</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/18/2024</u> Name & Address: GARY EHRMIN 15552 FIVE POINT RD PERRYSBURG, OH 43551 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/18/2024</u> Name & Address: ORIN LEVY 9625 NW 60TH DR PARKLAND, FL 33076 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>

Page Subtotal **73.33**

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>10/18/2024</u> Name & Address: LESLIE GARLAND 19 CONNECTOR RD WESTBOROUGH, MA 01581		\$ <u>1.25</u>	\$ <u>1.25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/18/2024</u> Name & Address: LAURIE WEISMAN 720 GREENWICH ST APT. 9A NEW YORK, NY 10014		\$ <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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/18/2024</u> Name & Address: CLAIRE WHITCOMB 12 FAIRWOOD RD MADISON, NJ 07940		\$ <u>31.25</u>	\$ <u>31.25</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>10/18/2024</u> Name & Address: PETER FLEMING 224 E 11TH ST APT. 6 NEW YORK, NY 10003		\$ <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			

Page Subtotal **62.50**

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>10/18/2024</u> Name & Address: LEAH REIN 733 COBBLESTONE WAY SHAKOPEE, MN 55379		\$ <u>3.00</u>	\$ <u>3.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/18/2024</u> Name & Address: CARL FONER 125 BOERUM PL APT. 3B BOERUM HILL, NY 11201		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/18/2024</u> Name & Address: GARY CYNOWA 45451 FIELDING ST. MACOMB TWP., MI 48042		\$ <u>100.00</u>	\$ <u>1,054.00</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>10/18/2024</u> Name & Address: LAURA ARTZ 3069 TUXEDO DR 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			

Page Subtotal **145.50**

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>10/18/2024</u>	
Name & Address: LARA CHELIAN 4444 BERKSHIRE RD ROYAL OAK, MI 48073		\$ <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>10/18/2024</u>	
Name & Address: MELANIE CHAMBERLAIN 3221 BROOKSHEAR CIR AUBURN HILLS, MI 48326		\$ <u>25.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACADEMIC ADVISER</u> Employer <u>OAKLAND UNIVERSITY</u> Business Address <u>23900 LONGACRE ST, FARMINGTON, MI 48335</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2024</u>	
Name & Address: SERGIO GIACOMAN SOTO 1117 EAST VANDERGRIF DR. APT. 1428 CARROLLTON, TX 75006		\$ <u>15.63</u>	\$ <u>15.63</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>10/19/2024</u>	
Name & Address: SHEET METAL WORKERS LOCAL 80 PAC 17100 W 12 MILE RD 2ND FLOOR SOUTHFIELD, MI 48076		\$ <u>580.00</u>	\$ <u>1,160.00</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 **630.63**

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>10/19/2024</u> Name & Address: ROBERT MITCHELL 26530 GRANT ST ST CLAIR SHORES, MI 48081		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/19/2024</u> Name & Address: ERMA LEAPHART 16512 SHAFTSBURY AVE DETROIT, MI 48219		\$ <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>10/19/2024</u> Name & Address: RUBY DUFFIELD 6522 E KNOLLWOOD CIR WEST BLOOMFIELD, MI 48322		\$ <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>10/19/2024</u> Name & Address: ROBERT PRAETORIUS 10 MOCKINGBIRD LANE MAYNARD, MA 01754		\$ <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 120.00

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>10/19/2024</u> Name & Address: <u>ANN DAMERON HINES</u> <u>201 OAK PARK ST</u> <u>#1602</u> <u>BERKELEY COUNTY, SC 29486</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		\$ <u>25.00</u>	\$ <u>425.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/19/2024</u> Name & Address: <u>VALERIE ALLAN</u> <u>1321 W CUCHARRAS ST</u> <u>COLORADO SPRINGS, CO 80904</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		\$ <u>20.00</u>	\$ <u>2,410.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/20/2024</u> Name & Address: <u>CHRIS FROHLICH</u> <u>19126 E LOW DR</u> <u>AURORA, CO 80015</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10.00</u>	\$ <u>10.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/20/2024</u> Name & Address: <u>PATRICIA OSBOURN</u> <u>26 TAHOE</u> <u>NEW HOPE, PA 18938</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>5.00</u>	\$ <u>5.00</u>

Page Subtotal 60.00

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>10/20/2024</u>	
Name & Address: CYNTHIA THOMAS 24874 SUMMERWOOD DR YUCAIPA, CA 92399		\$ <u>62.50</u>	\$ <u>62.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: ELIZABETH THOMAS 3510 MULTIVIEW DR LOS ANGELES, CA 90068		\$ <u>555.56</u>	\$ <u>555.56</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCER/WRITER</u> Employer <u>LARGER THAN LIFE PRODUCTIONS</u> Business Address <u>3510 MULTIVIEW DR., LOS ANGELES, CA 90068</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: KET GONDHA 4122 WINDEMERE LN CHARLOTTE, NC 28211		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: JOE NAGEL 11720 15 MILE RD APT. A-15 STERLING HEIGHTS, MI 48312		\$ <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 673.06

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>10/20/2024</u> Name & Address: FRED MILLER 71 OAKDALE BLVD PLEASANT RIDGE, MI 48069		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/20/2024</u> Name & Address: KATHLEEN LAPORTE 13841 BRIANA LANE UTICA, MI 48315		\$ <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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/20/2024</u> Name & Address: SUSAN R VERGILIO 5344 SEVEN LAKES DR N WASHINGTON, MI 48095		\$ <u>250.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/20/2024</u> Name & Address: THOMAS BOWES 27181 JAMES ST 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			

Page Subtotal **330.00**

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>10/20/2024</u> Name & Address: CHERYL FORD 11184 IRENE AVE WARREN, MI 48093		\$ <u>10.00</u>	\$ <u>405.00</u>
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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/20/2024</u> Name & Address: KELSEY KRUZEL 916 N TRUMBULL AVE CHICAGO, IL 60651		\$ <u>5.00</u>	\$ <u>100.00</u>
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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **15.00**

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

103,239.26

Enter this total on
line 3a of Summary
Page.



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: CHRISTINA HINES 4817 LA CHENE DR WARREN, MI 48092 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Business Address: WASHTENAW COUNTY PROSECUTOR'S OFFICE 200 N MAIN ST, 3RD FLOOR, ANN ARBOR, MI 48104 ☐ 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 SMARTPHONE 5. Date Of Receipt: 09/17/2024 6. Vendor Name & Address: VERIZON WIRELESS 1095 6TH AVE., NEW YORK, NY 10036	\$ 130.34	\$ 1,062.31
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: BRIAN VOGAL 22500 ST CLAIR DR ST CLAIR SHORES, MI 48081 If over \$100.00 cumulative, please provide: Occupation: CO-OWNER Employer Name & Address: FIREHOUSE PUB 23018 GREATER MACK AVE, ST CLAIR SHORES, MI 48080 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description FOOD FOR FUNDRAISER EVENT 5. Date Of Receipt: 09/26/2024 6. Vendor Name & Address: FIREHOUSE PUB 23018 GREATER MACK AVE, ST CLAIR SHORES, MI 48080	\$ 130.00	\$ 260.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: RONALD FREDERICK 22824 CANTERBURY SAINT CLAIR SHORES, MI 48080 If over \$100.00 cumulative, please provide: Occupation: CITY COUNCILMAN Employer Name & Address: CITY OF ST. CLAIR SHORES 27600 JEFFERSON AVE, ST CLAIR SHORES, MI 48081 ☒ 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 TIP FOR SERVERS AT FUNDRAISER EVENT 5. Date Of Receipt: 09/26/2024 6. Vendor Name & Address: FIREHOUSE PUB 23018 GREATER MACK AVE, ST CLAIR SHORES, MI 48080	\$ 200.00	\$ 300.00

Page Subtotal **460.34** **560.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



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: LORIE BARNWELL 5182 CUTTY LN WARREN, MI 48092 If over \$100.00 cumulative, please provide: Occupation: TREASURER Employer Name & Address: CITY OF WARREN 1 CITY SQUARE, STE. 200, WARREN, MI 48093 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description FOOD FOR FUNDRAISER EVENT 5. Date Of Receipt: 10/08/2024 6. Vendor Name & Address: JIMMY JOHN'S 5858 12 MILE RD, WARREN, MI 48092	\$ 154.78	\$ 754.78
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: LORIE BARNWELL 5182 CUTTY LN WARREN, MI 48092 If over \$100.00 cumulative, please provide: Occupation: TREASURER Employer Name & Address: CITY OF WARREN 1 CITY SQUARE, STE. 200, WARREN, MI 48093 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description FOOD FOR FUNDRAISER EVENT 5. Date Of Receipt: 10/08/2024 6. Vendor Name & Address: WINGSTOP 28656 DEQUINDRE RD, WARREN, MI 48092	\$ 84.70	\$ 839.48
Contribution #3 PAC Receipt? ☐ Yes Name & Address: RUN FOR SOMETHING MICHIGAN 1900 L ST NW STE. 800 WASHINGTON, DC 20036 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 TEXT MESSAGING 5. Date Of Receipt: 10/09/2024 6. Vendor Name & Address: SCALE TO WIN 13742 HARPER ST, SANTA ANA, CA 92703	\$ 3,030.90	\$ 3,030.90
☐ Fund Raiser Contribution			

Page Subtotal **3,270.38** **3,870.38**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



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: MICHIGAN 10TH CONGRESSIONAL DISTRICT DEMOCRATIC PARTY PO BOX 66208 ROSEVILLE, MI 48066 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	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 SLATE MAIL PIECE 5. Date Of Receipt: 10/09/2024 6. Vendor Name & Address: ORIGINAL UNION PRINTER 270 S TELEGRAPH RD, PONTIAC, MI 48341	\$ 3,437.03	\$ 3,437.03
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: CHRISTINA HINES 4817 LA CHENE DR WARREN, MI 48092 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: WASHTENAW COUNTY PROSECUTOR'S OFFICE 200 N MAIN ST, 3RD FLOOR, ANN ARBOR, MI 48104	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 SMARTPHONE 5. Date Of Receipt: 10/17/2024 6. Vendor Name & Address: VERIZON WIRELESS 1095 6TH AVE, NEW YORK, NY 10036	\$ 65.17	\$ 1,127.48
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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:	\$ \$	
☐ Fund Raiser Contribution			

Page Subtotal

3,502.20

4,564.51

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

7,232.92

Enter this total
on line 6 of Summary
Page



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>08/28/2024</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>08/28/2024</u> Date	\$ <u>800.00</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>08/29/2024</u> Date	\$ <u>10.50</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>08/29/2024</u> Date	\$ <u>6.38</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>08/30/2024</u> Date	\$ <u>2.49</u>

Subtotal this page

1,619.37

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>08/30/2024</u> Date	\$ <u>1.24</u>
Expenditure #2 Name NGP VAN Address 655 15TH ST NW STE. 650 WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: <u>MONTHLY FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/01/2024</u> Date	\$ <u>320.00</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>09/03/2024</u> Date	\$ <u>58.25</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>09/03/2024</u> Date	\$ <u>37.08</u>
Expenditure #5 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>09/03/2024</u> Date	\$ <u>54.60</u>

Subtotal this page

471.17

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>09/04/2024</u> Date	\$ <u>2.89</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>09/04/2024</u> Date	\$ <u>1.50</u>
Expenditure #3 Name EIGHTH NOTE ADS LLC Address 31415 GAY ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>DIGITAL ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/04/2024</u> Date	\$ <u>20,000.00</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>09/05/2024</u> Date	\$ <u>40.94</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>09/05/2024</u> Date	\$ <u>24.33</u>

Subtotal this page **20,069.66**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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 MACOMB COUNTY DEMOCRATIC COMMITTEE Address PO BOX 46699 MOUNT CLEMENS, MI 48046 ☐ Fund Raiser	Purpose: <u>DONATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/2024</u> Date	\$ <u>5,250.00</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>09/06/2024</u> Date	\$ <u>2.66</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>09/06/2024</u> Date	\$ <u>1.50</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>09/09/2024</u> Date	\$ <u>12.45</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>09/09/2024</u> Date	\$ <u>7.10</u>

Subtotal this page **5,273.71**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 EIGHTH NOTE ADS LLC Address 31415 GAY ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: DIGITAL ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/09/2024 Date	\$ 5,000.00
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	09/10/2024 Date	\$ 13.16
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	09/10/2024 Date	\$ 7.88
Expenditure #4 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	09/10/2024 Date	\$ 2,286.42
Expenditure #5 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	09/11/2024 Date	\$ 81.11

Subtotal this page **7,388.57**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>09/11/2024</u> Date	\$ <u>51.24</u>
Expenditure #2 Name AGAINST THE GRAIN BOOKKEEPING, LLC Address 857 CLIFFORD AVE SE GRAND RAPIDS, MI 49546 ☐ Fund Raiser	Purpose: <u>BOOKKEEPING/COMPLIANCE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2024</u> Date	\$ <u>750.00</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>09/12/2024</u> Date	\$ <u>12.63</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>09/12/2024</u> Date	\$ <u>7.22</u>
Expenditure #5 Name SQUARESPACE Address 225 VARICK ST 12TH FLOOR NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE DOMAINE NAME</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/2024</u> Date	\$ <u>14.00</u>

Subtotal this page **835.09**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>09/13/2024</u> Date	\$ <u>8.73</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>09/13/2024</u> Date	\$ <u>5.33</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>09/16/2024</u> Date	\$ <u>52.89</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>09/16/2024</u> Date	\$ <u>29.13</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>09/16/2024</u> Date	\$ <u>17.38</u>

Subtotal this page

113.46

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>09/17/2024</u> Date	\$ <u>47.78</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>09/17/2024</u> Date	\$ <u>28.50</u>
Expenditure #3 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>09/17/2024</u> Date	\$ <u>5.00</u>
Expenditure #4 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>09/17/2024</u> Date	\$ <u>800.00</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>09/18/2024</u> Date	\$ <u>70.30</u>

Subtotal this page **951.58**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>09/18/2024</u> Date	\$ <u>45.30</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>09/18/2024</u> Date	\$ <u>800.00</u>
Expenditure #3 Name AMERICAN GRAPHICS PRINTING CO. Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/2024</u> Date	\$ <u>1,785.09</u>
Expenditure #4 Name CHRISTINA HINES Address 4817 LA CHENE DR WARREN, MI 48092 ☐ 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>09/18/2024</u> Date	\$ <u>1,890.00</u>
Expenditure #5 Name FIFTH AVENUE UPSTAIRS Address 215 W 5TH ST ROYAL OAK, MI 48067 ☒ Fund Raiser	Purpose: <u>FOOD FOR FUNDRAISER EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	<u>09/19/2024</u> Date	\$ <u>(1,890.00)</u>

Subtotal this page **4,520.39**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>09/19/2024</u> Date	\$ <u>17.00</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>09/19/2024</u> Date	\$ <u>10.04</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>09/20/2024</u> Date	\$ <u>123.07</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>09/20/2024</u> Date	\$ <u>82.52</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>09/23/2024</u> Date	\$ <u>6.33</u>

Subtotal this page **238.96**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>09/23/2024</u> Date	\$ <u>3.38</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>09/24/2024</u> Date	\$ <u>37.48</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>09/24/2024</u> Date	\$ <u>22.59</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>09/25/2024</u> Date	\$ <u>79.58</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>09/25/2024</u> Date	\$ <u>49.47</u>

Subtotal this page

192.50

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 EIGHTH NOTE ADS LLC Address 31415 GAY ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>DIGITAL MEDIA ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2024</u> Date	\$ <u>35,000.00</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>09/26/2024</u> Date	\$ <u>6.30</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>09/26/2024</u> Date	\$ <u>3.83</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>09/27/2024</u> Date	\$ <u>28.30</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>09/27/2024</u> Date	\$ <u>17.11</u>

Subtotal this page **35,055.54**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>09/30/2024</u> Date	\$ <u>51.06</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>09/30/2024</u> Date	\$ <u>32.15</u>
Expenditure #3 Name MICHAEL POCHOTKO Address 26595 COLLINGWOOD ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>VIDEO SHOOT AND EDITING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2024</u> Date	\$ <u>625.00</u>
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTIONS FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/2024</u> Date	\$ <u>9.49</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTIONS FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/2024</u> Date	\$ <u>6.00</u>

Subtotal this page

723.70

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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 AGAINST THE GRAIN BOOKKEEPING, LLC Address 857 CLIFFORD AVE SE GRAND RAPIDS, MI 49546 ☐ Fund Raiser	Purpose: <u>BOOKKEEPING/COMPLIANCE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/2024</u> Date	\$ <u>1,500.00</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>10/02/2024</u> Date	\$ <u>52.87</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>10/02/2024</u> Date	\$ <u>33.08</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>10/03/2024</u> Date	\$ <u>74.84</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>10/03/2024</u> Date	\$ <u>50.40</u>

Subtotal this page

1,711.19

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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 NGP VAN Address 655 15TH ST NW STE. 650 WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: <u>MONTHLY FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2024</u> Date	\$ <u>320.00</u>
Expenditure #2 Name DEMOCRACY ENGINE Address 2125 14TH ST NW #101W WASHINGTON, DC 20009 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2024</u> Date	\$ <u>1.52</u>
Expenditure #3 Name DEMOCRACY ENGINE Address 2125 14TH ST NW #101W WASHINGTON, DC 20009 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2024</u> Date	\$ <u>97.53</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>10/04/2024</u> Date	\$ <u>45.10</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>10/04/2024</u> Date	\$ <u>29.03</u>

Subtotal this page

493.18

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>10/07/2024</u> Date	\$ <u>24.17</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>10/07/2024</u> Date	\$ <u>15.23</u>
Expenditure #3 Name MICHIGAN DEMOCRATIC PARTY Address 606 TOWNSEND ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: <u>DONATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/2024</u> Date	\$ <u>14,000.00</u>
Expenditure #4 Name CHRISTINA HINES Address 4817 LA CHENE DR WARREN, MI 48092 ☐ 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>10/07/2024</u> Date	\$ <u>21.20</u>
Expenditure #5 Name DOLLAR TREE Address 80 N GROESBECK HWY MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>ENVELOPES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	<u>10/07/2024</u> Date	\$ <u>(21.20)</u>

Subtotal this page **14,060.60**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>10/08/2024</u> Date	\$ <u>52.94</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>10/08/2024</u> Date	\$ <u>33.14</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>10/09/2024</u> Date	\$ <u>68.46</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>10/09/2024</u> Date	\$ <u>43.27</u>
Expenditure #5 Name C&G NEWSPAPERS Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>NEWSPAPER ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/2024</u> Date	\$ <u>11,369.00</u>

Subtotal this page **11,566.81**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>10/10/2024</u> Date	\$ <u>36.96</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>10/10/2024</u> Date	\$ <u>23.49</u>
Expenditure #3 Name DEMOCRACY ENGINE Address 2125 14TH ST NW #101W WASHINGTON, DC 20009 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2024</u> Date	\$ <u>10.03</u>
Expenditure #4 Name AMERICAN GRAPHICS PRINTING CO. Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2024</u> Date	\$ <u>2,286.42</u>
Expenditure #5 Name AMERICAN GRAPHICS PRINTING CO. Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2024</u> Date	\$ <u>678.01</u>

Subtotal this page **3,034.91**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/2024 Date	\$ 17.45
Expenditure #2 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	10/11/2024 Date	\$ 10.80
Expenditure #3 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	10/15/2024 Date	\$ 7.20
Expenditure #4 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	10/15/2024 Date	\$ 4.13
Expenditure #5 Name EIGHTH NOTE ADS LLC Address 31415 GAY ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: DIGITAL ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 30,000.00

Subtotal this page **30,039.58**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>10/15/2024</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>10/15/2024</u> Date	\$ <u>800.00</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>10/15/2024</u> Date	\$ <u>800.00</u>
Expenditure #4 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>10/15/2024</u> Date	\$ <u>5.00</u>
Expenditure #5 Name CHRISTINA HINES Address 4817 LA CHENE DR WARREN, MI 48092 ☐ 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>10/15/2024</u> Date	\$ <u>161.91</u>

Subtotal this page **2,566.91**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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 COSTCO Address 30550 STEPHENSON HWY MADISON HEIGHTS, MI 48071 ☒ Fund Raiser	Purpose: <u>FOOD/DRINKS FOR 10/9 FUNDRAISER</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2024</u> Date	\$ <u>(161.91)</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>10/16/2024</u> Date	\$ <u>15.61</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>10/16/2024</u> Date	\$ <u>8.46</u>
Expenditure #4 Name EIGHTH NOTE ADS LLC Address 31415 GAY ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>DIGITAL ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2024</u> Date	\$ <u>15,000.00</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>10/17/2024</u> Date	\$ <u>108.94</u>

Subtotal this page **15,133.01**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>10/17/2024</u> Date	\$ <u>69.75</u>
Expenditure #2 Name DEMOCRACY ENGINE Address 2125 14TH ST NW #101W WASHINGTON, DC 20009 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/2024</u> Date	\$ <u>215.75</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>10/17/2024</u> Date	\$ <u>5.10</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>10/17/2024</u> Date	\$ <u>2.86</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>10/18/2024</u> Date	\$ <u>12.79</u>

Subtotal this page

306.25

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>10/18/2024</u> Date	\$ <u>8.26</u>
Expenditure #2 Name PRACTICAL POLITICAL DATA Address 1197 PRESCOTT DR EAST LANSING, MI 48823 ☐ Fund Raiser	Purpose: <u>GENERAL USE FILE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/2024</u> Date	\$ <u>500.00</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>10/18/2024</u> Date	\$ <u>4.55</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>10/18/2024</u> Date	\$ <u>2.48</u>
Expenditure #5 Name MASS MAILING LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☒ Fund Raiser	Purpose: <u>MAILING FOR 10/21 SIERRA FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/2024</u> Date	\$ <u>308.88</u>

Subtotal this page **824.17**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>10/19/2024</u> Date	\$ <u>5.01</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>10/19/2024</u> Date	\$ <u>2.49</u>
Expenditure #3 Name DEMOCRACY ENGINE Address 2125 14TH ST NW #101W WASHINGTON, DC 20009 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/2024</u> Date	\$ <u>37.38</u>
Expenditure #4 Name CHRISTINA HINES Address 4817 LA CHENE DR WARREN, MI 48092 ☐ 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>10/20/2024</u> Date	\$ <u>108.00</u>
Expenditure #5 Name UNITED STATES POSTAL SERVICE Address 28401 MOUND RD WARREN, MI 48090 ☐ Fund Raiser	Purpose: <u>PO BOX</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	<u>10/20/2024</u> Date	\$ <u>(108.00)</u>

Subtotal this page

152.88

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 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>10/20/2024</u> Date	\$ <u>9.86</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>10/20/2024</u> Date	\$ <u>5.63</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	15.49
Grand Total of all Schedules 1B (Complete on last page of Schedule)	157,358.68

Enter this total
on line 8a of
Summary Page



**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 09/13/2024	4. Number of Individuals Attending or Participating (whichever is greater) 100	5. Type of Fund Raising Activity COMEDY NIGHT FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. FIFTH AVENUE UPSTAIRS 215 W 5TH ST ROYAL OAK, MI 48067 ☐ Private Residence
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7. Total Contributions **5,035.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **5,035.00**
10. Total Cost of Event **1,890.00**
(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>09/26/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>44</u>	5. Type of Fund Raising Activity <u>FIREHOUSE FUNDRAISER EVENT</u>	6. Address and Name (If any) of the place where the activity was held. <u>FIREHOUSE PUB</u> <u>23018 GREATER MACK AVE</u> <u>ST CLAIR SHORES, MI 48080</u> ☐ Private Residence
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7. Total Contributions 3,075.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 3,075.00
10. Total Cost of Event 330.00
(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>10/08/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>15</u>	5. Type of Fund Raising Activity <u>WARREN FUNDRAISER EVENT</u>	6. Address and Name (If any) of the place where the activity was held. <u>LORIE BARNWELL RESIDENCE</u> <u>5185 CUTTY LN</u> <u>WARREN, MI 48092</u> ☒ Private Residence
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7. Total Contributions 1,845.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 1,845.00
10. Total Cost of Event 239.48
(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>10/09/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>16</u>	5. Type of Fund Raising Activity <u>ANN ARBOR FUNDRAISER EVENT</u>	6. Address and Name (If any) of the place where the activity was held. <u>BONSITU KITABA-GAVIGLIO'S</u> <u>HOUSE</u> <u>1521 MILLER AVE</u> <u>ANN ARBOR, MI 48103</u> ☒ Private Residence
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7. Total Contributions 4,795.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 4,795.00
10. Total Cost of Event 161.91
(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.