



FILED

02 DEC 2024 PM 02:57

MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 10/21/2024 to 11/25/2024

1. Committee I.D. Number

140291

4. Candidate Last Name

HINES

First Name

CHRISTINA

M.I.

2. Committee Name

CTE CHRISTINA HINES

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

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

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

12/02/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/02/2024



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>37,500.59</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>37,500.59</u>	(18.) \$ <u>365,513.52</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>37,500.59</u>	(20.) \$ <u>365,513.52</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</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>93,803.24</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>93,803.24</u>	(23.) \$ <u>360,537.78</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>61,278.39</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>37,500.59</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>98,778.98</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>93,803.24</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4,975.74</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>10/21/2024</u>	
Name & Address: PATRICK OLEAR 8104 NEW BRADFORD BLVD 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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/21/2024</u>	
Name & Address: DIANE L YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>505.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL PLANNER</u> Employer <u>ARROWROOT</u> Business Address <u>725 BARCLAY CIRCLE, ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/21/2024</u>	
Name & Address: TIMOTHY CORY YEA I19912 CHALON SAINT CLAIR SHORES, MI 48080		\$ <u>25.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/21/2024</u>	
Name & Address: CHARLES ALTMAN 212 BAKER ST APT. 205 ROYAL OAK, MI 48067		\$ <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 **135.00**

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>10/21/2024</u> Name & Address: KAREN A DEBGUPTA 44536 N BUNKER HILL DR CLINTON TWP, MI 48038		\$ <u>30.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/21/2024</u> Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>30.00</u>	\$ <u>478.40</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>10/21/2024</u> Name & Address: GERALD HASSPACHER 8299 KENNEDY CIR N UNIT 1 WARREN, MI 48093		\$ <u>30.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/21/2024</u> Name & Address: TIMOTHY ZOLLNER 54421 IROQUOIS LN SHELBY TWP, MI 48315		\$ <u>30.00</u>	\$ <u>269.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 120.00

Grand Total of All Schedules 1A
(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>10/21/2024</u>	
Name & Address: CINDY MOON 11301 KILARNEY DR WASHINGTON, MI 48095		\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GRAPHIC DESIGN</u> Employer <u>SELF</u> Business Address <u>11301 KILARENY LANE, WASHINGTON, MI 48095</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/21/2024</u>	
Name & Address: JUDITH HERR 8012 MAPLE RIDGE RD BETHESDA, MD 20814		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/21/2024</u>	
Name & Address: ALEXANDRA MOEDE 116 BEAUMONT DR NEWTOWN, PA 18940		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/21/2024</u>	
Name & Address: SARAH O'NEIL 155 BELCHER DR SUDBURY, MA 01776		\$ <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 235.00

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>10/22/2024</u> Name & Address: MICHIGAN SIERRA PAC 109 E C??SAR E. CH??VEZ AVE LANSING, MI 48906		\$ <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>10/22/2024</u> Name & Address: CINDY DOYLE 53246 MARK DR SHELBY TWP, MI 48316		\$ <u>30.00</u>	\$ <u>70.00</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>10/22/2024</u> Name & Address: ERIC JACKSON 22615 THOMSON ST CLINTON TWP, MI 48035		\$ <u>60.00</u>	\$ <u>260.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: SUSAN M HIER 61652 GLENWOOD TRAIL WASHINGTON, MI 48094		\$ <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 **1,115.00**

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>10/22/2024</u>	
Name & Address: PATRICIA L HILL 17200 DOVE ST #212 CLINTON TWP., MI 48038		\$ <u>115.00</u>	\$ <u>115.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: ANDREY DUZYJ 26657 HAVERHILL DR WARREN, MI 48091		\$ <u>125.00</u>	\$ <u>125.00</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>10/22/2024</u>	
Name & Address: CTE PAUL WOJNO FOR STATE SENATE 32025 MARGARET CT 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: PAUL J WOJNO 32025 MARGARET CT WARREN, MI 48093		\$ <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 365.00

Grand Total of All Schedules 1A
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CANDIDATE COMMITTEE**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: MARK O LISS 426 9TH ST ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: LISA OSIKOWICZ 7105 SHERWOOD DR BLOOMFIELD HILLS, MI 48301		\$ <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>10/22/2024</u> Name & Address: PATRICIA M BELANGER 14938 ALMA DR STERLING HEIGHTS, MI 48313		\$ <u>25.00</u>	\$ <u>315.00</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>10/22/2024</u> Name & Address: KAREN DEVECSERY 14772 LL ROAD WETMORE, MI 49895		\$ <u>10.00</u>	\$ <u>550.00</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
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: DANA DAWSON 1521 W 24TH PL EUGENE, OR 97405		\$ <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>10/22/2024</u> Name & Address: MELISSA SILVERMAN 3760 CLAYTON AVE W LOS ANGELES, CA 90027		\$ <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>10/22/2024</u> Name & Address: JOHN OLANDER 622 CALLE HIDALGO SAN CLEMENTE, CA 92673		\$ <u>1.67</u>	\$ <u>1.67</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>10/22/2024</u> Name & Address: LUCY PULS 1401 KAINS AVE BERKELEY, CA 94702		\$ <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			

Page Subtotal **36.67**

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>10/22/2024</u> Name & Address: SKYLAR BLANNIN 479 N COLUMBIA AVE BEXLEY, OH 43209		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u> Name & Address: ANNE KIM 652 56TH ST OAKLAND, CA 94609		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u> Name & Address: CURTIS SCHECK 2333 W ARMITAGE AVE #3 CHICAGO, IL 60647		\$ <u>14.28</u>	\$ <u>14.28</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>10/22/2024</u> Name & Address: DAVID YASSKY 200 W 16TH ST APT. 16A NEW YORK, NY 10011		\$ <u>7.14</u>	\$ <u>7.14</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 **32.13**

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

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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>10/22/2024</u> Name & Address: BRIAN FISKE 302 W 90TH ST APT. PH NEW YORK, NY 10024 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: MICHAEL FAIRCHILD 732 PINE ST PHILADELPHIA, PA 19106 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: JEFFREY HARDY 191 ST NICHOLAS AVE APT. 6E NEW YORK, NY 10026 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2.14</u>	\$ <u>2.14</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: ASHLEY BENNETT 7306 55TH AVE NE SEATTLE, WA 98115 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>

Page Subtotal **16.42**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: TYLER MOORE 380 PARKGATE CT DELAWARE, OH 43015		\$ <u>3.84</u>	\$ <u>3.84</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>10/22/2024</u>	
Name & Address: ERIC CIPRA 500 4TH AVE APT. 6F 62ND FLOOR BROOKLYN, NY 11215		\$ <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>10/22/2024</u>	
Name & Address: DOUG HOLMGREN 5031 SW ORCHID ST PORTLAND, OR 97219		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u>	
Name & Address: ELANA JONES 5909 CORONADO LN DURHAM, NC 27713		\$ <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 40.98

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: CHARLIE PRICE 1011 NW SUMMERWOOD DR MCMINNVILLE, OR 97128		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u> Name & Address: JULIANA COSTELLO 3531 HIGHLAND AVE REDWOOD CITY, CA 94062		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u> Name & Address: DEREK TELLIN 2650 1/2 23RD AVE W SEATTLE, WA 98199		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u> Name & Address: KATELYNN O'CONNELL 224 SCHOOL ST WOBURN, MA 01801		\$ <u>7.14</u>	\$ <u>7.14</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 21.42

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: KATHERINE MELLA 3010 GRAND CONCOURSE APT 3H NEW YORK, NY 10458 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>14.28</u>	\$ <u>14.28</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: LINDA PERAGINE 72 CLARK ST NEW HAVEN, CT 06511 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2.00</u>	\$ <u>2.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: LIZA BRAGIN 687 MARKET ST E GAITHERSBURG, MD 20878 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>35.71</u>	\$ <u>35.71</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: EMILY HILDNER 1266 HILL DR LOS ANGELES, CA 90041 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>

Page Subtotal 55.56

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>10/22/2024</u> Name & Address: MEGHAN GRIFFITHS 167 8TH ST PROVIDENCE, RI 02906 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: MOLLY MURRAY 357 DECATUR ST STUYVESANT HEIGHTS, NY 11233 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>7.14</u>	\$ <u>7.14</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: KELLY OSBORNE 3100 STONINGTON CT LOUISVILLE, KY 40242 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: SARA DOLIN 825 KINGS RD #17 WEST HOLLYWOOD, CA 90069 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 **19.28**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: JENNIFER BALLARD 1294 WOODLAND AVE NE ATLANTA, GA 30324		\$ <u>14.28</u>	\$ <u>14.28</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>10/22/2024</u> Name & Address: DENISE JONES 811 HARLEYSVILLE PIKE HARLEYSVILLE, PA 19438		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u> Name & Address: MARY ANN BADAVI 1130 NEPTUNE DR LAFAYETTE, CO 80026		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u> Name & Address: MATT CACCAMO 298 HILL AVE GLEN ELLYN, IL 60137		\$ <u>13.84</u>	\$ <u>13.84</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 42.40

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>10/22/2024</u> Name & Address: NANCY G TURNER 510 TERRACE AVE CINCINNATI, OH 45220 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10.71</u>	\$ <u>10.71</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: NIL PRAB 1812 BROADWAY SEATTLE, WA 98122 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: ALLISON BUELL 4837 E ALDER DR SAN DIEGO, CA 92116 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: BECKY EISENBERG 3215 PLUMB ST HOUSTON, TX 77005 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2.85</u>	\$ <u>2.85</u>

Page Subtotal 20.70

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>10/22/2024</u>	
Name & Address: KELSEY SMITH 48 CASTLEWOOD DR CHEEKTOWAGA, NY 14227		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u>	
Name & Address: BRIAN CUMMINGS 1909 LYNCH ST #1W ST. LOUIS, MO 63118		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u>	
Name & Address: KRISTEN SCOTT 1446 VALLEDA LN ENCINITAS, CA 92024		\$ <u>1.78</u>	\$ <u>1.78</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>10/22/2024</u>	
Name & Address: MATTHEW LENGEL 1326 UNION AVE BALTIMORE, MD 21211		\$ <u>7.14</u>	\$ <u>7.14</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 **16.06**

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>10/22/2024</u> Name & Address: BILL GRIMMER 2304 15TH AVE S SEATTLE, WA 98144		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u> Name & Address: CHARLES HOWES 2168 LAGER ST FORT COLLINS, CO 80524		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u> Name & Address: LINDSEY JENDRASZAK 3113 CASTAWAY LN ATLANTA, GA 30341		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u> Name & Address: ROBYN LINDEN 4720 42ND ST. 4K SUNNYSIDE, NY 11104		\$ <u>3.57</u>	\$ <u>3.57</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 **24.99**

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>10/22/2024</u> Name & Address: DANI JAKUBOWSKI 328 E 5TH ST KENSINGTON, NY 11218	\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u> Name & Address: MARTA LANSING 19150 PILKINGTON RD LAKE OSWEGO, OR 97035	\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u> Name & Address: CARL SWANSTROM 4031 48TH AVE SW SEATTLE, WA 98116	\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u> Name & Address: MARISSA SWIECH 285 HANCOCK ST 1313 QUINCY, MA 02171	\$ <u>3.57</u>	\$ <u>3.57</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 21.42

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>10/22/2024</u> Name & Address: FRANCES DENUNZIO 2031 LOCUST ST APT 101 PHILADELPHIA, PA 19103 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: JENNIFER CHRISTIAN 95 WOODRIDGE RD WAYLAND, MA 01778 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>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: PATRICK HART 1600 BEVERLEY RD APT 6C BROOKLYN, NY 11226 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10.71</u>	\$ <u>10.71</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: REBECCA HARRIS 47 BROADWAY ARLINGTON, MA 02474 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.00</u>	\$ <u>3.00</u>

Page Subtotal 28.71

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>10/22/2024</u> Name & Address: BRIAN KINGSBURY 2488 FIELD ST CORTLANDT MANOR, NY 10567		\$ <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>10/22/2024</u> Name & Address: ANNA VALENTI 16651 W PARADISE LN SURPRISE, AZ 85388		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u> Name & Address: HANAN KNAUER-NASSAU 68 FAIR ST CARMEL HAMLET, NY 10512		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u> Name & Address: JACQUELINE COX 929 MENDOCINO AVE BERKELEY, CA 94707		\$ <u>3.57</u>	\$ <u>3.57</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 20.71

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: FRANCES MAHONEY 45 WEYBOSSET ST SHELTON, CT 06484		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u> Name & Address: ELIZABETH HORTON 3713 ALPINE DR SMYRNA, GA 30082		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u> Name & Address: EMILY TABAS 1910 STONE RIDGE LN VILLANOVA, PA 19085		\$ <u>1.54</u>	\$ <u>1.54</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>10/22/2024</u> Name & Address: STEVEN HEIDEL 659 PAGE ST SAN FRANCISCO, CA 94117		\$ <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 **108.68**

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>10/22/2024</u>	
Name & Address: JACK QUIRK 531 GRAND BLVD UNIT 425 KANSAS CITY, MO 64106		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u>	
Name & Address: RANDOLPH SCULLY 9808 HAVILAND CT FAIRFAX, VA 22032		\$ <u>14.28</u>	\$ <u>14.28</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>10/22/2024</u>	
Name & Address: JUSTIN CHOWNING 12721 SEBRING BLVD TAMPA, FL 33618		\$ <u>1.50</u>	\$ <u>1.50</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: TYLER LAREDO 216 W BROADWAY APT 2 BOSTON, MA 02127		\$ <u>14.28</u>	\$ <u>14.28</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 **33.63**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: COLIN DUCKETT 1308 W MARKHAM AVE DURHAM, NC 27705		\$ <u>14.28</u>	\$ <u>14.28</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>10/22/2024</u> Name & Address: MEIRA FRIED 2121 JAMIESON AVE UNIT 403 ALEXANDRIA, VA 22314		\$ <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>10/22/2024</u> Name & Address: NATASHA BAKER 385 JAYNE AVE OAKLAND, CA 94610		\$ <u>2.00</u>	\$ <u>2.00</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>10/22/2024</u> Name & Address: REBECCA SILVERSTEIN 2478 COLE ST OAKLAND, CA 94601		\$ <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 **46.28**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: JASON THOMPSON 806 MCLEAN AVE DALLAS, TX 75211		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u> Name & Address: JESSICA HANSON 14042 LEXINGTON DR PARKER, CO 80134		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u> Name & Address: ISRAEL RUIZ 6804 BRYN MAWR DR AUSTIN, TX 78723		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u> Name & Address: SUZANNE YOUNG 6 COBBLE GLEN CT DURHAM, NC 27713		\$ <u>35.71</u>	\$ <u>35.71</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 **46.42**

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>10/22/2024</u> Name & Address: CARYN WAGNER 5006 YORKTOWN BLVD ARLINGTON, VA 22207 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>10/22/2024</u> Name & Address: ERIN PODOLNY 1613 LEWIS AVE ROCKVILLE, MD 20851 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: AMANDA WOJCIECHOWSKI 1526 W HENDERSON ST APT 1 CHICAGO, IL 60657 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.07</u>	\$ <u>1.07</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: ALEX HAMBERGER 315 E 73RD ST APT 17 NEW YORK, NY 10021 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>

Page Subtotal **111.78**

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>10/22/2024</u>	
Name & Address: KATHRYN WOLF 23 CHESSMAN DR SHARON, MA 02067		\$ <u>1.78</u>	\$ <u>1.78</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>10/22/2024</u>	
Name & Address: LISA SHAFFER 7964 GRADO EL TUPELO CARLSBAD, CA 92009		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u>	
Name & Address: RAKESH PATEL 291 WOODBRIDGE AVE METUCHEN, NJ 08840		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u>	
Name & Address: DAVID LEWIS 1403 N FAIRFAX AVE APT. 109 WEST HOLLYWOOD, CA 90046		\$ <u>3.57</u>	\$ <u>3.57</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 **19.63**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: LACA TINES 180 WEST END AVE APT 3N NEW YORK, NY 10023 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: DREW KAUFMAN 221 N FRONT ST APT 508 COLUMBUS, OH 43215 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.71</u>	\$ <u>1.71</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: SCOTT JEHL 1406 TANGLEWOOD CT ROSE HILL, KS 67133 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>10/22/2024</u> Name & Address: CLAIRE ZIEGELEF 5981 BAUER RD BRIGHTON, MI 48116 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>

Page Subtotal 25.99

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: SONIA MARTON 344 DEGRAW ST 6E CARROLL GARDENS, NY 11231 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2.85</u>	\$ <u>2.85</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: ELEANOR DENUNZIO 2101 N CLIFTON AVE #3 CHICAGO, IL 60614 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: MARK MILLER 211 NE 43RD ST OAKLAND PARK, FL 33334 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.00</u>	\$ <u>3.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: ALISON CARUSO 2054 RIVERSIDE AVE APT 4407 JACKSONVILLE, FL 32204 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>

Page Subtotal **12.99**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: SHAYNA GOLDSTEIN 2919 W WILSON AVE CHICAGO, IL 60625		\$ <u>8.43</u>	\$ <u>8.43</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>10/22/2024</u> Name & Address: HEATHER QUINLAN 8643 WINCHESTER DR STERLING HEIGHTS, MI 48313		\$ <u>3.14</u>	\$ <u>3.14</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>10/22/2024</u> Name & Address: ANN BARTOLONI 268 CHERRY AVE LOS ALTOS, CA 94022		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u> Name & Address: RITA DEFREES 32 RIVER OAKS DR APT 101 CROSSVILLE, TN 38555		\$ <u>3.57</u>	\$ <u>3.57</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 22.28

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: ANDREW ARENSBURGER 3009 MEDWAY ST SILVER SPRING, MD 20902		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u> Name & Address: GLENN RUSSELL RUBY 2311 NW VAN BUREN AVE APT 1 CORVALLIS, OR 97330		\$ <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>10/22/2024</u> Name & Address: JOSEPH FONTE 238 N 17TH ST KENILWORTH, NJ 07033		\$ <u>1.00</u>	\$ <u>1.00</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>10/22/2024</u> Name & Address: MEREDITH MASCIS 13 N END DR SECAUCUS, NJ 07094		\$ <u>1.43</u>	\$ <u>1.43</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 **16.00**

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>10/22/2024</u>	
Name & Address: DON BRAGG 112 LIME CREEK LN CHELSEA, AL 35043		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u>	
Name & Address: JOSHUA HERZIGMARX 22 ABERDEEN ST NEWTON HIGHLANDS, MA 02461		\$ <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>10/22/2024</u>	
Name & Address: ELISSA SPELMAN 9 HASKELL ST UNIT B CAMBRIDGE, MA 02140		\$ <u>14.28</u>	\$ <u>14.28</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>10/22/2024</u>	
Name & Address: MARGARET DRISOLL 866 PARAGON DR BOULDER, CO 80303		\$ <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 **127.85**

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>10/22/2024</u>	
Name & Address: SHAUN SPALDING 2021 SAN JOSE AVE APT 12 ALAMEDA, CA 94501		\$ <u>1.00</u>	\$ <u>1.00</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>10/22/2024</u>	
Name & Address: CHRISTINE CONLEY 989 PHILADELPHIA MEMPHIS, TN 38104		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u>	
Name & Address: KIM BURKART 5240 FAWN RIDGE WAY CASTLE ROCK, CO 80104		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u>	
Name & Address: PAOLA EISLER 5 MARITIME WAY EAST HAMPTON, NY 11937		\$ <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 21.71

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>10/22/2024</u> Name & Address: KATHLEEN AHERN 7909 6TH AVE NW SEATTLE, WA 98117		\$ <u>3.84</u>	\$ <u>3.84</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>10/22/2024</u> Name & Address: LINDSEY SUTTON 701 GRAPHITE WAY SUPERIOR, CO 80027		\$ <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>10/22/2024</u> Name & Address: MATT DAMICO 4708 8TH ST S ARLINGTON, VA 22204		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u> Name & Address: MAXWELL DIKKERS 661 LINCOLN PL 6S BROOKLYN, NY 11216		\$ <u>7.14</u>	\$ <u>7.14</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 28.12

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: GEORGE SCHNEIDERMAN 266 W 117TH ST FL2 NEW YORK, NY 10026 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>54.00</u>	\$ <u>54.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: AMANDA RITCHIE 54 ROPE FERRY RD N163 WATERFORD, CT 06385 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: LISA BROWNSTONE 8765 E 28TH AVE DENVER, CO 80238 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: PATRICK MEEHAN 14532 35TH AVE NW GIG HARBOR, WA 98332 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>14.28</u>	\$ <u>14.28</u>

Page Subtotal **78.99**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: KIMBERLY CORRY 5655 MASONIC AVE OAKLAND, CA 94618		\$ <u>10.71</u>	\$ <u>10.71</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>10/22/2024</u> Name & Address: STEPHEN HUEGEL 113 WILMAR DR. PITTSBURGH, PA 15238		\$ <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>10/22/2024</u> Name & Address: ELIZABETH RAINHART 11601 HELMONT DR OAKTON, VA 22124		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u> Name & Address: PAULA LYNN 3003 VAN NESS ST NW APT. W206 WASHINGTON, DC 20008		\$ <u>7.14</u>	\$ <u>7.14</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 **34.99**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: PAM WYE-HUNSINGER 27 HILLSIDE AVE VERONA, NJ 07044		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u> Name & Address: ROBERT GRAVITZ 934 FRENCH ST NW WASHINGTON, DC 20001		\$ <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>10/22/2024</u> Name & Address: SHRUTI GOINS 16804 NE 92ND ST REDMOND, WA 98052		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u> Name & Address: MICHAEL LAWLOR 210 THOMPSON ST APT 6BN NEW YORK, NY 10012		\$ <u>2.50</u>	\$ <u>2.50</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 **63.21**

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: NATALIE VALENTINE 350 NW 78TH ST SEATTLE, WA 98117		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u>	
Name & Address: CAROLYN CONNER 5444 N WINTHROP AVE CHICAGO, IL 60640		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u>	
Name & Address: BRIDGETTE JAKUBOWICZ 33 GOLF RD PLEASANTON, CA 94566		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u>	
Name & Address: VIRGINIA SPRADLIN 3525 BLUE JAY RD BIRMINGHAM, AL 35243		\$ <u>1.00</u>	\$ <u>1.00</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 11.71

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>10/22/2024</u> Name & Address: ROBERT SILVERMAN 1114 47TH AVE APT 2R LIC, NY 11101		\$ <u>17.85</u>	\$ <u>17.85</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>10/22/2024</u> Name & Address: JULIE BRIDGE 1414 ROOSEVELT DR WOODLAND, CA 95776		\$ <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>10/22/2024</u> Name & Address: ANGELA KUO 5250 N MERIDIAN ST INDIANAPOLIS, IN 46208		\$ <u>3.57</u>	\$ <u>3.57</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>10/22/2024</u> Name & Address: KATHLEEN SHADOAN 3623 NE 6TH AVE PORTLAND, OR 97212		\$ <u>1.78</u>	\$ <u>1.78</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 33.20

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>10/22/2024</u> Name & Address: AUBREY LURIA WALSH 42 SUMMIT AVE CHATHAM, NJ 07928		\$ 14.28	\$ 14.28
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>10/22/2024</u> Name & Address: ANNE GROSSARDT 15043 DUNWOOD TRAIL APPLE VALLEY, MN 55124		\$ 7.14	\$ 7.14
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>10/22/2024</u> Name & Address: NANCY SULLIVAN 105 CLENDENEN CT CARY, NC 27513		\$ 3.57	\$ 3.57
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>10/22/2024</u> Name & Address: WHITNEY ADAIR 7670 FAIRVIEW RD BOULDER, CO 80303		\$ 3.57	\$ 3.57
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **28.56**

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: MARGARITA ALWAY 6273 20TH AVE NE SEATTLE, WA 98115		\$ <u>14.28</u>	\$ <u>14.28</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>10/22/2024</u> Name & Address: HELEN HOBART 410 SANTA YNEZ WAY SACRAMENTO, CA 95816		\$ <u>10.71</u>	\$ <u>10.71</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>10/22/2024</u> Name & Address: TIM WRYE 1443 N HIGHLAND ST TACOMA, WA 98406		\$ <u>7.14</u>	\$ <u>7.14</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>10/22/2024</u> Name & Address: REGINALD WITHERS 9603 9TH AVE PARKVILLE, MD 21234		\$ <u>1.78</u>	\$ <u>1.78</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 **33.91**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: DEBRA DENHERDER 2721 SHATTUCK AVE. #225 BERKELEY, CA 94705 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>17.85</u>	\$ <u>17.85</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: JULIA DAVIS 11847 KIOWA AVE APT 105 LOS ANGELES, CA 90049 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: ALEX BOOKER 3828 GEORGIA AVE NW APT 320 WASHINGTON, DC 20011 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.07</u>	\$ <u>1.07</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: JILL JONNES 303 WINGATE RD BALTIMORE, MD 21210 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>53.57</u>	\$ <u>53.57</u>

Page Subtotal **82.49**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: UAW MICHIGAN V-PAC 8000 E JEFFERSON AVE DETROIT, MI 48214		\$ <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>10/23/2024</u>	
Name & Address: CHRISTINA HWANG 17914 MAPLE HILL DR NORTHVILLE, MI 48168		\$ <u>100.00</u>	\$ <u>400.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: JON GENTILE 17117 SILK TREE WAY SANTA CLARITA, CA 91387		\$ <u>500.00</u>	\$ <u>1,250.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: ALICE CHAMPION 6111 MIDDLE LAKE RD CLARKSTON VLG, MI 48346		\$ <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			

Page Subtotal 10,850.00

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>10/23/2024</u>	
Name & Address: THOMAS DOLAN 1756 LAS PALMITAS ST SOUTH PASADENA, CA 91030		\$ <u>14.28</u>	\$ <u>14.28</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>10/23/2024</u>	
Name & Address: MARIE LAMB 28 PINE PLAIN RD BOXFORD, MA 01921		\$ <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>10/23/2024</u>	
Name & Address: MARY GOOT 2828 CHARLESTON ST NE ALBUQUERQUE, NM 87110		\$ <u>71.43</u>	\$ <u>71.43</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>10/23/2024</u>	
Name & Address: TIMOTHY MAXWELL 500 EL CAMINO REAL UNIT 204 BURLINGAME, CA 94010		\$ <u>428.57</u>	\$ <u>428.57</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>ANTHROPIC</u> Business Address <u>548 MARKET ST, PMB 90375, SF, CA 94104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 524.28

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: RUBY CYMROT-WU 881 WASHINGTON AVE ALBANY, CA 94706		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: BONNIE FRANK 2045 MANNING AVE LOS ANGELES, CA 90025		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: ELIZABETH JOY 416 W LAUREL AVE GLENDORA, CA 91741		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: ASIA POPPERS 52 GROVE LN SAN ANSELMO, CA 94960		\$ <u>7.14</u>	\$ <u>7.14</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 **19.28**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: JESSIE CHOU 15530 SONORA ST TUSTIN, CA 92782		\$ <u>35.71</u>	\$ <u>35.71</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>10/23/2024</u>	
Name & Address: ARYEH ARCHER 7905 SE ELLIS ST PORTLAND, OR 97206		\$ <u>10.71</u>	\$ <u>10.71</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>10/23/2024</u>	
Name & Address: ARYEH ARCHER 7905 SE ELLIS ST PORTLAND, OR 97206		\$ <u>10.00</u>	\$ <u>20.71</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>10/23/2024</u>	
Name & Address: MANDE MAY 3251 STRATHMORE PL EUGENE, OR 97405		\$ <u>3.57</u>	\$ <u>3.57</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 59.99

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: KATHARINE YOCHIM-SMITH 10213 NE 28TH CT VANCOUVER, WA 98686		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: MATT LAMBERT 7905 SE ELLIS ST PORTLAND, OR 97206		\$ <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>10/23/2024</u> Name & Address: MATT LAMBERT 7905 SE ELLIS ST PORTLAND, OR 97206		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: RICHARD UPTON 78 N 12TH ST SAN JOSE, CA 95112		\$ <u>20.00</u>	\$ <u>56.66</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 43.57

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>10/23/2024</u>	
Name & Address: AMY SALTZ 305 E 24TH ST NEW YORK, NY 10010		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: AMY SALTZ 305 E 24TH ST NEW YORK, NY 10010		\$ <u>3.13</u>	\$ <u>6.70</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>10/23/2024</u>	
Name & Address: LEONARD HOURVITZ 816 8TH AVE HONOLULU, HI 96816		\$ <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>10/23/2024</u>	
Name & Address: LAUREN GRUBER 4915 MANILA AVE OAKLAND, CA 94609		\$ <u>7.14</u>	\$ <u>7.14</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 43.84

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>10/23/2024</u>	
Name & Address: MARK MUEHLHAUSEN 531 MERLIN DR SCHAUMBURG, IL 60193		\$ <u>5.35</u>	\$ <u>5.35</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>10/23/2024</u>	
Name & Address: RICHARD UPTON 78 N 12TH ST SAN JOSE, CA 95112		\$ <u>20.00</u>	\$ <u>76.66</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>10/23/2024</u>	
Name & Address: HANK BROMLEY 1107 E DUFFY ST SAVANNAH, GA 31404		\$ <u>11.54</u>	\$ <u>11.54</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>10/23/2024</u>	
Name & Address: LUCY DIEKMANN 14940 RIDGETOP DR SAN JOSE, CA 95127		\$ <u>3.57</u>	\$ <u>3.57</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 40.46

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>10/23/2024</u> Name & Address: JEFF GRAY 5616 ALADDIN ST LOS ANGELES, CA 90008		\$ <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>10/23/2024</u> Name & Address: CHARLES LEE 5121 NE 55TH ST SEATTLE, WA 98105		\$ <u>71.43</u>	\$ <u>71.43</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>10/23/2024</u> Name & Address: JOSEPH BRENNAN 159 DENNY WY 404 SEATTLE, WA 98109		\$ <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>10/23/2024</u> Name & Address: MARIAN PARSONS 816 SE ROBERTS AVE ROSEBURG, OR 97470		\$ <u>2.28</u>	\$ <u>2.28</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 **93.71**

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>10/23/2024</u> Name & Address: MALINI SABHARWAL 6609 ORLAND ST FALLS CHURCH, VA 22043		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: ANNA LEVAK 55 AVENUE C APT 7 NEW YORK, NY 10009		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: JENNIFER CABALLERO 58 W 58TH ST APT 3A NEW YORK, NY 10019		\$ <u>35.71</u>	\$ <u>35.71</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>10/23/2024</u> Name & Address: LIZ NUGENT 121 STERLING RD TRUMBULL, CT 06611		\$ <u>14.28</u>	\$ <u>14.28</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 57.13

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>10/23/2024</u> Name & Address: GARTH COOMBS 9 WARD ST UNIT 201 BOSTON, MA 02127 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>14.28</u>	\$ <u>14.28</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: KATHRYN QUILLIN 211 DOGWOOD LN JOHNSON CITY, TN 37604 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: AKASH SHAH 3908 N OAKLEY AVE CHICAGO, IL 60618 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: CRAIG EISEN 568 UNION AVE APT 3I BROOKLYN, NY 11211 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>

Page Subtotal 31.42

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>10/23/2024</u>	
Name & Address: PAMELA MAYER 290 HIGH BRIDGE RD MILANVILLE, PA 18443		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u>	
Name & Address: EDWARD SCHNEIDER 3615 TRENTON LN N PLYMOUTH, MN 55441		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: DAVID MARQUARDT 414 BRETTON PL BALTIMORE, MD 21218		\$ <u>35.71</u>	\$ <u>35.71</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>10/23/2024</u>	
Name & Address: BARBARA GREENSTEIN 935 26TH ST SANTA MONICA, CA 90403		\$ <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 67.85

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>10/23/2024</u>	
Name & Address: JANE ROTHFUSS 3 TAMARA DR ROOSEVELT, NJ 08555		\$ <u>1.78</u>	\$ <u>1.78</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>10/23/2024</u>	
Name & Address: MICHAEL FREDERICKS 4773 TAPESTRY DR FAIRFAX, VA 22032		\$ <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>10/23/2024</u>	
Name & Address: CHERYL STEINECKER 1900 FARMERSVILLE WEST ALEX RD FARMERSVILLE, OH 45325		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: EMILY BROBECK 7573 LAMBTON PARK RD NEW ALBANY, OH 43054		\$ <u>7.14</u>	\$ <u>7.14</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 **112.49**

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>10/23/2024</u> Name & Address: THOMAS STEVENS 1304 COMSTOCK ST ASBURY PARK, NJ 07712		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: AUDREY YI 320 WEYCROFT GRANT DR CARY, NC 27519		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: MATTHEW SAARI 1065 PARKVIEW WAY SW LILBURN, GA 30047		\$ <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>10/23/2024</u> Name & Address: MARION MEDOW 5 BURLINGTON RD LIVINGSTON, NJ 07039		\$ <u>7.14</u>	\$ <u>7.14</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 27.85

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: JENNIFER SPENCER 4536 NW 83RD PKWY DORAL, FL 33166 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: LEAH KULIK 1907 N CLEVELAND AVE UNIT B CHICAGO, IL 60614 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: CAROLINA MALAGON 168 STERLING PL 2R PARK SLOPE, NY 11217 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>35.71</u>	\$ <u>35.71</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: ADRIAN DAVIS 410 W 53RD ST 331 NEW YORK, NY 10019 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>71.43</u>	\$ <u>71.43</u>

Page Subtotal **117.85**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: JACOB ROSCH 443 S 48TH ST PHILADELPHIA, PA 19143		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: KEVIN O'NEILL 71 STAGHORN CT LAKE JACKSON, TX 77566		\$ <u>14.28</u>	\$ <u>14.28</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>10/23/2024</u>	
Name & Address: MICHAEL ARONES 139 SETTINGS BLVD BLACK MOUNTAIN, NC 28711		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: JOHN HULSE 4 LIGHTSHIP DR REHOBOTH BEACH, DE 19971		\$ <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 **32.85**

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>10/23/2024</u> Name & Address: JEFFREY SANDBERG 2003 BELMONT RD NW WASHINGTON, DC 20009 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10.71</u>	\$ <u>10.71</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: TRAVIS CLARK 2915 S WOODSTOCK ST UNIT C ARLINGTON, VA 22206 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: DAVID SHAPIRO 18 GREENVIEW AVE BOSTON, MA 02130 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: ZACHARY LEWIS 638 10TH ST #3 PARK SLOPE, NY 11215 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>

Page Subtotal **121.42**

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: REBECCA SCHMIDT 269 W 73RD ST APT 4A NEW YORK, NY 10023 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>14.28</u>	\$ <u>14.28</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: LENNE KLINGAMAN 27-08 DITMARS BLVD 2F ASTORIA, NY 11105 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: DANIEL SIGWARD 219 BEECH AVE MELROSE, MA 02176 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>17.85</u>	\$ <u>17.85</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: ALEXANDRO STRAUSS 1212 8TH AVE APT 2 PARK SLOPE, NY 11215 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>

Page Subtotal 46.41

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: DAVID WARNER 116 HILLSIDE DR WOODSIDE, CA 94062		\$ <u>4.28</u>	\$ <u>4.28</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>10/23/2024</u> Name & Address: ABBIE LIEL 1793 YELLOW PINE AVE BOULDER, CO 80304		\$ <u>14.28</u>	\$ <u>14.28</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>10/23/2024</u> Name & Address: LAURA LENNON 123 BOERUM PL #3C BROOKLYN, NY 11201		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: TIMOTHY BURGER 467 WHEELING WAY LOS ANGELES, CA 90042		\$ <u>3.57</u>	\$ <u>3.57</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 25.70

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: AMBER CROSBY 4106 W GLENCOE PL BOISE, ID 83705	\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: ELAINE SCHREIBER 441 OAK CREST LN GEORGETOWN, TX 78628	\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: DONICA SHYE 222 MONROE ST APT 1 BEDFORD-STUYVESANT, NY 11216	\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: KEVIN JOSEPH 862 NW 68TH AVE PLANTATION, FL 33317	\$ <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 **24.28**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: LOUISE KITTREDGE 5 HARRINGTON ST NEWTON, MA 02460		\$ <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>10/23/2024</u> Name & Address: ZENNA MOHR 1928 CANNERY LOOP DAVIS, CA 95616		\$ <u>35.71</u>	\$ <u>35.71</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>10/23/2024</u> Name & Address: STACY PENDELL 321 NY-38 LOCKE, NY 13092		\$ <u>5.35</u>	\$ <u>5.35</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>10/23/2024</u> Name & Address: LINDA BELL 4808 CAVALRY GREEN DR MANLIUS, NY 13104		\$ <u>1.78</u>	\$ <u>1.78</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 **142.84**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: CHRISTIAN SOLBERG 185 PLEASANT ST APT 1 BROOKLINE, MA 02446		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u>	
Name & Address: NICOLE RODRIGUEZ 5931 W BELLFORT AVE HOUSTON, TX 77035		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u>	
Name & Address: JORDAN HESS 15113 CAMDEN AVE EASTPOINTE, MI 48021		\$ <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>10/23/2024</u>	
Name & Address: JONATHAN CROWDER 1720 W CHICAGO AVE APT 1502 CHICAGO, IL 60622		\$ <u>2.14</u>	\$ <u>2.14</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 26.42

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>10/23/2024</u> Name & Address: LILY ZALLA 64 BAYARD ST APT 4C BROOKLYN, NY 11222		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: RICH HEYNIGER 87 PEASE AVE VERONA, NJ 07044		\$ <u>14.28</u>	\$ <u>14.28</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>10/23/2024</u> Name & Address: JANET WALKER CHIRLIN 3460 39TH ST NW NO. A679 WASHINGTON, DC 20016		\$ <u>14.28</u>	\$ <u>14.28</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>10/23/2024</u> Name & Address: THOMAS BOURKE 300 CLOPSTON HILL ANNAPOLIS, MD 21405		\$ <u>15.38</u>	\$ <u>15.38</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 51.08

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: PHILLIP COPE 931 MONROE DR NE ATLANTA, GA 30308		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: ERICA LEE 156 WOODMONT CIR RIVER VALE, NJ 07675		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: KRISTEN TARNOL 13423 RAND DR LOS ANGELES, CA 91423		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: GRAHAM CANTOR-COOKE 269 W 73RD ST NEW YORK, NY 10023		\$ <u>14.28</u>	\$ <u>14.28</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 **32.13**

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>10/23/2024</u>	
Name & Address: LISA PISCITELLO 6770 E CALLE DE ORO TUCSON, AZ 85715		\$ <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>10/23/2024</u>	
Name & Address: NIKKI TOWNSEND 590 SHORTRIDGE AVE ROCHESTER HILLS, MI 48307		\$ <u>35.71</u>	\$ <u>35.71</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>10/23/2024</u>	
Name & Address: ROBERT WALDER 1793 YELLOW PINE AVE BOULDER, CO 80304		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u>	
Name & Address: ERIK BARNES 1202 MADISON AVE AUSTIN, TX 78757		\$ <u>38.46</u>	\$ <u>38.46</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 **91.31**

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>10/23/2024</u>	
Name & Address: TYLER MILLS 233 FEDERAL ST PROVIDENCE, RI 02909		\$ <u>1.00</u>	\$ <u>1.00</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>10/23/2024</u>	
Name & Address: LISA BONNER 4219 NAPIER AVE BRONX, NY 10470		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: TOM TROJNAR 600 CAM DEL MEDIO TAOS, NM 87571		\$ <u>2.00</u>	\$ <u>2.00</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>10/23/2024</u>	
Name & Address: ABBI HAWK 148 LINDEN BLVD APT 10 BROOKLYN, NY 11226		\$ <u>1.43</u>	\$ <u>1.43</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 8.00

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>10/23/2024</u> Name & Address: MICHELLE GIORLANDO 625 HENDRICKSON BLVD CLAWSON, MI 48017		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: KATHARINE CLINGAN 135 SIMMONS AVE COHOES, NY 12047		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: KRISTEN KARLE 1422 W BROADWAY EUGENE, OR 97402		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: BEN MARKOWITZ 75 OAKVIEW AVE MAPLEWOOD, NJ 07040		\$ <u>7.14</u>	\$ <u>7.14</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 22.85

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: MARIE NEW 3500 WIMBERLEY CREEK DR YUKON, OK 73099		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: CAITLIN CHAROS 5759 SCARBOROUGH DR OAKLAND, CA 94611		\$ <u>14.28</u>	\$ <u>14.28</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>10/23/2024</u> Name & Address: VERONICA HOLTZ 2037 N 159TH CT E WICHITA, KS 67230		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: PAUL KOEHLER 3309 KEMPTON AVE OAKLAND, CA 94611		\$ <u>3.57</u>	\$ <u>3.57</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 **32.13**

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: CAROLYN MAYER 11610 RED RUST LN CHARLOTTE, NC 28277		\$ <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>10/23/2024</u> Name & Address: CATHERINE ALLEN 37 BEACON ST BATH, ME 04530		\$ <u>5.35</u>	\$ <u>5.35</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>10/23/2024</u> Name & Address: ALEXANDRA KARRAM 953 UNION ST SF, CA 94133		\$ <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>10/23/2024</u> Name & Address: LISA CONN 18081 SE COUNTRY CLUB DR JUPITER, FL 33469		\$ <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 50.35

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: SANDRA SPIRES 1105 N SAGE CT SUNNYVALE, CA 94087 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>31.71</u>	\$ <u>31.71</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: LARRY HOYT 3256 W 111TH LOOP UNIT B WESTMINSTER, CO 80031 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: RENEE LAROSE LINDA ST SAN FRANCISCO, CA 94110 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: JENNIFER COHEN 903 CHANTICLEER CHERRY HILL, NJ 08003 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>71.43</u>	\$ <u>71.43</u>

Page Subtotal **116.71**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: JEFF GERDE 31628 MILLCREEK DR MENIFEE, CA 92584		\$ <u>1.43</u>	\$ <u>1.43</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>10/23/2024</u>	
Name & Address: PITO SALAS 12 INTERVALE RD ARLINGTON, MA 02474		\$ <u>35.71</u>	\$ <u>35.71</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>10/23/2024</u>	
Name & Address: ALFREDO PELICCI 145 E 22ND ST 4E NEW YORK, NY 10010		\$ <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>10/23/2024</u>	
Name & Address: BECKY CANTOR-WILLIAMS 5536 KAREN DR BETHLEHEM, PA 18017		\$ <u>1.78</u>	\$ <u>1.78</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 48.92

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: CAROLYN MARANCA 1411 CELEBRATION AVE UNIT 404 CELEBRATION, FL 34747		\$ <u>10.71</u>	\$ <u>10.71</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>10/23/2024</u> Name & Address: LAURA GOUBEUX 3082 STRATFORD ADAMS DR CHAMBLEE, GA 30341		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: LAURIE HUTTON-CORR 36 ISLAND ST SOUTH DENNIS, MA 02660		\$ <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>10/23/2024</u> Name & Address: ELISSA SUSSMAN 3594 WOODHILL CANYON RD LOS ANGELES, CA 91604		\$ <u>14.28</u>	\$ <u>14.28</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 **38.56**

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: KATHERINE MCALLISTER 100 OAKLAWN AVE STAMFORD, CT 06905		\$ <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>10/23/2024</u>	
Name & Address: DONNA ORANGE 570 MAYFLOWER RD CLAREMONT, CA 91711		\$ <u>14.28</u>	\$ <u>14.28</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>10/23/2024</u>	
Name & Address: CATHERINE PRICE 5 COT HILL RD BEDFORD, MA 01730		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: DAVID REES 859 N JUNE ST APT 105 LOS ANGELES, CA 90038		\$ <u>7.14</u>	\$ <u>7.14</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 **34.99**

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: MICHELLE LEE 422 MANZANITA AVE CORTE MADERA, CA 94925		\$ <u>166.66</u>	\$ <u>166.66</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE</u> Employer <u>STEPHEN YARROW</u> Business Address <u>911 HIGHLAND DR, SOLANA BEACH, CA 92075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: PAUL LEVIN 91 HAPEMAN HILL RD RED HOOK, NY 12571		\$ <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>10/23/2024</u> Name & Address: OLIVIER COURTEMANCHE 1418 BARROWS RD OAKLAND, CA 94610		\$ <u>10.71</u>	\$ <u>10.71</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>10/23/2024</u> Name & Address: VALERIE PIERCE 1570 SANCHEZ ST SAN FRANCISCO, CA 94131		\$ <u>35.71</u>	\$ <u>35.71</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 **238.08**

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>10/23/2024</u>	
Name & Address: MOLLY RANSON 245 W 74TH ST APT 9A NEW YORK, NY 10023		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: THIBAUT PACIELLO 420 UNION AVE BROOKLYN, NY 11211		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u>	
Name & Address: WILLIAM SMITH 113 NEWMAN ST SAN FRANCISCO, CA 94110		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u>	
Name & Address: JANETTE BIBBY 9604 BEECHNUT DR AUSTIN, TX 78748		\$ <u>1.43</u>	\$ <u>1.43</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 **19.28**

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>10/23/2024</u> Name & Address: NICOLE KLINE 2330 HICKORY LN ORLANDO, FL 32803		\$ <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>10/23/2024</u> Name & Address: DAVID SBORZ 12 NEW WHITEHORSE WY STE 250 MALVERN, PA 19355		\$ <u>14.28</u>	\$ <u>14.28</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>10/23/2024</u> Name & Address: TUSHAR CHEKE 450 W 147TH ST APT 45 NEW YORK, NY 10031		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: EMILY KESSLER 920 STODDARD AVE WHEATON, IL 60187		\$ <u>35.71</u>	\$ <u>35.71</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 79.99

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>10/23/2024</u> Name & Address: LOREN SKLAR 59-29 LINDEN ST APT 1F RIDGEWOOD, NY 11385 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2.00</u>	\$ <u>2.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: JANELLE GUNTHER 119 GIFFORD AVE JERSEY CITY, NJ 07304 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: JAMES LAYMAN 85 LAUREL DR ESSEX JUNCTION, VT 05452 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2.00</u>	\$ <u>2.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: DINA COWAN 30 HARWARD ST BATH, ME 04530 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>14.28</u>	\$ <u>14.28</u>

Page Subtotal 28.28

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>10/23/2024</u>	
Name & Address: NANCY STOCKERT 1425 W 28TH ST APT 505 MINNEAPOLIS, MN 55408		\$ <u>10.71</u>	\$ <u>10.71</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>10/23/2024</u>	
Name & Address: FELICIA BIANCHI 609 COLES MEADOW RD NORTHAMPTON, MA 01060		\$ <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>10/23/2024</u>	
Name & Address: MICHAEL GASKILL 8581 NASHVILLE RD EDDYVILLE, OR 97343		\$ <u>14.28</u>	\$ <u>14.28</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>10/23/2024</u>	
Name & Address: WILLIAM MAINA 8571 ANDERSON CREEK CIR DALLAS, TX 75243		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **184.99**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: STEVEN KUCHUCK 60 W 13TH ST APT 5D NEW YORK, NY 10011		\$ <u>35.71</u>	\$ <u>35.71</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>10/23/2024</u>	
Name & Address: BARRY DEUTSCH 8659 SE FOSTER RD PORTLAND, OR 97266		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: JARED CRAIN 100 NEW MARKET CT CATONSVILLE, MD 21228		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: CAROL DAVIS GROSSMAN 12 ELM PLACE NORTH CALDWELL, NJ 07006		\$ <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 **69.28**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: ALEX SALZBERG 1430 RIDGE RD RALEIGH, NC 27607		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: LUCILENA JONES PO BOX 772 LOPEZ ISLAND, WA 98261		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: THOMAS HUBMER 3912 ANNELS CT FORT WORTH, TX 76109		\$ <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>10/23/2024</u> Name & Address: PAM LELAND 1600 IRON HORSE DR #B201 LONGMONT, CO 80501		\$ <u>2.14</u>	\$ <u>2.14</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 22.85

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>10/23/2024</u> Name & Address: TAYLOR JOHNSON 113 PINCKNEY ST GREENVILLE, SC 29601 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10.71</u>	\$ <u>10.71</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: MAYA GEYER 285 ST JOHNS PL APT 53 BROOKLYN, NY 11238 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2.14</u>	\$ <u>2.14</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: MARSHAL MERRIAM 2119 PSO DEL ORO SAN JOSE, CA 95124 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>35.71</u>	\$ <u>35.71</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: JAMIE BROUSSARD 8163 REDLANDS ST APT 57 LOS ANGELES, CA 90293 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>

Page Subtotal **55.70**

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>10/23/2024</u> Name & Address: DANIEL JUDSON 492 HURON AVE CAMBRIDGE, MA 02138		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: AJ ELLIS 31 JANE ST 2A NEW YORK, NY 10014		\$ <u>1.43</u>	\$ <u>1.43</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>10/23/2024</u> Name & Address: ANN STEPHENSON 170 E 3RD ST 3F NEW YORK, NY 10009		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: ADAM CROWLEY 4455 FULTON AVE APT 2 SHERMAN OAKS, CA 91423		\$ <u>7.14</u>	\$ <u>7.14</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 **17.14**

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>10/23/2024</u> Name & Address: ROBERT ANDERSON 9609 PRESCOTT DR AUSTIN, TX 78749		\$ <u>10.71</u>	\$ <u>10.71</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>10/23/2024</u> Name & Address: JENNIFER HERRICKS 1300 RIDGE WAY DR MANDEVILLE, LA 70471		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: KATHERINE FREEDMAN 238 W 106TH ST 6G NEW YORK, NY 10025		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: STEPHEN PARE 1214 BARKDULL ST #1 HOUSTON, TX 77006		\$ <u>1.07</u>	\$ <u>1.07</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 22.49

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>10/23/2024</u> Name & Address: CHRIS AYCOCK 2663 24TH AVE SAN FRANCISCO, CA 94116		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: CHRISTINE ROGERSON 12329 COUNTRY CREEK WAY GLEN ALLEN, VA 23059		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: JINAH LEE 4037 TILDEN AVE CULVER CITY, CA 90232		\$ <u>1.78</u>	\$ <u>1.78</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>10/23/2024</u> Name & Address: PETE OLIVER 1714 NW ASHBY CT PORTLAND, OR 97229		\$ <u>7.14</u>	\$ <u>7.14</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 **19.63**

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>10/23/2024</u>	
Name & Address: JORDAN KOLASINSKI 17128 BULLOCK ST ENCINO, CA 91316		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u>	
Name & Address: WILSON HUTTON 435 W NITTANY AVE STATE COLLEGE, PA 16801		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: JESSICA TAVA 814 DEVON PL ALEXANDRIA, VA 22314		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: ERIKA JOHNSON 3458 E BELLEVUE ST TUCSON, AZ 85716		\$ <u>1.78</u>	\$ <u>1.78</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 32.49

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>10/23/2024</u>	
Name & Address: DAVID WOOD 21031 MILLERS MILL RD FREELAND, MD 21053		\$ <u>5.35</u>	\$ <u>5.35</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>10/23/2024</u>	
Name & Address: ANNE COSCARELLI 1120 GRANT ST SANTA MONICA, CA 90405		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: JAKE CHRISTENSEN 1 POLK ST UNIT 1903 SAN FRANCISCO, CA 94102		\$ <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>10/23/2024</u>	
Name & Address: ERIK HELLMAN 830 MARION AVE HIGHLAND PARK, IL 60035		\$ <u>17.85</u>	\$ <u>17.85</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 **36.77**

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>10/23/2024</u> Name & Address: SARAH POPOVIC 12 OSPREY POINT JOHNSON CITY, TN 37604		\$ <u>4.54</u>	\$ <u>4.54</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>10/23/2024</u> Name & Address: MARINA HAYNES 30 FITHIAN AVE MERCHANTVILLE, NJ 08109		\$ <u>2.14</u>	\$ <u>2.14</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>10/23/2024</u> Name & Address: LEA LANGDON 2800 GREEN VALLEY DR COLUMBIA, MO 65201		\$ <u>14.28</u>	\$ <u>14.28</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>10/23/2024</u> Name & Address: SETH DODSON 6301 E 22ND AVE DENVER, CO 80207		\$ <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 25.96

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>10/23/2024</u> Name & Address: KATHLEEN MAHONEY 70 MARSTON ST MEDFORD, MA 02155		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: JAMES RUGGIERO 1748 CORCORAN ST NW APT 1A WASHINGTON, DC 20009		\$ <u>10.71</u>	\$ <u>10.71</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>10/23/2024</u> Name & Address: PATRICK MEBINE 3654 16TH ST SAN FRANCISCO, CA 94114		\$ <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>10/23/2024</u> Name & Address: JODI TANNER 7423 SEAN TAYLOR LN SAN DIEGO, CA 92126		\$ <u>7.14</u>	\$ <u>7.14</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 **124.99**

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>10/23/2024</u> Name & Address: FRANK BURGESS 5314 DORSETT PL NW WASHINGTON, DC 20016		\$ <u>357.14</u>	\$ <u>357.14</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>10/23/2024</u> Name & Address: DANIEL CHANDLER 436 OLD WAGON RD TRINIDAD, CA 95570		\$ <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>10/23/2024</u> Name & Address: RAYNA KROHN 327 WILLOWSRING DR N ENCINITAS, CA 92024		\$ <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>10/23/2024</u> Name & Address: PREEYA GORADIA 2 S END AVE TH1 NEW YORK, NY 10280		\$ <u>28.57</u>	\$ <u>28.57</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 **415.71**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: JESSICA KUNNING 10 FREMONT RD SLEEPY HOLLOW, NY 10591 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>1.78</u>	\$ <u>1.78</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: SAHANA ZUTSHI 3 TAMARACK DR NEW MILFORD, CT 06776 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>1.78</u>	\$ <u>1.78</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: LAUREN MILGROOM 91 CLARENDON AVE SOMERVILLE, MA 02144 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>35.71</u>	\$ <u>35.71</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: CODY BOWLES 501 E OLTORF ST AUSTIN, TX 78704 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>7.14</u>	\$ <u>7.14</u>

Page Subtotal 46.41

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>10/23/2024</u> Name & Address: ROBERT ARBEIT 24 OLDHAM RD WEST NEWTON, MA 02465		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: MERISSA DZAU 207 E 57TH ST APT 21A NEW YORK, NY 10022		\$ <u>17.85</u>	\$ <u>17.85</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>10/23/2024</u> Name & Address: NATALIE JENSEN 80 CHESTNUT ST DEDHAM, MA 02026		\$ <u>71.43</u>	\$ <u>71.43</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>10/23/2024</u> Name & Address: KATHERINE RANSOM-SILLIMAN 6 HIGHLAND AVE. MADISON, NJ 07940		\$ <u>17.85</u>	\$ <u>17.85</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 **114.27**

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>10/23/2024</u> Name & Address: RICHARD GRICIUS 2839 N RIDGEWAY AVE CHICAGO, IL 60618		\$ <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>10/23/2024</u> Name & Address: CHRISTINA COLMAN 9005 EDGEWOOD LANE HIGHLANDS RANCH, CO 80130		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: PETER SCHULZ 4500 S FOUR MILE RUN DR APT 912 ARLINGTON, VA 22204		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: MELISSA MARLOW 5630 N DELTA AVE KANSAS CITY, MO 64151		\$ <u>3.57</u>	\$ <u>3.57</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 24.28

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>10/23/2024</u> Name & Address: CHRISTINE REILLY 1 DEERPATH LN BERKELEY HEIGHTS, NJ 07922		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: MELISSA MARLOW 5630 N DELTA AVE KANSAS CITY, MO 64151		\$ <u>1.78</u>	\$ <u>5.35</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>10/23/2024</u> Name & Address: JOSE ROSA 644 RIVERSIDE DR APT 11D NEW YORK, NY 10031		\$ <u>10.71</u>	\$ <u>10.71</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>10/23/2024</u> Name & Address: CATHERINE FEY 192 SHEEDY RD VESTAL, NY 13850		\$ <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 **119.63**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: KENNETH NEWKIRK PO BOX 1660 ANACORTES, WA 98221		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: TARA HALT 9511 SCARAB ST VIENNA, VA 22182		\$ <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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: FRANK HAUSER 1431 E MOYAMENSING AVE PHILADELPHIA, PA 19147		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: MICHAEL BUTLER 412 2ND ST APT 1R BROOKLYN, NY 11215		\$ <u>71.43</u>	\$ <u>71.43</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 101.57

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: HOWARD EDENBERG 635 BARNHILL DR INDIANAPOLIS, IN 46202 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.69</u>	\$ <u>7.69</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: REBECCA TROON 398 MAGNA VISTA ST SANTA BARBARA, CA 93110 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: DAVID KIDDOO 3339 WISCONSIN ST OAKLAND, CA 94602 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: HOLLIND KEVO 6573 NE MAPLE ST BAINBRIDGE ISLAND, WA 98110 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 **28.40**

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>10/23/2024</u> Name & Address: JIM ALMENDINGER 416 CHURCHILL ST W STILLWATER, MN 55082		\$ <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>10/23/2024</u> Name & Address: CYNTHIA COLLINS 27 TRUMAN TERRACE PISCATAWAY, NJ 08854		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: SARAH O'NEIL 155 BELCHER DR SUDBURY, MA 01776		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: LYNNE RUSSO 1078 HAYES AVE SAN DIEGO, CA 92103		\$ <u>3.57</u>	\$ <u>3.57</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 27.14

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>10/23/2024</u> Name & Address: KEN NYMAN 2475 S CULPEPER ST ARLINGTON, VA 22206		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: ANITA PETERS 3837 MONONA DR UNIT 4 MONONA, WI 53714		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: ELIZABETH WOOD-HULL 4374 WOODLAND AVE WESTERN SPRINGS, IL 60558		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: RICHARD ZACHARIAS 1501 GREEN ST #4 PHILADELPHIA, PA 19130		\$ <u>32.14</u>	\$ <u>32.14</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 **246.42**

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>10/23/2024</u>	
Name & Address: MARGARET BLAUVELT 115 WILLIAM CIR CLOVERDALE, CA 95425		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u>	
Name & Address: JOSHUA RIEGEL 200 E 18TH ST NO. 2D BROOKLYN, NY 11226		\$ <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>10/23/2024</u>	
Name & Address: BOBBIE KEEVER 2348 MILLCREEK PL HIGHLANDS RANCH, CO 80126		\$ <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>10/23/2024</u>	
Name & Address: DAVID THOMAS 4330 W LAKESHORE DR MOSES LAKE, WA 98837		\$ <u>7.14</u>	\$ <u>7.14</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 **34.28**

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>10/23/2024</u> Name & Address: KALLY MCCONNELL 636 N WRIGHT ST NAPERVILLE, IL 60563		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: ROBERT LAVALLEE 7413 ARVADA AVE NE ALBUQUERQUE, NM 87110		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: ERIKA BOECKELER 152 UPHAM ST MELROSE, MA 02176		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: GARETH HINDS 5718 39TH AVE HYATTSVILLE, MD 20781		\$ <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 24.28

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>10/23/2024</u> Name & Address: LISA ROGOFF 7 SEDGWICK DR CHERRY HL VLG, CO 80113		\$ <u>14.28</u>	\$ <u>14.28</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>10/23/2024</u> Name & Address: MATTHEW KREPS 284 CLAREMONT AVE APT A4 VERONA, NJ 07044		\$ <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>10/23/2024</u> Name & Address: DANI SKROCH 720 E 7TH ST #414 ST PAUL, MN 55106		\$ <u>1.43</u>	\$ <u>1.43</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>10/23/2024</u> Name & Address: RICHARD UPTON 78 N 12TH ST SAN JOSE, CA 95112		\$ <u>64.00</u>	\$ <u>140.66</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT MANAGER</u> Employer <u>CROWDSTRIKE INC.</u> Business Address <u>150 MATHILDA PL, SUNNYVALE, CA 94086</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **89.71**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: ERNESTINE MAURA 2025 NORMANDY CIR WEST PALM BEACH, FL 33409		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: LINDSEY BEAKES 7 SHADY CT BAY SHORE, NY 11706		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: STEPHEN GRIEDER 3637 POINCIANA AVE MIAMI, FL 33133		\$ <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>10/23/2024</u>	
Name & Address: MARYSA LIN 1324 CARMONA AVE LOS ANGELES, CA 90019		\$ <u>2.85</u>	\$ <u>2.85</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 109.99

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>10/23/2024</u> Name & Address: NANCY ARONSON 1400 CALHOUN ST NEW ORLEANS, LA 70118		\$ <u>35.71</u>	\$ <u>35.71</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>10/23/2024</u> Name & Address: DEREK BUTLER 819 N PERRY AVE WICHITA, KS 67203		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: MARISSA GOLDBERG 567 TREMONT ST UNIT 27 BOSTON, MA 02118		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: CAROLYN TIERNAN 117 VARNUM ST ARLINGTON, MA 02474		\$ <u>3.57</u>	\$ <u>3.57</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 46.42

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>10/23/2024</u>	
Name & Address: KATE BAKER 7214 NE 65TH PL VANCOUVER, WA 98661		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u>	
Name & Address: IRA RIGAUD 517 S OAK PARK AVE OAK PARK, IL 60304		\$ <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>10/23/2024</u>	
Name & Address: WARD BEIN 23 HALF MOON HILL ACTON, MA 01720		\$ <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>10/23/2024</u>	
Name & Address: AMY GAVIN 6261 GALENA ST DENVER, CO 80238		\$ <u>14.28</u>	\$ <u>14.28</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 41.42

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>10/23/2024</u> Name & Address: ANN PROSSER 4708 ISABEL AVE MINNEAPOLIS, MN 55406 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: ALEJANDRO VARELA 168 WASHINGTON PARK APT 5 BROOKLYN, NY 11205 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>17.85</u>	\$ <u>17.85</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: DAVID BUTCHER 1024 HAZELWOOD AVE SAN JOSE, CA 95125 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>17.85</u>	\$ <u>17.85</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: CHASE CONRAD 805 BUSH ST 318 SAN FRANCISCO, CA 94108 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>

Page Subtotal **49.98**

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>10/23/2024</u> Name & Address: MORGAN BENSON 316 N HARVEY AVE OAK PARK, IL 60302		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: ERIC QUIJANO 3015 3RD ST #1 SANTA MONICA, CA 90405		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: MARY GOYA 1665 AKOLEA PL HILO, HI 96720		\$ <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>10/23/2024</u> Name & Address: HUGH DEANER 4301 COLLINS AVE MIAMI BEACH, FL 33140		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 40.71

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>10/23/2024</u> Name & Address: SCOTT ALBERS 360 W PERSHING RD KANSAS CITY, MO 64108		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: ESTELLE BOGDONOFF 12 MAHAIWE ST APT B GREAT BARRINGTON, MA 01230		\$ <u>5.35</u>	\$ <u>11.60</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>10/23/2024</u> Name & Address: SAM BLANK 3200 16TH ST NW APT 210 WASHINGTON, DC 20010		\$ <u>3.35</u>	\$ <u>3.35</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>10/23/2024</u> Name & Address: JANE MULVANEY W288S5161 ROCKWOOD TRAIL WAUKESHA, WI 53189		\$ <u>3.57</u>	\$ <u>3.57</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 **19.41**

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>10/23/2024</u> Name & Address: ANDY DRESSEL 8472 TAOS DR SANDY, UT 84093 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>4.00</u>	\$ <u>4.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: FIONA BOWEN 155 W 81ST ST APT 3E NEW YORK, NY 10024 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.00</u>	\$ <u>1.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: STACEY ZASADNY 928 VISCANIO PL LAS VEGAS, NV 89138 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2.14</u>	\$ <u>2.14</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: FERNANDO URBINA 233 CRESTVIEW RD LAHAINA, HI 96761 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>35.71</u>	\$ <u>35.71</u>

Page Subtotal **42.85**

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>10/23/2024</u> Name & Address: SASHA FELDSTEIN 1168 S SIERRA BONITA AVE LOS ANGELES, CA 90019		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: DAVID ROBINSON 53 ROCKLEDGE DR LIVINGSTON, NJ 07039		\$ <u>9.09</u>	\$ <u>9.09</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>10/23/2024</u> Name & Address: ROTEM MOSCOVICH 15 DOHRMAN AVE TEANECK, NJ 07666		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: AIMEE LIU 2115 GLENCOE AVE VENICE, CA 90291		\$ <u>71.43</u>	\$ <u>71.43</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 **87.66**

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

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: JULIANA BIRO 1405 MONTGOMERY ST TUSTIN, CA 92782		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: MARISSA MAY 5041 S YAKIMA AVE TACOMA, WA 98408		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: RODGER BRIGHT 8246 MT VERNON ST LEMON GROVE, CA 91945		\$ <u>5.35</u>	\$ <u>5.35</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>10/23/2024</u> Name & Address: JAMES FLOREY 2084 LIBERTY HEIGHTS ANN ARBOR, MI 48103		\$ <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			

Page Subtotal 27.49

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

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: CHARLES STUBBS 1837 FM 1647 WINNSBORO, TX 75494		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: WILLIS CAHILL 6711 LAKE SHORE DR S 1107 RICHFIELD, MN 55423		\$ <u>14.28</u>	\$ <u>14.28</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>10/23/2024</u>	
Name & Address: VICTORIA GAU 7206 GARLAND AVE TAKOMA PARK, MD 20912		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: MARK WEINGARTEN 2236 SE 70TH AVE PORTLAND, OR 97215		\$ <u>3.57</u>	\$ <u>3.57</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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Grand Total of All Schedules 1A
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**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>10/23/2024</u> Name & Address: FREDERICK GROSSMAN 1521 BROADWAY #803 SEATTLE, WA 98122 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>14.28</u>	\$ <u>14.28</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: TIMOTHY RYAN 18 PORTER ST SOMERVILLE, MA 02143 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>14.28</u>	\$ <u>14.28</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: JEANNIE SHU 1058 E LYNN ST SEATTLE, WA 98102 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: DARREN MICHAEL WAN 1955 15TH AVE SAN FRANCISCO, CA 94116 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 **138.56**

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>10/23/2024</u> Name & Address: KAYLIE ALEXANDER 5356 KNOXVILLE AVE LAKEWOOD, CA 90713		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: CHARLENE PROUNIS 50 ANDOVER CT MANHASSET, NY 11030		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: LAUREN TOPPENBERG 1019 IRVING ST NW WASHINGTON, DC 20010		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: MELINDA MILLER 2025 BROADWAY 14JK NEW YORK, NY 10023		\$ <u>7.14</u>	\$ <u>7.14</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 21.42

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>10/23/2024</u> Name & Address: PETER EDBERG 1669 FAIRMOUNT BLVD EUGENE, OR 97403		\$ <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>10/23/2024</u> Name & Address: CHARLOTTE CASSIDY 5574 OLD SCHOOL RD PLEASANTON, CA 94588		\$ <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>10/23/2024</u> Name & Address: MEGAN DELAIN 810 HACIENDA CIR PASO ROBLES, CA 93446		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: GREGORY KORNBLUH 4139 APPLE ST #2 CINCINNATI, OH 45223		\$ <u>17.85</u>	\$ <u>17.85</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 **84.99**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: SIOBHAN MATTHES 9607 PAGE AVE BETHESDA, MD 20814		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: STEPHANIE KEENAN 260 WILLOW DR LITTLE SILVER, NJ 07739		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: ELIZABETH KRUEGER 1825 CHURCH ST SAN FRANCISCO, CA 94131		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: ELISABETH JACOBS 1221 ST GEORGE AVE CHARLOTTESVILLE, VA 22901		\$ <u>2.14</u>	\$ <u>2.14</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 **16.42**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: KRISTINE JANDORA 45 GORHAM AVE WESTPORT, CT 06880 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>35.71</u>	\$ <u>35.71</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: ASHLEY CUSTER 4106 LOS FELIZ BLVD APT 1 LOS ANGELES, CA 90027 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>1.00</u>	\$ <u>1.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: JANICE KIRKWOOD 1205 VALLEY ROAD GLEN MILLS, PA 19342 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>7.14</u>	\$ <u>7.14</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: TZIVIA GETZUG 13120 HESBY ST LOS ANGELES, CA 91423 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>7.14</u>	\$ <u>7.14</u>

Page Subtotal **50.99**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: BARBARA TOOMEY 22 WOODCREST RD CAPE ELIZABETH, ME 04107		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: MATTHEW GRASSO 1905 CHALCIS DR APT D LAFAYETTE, CO 80026		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: KEGAN NILAND 5225 SW RICHARDSON DR PORTLAND, OR 97239		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u>	
Name & Address: CHARLES LEE 5121 NE 55TH ST SEATTLE, WA 98105		\$ <u>100.00</u>	\$ <u>171.43</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>UNIVERSITY OF WASHINGTON</u> Business Address <u>4273 E STEVENS WAY NE, SEATTLE, WA 98105</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **114.28**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: MARY FORD 670 MARYLAND AVE NE WASHINGTON, DC 20002		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: WILLIAM EGAN 237 W BROOKES AVE SAN DIEGO, CA 92103		\$ <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>10/23/2024</u>	
Name & Address: TRAVIS JAMES 150 E 39TH ST APT 705 NEW YORK, NY 10016		\$ <u>2.50</u>	\$ <u>2.50</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: B BARTH 5401 BROOKSIDE BLVD 203 KANSAS CITY, MO 64112		\$ <u>35.71</u>	\$ <u>35.71</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 **91.78**

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>10/23/2024</u> Name & Address: KEVIN HANSEN 3737 N LAWNGDALE AVE CHICAGO, IL 60618		\$ <u>1.78</u>	\$ <u>1.78</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>10/23/2024</u> Name & Address: JANICE M EISEN 2510 SE 58TH AVE PORTLAND, OR 97206		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: AKASH SHAH 3908 N OAKLEY AVE CHICAGO, IL 60618		\$ <u>3.57</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: KATHERINE HARRIS 64 GLENWOOD AVE NORTHFIELD, MA 01360		\$ <u>7.14</u>	\$ <u>7.14</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 **19.63**

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>10/23/2024</u>	
Name & Address: SUSAN POPPER 220 MADISON AVE 10J NEW YORK, NY 10016		\$ <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>10/23/2024</u>	
Name & Address: LEO IMMONEN 650 EAST ST WRENTHAM, MA 20293		\$ <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>10/23/2024</u>	
Name & Address: MEREDITH GROVES 3027 BATEMAN ST BERKELEY, CA 94705		\$ <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>10/23/2024</u>	
Name & Address: CYNTHIA SCHORR PO BOX 962 APACHE JUNCTION, AZ 85117		\$ <u>7.14</u>	\$ <u>7.14</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 52.14

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>10/23/2024</u> Name & Address: CYNTHIS HENDEL 21916 SHEPPARD DR EAGLE RIVER, AK 99577		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: KIMBERLY HARTER 4234 HANA HWY HAIKU, HI 96708		\$ <u>14.28</u>	\$ <u>14.28</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>10/23/2024</u> Name & Address: JOSEPH PAPA 3309 KENSINGTON AVE RICHMOND, VA 23221		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: JOHN HAMMOND 17 CHURCH ST GREENWICH, NY 12834		\$ <u>10.71</u>	\$ <u>10.71</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 **39.27**

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>10/23/2024</u> Name & Address: LAUREN BUCK MEDEIROS 1515 WARD AVE APT 1005 HONOLULU, HI 96822 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: MICHELLE LOVE 338 C. TINTILLOS VIEQUES, PR 00765 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2.00</u>	\$ <u>2.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: JAMIE EIDLIN 5143 HAZEL AVE PHILADELPHIA, PA 19143 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: MICHELLE LOVE 338 C. TINTILLOS VIEQUES, PR 00765 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2.00</u>	\$ <u>4.00</u>

Page Subtotal **14.71**

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>10/23/2024</u> Name & Address: JOEL GARCIA 47 DOLORES TERRACE SAN FRANCISCO, CA 94110		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: ROBIN RAIN 5125 JULIA BERGER CIR FAIRFIELD, CA 94534		\$ <u>71.43</u>	\$ <u>71.43</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>10/23/2024</u> Name & Address: MATTHEW MORLEY 12120 GATEWATER DR POTOMAC, MD 20854		\$ <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>10/23/2024</u> Name & Address: MARCIA GOLDGAR 2765 QUAIL LN NORTHBROOK, IL 60062		\$ <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 125.00

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>10/23/2024</u> Name & Address: BRIAN BAKER 316 COPPER OAKS DR WOODSBORO, MD 21798		\$ <u>1.78</u>	\$ <u>1.78</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>10/23/2024</u> Name & Address: MORGAN KRHIN 1700 E BEVERLY RD SHOREWOOD, WI 53211		\$ <u>2.30</u>	\$ <u>2.30</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>10/23/2024</u> Name & Address: DANIEL EGNOR 5112 GENOA ST OAKLAND, CA 94608		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMPUTER PROGRAMMER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>5112 GENOA ST, OAKLAND, CA 94608</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: BENJAMIN SOLOMON 260 W 54TH ST APT 26D NEW YORK, NY 10019		\$ <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 **1,012.41**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: FRANKIE FACHILLA 3316 MOOREWOOD DR NASHVILLE, TN 37207		\$ <u>10.71</u>	\$ <u>10.71</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>10/23/2024</u> Name & Address: HEIDI CHAVES 119 NICTER RD LANCASTER, NY 14086		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u> Name & Address: ABBY HUMPHREY 4305 LOCH ALPINE DR E ANN ARBOR, MI 48103		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: BROOKE HUMPHREY 8507 84TH ST SW LAKEWOOD, WA 98498		\$ <u>3.57</u>	\$ <u>3.57</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 **24.99**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: JEFF ROSIER 1553 5TH ST OAKLAND, CA 94607		\$ <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>10/23/2024</u>	
Name & Address: TREVOR POLLACK 1300 W 58TH ST CLEVELAND, OH 44102		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: MARISSA MAIER 7304 N CHAUTAUQUA BLVD PORTLAND, OR 97217		\$ <u>14.28</u>	\$ <u>14.28</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>10/23/2024</u>	
Name & Address: GLENN KATZEN 4527 N LAMAR BLVD APT 2144 AUSTIN, TX 78751		\$ <u>7.14</u>	\$ <u>7.14</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 **34.99**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/2024</u>	
Name & Address: SARAH GOLDSTEIN 6031 DELAFIELD AVE BRONX, NY 10471		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: KATHRYN COWLING 11 HOYT ST APT 9C NEW YORK, NY 11201		\$ <u>7.14</u>	\$ <u>7.14</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>10/23/2024</u>	
Name & Address: KYLE BURKHARDT 83 TOWNSEND CT FRANKLIN PARK, NJ 08823		\$ <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>10/23/2024</u>	
Name & Address: BRUCE MACK 910 W WOODLAND RD LAKE BLUFF, IL 60044		\$ <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 30.71

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>10/23/2024</u>	
Name & Address: GINA YEARGAN 4860 BRYAN STATION RD LEXINGTON, KY 40516		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: DAN HENDERSON 461 W DANA ST MOUNTAIN VIEW, CA 94041		\$ <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>10/23/2024</u>	
Name & Address: EMILY OTTO 747 CALABASAS RD WATSONVILLE, CA 95076		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u>	
Name & Address: SUSAN GOLDSWORTHY 4421 FEARRINGTON POST PITTSBORO, NC 27312		\$ <u>13.04</u>	\$ <u>13.04</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 30.18

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>10/23/2024</u> Name & Address: KENJI WATABE 313 EMMA AVE VENTURA, CA 93003 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.50</u>	\$ <u>3.50</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: THEODORE SIEGEL 7603 1ST AVE APT C1 NORTH BERGEN, NJ 07047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.78</u>	\$ <u>1.78</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: JONATHAN KRATZ 561 PACIFIC ST APT 601 BROOKLYN, NY 11217 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>35.71</u>	\$ <u>35.71</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: JAMES DELAHUNT 250 H ST #367 BLAINE, WA 98230 5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>SELF</u> Business Address <u>250 H ST, #367, BLAINE, WA 98230</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>300.00</u>	\$ <u>300.00</u>

Page Subtotal **340.99**

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>10/23/2024</u> Name & Address: TIMOTHY ITEEN 7440 KRUGER RD THREE OAKS, MI 49128		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: CRAIG RUNYAN 263 1ST ST APT 2 BROOKLYN, NY 11215		\$ <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>10/23/2024</u> Name & Address: JOHN RASNIC 14 BRANDYWINE AMHERST, MA 01002		\$ <u>3.57</u>	\$ <u>3.57</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>10/23/2024</u> Name & Address: MELISSA RASMUSSEN 340 WAINSCOTT HARBOR RD SAGAPONACK, NY 11962		\$ <u>3.57</u>	\$ <u>3.57</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 37.14

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: EVELYN CHEN 165 PARK ROW 14D NEW YORK, NY 10038 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>35.71</u>	\$ <u>35.71</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: BRUNO GRIZZO 76 RICHARDSON ST APT 1 BROOKLYN, NY 11211 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.43</u>	\$ <u>1.43</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: PETER FITTON 520 LIMERICK CIR TIMONIUM, MD 21093 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>35.71</u>	\$ <u>35.71</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: BRADEN WHITTEN 848 KANSAS ST SAN FRANCISCO, CA 94107 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>17.85</u>	\$ <u>17.85</u>

Page Subtotal 90.70

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: ED SELDEN 3184 WAVERLEY ST PALO ALTO, CA 94306		\$ <u>42.85</u>	\$ <u>42.85</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>10/23/2024</u> Name & Address: ANDREW KARAS 10 NEVINS ST APT 18C BROOKLYN, NY 11217		\$ <u>30.96</u>	\$ <u>30.96</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>10/23/2024</u> Name & Address: BETH STEKLER 4812 ALTON PL NW WASHINGTON, DC 20016		\$ <u>35.71</u>	\$ <u>35.71</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>10/23/2024</u> Name & Address: LAWRENCE ST. GEORGE 752 CONCORD RD SUDBURY, MA 01776		\$ <u>7.14</u>	\$ <u>7.14</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 **116.66**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/2024</u> Name & Address: ISABEL COLE 3 G??RSCHSTRASSE BERLIN, BE 13187		\$ <u>7.14</u>	\$ <u>7.14</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>10/24/2024</u> Name & Address: CHERYL K KRYSIAK 65 KENDRICK ST MT CLEMENS, MI 48043		\$ <u>25.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: SHES THE FUTURE PAC PO BOX 10043 LANSING, MI 48901		\$ <u>250.00</u>	\$ <u>250.00</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>10/24/2024</u> Name & Address: CHRISTINA MEDNICK 528 PALISADES DR LOS ANGELES, CA 90272		\$ <u>3,300.00</u>	\$ <u>3,300.00</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 **3,582.14**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2024</u>	
Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>5.00</u>	\$ <u>218.40</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2024</u>	
Name & Address: TYLER LAFRANCE 41633 AMBERLY DR CLINTON TWP, MI 48038		\$ <u>10.00</u>	\$ <u>17.00</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>10/24/2024</u>	
Name & Address: JUSTIN LANE 1528 LIGHT ST BALTIMORE, MD 21230		\$ <u>7.14</u>	\$ <u>7.14</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>10/24/2024</u>	
Name & Address: STANLEY MORGAN 4024 NE 102ND AVE PORTLAND, OR 97220		\$ <u>7.14</u>	\$ <u>7.14</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 29.28

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2024</u>	
Name & Address: KRISHNA POTLURI 30 GUNTHER PL UPSTAIRS UNIT BROOKLYN, NY 11233		\$ <u>14.28</u>	\$ <u>14.28</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>10/24/2024</u>	
Name & Address: DENI MARSHALL 9304 EDENSBURY CT ELK GROVE, CA 95758		\$ <u>7.14</u>	\$ <u>7.14</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>10/24/2024</u>	
Name & Address: DEBBIE O'DELL 16153 ROUTT ST FOUNTAIN VALLEY, CA 92708		\$ <u>7.14</u>	\$ <u>7.14</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>10/24/2024</u>	
Name & Address: WILMA STANLEY 4800 KENDRIDGE DR DURHAM, NC 27712		\$ <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 **38.56**

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2024</u>	
Name & Address: MELISSA PARISI 14 DAIRYFIELD CT ROCKVILLE, MD 20852		\$ <u>14.28</u>	\$ <u>14.28</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>10/24/2024</u>	
Name & Address: KEITH STECK 210 LAVINIA ST MILTON, DE 19968		\$ <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>10/24/2024</u>	
Name & Address: LISA EHRLICH 2928 DERBY ST BERKELEY, CA 94705		\$ <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>10/24/2024</u>	
Name & Address: WENDY HOPFENBERG 830 FOREST AVE PALO ALTO, CA 94301		\$ <u>35.71</u>	\$ <u>35.71</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 **69.99**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: NICOLE RIESENBERGER 3007 PARTRIDGE POINT TRAIL VALRICO, FL 33596		\$ <u>3.57</u>	\$ <u>3.57</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>10/24/2024</u> Name & Address: JEFFREY WARNER 1712 N 2ND ST UNIT 501 PHILADELPHIA, PA 19122		\$ <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>10/24/2024</u> Name & Address: JUSTIN STIMATZE 440 N BARRANCA AVE COVINA, CA 91723		\$ <u>7.14</u>	\$ <u>7.14</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>10/24/2024</u> Name & Address: JESSICA SZYMANSKI 216 VISTA GLEN PL MARTINEZ, CA 94553		\$ <u>7.14</u>	\$ <u>57.14</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING</u> Employer <u>LENDINGCLUB</u> Business Address <u>216 VISTA GLEN PL, MARTINEZ, CA 94553</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 27.85

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: KELLY ALVAREZ 17 BELL PASTURE ROAD LADERA RANCH, CA 92694		\$ <u>17.85</u>	\$ <u>17.85</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>10/24/2024</u> Name & Address: CARL FONER 125 BOERUM PL APT. 3B BROOKLYN, NY 11201		\$ <u>10.00</u>	\$ <u>22.50</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>10/24/2024</u> Name & Address: LINDSAY COLLINS 3025 CLEAVER ST FRANKLIN, TN 37063		\$ <u>35.71</u>	\$ <u>35.71</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>10/24/2024</u> Name & Address: RYAN COOLEY 10528 SHINY SKIES DR LAS VEGAS, NV 89129		\$ <u>3.57</u>	\$ <u>3.57</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 **67.13**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: HOLLY RICKLES 18511 67TH AVE W LYNNWOOD, WA 98037		\$ <u>7.14</u>	\$ <u>7.14</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>10/24/2024</u> Name & Address: JAMES ARAM 1007 E FULTON ST APT 116 NEWBERG, OR 97132		\$ <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>10/24/2024</u> Name & Address: KATHERINE RICHBOURG 174 14TH ST APT 3 BROOKLYN, NY 11215		\$ <u>4.28</u>	\$ <u>4.28</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>10/24/2024</u> Name & Address: BRAD MILLER 511 NE 78TH ST SEATTLE, WA 98115		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **41.42**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: GABRIEL LEIGH 405 W 23RD ST 6E NEW YORK, NY 10011 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: DMITRY FARBER 1666 ELMHURST ST CHULA VISTA, CA 91913 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: KATE BHATT 63 WELLS AVE APT 1904 YONKERS, NY 10701 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: MIYAKO JONES 2020 BLADES AVE FLINT, MI 48503 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.78</u>	\$ <u>1.78</u>

Page Subtotal **18.92**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: WILL HAYWORTH 747 ANDERSON ST SAN FRANCISCO, CA 94110 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>28.57</u>	\$ <u>28.57</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: F JOHNSON PO BOX 240 MAGNOLIA SPRINGS, AL 36555 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.07</u>	\$ <u>1.07</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: MICHELLE LAUSSEN 100 DENNISTON ST APT 41 PITTSBURGH, PA 15206 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: JENNIFER GRAUSMAN 345 CARROLL ST APT GE BROOKLYN, NY 11231 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>

Page Subtotal **36.78**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2024</u>	
Name & Address: SANDRA BRADLEY 9400 KENDALE RD POTOMAC, MD 20854		\$ <u>7.14</u>	\$ <u>7.14</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>10/24/2024</u>	
Name & Address: ANDY MELINAT 559 W SURF ST APT 407 CHICAGO, IL 60657		\$ <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>10/24/2024</u>	
Name & Address: CHERYL BUSKING 5219 W HUTCHINSON ST CHICAGO, IL 60641		\$ <u>7.14</u>	\$ <u>7.14</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>10/24/2024</u>	
Name & Address: ROSS SALUPO 470 WALNUT RIDGE TRAIL AURORA, OH 44202		\$ <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 **44.28**

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>10/24/2024</u> Name & Address: BARBARA ALEXANDER 6217 N MAGNOLIA AVE APT 2S CHICAGO, IL 60660 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.92</u>	\$ <u>1.92</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: KATE MAILLOUX 287 OLD OAKEN BUCKET RD NORWELL, MA 02061 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.57</u>	\$ <u>3.57</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: SUSAN PECK 30 ORCHARD ST GREENFIELD, MA 01301 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: MARC LAVINE 976 BELMONT TERRACE UNIT 9 SUNNYVALE, CA 94086 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 37.63

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>10/24/2024</u> Name & Address: CONNIE LIU 1502 S GRANDVIEW DR GALLUP, NM 87301		\$ <u>7.14</u>	\$ <u>7.14</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>10/24/2024</u> Name & Address: PATRICIA TOWEY 1215 MACDONALD CT DACONO, CO 80514		\$ <u>1.07</u>	\$ <u>1.07</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>10/24/2024</u> Name & Address: KRISTI PARK 8510 BURRELL DR AUSTIN, TX 78757		\$ <u>3.57</u>	\$ <u>3.57</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>10/24/2024</u> Name & Address: KARISSA KILGORE 272 HORSESHOE CIR MILTON, VT 05468		\$ <u>3.57</u>	\$ <u>3.57</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 **15.35**

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>10/24/2024</u> Name & Address: MATTHEW SAARI 1065 PARKVIEW WAY SW LILBURN, GA 30047		\$ <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>10/24/2024</u> Name & Address: KRISTINA LANGE 922 NW CIRCLE BLVD #160-200 CORVALLIS, OR 97330		\$ <u>28.57</u>	\$ <u>28.57</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>10/24/2024</u> Name & Address: ALAN KRISOFF 128 WILLOW ST BROOKLYN, NY 11201		\$ <u>1.78</u>	\$ <u>1.78</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>10/24/2024</u> Name & Address: AKASH SHAH 3908 N OAKLEY AVE CHICAGO, IL 60618		\$ <u>10.71</u>	\$ <u>17.85</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 **51.06**

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>10/24/2024</u> Name & Address: DAWN CAPRARO 4 GERRY CT STONEHAM, MA 02180		\$ <u>21.43</u>	\$ <u>21.43</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>10/24/2024</u> Name & Address: BRIANA KING 416 PAULA LN FRANKLIN, MA 02038		\$ <u>6.66</u>	\$ <u>6.66</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>10/24/2024</u> Name & Address: AMY MURRAY 41-00 43RD AVE APT E1C SUNNYSIDE, NY 11104		\$ <u>3.33</u>	\$ <u>3.33</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>10/24/2024</u> Name & Address: BRYANT DUNBAR 5858 N BROADWAY UNIT 607 CHICAGO, IL 60660		\$ <u>2.00</u>	\$ <u>2.00</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 **33.42**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2024</u>	
Name & Address: EMMA NATHANSON 8 TODD POND RD LINCOLN, MA 01773		\$ <u>3.33</u>	\$ <u>3.33</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>10/24/2024</u>	
Name & Address: TANAEEM MOOSA 309 BANCROFT WAY PACIFICA, CA 94044		\$ <u>3.33</u>	\$ <u>3.33</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>10/24/2024</u>	
Name & Address: CAROLYN MARANCA 1411 CELEBRATION AVE UNIT 404 CELEBRATION, FL 34747		\$ <u>6.66</u>	\$ <u>17.37</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>10/24/2024</u>	
Name & Address: JESSICA LEGUT 14922 WOOD SWALLOW WY CYPRESS, TX 77429		\$ <u>3.33</u>	\$ <u>3.33</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 **16.65**

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: MYLES SUSSMAN 1919 OAKLAND AVE PIEDMONT, CA 94611		\$ <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>10/24/2024</u> Name & Address: HAMILTON CLOWER 57 ARCH ST WESTBOROUGH, MA 01581		\$ <u>6.66</u>	\$ <u>6.66</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>10/24/2024</u> Name & Address: LUKE MARLIN-WHITE 160 PARKSIDE AVE APT 5K BROOKLYN, NY 11226		\$ <u>6.66</u>	\$ <u>6.66</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: REBECCA ROY 1534 HADDONFIELD-BERLIN RD CHERRY HILL, NJ 08003		\$ <u>3.33</u>	\$ <u>3.33</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 66.65

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: SUSAN LYNCH 211 VIA LINDA VISTA MANITOU SPRINGS, CO 80829 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.66</u>	\$ <u>1.66</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: JEFF HARDING 2186 5TH AVE 12J NEW YORK, NY 10037 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2.66</u>	\$ <u>2.66</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: MOLLY RYAN 2440 GREEN ST SAN FRANCISCO, CA 94123 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.13</u>	\$ <u>3.13</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: SIM DOROW 1304 LINWOOD AVE 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>3.33</u>	\$ <u>3.33</u>

Page Subtotal 10.78

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: BENJAMIN LARSON 9396 FLEMINGTON DR WYOMING, OH 45231		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: MARY WEITZEL 45 DEVON RD BROOKLINE, MA 02467		\$ <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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: RICHARD SCHRENKER 10 CAROLINE RD NORTH READING, MA 01864		\$ <u>1.33</u>	\$ <u>1.33</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>10/24/2024</u> Name & Address: STEPHEN WEATHERS 516 DAYTON AVE INDIANAPOLIS, IN 46203		\$ <u>3.33</u>	\$ <u>3.33</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 42.99

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2024</u>	
Name & Address: RAKESH SATYAL 151 GUERNSEY ST APT 3L BROOKLYN, NY 11222		\$ <u>3.33</u>	\$ <u>3.33</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>10/24/2024</u>	
Name & Address: ANUPAM SINGHAL 4185 OLIVER WAY UNION CITY, CA 94587		\$ <u>66.66</u>	\$ <u>66.66</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>10/24/2024</u>	
Name & Address: ELIZABETH PLOWMAN 4433 YORK AVE S MINNEAPOLIS, MN 55410		\$ <u>3.33</u>	\$ <u>3.33</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>10/24/2024</u>	
Name & Address: DANIEL PENCHINA 2380 CHAMPLAIN ST NW #301 WASHINGTON, DC 20009		\$ <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			

Page Subtotal **89.98**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: JOHN BORROEL 2627 DOUGLAS AVE #131 DALLAS, TX 75219 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.33</u>	\$ <u>1.33</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: JAY LEE 711 S DEARBORN ST UNIT 401 CHICAGO, IL 60605 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>6.66</u>	\$ <u>6.66</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: JAY MEASHEY 109 E BALTIMORE ST APT 3 TANEYTOWN, MD 21787 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.33</u>	\$ <u>3.33</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: DANIELLE GARRETT 54 LEXINGTON AVE APT 4 BROOKLYN, NY 11238 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>6.66</u>	\$ <u>6.66</u>

Page Subtotal **17.98**

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2024</u>	
Name & Address: SHIVANI DESAI 2843 SPANISH MOSS TRAIL FRISCO, TX 75033		\$ <u>3.40</u>	\$ <u>3.40</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>10/24/2024</u>	
Name & Address: ULA TAVARES-CROCKETT 5907 LARPIN LN ALEXANDRIA, VA 22310		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2024</u>	
Name & Address: LISA DENNISON 5939 VELASCO AVE DALLAS, TX 75206		\$ <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>10/24/2024</u>	
Name & Address: AARON FARMER 1207 CLARKE ST NASHVILLE, TN 37138		\$ <u>6.66</u>	\$ <u>6.66</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 23.06

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: KERRY CONNOLLY 396 NEW SCOTLAND SOUTH RD SLINGERLANDS, NY 12159 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.66</u>	\$ <u>1.66</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: DOUGLAS BARASCH 18 BAYBERRY LN SOUTH SALEM, NY 10590 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>10/24/2024</u> Name & Address: JENN WANG 2151 CITRUS PL UNIT C HACIENDA HEIGHTS, CA 91745 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.33</u>	\$ <u>3.33</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: ERWIN ROSINBERG 250 10TH ST NE APT 3304 ATLANTA, GA 30309 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>6.66</u>	\$ <u>6.66</u>

Page Subtotal **31.65**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: SHANNON FITZGERALD 110 HORATIO ST APT 405 NEW YORK, NY 10014 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.33</u>	\$ <u>3.33</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: DAVID BUSHMAN 570 FORT WASHINGTON AVE APT 61A NEW YORK, NY 10033 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: SCOTT WIGLEY 23-30 24TH ST ASTORIA, NY 11105 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>6.66</u>	\$ <u>6.66</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: DARAH ECKERT 6628 MERRY LN HOUSTON, TX 77023 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.33</u>	\$ <u>3.33</u>

Page Subtotal 23.32

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>10/24/2024</u> Name & Address: ELIZABETH SIMSON 202ND AVE CT E BONNEY LAKE, WA 98391	\$ <u>2.00</u>	\$ <u>2.00</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>10/24/2024</u> Name & Address: TIM GALE 410 STEWART DR HUTTO, TX 78634	\$ <u>4.66</u>	\$ <u>4.66</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>10/24/2024</u> Name & Address: CARY NORTON 4226 4TH AVE S BIRMINGHAM, AL 35222	\$ <u>1.66</u>	\$ <u>1.66</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: EMILY DELANEY 1823 E WILLOW AVE WHEATON, IL 60187	\$ <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		

Page Subtotal 24.98

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>10/24/2024</u> Name & Address: DOROTHY JOHNS 836 ROSAL WAY SAN RAFAEL, CA 94903 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>7.14</u>	\$ <u>7.14</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: CHRIS KELLEY 40-21 61ST ST APT 7 WOODSIDE, NY 11377 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.33</u>	\$ <u>3.33</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: MICHAEL RASMUSSEN 533 E 6TH ST APT 2 NEW YORK, NY 10009 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>6.66</u>	\$ <u>6.66</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: ARUNA RAO 6255 ORCHID LN N MAPLE GROVE, MN 55311 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>6.66</u>	\$ <u>6.66</u>

Page Subtotal 23.79

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>10/24/2024</u> Name & Address: RYAN MILARDO 585 6TH AVE 5B BROOKLYN, NY 11215 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.66</u>	\$ <u>1.66</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: CAITLIN MCALEAVEY 5706 RUSSETT RD MADISON, WI 53711 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.33</u>	\$ <u>3.33</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: ERIC WILSON 55 EASTERN PKWY APT 5G BROOKLYN, NY 11238 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.66</u>	\$ <u>1.66</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: ANDREW ANDREA 1004 SOPHOMORE CT DURHAM, NC 27713 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>

Page Subtotal 26.65

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: PAUL SANTANNA 97 ANDERER LANE APT 205 WEST ROXBURY, MA 02122 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>6.66</u>	\$ <u>6.66</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: SCOTT BOURDEAU 11-12 30TH DR APT 605W ASTORIA, NY 11102 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.00</u>	\$ <u>1.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: LAURA GLICK 900 FOREST GLEN DR W WINNETKA, IL 60093 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>6.66</u>	\$ <u>6.66</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: LESLIE TEICHOLZ 19 ARLINGTON CT KENSINGTON, CA 94707 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.33</u>	\$ <u>3.33</u>

Page Subtotal 17.65

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: SARAH KLEVAN 1150 WAYLAND ST SAN FRANCISCO, CA 94134		\$ <u>7.20</u>	\$ <u>7.20</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>10/24/2024</u> Name & Address: ERIN WEYEN 911 BLACKSBURG RD FINCASTLE, VA 24090		\$ <u>6.66</u>	\$ <u>6.66</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>10/24/2024</u> Name & Address: PETER FASOLINO 1255 MILL ST 12 EUGENE, OR 97401		\$ <u>2.66</u>	\$ <u>2.66</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: HEATHER CROWE 2533 V??A RIVERA PALOS VERDES ESTATES, CA 90274		\$ <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 26.52

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: GLENN PATTERSON 113 GAZO AVE BURLINGTON, VT 05408		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: HEIDI BLAKE 23 MOSSDALE RD BOSTON, MA 02130		\$ <u>6.66</u>	\$ <u>6.66</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>10/24/2024</u> Name & Address: KRISTEN HAHN 545 W 110TH ST APT 5D NEW YORK, NY 10025		\$ <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>10/24/2024</u> Name & Address: JOSEPH KERN 1617 N CORLIES ST PHILADELPHIA, PA 19121		\$ <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 **149.99**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: JOHNNIE INGRAM 455 CAM NORTE PALM SPRINGS, CA 92262	\$ <u>6.66</u>	\$ <u>6.66</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>10/24/2024</u> Name & Address: JACOB EDMONDS 216 MONTEREY BLVD SAN FRANCISCO, CA 94131	\$ <u>6.66</u>	\$ <u>6.66</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>10/24/2024</u> Name & Address: CONSTANCE ZAYTOUN 200 W 20TH ST NEW YORK, NY 10011	\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: NICHOLAS SAUNDERS 1630 WORCESTER RD APT 122C FRAMINGHAM, MA 01702	\$ <u>3.33</u>	\$ <u>3.33</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 21.65

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: KENNYOATH GARRETT 977 S RIVERSIDE DR PALM SPRINGS, CA 92264		\$ <u>6.66</u>	\$ <u>6.66</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>10/24/2024</u> Name & Address: ELIZABETH WILLIAMS 5739 DELOR ST ST. LOUIS, MO 63109		\$ <u>3.33</u>	\$ <u>3.33</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>10/24/2024</u> Name & Address: ZOE DOYLE 5909 TERRACE DR LOS ANGELES, CA 90042		\$ <u>6.66</u>	\$ <u>6.66</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: STEPHANIE CHRISTENSEN 301 HEATHER DR COTTAGE GROVE, WI 53527		\$ <u>1.33</u>	\$ <u>1.33</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 **17.98**

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: DENA MATALON 32 ELDER DR BELMONT, CA 94002		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: LEAH DAVIS 128 GRANITE ST ROCKPORT, MA 01966		\$ <u>6.66</u>	\$ <u>6.66</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>10/24/2024</u> Name & Address: WILSON DUNLAVEY 789 WEST END AVE 6C NEW YORK, NY 10025		\$ <u>6.66</u>	\$ <u>6.66</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: BROOKE MCMAHAN 15036 KILLION ST SHERMAN OAKS, CA 91411		\$ <u>6.66</u>	\$ <u>6.66</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 **53.31**

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>10/24/2024</u> Name & Address: THOMAS LIAO 7315 GREENFIELD ST RIVER FOREST, IL 60305		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: DEBORAH SKINNER 46 WILLIAM ST PAWCATUCK, CT 06379		\$ <u>3.33</u>	\$ <u>3.33</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>10/24/2024</u> Name & Address: CHIQUITA COLEMAN 16 MINARET RD OAKLEY, CA 94561		\$ <u>6.66</u>	\$ <u>6.66</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: GISELE MISIECZKO 8 BLACK BEAR DR BARNEGAT, NJ 08005		\$ <u>3.33</u>	\$ <u>3.33</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 46.65

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>10/24/2024</u> Name & Address: ZULEYMA BEBELL 609 E FRONT ST NEW BERN, NC 28560 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.33</u>	\$ <u>3.33</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: SNEHA PATEL 5980 FULTON DENVER, CO 80238 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.33</u>	\$ <u>3.33</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: RYAN CHAPMAN 5718 N WINTHROP AVE APT 801 CHICAGO, IL 60660 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.00</u>	\$ <u>1.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: HEATHER BROWN 619 DANBURY RD UNIT 107 RIDGEFIELD, CT 06877 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>6.66</u>	\$ <u>6.66</u>

Page Subtotal **14.32**

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>10/24/2024</u> Name & Address: ADAM LEFEBVRE 4310 48TH AVE 2S WOODSIDE, NY 11377 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>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: MICHAEL LOPP 25017 SOQUEL SAN JOSE RD LOS GATOS, CA 95033 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>10/24/2024</u> Name & Address: ERIN JOUBERT 2586 CATTLEMAN DR NEW LENOX, IL 60451 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.33</u>	\$ <u>3.33</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: LOUIS ELFMAN 3967 EAST BLVD LOS ANGELES, CA 90066 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>66.66</u>	\$ <u>66.66</u>

Page Subtotal 94.99

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>10/24/2024</u> Name & Address: NICOLE RAY 1060 LONGLEY AVE NW ATLANTA, GA 30318		\$ <u>6.66</u>	\$ <u>6.66</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>10/24/2024</u> Name & Address: MATTHEW BREMS 107 ST MARTINS RD BALTIMORE, MD 21218		\$ <u>6.66</u>	\$ <u>6.66</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>10/24/2024</u> Name & Address: LISA CHALK 7415 PANTHERPAW ST AUSTIN, TX 78757		\$ <u>3.33</u>	\$ <u>3.33</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>10/24/2024</u> Name & Address: CHLOE GOSSELIN 1625 ENCLAVE CT LAS VEGAS, NV 89134		\$ <u>6.66</u>	\$ <u>6.66</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 23.31

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>10/24/2024</u> Name & Address: MICHAEL ROBIN 1360 LAUREL AVE APT 2 WEST HOLLYWOOD, CA 90046 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.66</u>	\$ <u>1.66</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: JESSICA FOUNG 824 DOUGLASS ST SAN FRANCISCO, CA 94114 5. If over \$100.00 cumulative, please provide: Occupation <u>WRITER</u> Employer <u>SELF</u> Business Address <u>824 DOUGLASS ST, SAN FRANCISCO, CA 94114</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>6,000.00</u>	\$ <u>6,000.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: MICHELLE BEDDOR 860 PLEASANT VIEW RD CHANHASSEN, MN 55317 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>10/24/2024</u> Name & Address: JIMMY FUSIL 4346 MONT EAGLE PLACE LOS ANGELES, CA 90041 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>6.66</u>	\$ <u>6.66</u>

Page Subtotal 6,018.32

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: BRIDGET FONDA 2049 CENTURY PARK EAST #1400 LOS ANGELES, CA 90067 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>33.33</u>	\$ <u>33.33</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: JOSHUA JAUREGUI 635 NW 51ST ST SEATTLE, WA 98107 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.33</u>	\$ <u>3.33</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: JULI STEVER 453 HWY M ODESSA, MO 64076 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>3.33</u>	\$ <u>3.33</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: IRA RIGAUD 517 S OAK PARK AVE OAK PARK, IL 60304 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>2.00</u>	\$ <u>12.00</u>

Page Subtotal 41.99

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2024</u>	
Name & Address: THEODORE LECOMPTE 3516 N VALLEY ST ARLINGTON, VA 22207		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>THE LEADERSHIP NETWORK</u> Business Address <u>750 N SAN VICENTE BLVD, STE 800W, WEST HOLLYWOOD, CA 90069</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2024</u>	
Name & Address: MOLLY JOPLIN 881 WASHINGTON AVE ALBANY, CA 94706		\$ <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>10/24/2024</u>	
Name & Address: MARGARET CLAIRE 3651 SANDY BROOK DR ROUND ROCK, TX 78665		\$ <u>1.06</u>	\$ <u>1.06</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>10/24/2024</u>	
Name & Address: KRISTINA BITTNER GODINEZ 2121 FRANKLIN AVE SAN DIEGO, CA 92113		\$ <u>13.33</u>	\$ <u>13.33</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 **169.39**

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>10/24/2024</u> Name & Address: ALISON MEYER 6643 AVRUM DR DENVER, CO 80221		\$ <u>3.33</u>	\$ <u>3.33</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>10/24/2024</u> Name & Address: MEGHAN SCHWARTZ 12 HILLCREST CT BERKELEY, CA 94705		\$ <u>1.33</u>	\$ <u>1.33</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>10/24/2024</u> Name & Address: CLAIR DALEY 13528 LARKIN DR MINNETONKA, MN 55305		\$ <u>1.33</u>	\$ <u>1.33</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>10/24/2024</u> Name & Address: JON AVERYT 311 W MARIPOSA ST PHOENIX, AZ 85013		\$ <u>6.66</u>	\$ <u>6.66</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 **12.65**

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>10/24/2024</u>	
Name & Address: CATHERINE GROSS 1540 W WOOD ST DECATUR, IL 62522		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2024</u>	
Name & Address: CRISTIN METZE 177 W GREENWAY CT PUEBLO, CO 81007		\$ <u>1.33</u>	\$ <u>1.33</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>10/24/2024</u>	
Name & Address: KAYLIN MILAZZO 362 RICH AVE MT VERNON, NY 10552		\$ <u>3.33</u>	\$ <u>3.33</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>10/24/2024</u>	
Name & Address: JAKE CURTIS 2533 SE 34TH AVE PORTLAND, OR 97202		\$ <u>3.33</u>	\$ <u>3.33</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 27.99

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>10/24/2024</u> Name & Address: EDWARD FREIBERG 460 MANHATTAN AVE UNIT 4A NEW YORK, NY 10026 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>13.33</u>	\$ <u>13.33</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: LISA SIEGMAN 1663 71ST ST BROOKLYN, NY 11204 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: ANDY MCENTEE 1080 S LUCERNE BLVD LOS ANGELES, CA 90019 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>13.33</u>	\$ <u>13.33</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2024</u> Name & Address: CHRISTINA SINGLETON 528 PALISADES DR LOS ANGELES, CA 90272 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>500.00</u>	\$ <u>500.00</u>

Page Subtotal 536.66

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>10/24/2024</u>	
Name & Address: ALLISON MASON 342 E ASHLEY ST JACKSONVILLE, FL 32202		\$ <u>7.14</u>	\$ <u>7.14</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>10/25/2024</u>	
Name & Address: JORDAN ACKER 26654 HUMBER ST HUNTINGTON WOODS, MI 48070		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GOODMAN ACKER PC</u> Business Address <u>17000 W 10 MILE RD, 2ND FLOOR, SOUTHFIELD, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/25/2024</u>	
Name & Address: HEATHER SCHULZ 3935 CUMBERLAND RD BERKLEY, MI 48072		\$ <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>10/25/2024</u>	
Name & Address: MIKE NORTHUP 31457 MARILYN DR WARREN, MI 48093		\$ <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 **542.14**

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>10/25/2024</u>	
Name & Address: BONNIE LUTZ 651 ALCATRAZ AVE OAKLAND, CA 94609		\$ <u>7.14</u>	\$ <u>7.14</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>10/25/2024</u>	
Name & Address: CHRISTOPHER FINCHER 1866 GREENFIELD AVE APT 202 LOS ANGELES, CA 90025		\$ <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>10/25/2024</u>	
Name & Address: KARA SOLU-FRANKLIN 71 RIDGEDALE AVE MADISON, NJ 07940		\$ <u>7.14</u>	\$ <u>7.14</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>10/26/2024</u>	
Name & Address: MICHELLE BEDDOR 860 PLEASANT VIEW RD CHANHASSEN, MN 55317		\$ <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			

Page Subtotal **36.78**

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>10/27/2024</u> Name & Address: SUSAN EDELSTEIN 308 HEIDINGER DR CARY, NC 27511		\$ <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>10/28/2024</u> Name & Address: MARK MATTESON 147 PROSPECT ST. ASHLAND, MA 01721		\$ <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>10/28/2024</u> Name & Address: KATHY HUNT 13333 NE 61ST ST KIRKLAND, WA 98033		\$ <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>10/28/2024</u> Name & Address: LAURA KATZ 85 LIVINGSTON ST APT 12E BROOKLYN, NY 11201		\$ <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			

Page Subtotal **113.75**

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>10/28/2024</u> Name & Address: ANNE KIM 652 56TH ST OAKLAND, CA 94609		\$ <u>6.25</u>	\$ <u>13.39</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>10/29/2024</u> Name & Address: ANTHONY RAVETTA 12365 MARLA DR WARREN, MI 48093		\$ <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>10/29/2024</u> Name & Address: TIMOTHY CORY YEA I19912 CHALON SAINT CLAIR SHORES, MI 48080		\$ <u>25.00</u>	\$ <u>180.00</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>10/29/2024</u> Name & Address: MICHAEL JACOBSON 21741 CYMAN AVE WARREN, MI 48091		\$ <u>10.00</u>	\$ <u>70.00</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 91.25

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

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2024</u>	
Name & Address: DEAN DIBASIO 18198 MILLAR RD CLINTON TWP, MI 48036		\$ <u>4.00</u>	\$ <u>43.00</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>10/29/2024</u>	
Name & Address: ANN MCMILLAN 30073 LORRAINE AVE WARREN, MI 48093		\$ <u>10.00</u>	\$ <u>1,220.00</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>10/29/2024</u>	
Name & Address: STEVEN FENSTER 12 DAVIS ST PEMBERTON, NJ 08068		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/30/2024</u>	
Name & Address: LINDA M PIDUTTI 37649 CHARTER OAKS BOULEVARD CLINTON TOWNSHIP, MI 48036		\$ <u>50.00</u>	\$ <u>265.00</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 69.00

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

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/30/2024</u> Name & Address: SUSANNE MITCHELL 34396 BURSTYN DR STERLING HEIGHTS, MI 48312		\$ <u>250.00</u>	\$ <u>930.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/30/2024</u> Name & Address: BETTINA LEWIS 9509 DEERFOOT WAY COLUMBIA, MD 21046		\$ <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>10/31/2024</u> Name & Address: MELISSA ARAB 11111 25 MILE RD SHELBY TOWNSHIP, 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>10/31/2024</u> Name & Address: MARY JO MATHISEN 20604 BIRCH MEADOW CLINTON TWP, MI 48036		\$ <u>10.00</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 **385.00**

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>10/31/2024</u>	
Name & Address: DAVID TIRSELL 292 JONES ST MT CLEMENS, MI 48043		\$ <u>20.24</u>	\$ <u>952.40</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/01/2024</u>	
Name & Address: MARK KRIGER 1129 MARTIN PL ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>850.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/01/2024</u>	
Name & Address: DENISE ILITCH 779 LAKE PARK DR BIRMINGHAM, MI 48009		\$ <u>1,500.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>ILITCH ENTERPRISES LLC</u> Business Address <u>PO BOX 250210, FRANKLIN, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/01/2024</u>	
Name & Address: MELANIE CHAMBERLAIN 3221 BROOKSHEAR CIR AUBURN HILLS, MI 48326		\$ <u>25.00</u>	\$ <u>275.00</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			

Page Subtotal **1,645.24**

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>11/01/2024</u> Name & Address: ELLEN RUTH KLOWDEN 90 N GRAND ST EUGENE, OR 97402 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1.00</u>	\$ <u>1.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/02/2024</u> Name & Address: GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092 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		\$ <u>10.00</u>	\$ <u>480.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/02/2024</u> Name & Address: AMBER SITKO 16151 FRAZHO RD ROSEVILLE, MI 48066 5. If over \$100.00 cumulative, please provide: Occupation <u>CLOUD SOLUTION ARCHITECT</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		\$ <u>100.00</u>	\$ <u>225.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/02/2024</u> Name & Address: DAVID BURCAR 36087 EATON 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 <u>CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>40.00</u>	\$ <u>90.00</u>

Page Subtotal **151.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/03/2024</u>	
Name & Address: DAN KENT 8465 SE 83RD ST MERCER ISLAND, WA 98040		\$ <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>11/04/2024</u>	
Name & Address: SHARON WOODSIDE 21400 POTOMAC ST SOUTHFIELD, MI 48076		\$ <u>100.00</u>	\$ <u>120.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICES OF SHARON CLARK WOODSIDE</u> Business Address <u>21400 POTOMAC ST, SOUTHFIELD, MI 48076</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/04/2024</u>	
Name & Address: CHELSEY JONES 1431 PILGRIM AVE BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BODMAN PLC</u> Business Address <u>1901 ST ANTOINE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/04/2024</u>	
Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>5.00</u>	\$ <u>223.40</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 **363.33**

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>11/04/2024</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>900.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/05/2024</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>818.24</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/05/2024</u> Name & Address: PHYLLIS SMITH 28726 HIDDEN TRAIL FARMINGTON, MI 48331 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>1,450.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/05/2024</u> Name & Address: HECTOR RODRIGUEZ 3200 HUDDLESTONE DR 203 RALEIGH, NC 27612 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		\$ <u>50.00</u>	\$ <u>480.00</u>

Page Subtotal **132.00**

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>11/08/2024</u>	
Name & Address: MELODY MAGEE 25800 TIMBERLINE DR WARREN, MI 48091		\$ <u>25.00</u>	\$ <u>350.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/08/2024</u>	
Name & Address: BARBARA GECK 39526 WALDORF DR CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>880.24</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>11/11/2024</u>	
Name & Address: SCOTT LAUFER 17007 SMUGGLERS COVE ST CHARTER TWP OF CLINTON, MI 48038		\$ <u>5.00</u>	\$ <u>35.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/11/2024</u>	
Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>5.00</u>	\$ <u>228.40</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 60.00

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>11/12/2024</u> Name & Address: DIANE WILBUR 11555 MOUNTAIN WOODS DR THOMPSONVILLE, MI 49683		\$ <u>7.00</u>	\$ <u>157.00</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>11/12/2024</u> Name & Address: DIANE WILBUR 11555 MOUNTAIN WOODS DR THOMPSONVILLE, MI 49683		\$ <u>7.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/14/2024</u> Name & Address: SHARON LINDSEY 57353 COVINGTON DR WASHINGTON, MI 48094		\$ <u>25.00</u>	\$ <u>325.00</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>11/17/2024</u> Name & Address: GRACE BROUGHTON 284 FISHER RD GROSSE POINTE FARMS, MI 48230		\$ <u>15.00</u>	\$ <u>245.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WASHTENAW COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>200 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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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>11/19/2024</u> Name & Address: VALERIE ALLAN 1321 W CUCHARRAS ST COLORADO SPRINGS, CO 80904		\$ <u>20.00</u>	\$ <u>2,430.00</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>11/19/2024</u> Name & Address: ANN DAMERON HINES 201 OAK PARK ST #1602 BERKELEY COUNTY, SC 29486		\$ <u>25.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RN</u> Employer <u>COASTAL PEDIATRIC ASSOCIATES</u> Business Address <u>2051 CHARLIE HALL RD., BERKELEY COUNTY, SC 29486</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/20/2024</u> Name & Address: KELSEY KRUZEL 916 N TRUMBULL AVE CHICAGO, IL 60651		\$ <u>5.00</u>	\$ <u>105.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/21/2024</u> Name & Address: CINDY MOON 11301 KILARNEY DR WASHINGTON, MI 48095		\$ <u>25.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GRAPHIC DESIGN</u> Employer <u>SELF</u> Business Address <u>11301 KILARENY LANE, WASHINGTON, MI 48095</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 75.00

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>11/22/2024</u> Name & Address: KAREN DEVECSERY 14772 LL ROAD WETMORE, MI 49895 \$ <u>10.00</u> \$ <u>560.00</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 _____ Name & Address _____ \$ _____ \$ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization
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		Click Here for Memo Itemization
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		Click Here for Memo Itemization



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 CHRISTINA HINES Address 4817 LA CHENE DR WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>REIMBURSEMENT</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2024</u> Date	\$ <u>46.33</u>
Expenditure #2 Name MEIJER Address 29505 MOUND RD WARREN, MI 48092 ☒ Fund Raiser	Purpose: <u>DRINKS FOR 10/21 FUNDRAISER EVENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2024</u> Date	\$ <u>(46.33)</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>10/23/2024</u> Date	\$ <u>6.01</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>10/23/2024</u> Date	\$ <u>3.01</u>
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/2024</u> Date	\$ <u>3.66</u>

Subtotal this page

59.01

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

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/24/2024 Date	\$ 2.03
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	10/25/2024 Date	\$ 16.96
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	10/25/2024 Date	\$ 11.25
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	10/25/2024 Date	\$ 4,661.88
Expenditure #5 Name AMERICAN GRAPHICS PRINTING CO. Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: MAILER & POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2024 Date	\$ 5,631.61

Subtotal this page **10,323.73**

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

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 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>10/25/2024</u> Date	\$ <u>20,000.00</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>10/28/2024</u> Date	\$ <u>73.62</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>10/28/2024</u> Date	\$ <u>49.73</u>
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2024</u> Date	\$ <u>12.46</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>10/29/2024</u> Date	\$ <u>8.03</u>

Subtotal this page **20,143.84**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MICHAEL POCHOTKO Address 26595 COLLINGWOOD ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>AD FILMING AND EDITING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2024</u> Date	\$ <u>537.50</u>
Expenditure #2 Name RSA FOUNDATION Address 23855 LAWRENCE AVE CENTER LINE, MI 48015 ☒ Fund Raiser	Purpose: <u>FOOD FOR 10/21 FUNDRAISER EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2024</u> Date	\$ <u>747.50</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>10/29/2024</u> Date	\$ <u>38,000.00</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>10/30/2024</u> Date	\$ <u>0.45</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>10/30/2024</u> Date	\$ <u>0.15</u>

Subtotal this page **39,285.60**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SCALE TO WIN Address 13742 HARPER ST SANTA ANA, CA 92703 ☐ Fund Raiser	Purpose: TEXT MESSAGING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2024 Date	\$ 414.21
Expenditure #2 Name JENNA FRANKLIN Address 26536 LARCHMONT ST ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: CAMPAIGN COORDINATOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2024 Date	\$ 4,800.00
Expenditure #3 Name MICHAEL POCHOTKO Address 26595 COLLINGWOOD ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: VIDEO SHOOT AND EDITING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2024 Date	\$ 487.50
Expenditure #4 Name DEMOCRACY ENGINE Address 2125 14TH ST NW #101W WASHINGTON, DC 20009 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2024 Date	\$ 646.45
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	10/31/2024 Date	\$ 3.33

Subtotal this page **6,351.49**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 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	10/31/2024 Date	\$ 1.49
Expenditure #2 Name DEMOCRACY ENGINE Address 2125 14TH ST NW #101W WASHINGTON, DC 20009 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/01/2024 Date	\$ 5.25
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	11/01/2024 Date	\$ 5.73
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	11/01/2024 Date	\$ 3.75
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	11/01/2024 Date	\$ 10,000.00

Subtotal this page **10,016.22**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 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>11/01/2024</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>11/04/2024</u> Date	\$ <u>3.56</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>11/04/2024</u> Date	\$ <u>1.96</u>
Expenditure #4 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>11/04/2024</u> Date	\$ <u>1,303.26</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>11/04/2024</u> Date	\$ <u>1,366.20</u>

Subtotal this page

4,174.98

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 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>11/04/2024</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>11/05/2024</u> Date	\$ <u>0.44</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>11/05/2024</u> Date	\$ <u>36.44</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>11/05/2024</u> Date	\$ <u>24.38</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>11/06/2024</u> Date	\$ <u>10.28</u>

Subtotal this page

391.54

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/06/2024 Date	\$ 6.23
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	11/07/2024 Date	\$ 2.49
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	11/07/2024 Date	\$ 1.24
Expenditure #4 Name JENNA FRANKLIN Address 26536 LARCHMONT ST ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: CAMPAIGN COORDINATOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/08/2024 Date	\$ 800.00
Expenditure #5 Name AMERICAN GRAPHICS PRINTING CO. Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/08/2024 Date	\$ 1,325.00

Subtotal this page **2,134.96**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CHRISTINA HINES Address 4817 LA CHENE DR WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>REIMBURSEMENT</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/08/2024</u> Date	\$ <u>67.83</u>
Expenditure #2 Name COSTCO Address 30550 STEPHENSON HWY MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>DRINKS FOR ELECTION DAY VOLUNTEERS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/2024</u> Date	\$ <u>(67.83)</u>
Expenditure #3 Name CHRISTINA HINES Address 4817 LA CHENE DR WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>REIMBURSEMENT</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/08/2024</u> Date	\$ <u>27.64</u>
Expenditure #4 Name TIM HORTONS Address 25100 RYAN RD WARREN, MI 48091 ☐ Fund Raiser	Purpose: <u>FOOD FOR ELECTION DAY VOLUNTEERS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/2024</u> Date	\$ <u>(27.64)</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>11/13/2024</u> Date	\$ <u>1.56</u>

Subtotal this page **97.03**

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

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/13/2024 Date	\$ 0.76
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	11/14/2024 Date	\$ 1.44
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	11/14/2024 Date	\$ 0.38
Expenditure #4 Name JENNA FRANKLIN Address 26536 LARCHMONT ST ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: CAMPAIGN COORDINATOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/15/2024 Date	\$ 800.00
Expenditure #5 Name HUNTINGTON BANK Address 41 S HIGH ST COLUMBUS, OH 43287 ☐ Fund Raiser	Purpose: EXCESS TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/15/2024 Date	\$ 11.00

Subtotal this page **813.58**

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

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HUNTINGTON BANK Address 41 S HIGH ST COLUMBUS, OH 43287 ☐ Fund Raiser	Purpose: <u>STATEMENT CHARGE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/15/2024</u> Date	\$ <u>5.00</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>11/18/2024</u> Date	\$ <u>0.78</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>11/18/2024</u> Date	\$ <u>0.38</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>11/20/2024</u> Date	\$ <u>0.56</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>11/20/2024</u> Date	\$ <u>0.23</u>

Subtotal this page

6.95

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

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/21/2024</u> Date	\$ <u>1.45</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>11/21/2024</u> Date	\$ <u>0.68</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>11/22/2024</u> Date	\$ <u>0.34</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>11/22/2024</u> Date	\$ <u>0.08</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>11/25/2024</u> Date	\$ <u>0.78</u>

Subtotal this page

3.33

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

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/25/2024</u> Date	\$ <u>0.45</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>11/25/2024</u> Date	\$ <u>0.38</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>11/25/2024</u> Date	\$ <u>0.15</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page	0.98
Grand Total of all Schedules 1B (Complete on last page of Schedule)	93,803.24

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**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10/21/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>28</u>	5. Type of Fund Raising Activity <u>SIERRA CLUB FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>GATHER + GROUNDS</u> <u>25709 VAN DYKE AVE</u> <u>CENTER LINE, MI 48015</u> ☐ Private Residence
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7. Total Contributions 3,642.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 3,642.00
10. Total Cost of Event 1,102.71
(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.