



FILED

23 JUL 2025 PM 09:46

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 11/26/2024 to 07/20/2025

1. Committee I.D. Number

139892

4. Candidate Last Name First Name M.I.

FORLINI ANTHONY G

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

CLERK/REGISTER OF DEEDS, MACOMB COUNTY

2. Committee Name

CTE ANTHONY G. FORLINI

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

5. Committee's Mailing Address

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

6. Treasurer's Name & Residential Address

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

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

Area Code & Phone (586) 914-9944

7. Treasurer's Business Address

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

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

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

Area Code and Phone (586) 914-9944

Area Code and Phone (586) 914-9944

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

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

- ☒ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (2025)
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

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/23/2025

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/23/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139892

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE ANTHONY G. FORLINI

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,099.75</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,099.75</u>	(18.) \$ <u>1,099.75</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>168.88</u>	(19.) \$ <u>168.88</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,268.63</u>	(20.) \$ <u>1,268.63</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>4,553.84</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>4,553.84</u>	(23.) \$ <u>4,553.84</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>1,349.75</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>76,013.02</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,268.63</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>77,281.65</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4,553.84</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>72,727.81</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139892
2. Committee Name CTE ANTHONY G. FORLINI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/27/2024</u>	
Name & Address: ANTHONY G FORLINI 41270 CONGER BAY DR HARRISON TWP, MI 48045		\$ <u>1,099.75</u>	\$ <u>1,099.75</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>COUNTY CLERK</u> Employer <u>MACOMB COUNTY</u>			
Business Address <u>40 N MAIN ST, MT CLEMENS, MI 48043</u>			
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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

1,099.75

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

1,099.75

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number **139892**

2. Committee Name **CTE ANTHONY G. FORLINI**

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: THE HUNTINGTON NATL BANK 39840 BRIDGEVIEW ST HARRISON TWP, MI 48045 ☐ Fund Raiser	Date of Receipt <u>11/29/2024</u>	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ <u>111.22</u>
Receipt #2 Name & Address: THE HUNTINGTON NATL BANK 39840 BRIDGEVIEW ST HARRISON TWP, MI 48045 ☐ Fund Raiser	Date of Receipt <u>12/31/2024</u>	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ <u>37.80</u>
Receipt #3 Name & Address: THE HUNTINGTON NATL BANK 39840 BRIDGEVIEW ST HARRISON TWP, MI 48045 ☐ Fund Raiser	Date of Receipt <u>01/31/2025</u>	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ <u>4.02</u>
Receipt #4 Name & Address: THE HUNTINGTON NATL BANK 39840 BRIDGEVIEW ST HARRISON TWP, MI 48045 ☐ Fund Raiser	Date of Receipt <u>02/28/2025</u>	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ <u>3.62</u>
Receipt #5 Name & Address: THE HUNTINGTON NATL BANK 39840 BRIDGEVIEW ST HARRISON TWP, MI 48045 ☐ Fund Raiser	Date of Receipt <u>03/31/2025</u>	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ <u>4.01</u>
Receipt #6 Name & Address: THE HUNTINGTON NATL BANK 39840 BRIDGEVIEW ST HARRISON TWP, MI 48045 ☐ Fund Raiser	Date of Receipt <u>04/30/2025</u>	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ <u>3.86</u>
Receipt #7 Name & Address: THE HUNTINGTON NATL BANK 39840 BRIDGEVIEW ST HARRISON TWP, MI 48045 ☐ Fund Raiser	Date of Receipt <u>05/30/2025</u>	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ <u>2.75</u>
Page Subtotal			167.28
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			

Enter this total on
line 4 of Summary
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**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139892
2. Committee Name CTE ANTHONY G. FORLINI

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: THE HUNTINGTON NATL BANK 39840 BRIDGEVIEW ST HARRISON TWP, MI 48045	Date of Receipt <u>06/30/2025</u>	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ <u>1.60</u>
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Page Subtotal			1.60
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			168.88

Enter this total on
line 4 of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139892**
2. Committee Name **CTE ANTHONY G. FORLINI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE FEDERAZIONE ABRUZZESE DEL MICHIGAN Address 43843 ROMEO PLANK RD CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: ADVERTISEMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/27/2024 Date	\$ 200.00
Expenditure #2 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/10/2024 Date	\$ 99.75
Expenditure #3 Name HALLEY KARAS CONSULTING Address 22041 WOODWARD AVE FERNDAL, MI 48220 ☐ Fund Raiser	Purpose: CONSULTING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/10/2024 Date	\$ 1,000.00
Expenditure #4 Name CONSTANT CONTACT Address 1601 TRAPELO RD WALTHAM, MA 02451 ☐ Fund Raiser	Purpose: MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/10/2024 Date	\$ 157.00
Expenditure #5 Name EZTEXTING Address 1410 2ND ST STE 200 SANTA MONICA, CA 90401 ☐ Fund Raiser	Purpose: MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/13/2024 Date	\$ 37.08

Subtotal this page **1,493.83**

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

Enter this total
on line 8a of
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139892**
2. Committee Name **CTE ANTHONY G. FORLINI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAM'S CLUB Address 45600 UTICA PARK BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: CHRISTMAS GIFTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/20/2024 Date	\$ 14.97
Expenditure #2 Name STEFANIA FAYLOR Address 38680 WILLOWMERE ST HARRISON TOWNSHIP, MI 48045 ☐ Fund Raiser	Purpose: CHRISTMAS GIFTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/23/2024 Date	\$ 140.00
Expenditure #3 Name CONSTANT CONTACT Address 1601 TRAPELO RD WALTHAM, MA 02451 ☐ Fund Raiser	Purpose: MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/04/2025 Date	\$ 10.00
Expenditure #4 Name MACOMB COUNTY REPUBLICAN ASSEMBLY Address 14625 SHIRLEY AVE WARREN, MI 48089 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/07/2025 Date	\$ 25.00
Expenditure #5 Name EZTEXTING Address 1410 2ND ST STE 200 SANTA MONICA, CA 90401 ☐ Fund Raiser	Purpose: MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/13/2025 Date	\$ 25.75

Subtotal this page

215.72

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

1. Committee I. D. Number **139892**
2. Committee Name **CTE ANTHONY G. FORLINI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ITALIAN AMERICAN CULTURAL CENTER Address 43843 ROMEO PLANK RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>CATERED FOOD FOR STAFF CHRISTMAS PARTY</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/27/2025</u> Date	\$ <u>1,000.00</u>
Expenditure #2 Name CONSTANT CONTACT Address 1601 TRAPELO RD WALTHAM, MA 02451 ☐ Fund Raiser	Purpose: <u>MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/04/2025</u> Date	\$ <u>10.00</u>
Expenditure #3 Name EZTEXTING Address 1410 2ND ST STE 200 SANTA MONICA, CA 90401 ☐ Fund Raiser	Purpose: <u>MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/13/2025</u> Date	\$ <u>25.75</u>
Expenditure #4 Name CONSTANT CONTACT Address 1601 TRAPELO RD WALTHAM, MA 02451 ☐ Fund Raiser	Purpose: <u>MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/04/2025</u> Date	\$ <u>10.00</u>
Expenditure #5 Name EZTEXTING Address 1410 2ND ST STE 200 SANTA MONICA, CA 90401 ☐ Fund Raiser	Purpose: <u>MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/13/2025</u> Date	\$ <u>25.75</u>

Subtotal this page **1,071.50**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139892**
2. Committee Name **CTE ANTHONY G. FORLINI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SQUARE WEEBLY Address 460 BRYANT ST SAN FRANCISCO, CA 94107 ☐ Fund Raiser	Purpose: WEBSITE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/21/2025 Date	\$ 240.00
Expenditure #2 Name CONSTANT CONTACT Address 1601 TRAPELO RD WALTHAM, MA 02451 ☐ Fund Raiser	Purpose: MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/04/2025 Date	\$ 10.00
Expenditure #3 Name SAM'S CLUB Address 45600 UTICA PARK BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: MEMBERSHIP RENEWAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/12/2025 Date	\$ 110.00
Expenditure #4 Name EZTEXTING Address 1410 2ND ST STE 200 SANTA MONICA, CA 90401 ☐ Fund Raiser	Purpose: MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/13/2025 Date	\$ 5.15
Expenditure #5 Name DESERT ANGEL Address P.O. BOX 210455 AUBURN HILLS, MI 48321 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/2025 Date	\$ 50.00

Subtotal this page

415.15

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

1. Committee I. D. Number **139892**
2. Committee Name **CTE ANTHONY G. FORLINI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CONSTANT CONTACT Address 1601 TRAPELO RD WALTHAM, MA 02451 ☐ Fund Raiser	Purpose: MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/04/2025 Date	\$ 10.00
Expenditure #2 Name GODADDY Address 2155 E GODADDY WAY SOUTH TEMPE, AZ 85284 ☐ Fund Raiser	Purpose: WEBSITE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/05/2025 Date	\$ 88.68
Expenditure #3 Name GODADDY Address 2155 E GODADDY WAY SOUTH TEMPE, AZ 85284 ☐ Fund Raiser	Purpose: WEBSITE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/05/2025 Date	\$ 88.68
Expenditure #4 Name GODADDY Address 2155 E GODADDY WAY SOUTH TEMPE, AZ 85284 ☐ Fund Raiser	Purpose: WEBSITE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/05/2025 Date	\$ 126.66
Expenditure #5 Name SQUARE WEEBLY Address 460 BRYANT ST SAN FRANCISCO, CA 94107 ☐ Fund Raiser	Purpose: WEBSITE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/07/2025 Date	\$ 53.90

Subtotal this page

367.92

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

1. Committee I. D. Number **139892**
2. Committee Name **CTE ANTHONY G. FORLINI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name EZTEXTING Address 1410 2ND ST STE 200 SANTA MONICA, CA 90401 ☐ Fund Raiser	Purpose: MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/13/2025 Date	\$ 5.15
Expenditure #2 Name BJ'S Address 45101 TOWNE CENTER BLVD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: WATER AND SUPPLIES FOR PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/20/2025 Date	\$ 112.91
Expenditure #3 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: FLAGS FOR PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/21/2025 Date	\$ 115.03
Expenditure #4 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: STICKERS FOR PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/21/2025 Date	\$ 28.59
Expenditure #5 Name BJ'S Address 45101 TOWNE CENTER BLVD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: SUPPLIES FOR PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2025 Date	\$ 91.82

Subtotal this page **353.50**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139892**
2. Committee Name **CTE ANTHONY G. FORLINI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAM'S CLUB Address 45600 UTICA PARK BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: SUPPLIES FOR PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/24/2025 Date	\$ 5.78
Expenditure #2 Name SHELL OIL Address 12 MARKET ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: FUEL FOR PARADE TRUCK ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/25/2025 Date	\$ 13.34
Expenditure #3 Name IRELANDS PUB Address 33401 HARPER AVE CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: FOOD FOR PARADE VOLUNTEERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/25/2025 Date	\$ 175.88
Expenditure #4 Name CONSTANT CONTACT Address 1601 TRAPELO RD WALTHAM, MA 02451 ☐ Fund Raiser	Purpose: MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/04/2025 Date	\$ 10.00
Expenditure #5 Name EZTEXTING Address 1410 2ND ST STE 200 SANTA MONICA, CA 90401 ☐ Fund Raiser	Purpose: MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/13/2025 Date	\$ 5.15

Subtotal this page

210.15

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139892**
2. Committee Name **CTE ANTHONY G. FORLINI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CITY OF LANSING Address 124 W MICHIGAN AVE LANSING, MI 48933 ☐ Fund Raiser	Purpose: PARKING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2025 Date	\$ 2.25
Expenditure #2 Name TOWNEPLACE SUITES Address 5430 28TH ST CT SE GRAND RAPIDS, MI 49546 ☐ Fund Raiser	Purpose: ROOM FOR CONVENTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/28/2025 Date	\$ 133.34
Expenditure #3 Name RANDAZZO FRESH MARKET Address 36800 GARFIELD RD CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: LUNCH FOR STAFF ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2025 Date	\$ 7.91
Expenditure #4 Name BJ'S Address 45101 TOWNE CENTER BLVD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: LUNCH FOR STAFF ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2025 Date	\$ 203.05
Expenditure #5 Name BJ'S Address 45101 TOWNE CENTER BLVD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: LUNCH FOR STAFF ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2025 Date	\$ 9.52

Subtotal this page **356.07**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139892**
2. Committee Name **CTE ANTHONY G. FORLINI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CONSTANT CONTACT Address 1601 TRAPELO RD WALTHAM, MA 02451 ☐ Fund Raiser	Purpose: MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/04/2025 Date	\$ 10.00
Expenditure #2 Name THE HUNTINGTON NATL BANK Address 39840 BRIDGEVIEW ST HARRISON TWP, MI 48045 ☐ Fund Raiser	Purpose: BANKING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2025 Date	\$ 60.00
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **70.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **4,553.84**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139892
2. Committee Name CTE ANTHONY G. FORLINI

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: ANTHONY G FORLINI 41270 CONGER BAY DR HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/20/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>250.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>250.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: ANTHONY G FORLINI 41270 CONGER BAY DR HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/27/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,099.75</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,099.75</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,349.75

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

1,349.75

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.