



FILED

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MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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

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

1. Committee I.D. Number

140291

4. Candidate Last Name First Name M.I.

HINES CHRISTINA

2. Committee Name

CTE CHRISTINA HINES

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

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

6. Treasurer's Name & Residential Address

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

Area Code and Phone (586) 298-2589
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (616) 915-8438

7. Treasurer's Business Address

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

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

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

Area Code and Phone (616) 915-8438

Area Code and Phone (616) 915-8438

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

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

- ☒ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (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

07/24/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2025



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>60.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>60.00</u>	(18.) \$ <u>60.00</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>60.00</u>	(20.) \$ <u>60.00</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>2,948.52</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>2,948.52</u>	(23.) \$ <u>2,948.52</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>4,975.74</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>60.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5,035.74</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,948.52</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,087.22</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>01/02/2025</u> Name & Address: GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MENTAL HEALTH ADMINISTRATOR</u> Employer <u>EDMENTUM</u> Business Address <u>4753 STILWELL DR, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>01/08/2025</u> Name & Address: MELODY MAGEE 25800 TIMBERLINE DR WARREN, MI 48091		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TALENT OFFICER</u> Employer <u>CAREER FOCUS CONSULTING</u> Business Address <u>25800 TIMBERLINE DR, WARREN, MI 48091</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>01/20/2025</u> Name & Address: KELSEY KRUZEL 916 N TRUMBULL AVE CHICAGO, IL 60651		\$ <u>5.00</u>	\$ <u>10.00</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>01/22/2025</u> Name & Address: KAREN DEVECSERY 14772 LL ROAD WETMORE, MI 49895		\$ <u>10.00</u>	\$ <u>20.00</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 50.00

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>02/22/2025</u> Name & Address: KAREN DEVECSERY 14772 LL ROAD WETMORE, MI 49895		\$ 10.00	\$ 30.00
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
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 NGP VAN Address 655 15TH ST NW STE. 650 WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: <u>CAMPAIGN FINANCE DATABASE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/03/2025</u> Date	\$ <u>320.00</u>
Expenditure #2 Name AGAINST THE GRAIN BOOKKEEPING, LLC Address 857 CLIFFORD AVE SE GRAND RAPIDS, MI 49546 ☐ Fund Raiser	Purpose: <u>TREASURY SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/15/2025</u> Date	\$ <u>1,500.00</u>
Expenditure #3 Name HUNTINGTON BANK Address 41 S HIGH ST COLUMBUS, OH 43287 ☐ Fund Raiser	Purpose: <u>BANK FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/15/2025</u> Date	\$ <u>5.00</u>
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>CREDITCARD PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/24/2025</u> Date	\$ <u>53.18</u>
Expenditure #5 Name NGP VAN Address 655 15TH ST NW STE. 650 WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: <u>FUNDRAISING DATABASE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/07/2025</u> Date	\$ <u>320.00</u>

Subtotal this page **2,198.18**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HUNTINGTON BANK Address 41 S HIGH ST COLUMBUS, OH 43287 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/18/2025</u> Date	\$ <u>5.00</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: CREDITCARD PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/26/2025</u> Date	\$ <u>0.60</u>
Expenditure #3 Name NGP VAN Address 655 15TH ST NW STE. 650 WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: FUNDRAISING DATABASE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/05/2025</u> Date	\$ <u>320.00</u>
Expenditure #4 Name HUNTINGTON BANK Address 41 S HIGH ST COLUMBUS, OH 43287 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/17/2025</u> Date	\$ <u>5.00</u>
Expenditure #5 Name NGP VAN Address 655 15TH ST NW STE. 650 WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: FUNDRAISING DATABASE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/03/2025</u> Date	\$ <u>320.00</u>

Subtotal this page

650.60

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HUNTINGTON BANK Address 41 S HIGH ST COLUMBUS, OH 43287 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/2025</u> Date	\$ <u>5.00</u>
Expenditure #2 Name HUNTINGTON BANK Address 41 S HIGH ST COLUMBUS, OH 43287 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/15/2025</u> Date	\$ <u>5.00</u>
Expenditure #3 Name HUNTINGTON BANK Address 41 S HIGH ST COLUMBUS, OH 43287 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/2025</u> Date	\$ <u>5.00</u>
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: CREDITCARD PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2025</u> Date	\$ <u>69.89</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: CREDIT CARD PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/2025</u> Date	\$ <u>9.85</u>

Subtotal this page

94.74

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HUNTINGTON BANK Address 41 S HIGH ST COLUMBUS, OH 43287 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2025</u> Date	\$ <u>5.00</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			

Subtotal this page	5.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	2,948.52

Enter this total
on line 8a of
Summary Page