



FILED

30 JAN 2026 AM 10:53

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: 10/21/2025 to 12/31/2025

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

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

2. Committee Name

CTE ANTHONY G. FORLINI

5. Committee's Mailing Address

**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.

6. Treasurer's Name & Residential Address

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

Area Code & Phone (586) 914-9944

7. Treasurer's Business Address

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

Area Code and Phone (586) 914-9944

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

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

Date of Election, Convention or 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.)

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

01/30/2026

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

01/30/2026



**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>12/29/2025</u>	
Name & Address: LAND OF OPPORTUNITY PAC 39285 N BLOM DR HARRISON TWP, MI 48045		\$ <u>5,000.00</u>	\$ <u>5,000.00</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 _____	
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

5,000.00

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

5,000.00

Enter this total on
line 3a 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 ITALIAN AMERICAN CULTURAL CENTER Address 43843 ROMEO PLANK RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>CHRISTMAS PARTY</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/22/2025</u> Date	\$ <u>1,000.00</u>
Expenditure #2 Name CTE ANTHONY G FORLINI Address 39285 N BLOM DR HARRISON TWP, MI 48045 ☐ Fund Raiser	Purpose: <u>TRANSFER TO SOS CTE ID#611210</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/29/2025</u> Date	\$ <u>70,000.00</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ 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	71,000.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	71,000.00

Enter this total
on line 8a of
Summary Page