FILED 2023 JUL 25 AM10:06
MACOMB COUNTY CLERK

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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: 04/01/2023 (Mo Day Year) To: [illegible] (Mo Day Year)

1. Committee I.D. Number: 146691

2. Committee Name: Committee to Elect Christina Hines

4. Candidate Last Name: Hines | First Name: Christina | M.I.: P

4a. Office Sought including District # or Community Served (If applicable): Other - Macomb County

4b. County of Residence: Macomb

5. Committee's Mailing Address:
PO Box 1051
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:
Kyle Johnson
4529 La Chene Dr.
Warren, MI 48092

Area Code & Phone: (517) 410-3316

7. Treasurer's Business Address:
4529 La Chene Dr.
Warren, MI 48092

Area Code and Phone:

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)
Tara M West
[illegible] Clifford Ave. SE
Grand Rapids, MI 49546

Area Code & Phone: (616) 915-8438

9. TYPE OF STATEMENT

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

Pre-Election or Post Election Statement relates to:

- ☐ Primary
- ☐ Special
- ☐ Convention
- ☐ General
- ☐ 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 ____ (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 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: Tara West (Type or Print Name) — Signature — Date: 07/25/2023

Candidate: Christina Hines (Type or Print Name) — Signature — Date: 07/25/2023

Authority granted under P.A. 388 of 1976

FILED 2023 JUL 25 AM 10:07
MACOMB COUNTY CLERK

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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: 04/21/2023 (Mo Day Year) To: 07/20/2023 (Mo Day Year)

1. Committee I.D. Number
140291

2. Committee Name
Committee to Elect Christina Hines

4. Candidate Last Name: Hines | First Name: Christina | M.I.: B

4a. Office Sought including District # or Community Served (If applicable)
Other - Macomb County

4b. County of Residence
Macomb

5. Committee's Mailing Address
PO 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
Kyle Johnson
4829 La Chene Dr.
Warren, MI 48092

Area Code & Phone (317) 416-8316

7. Treasurer's Business Address
4829 La Chene Dr.
Warren, MI 48092

Area Code and Phone

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)
Tara M West
857 Clifford Ave. SE
Grand Rapids, MI 49546

Area Code & Phone (616) 915-8438

9. TYPE OF STATEMENT

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

Pre-Election or Post Election Statement relates to:

- ☐ Primary
- ☐ Special
- ☐ Convention
- ☐ General
- ☐ 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 (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 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: Tara West (Type or Print Name) / (Signature) Date: 07/25/2023

Candidate: Christina Hines (Type or Print Name) / (Signature) Date: 07/25/2023

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

SUMMARY PAGE
CANDIDATE COMMITTEE

RECEIPTS		Column I This Period		Column II Cumulative for this Election cycle
3. Contributions				
a. Itemized (Schedule 1A - Column 6)	(3a.)	$65,059.00		
b. Unitemized (less than $20.01 each - no Schedule)	(3b.)	NOT APPLICABLE		
c. Subtotal of "Contributions"	(3c.)	$65,059.00	(18.)	$65,059.00
4. Other Receipts (Schedule 1A-1, Column 6)	(4.)	$0.00	(19.)	$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.)	$65,059.00	(20.)	$65,059.00
IN-KIND CONTRIBUTIONS & EXPENDITURES				
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.)	$3,719.09	(21.)	$3,719.09
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.)	$0.00	(22.)	$0.00
EXPENDITURES				
8. Expenditures				
a. Itemized (Schedule 1B, Column 6)	(8a.)	$12,061.18		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.)	$0.00		
c. Unitemized (less than $50.01 each - no Schedule)	(8c.)	$45.06		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.)	$12,106.24	(23.)	$12,106.24
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)				
10. Disbursements				
a. Itemized (Schedule 1C, Column 6)	(10a.)	$0.00		
b. Unitemized (less than $50.01 each - no Schedule)	(10b.)	$0.00		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.)	$0.00	(24.)	$0.00
DEBTS AND OBLIGATIONS				
12. Debts and Obligations				
a. Owed by the Committee (Schedule 1E)	(12a.)	$0.00		
b. Owed to the Committee (Schedule 1E)	(12b.)	$0.00		

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.)	$0.00
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	$65,059.00
15. SUBTOTAL Add lines 13 and 14	(15.) =	$65,059.00
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) -	$12,106.24
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)	$52,952.76*

***If your ending balance is negative, please recheck your math.**

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
A Bashir, Harith
3607 Greystone Dr
2-2020
Austin, TX 78731-2288

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/16/2023

$150.00 | $150.00

5. If over $100.00 cumulative, please provide:

Occupation Digital Mktg Director Employer Giddy

Business Address 1005 E Saint Elmo Rd Bldg 1 Austin, TX 78745-1296

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Abrutyn, Russell
2408 Glenview Ave
Royal Oak, MI 48073-3865

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/11/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Abrutyn Law

Business Address 2408 Glenview Ave Royal Oak, MI 48073-3865

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Akers, Rachel
1038 Marshfield St
Ferndale, MI 48220-2346

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/07/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Allan, Valerir
1321 W Cucharras St
Colorado Springs, CO 80904-4030

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/29/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation Engineer Employer Philips medical

Business Address 9965 Federal Dr Colorado Springs, CO 80921-3822

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$950.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Antovski, Goran
42710 Park Cresent Dr
Sterling Heights, MI 48313-2900

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/08/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Lawyer Employer Self

Business Address 42710 Park Cresent Dr Sterling Heights, MI 48313-2900

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Argento, Brandon
6 Majestic Dr
Stuyvesant, NY 12173-1611

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/16/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Armstrong, J,AoVion
19027 Elsmere Ave
Eastpointe, MI 48021-2016

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Arthur, Rodney
60 11th St NE
Apt 1105
Atlanta, GA 30309-4369

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/08/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$375.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Attia, Jerry
2880 Woodbine Dr
Waterford, MI 48328-3958

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/24/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Aylesworth, Kenrick
5789 Meadowview St
Ypsilanti, MI 48197-7176

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/04/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Baghdadchi, Iden
423 N Oxford Ave
Apt 101
Los Angeles, CA 90004-2758

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/16/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Bailey, Vanessa
22514 Winfield Rd
Novi, MI 48375-4474

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/14/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$325.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Barkey, Jordan
13740 Winchester St
Oak Park, MI 48237-4110

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/06/2023

$200.00 | $200.00

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer Michigan Auto Law
Business Address 30101 Northwestern Hwy Farmington Hills, MI 48334-6200
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Bartkowiak, Mary Davis
17516 Ellen Dr
Livonia, MI 48152-2988

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/19/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Beadle, Thomas
421 Cloverly Rd
Grosse Pointe Farms, MI 48236-3205

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/05/2023

Chase check

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Berdy, Leah
32252 Hawthorne Dr
Warren, MI 48092-1012

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$450.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address

Bertrand, Carol
1915 Dunhill Dr
Milford, MI 48381-1121

PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/01/2023

$1,000.00 | $1,000.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 1915 Dunhill Dr Milford, MI 48381-1121

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address

Bertrand, Carol
1915 Dunhill Dr
Milford, MI 48381-1121

PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/13/2023

$25.00 | $1,025.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 1915 Dunhill Dr Milford, MI 48381-1121

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address

Bertrand, D
14315 Weier Dr
Warren, MI 48088-6355

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/20/2023

$10.00 | $10.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address

Bertrand, Dan
3722 Harmony Hills Dr
Oxford, MI 48370-2502

PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/10/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 3722 Harmony Hills Dr Oxford, MI 48370-2502

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$1,535.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address

Bertrand, Dave
14315 Weier Dr
Warren, MI 48088-6355

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/13/2023

$10.00 | $10.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address

Bertrand, David
49512 Messara Dr
Macomb, MI 48042-4741

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 04/21/2023

$8,325.00 | $8,325.00

5. If over $100.00 cumulative, please provide:

Occupation Retired Employer Retired

Business Address 49512 Messara Dr Macomb, MI 48042-4741

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address

Bertrand, David
14315 Weier Dr
Warren, MI 48088-6355

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/05/2023

$10.00 | $10.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address

Bertrand, Mary
3101 Bertrand Dr
Millington, MI 48746-9679

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/12/2023

$200.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation Retired Employer Retired

Business Address 3101 Bertrand Dr Millington, MI 48746-9679

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$8,545.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Bertrand, Mike
790 Doral Dr
Oxford, MI 48371-6502

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/27/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Bertrand, Teresa
18377 Shady Hollow Way
West Linn, OR 97068-1102

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/29/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Bignell, Jordan
20650 Northville Place Dr
Northville, MI 48167-2995

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/06/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Blanchard, Joshua
9044 Ojibwa Trl
Greenville, MI 48838-7183

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/10/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:
Occupation Lawyer Employer Blanchard Law
Business Address 398 S Lafayette St Ste 208 Greenville, MI 48838-1947
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$550.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/26/2023

Name & Address

Booth, Fallon
19850 Lauder St
Detroit, MI 48235-1616

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/02/2023

Name & Address

Boyd, Derek
617 Hilldale Dr
Royal Oak, MI 48067-1601

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer MAHLE Industries Inc.

Business Address 23030 Mahle Dr Farmington Hills, MI 48335-2606

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/05/2023

Name & Address

Boyd, Nick
1915 Dunhill Dr
Milford, MI 48381-1121

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/15/2023

Name & Address

Bradshaw, Brittany
3146 Promenade Cir
Ann Arbor, MI 48108-1558

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Go With Canvas

Business Address 3146 Promenade Cir Ann Arbor, MI 48108-1558

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$625.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Brown, Michelle
716 E Galbraith Line Rd
Melvin, MI 48454-9735

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/21/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Brown, Opolla
2096 Hyde Park Rd
Detroit, MI 48207-4999

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/15/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Brown-Knox, Melissa
908 Winchester Ave
Lincoln Park, MI 48146-4264

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Burnstein, Stephanie
5331 Savoie Ct
West Bloomfield, MI 48323-2540

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/17/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$200.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Burton, Garrett
19126 Parkwood Ln
Brownstown Twp, MI 48183-6806

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/06/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Byrne, David
1722 Beech Lane Dr
Troy, MI 48083-1744

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/12/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Caparusso, John
20201 Lawndale St
Saint Clair Shores, MI 48080-1001

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/01/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Caporusso, Gino
20111 Martin Rd
Saint Clair Shores, MI 48081-1045

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/01/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$200.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Carty, Terrence C
20708 Wolf Dr
Macomb, MI 48044-2123

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/05/2023

$200.00 $200.00

5. If over $100.00 cumulative, please provide:

Occupation Retired Employer Retired

Business Address 20708 Wolf Dr Macomb, MI 48044-2123

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Casselman, Liz
2714 Dixie Hwy
Waterford, MI 48328-1711

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/13/2023

$100.00 $100.00

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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3. Name & Address
Centa, Alan
97 Candor Ln
Dover, DE 19901-6460

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/09/2023

$10.00 $10.00

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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3. Name & Address
Chamberlain, Melanie
3221 Brookshear Cir
Auburn Hills, MI 48326-2211

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 04/25/2023

$25.00 $25.00

5. If over $100.00 cumulative, please provide:

Occupation Academic Adviser Employer Oakland University

Business Address 33631 Kirby St Farmington Hills, MI 48335-5245

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$335.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Chamberlain, Melanie
3221 Brookshear Cir
Auburn Hills, MI 48326-2211

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/19/2023

$100.00 | $125.00

5. If over $100.00 cumulative, please provide:

Occupation Academic Adviser Employer Oakland University

Business Address 33631 Kirby St Farmington Hills, MI 48335-5245

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Name & Address
Chapp, August
4753 Stilwell Dr
Warren, MI 48092-2306

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$25.00 | $25.00

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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3. Name & Address
Chicklas, Dana
1546 Butternut St
Detroit, MI 48216-1234

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/17/2023

$50.00 | $50.00

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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3. Name & Address
Coder, Evan
3009 Harvard Rd
Royal Oak, MI 48073-6604

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/16/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Engineer Employer American Axle

Business Address 1 Dauch Dr Detroit, MI 48211-1115

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$425.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Cogo, Haris
38549 Warwickshire Dr
Sterling Heights, MI 48312-1162

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/19/2023

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

---

3. Name & Address
Conrad, Deborah
4816 La Chene Dr
Warren, MI 48092-4936

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/15/2023

$250.00 $250.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 4816 La Chene Dr Warren, MI 48092-4936

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

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3. Name & Address
Cooper, Leslie
25445 Mulberry Dr
Southfield, MI 48033-5828

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/04/2023

$100.00 $100.00

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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3. Name & Address
Crockett, Mecha
6033 15th St
Detroit, MI 48208-3041

PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/04/2023

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$550.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Dameron-Ellis, Melody
20883 W Western Dr
Buckeye, AZ 85396-8374

PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/20/2023

$350.00 | $350.00

5. If over $100.00 cumulative, please provide:

Occupation Retired Employer Retired

Business Address 20883 W Western Dr Buckeye, AZ 85396-8374

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

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3. Name & Address
Danne, Erin
2121 N Wilson Ave
Royal Oak, MI 48073-4222

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/19/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Darrow, Tracy
12728 Fall River Dr
South Lyon, MI 48178-8173

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/19/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

---

3. Name & Address
David, Marilena
275 Orleans St
Apt 204
Detroit, MI 48207-4059

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/06/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Lawyer Employer State of MI

Business Address 3031 W Grand Blvd Ste 450 Detroit, MI 48202-3026

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

Page Subtotal	$750.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Decker, Wade
3628 Pratt Rd
Metamora, MI 48455-9713

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 04/26/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
DeCoopman, Janet
3554 N Prospect Ave
Apt 3
Shorewood, WI 53211-2626

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/23/2023

$12.00 | $12.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
DeCoopman, Janet
3554 N Prospect Ave
Apt 3
Shorewood, WI 53211-2626

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/23/2023

$12.00 | $24.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
DeKett, Karen
31241 San Juan St
Harrison Township, MI 48045-1499

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$174.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Demers, Jonathan
4237 Burns St
Detroit, MI 48214-1274

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer City of Detroit
Business Address 2 Woodward Ave Detroit, MI 48226-3437
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Der Mugrdechian, Alyssa
416 W Sample Ave
Clovis, CA 93612-5734

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/02/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
DeValerio, Dale
8219 Oak Park Blvd
Oak Park, MI 48237-1810

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/21/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Devecsery, Karen
14772 Ll Rd
Wetmore, MI 49895-9534

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/22/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation Not Employed Employer Not Employed
Business Address 14772 Ll Rd Wetmore, MI 49895-9534
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$800.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address

PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/22/2023

Devecsery, Karen
14772 Ll Rd
Wetmore, MI 49895-9534

$10.00 | $110.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 14772 Ll Rd Wetmore, MI 49895-9534

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address

PAC Receipt? ☐YES 4. DATE OF RECEIPT 04/27/2023

Diehl, Nancy J
1300 E Lafayette St
Apt 1206
Detroit, MI 48207-2921

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 1300 E Lafayette St Apt 1206 Detroit, MI 48207-2921

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address

PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/16/2023

Diliberti, Susan
41202 Worthington
Clinton Township, MI 48038-4645

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address

PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/17/2023

Drain, Shelley
27651 Fairway Hills Dr
Franklin, MI 48025-1732

$100.00 | $100.00

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 (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Durie, Robert
2224 Isabell Dr
Troy, MI 48083-2310

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/18/2023

$50.00 $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Eaton, Blake
20018 Salisbury St
Saint Clair Shores, MI 48080-3376

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/20/2023

$50.00 $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Ebott, Jasmine A
65 Blackamore Ave
Cranston, RI 02910-4547

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/04/2023

$50.00 $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Edwards, Blake
3309 Pasadena St
Detroit, MI 48238-3811

PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/15/2023

$150.00 $150.00

5. If over $100.00 cumulative, please provide:
Occupation Entertainment Professional Employer Sofar Sounds
Business Address 259 Elm St Ste 200 Somerville, MA 02144-2950
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$300.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Eisenbeiss, Barbara
19917 Bramble Bush Dr
Gaithersburg, MD 20879-1613

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/02/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
El-Amin, Danielle
8100 E Jefferson Ave
Detroit, MI 48214-3964

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/15/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

3. Name & Address
Farkas, Stephanie
14446 Ramblewood St
Livonia, MI 48154-5337

PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/24/2023

$200.00 | $200.00

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer State Appellate Defender Offic
Business Address 3031 W Grand Blvd Ste 450 Detroit, MI 48202-3026
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Feldman, Angelina
291 Pineway Dr
Ann Arbor, MI 48103-2481

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/04/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$400.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 04/25/2023

Name & Address

Field, Karen
9492 Spring Hollow Ct
Dexter, MI 48130-9526

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

Name & Address

Fishman, Steven
615 Griswold St
Ste 1120BUILDING
Detroit, MI 48226-3900

$200.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Self

Business Address 615 Griswold St Ste 1120BUILDING Detroit, MI 48226-3900

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/15/2023

Name & Address

Ford, Cheryl
11184 Irene Ave
Warren, MI 48093-2563

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Surgical Records Employer Cateract & Eye Consultants

Business Address 29753 Hoover Rd Ste A Warren, MI 48093-8900

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

Name & Address

Fosnacht, Alan
2385 Highfield Rd
Waterford Township, MI 48329-3940

$10.00 | $10.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$485.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Fowlkes, Donna
627 Sciomeadows Dr
Ann Arbor, MI 48103-1581

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$100.00 | $125.00

5. If over $100.00 cumulative, please provide:

Occupation Project manager Employer Datastat

Business Address 3875 Research Park Dr Ann Arbor, MI 48108-2217

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Fowlkes, Donna
627 Sciomeadows Dr
Ann Arbor, MI 48103-1581

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$25.00 | $125.00

5. If over $100.00 cumulative, please provide:

Occupation Project manager Employer Datastat

Business Address 3875 Research Park Dr Ann Arbor, MI 48108-2217

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Franzoi, Spencer
7894 Sandel Wood Cir W
Fort Myers, FL 33908-4227

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Garner, Kimberly
9585 Kosta Dr
Cincinnati, OH 45231-4017

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Human Resources Specialist Employer U.S. Environmental Protection

Business Address 26 W Martin Luther King Dr Cincinnati, OH 45268-0001

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$475.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Garrett, April
49524 Courtyard Ln
Canton, MI 48188-3461

PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/04/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Geck, Barbara
39526 Waldorf Dr
Clinton Township, MI 48038-2885

PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/30/2023

$200.00 | $200.00

5. If over $100.00 cumulative, please provide:
Occupation Not Employed Employer Not Employed
Business Address 33466 Garfield Rd Fraser, MI 48026-1850
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Gillis, Jane
253 Ridgemont Rd
Grosse Pointe Farms, MI 48236-3131

PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/04/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Gilmore, Sarah
8684 Hawthorne Dr
Tecumseh, MI 49286-9505

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/10/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:
Occupation Parks and Recreation Director Employer City of Tecumseh
Business Address 309 E Chicago Blvd Tecumseh, MI 49286-1550
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$600.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Goldfarb, Carin
2141 Colony Club Ct
West Bloomfield, MI 48322-4344

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/18/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Goodman, William
1418 Parker St
Detroit, MI 48214-2615

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/06/2023

$200.00 | $200.00

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer Goodman Hurwitz & James PC
Business Address 1394 E Jefferson Ave Detroit, MI 48207-3104
Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

3. Name & Address
Grant, Carol
23216 Glenbrook St
Saint Clair Shores, MI 48082-1153

PAC Receipt? ☐YES 4. DATE OF RECEIPT 04/26/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation Not Employed Employer Not Employed
Business Address 23216 Glenbrook St Saint Clair Shores, MI 48082-1153
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Grant, Carol
23216 Glenbrook St
Saint Clair Shores, MI 48082-1153

PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/13/2023

$25.00 | $125.00

5. If over $100.00 cumulative, please provide:
Occupation Not Employed Employer Not Employed
Business Address 23216 Glenbrook St Saint Clair Shores, MI 48082-1153
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$425.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Grant, Carol
23216 Glenbrook St
Saint Clair Shores, MI 48082-1153

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/15/2023

$100.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 23216 Glenbrook St Saint Clair Shores, MI 48082-1153

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
Grant, Carol
23216 Glenbrook St
Saint Clair Shores, MI 48082-1153

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/15/2023

$25.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 23216 Glenbrook St Saint Clair Shores, MI 48082-1153

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
Grapentine, Carl
1837 Wexford Dr
Ypsilanti, MI 48198-3293

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/08/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Gravel, Jan
7479 Grand Summit Cir
Davison, MI 48423-3182

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/22/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$325.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Griffin, Chris
52232 Elm Dr
Chesterfield, MI 48047-4566

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/15/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Griffin, Timothy
22115 Normandy Ave
Eastpointe, MI 48021-2586

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 04/29/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Habbo, Sara
29245 Marshall St
Southfield, MI 48076-5841

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/06/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
Haisha, Vincent
836 Chapin Ave
Birmingham, MI 48009-2048

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/01/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Flood Law

Business Address 155 W Congress St Ste 603 Detroit, MI 48226-3267

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$800.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Hanson, Karen
579 Michigan Ave
Marysville, MI 48040-1111

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 04/25/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Hardy, Amaad
6052 Campus Park Ave SE
Grand Rapids, MI 49508-6620

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/06/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Higgins, George-Michael
18331 Breezeway
Fraser, MI 48026-2468

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/15/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:
Occupation Senior organizer Employer For Our Future Michigan
Business Address 18331 Breezeway Fraser, MI 48026-2468
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Hill, Samantha
23230 Masonic Blvd
Saint Clair Shores, MI 48082-2075

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$30.00 | $60.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$405.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/13/2023

Name & Address

Hill, Samantha
23230 Masonic Blvd
Saint Clair Shores, MI 48082-2075

$30.00 | $60.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/20/2023

Name & Address

Hines Theus, Anise
1412 Gordon St
Apt 104
Los Angeles, CA 90028-8431

$10.00 | $10.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/17/2023

Name & Address

Hines, Amber
1601 Spring Gate Dr
Unit 1212
Mclean, VA 22102-3460

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/30/2023

Name & Address

Hines, Bernard
5104 Vinings Estates Way SE
Smyrna, GA 30126-5944

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 5104 Vinings Estates Way SE Smyrna, GA 30126-5944

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$340.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

Name & Address

Hines, Chris
11201 Otsego St
N Hollywood, CA 91601-3701

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

Name & Address

Hines, Derrick
2233 Helen St
Detroit, MI 48207-3657

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/06/2023

Name & Address

Hines, Douglas N Sr
3144 Topawa Pl
Lithonia, GA 30038-3142

$1,000.00 | $1,000.00

5. If over $100.00 cumulative, please provide:

Occupation Software Architect Employer ScorePAD Sports Inc.

Business Address 5335 Dividend Dr Ste C Decatur, GA 30035-3833

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

Name & Address

Hines, Frederick C Sr
25008 Johnson Farm Rd
Gaithersburg, MD 20882-3725

$200.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation Self-Employed Employer Paragon-One Group

Business Address 25008 Johnson Farm Rd Gaithersburg, MD 20882-3725

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$1,350.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Hines, Jeffrey M
19500 Cumberland Way
Detroit, MI 48203-5501

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/20/2023

$300.00 | $300.00

5. If over $100.00 cumulative, please provide:
Occupation Not Employed Employer Not Employed
Business Address 19500 Cumberland Way Detroit, MI 48203-5501
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Hines, Karen D
46500 Springwood Dr
Macomb, MI 48044-3572

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/20/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Hines, Kendall D
1060 W Shore Dr SW
Hutchinson, MN 55350-6737

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/16/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Hines, Marcus T
12245 Cypress Spring Rd
Clarksburg, MD 20871-4415

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/06/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$600.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Hines, Myles J
12245 Cypress Spring Rd
Clarksburg, MD 20871-4415

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/06/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Hodge, Tajalli
1440 Andrea St
Ypsilanti, MI 48198-8116

PAC Receipt? ☐YES 4. DATE OF RECEIPT 04/25/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Hogan, Erica A
20918 Corey Dr
Macomb, MI 48044-2114

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/20/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Hogan, Nedra F
45914 Fountain View Dr
Canton, MI 48188-3083

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/20/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$200.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Hopson, Christopher
1353 Catalina Rdg
Mesquite, NV 89027-1234

PAC Receipt? ☐YES 4. DATE OF RECEIPT 04/25/2023

$100.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation Deputy Employer Nye county

Business Address 1520 E Basin Ave Pahrump, NV 89060-2100

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Hopson, Christopher
1353 Catalina Rdg
Mesquite, NV 89027-1234

PAC Receipt? ☐YES 4. DATE OF RECEIPT 04/25/2023

$100.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation Deputy Employer Nye county

Business Address 1520 E Basin Ave Pahrump, NV 89060-2100

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

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3. Name & Address
Hunt, Aimee
649 Wabash St
Ishpeming, MI 49849-1130

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/17/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Ingber, Aaron
29056 Forest Hill Dr
Farmington Hills, MI 48331-2487

PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/13/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$400.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Issa, Muneer
31229 Plymouth Rd
Livonia, MI 48150-2105

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/18/2023

$250.00 $250.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Dever Eby & Issa PLLC

Business Address 301 N Main St Fl 2 Ann Arbor, MI 48104-1296

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
J Noronha, Michelle
305 E 72nd St
Apt 10ES
New York, NY 10021-5080

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/07/2023

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
J. Malinowski, Evan
28020 Brandywine Rd
Farmington Hills, MI 48334-3417

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/13/2023

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Jarczewski, Michelle
13116 Wales Ave
Huntington Woods, MI 48070-1759

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/17/2023

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$550.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Jennings, Brian
4924 Kelsch Ln
Unit 1
Cincinnati, OH 45227-1407

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/02/2023

$15.00 $15.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Johnson, Charlotte
36071 Grand River Ave
Apt 104
Farmington, MI 48335-3034

PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/04/2023

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Johnson, Taylor
4829 La Chene Dr
Warren, MI 48092-4937

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/20/2023

$50.00 $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Jones, Chelsey
1431 Pilgrim Ave
Birmingham, MI 48009-1005

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/18/2023

$250.00 $250.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Bodman PLC

Business Address 1901 Saint Antoine St Detroit, MI 48226-2336

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

Page Subtotal	$415.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

Name & Address

Jorah, Jason
17654 Adolph
Fraser, MI 48026-1778

$55.00 | $55.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/06/2023

Name & Address

Joy Gaines, Saundra
1485 E Chateau Vert St
Ypsilanti, MI 48197-1213

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/12/2023

Name & Address

Kallabat, Mallory
4743 S Knoll Rd
West Bloomfield, MI 48323-2525

$200.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation lawyer Employer Clark Hill PLC

Business Address 151 S Old Woodward Ave Ste 200 Birmingham, MI 48009-6103

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

Name & Address

Kaplan, Steven
5823 POST OAK Dr
West Bloomfield, MI 48322

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$405.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Karnib, Maryam
55 Stanton Ln
Grosse Pointe Farms, MI 48236-3743

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$30.00 | $30.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Honigman llp

Business Address 660 Woodward Ave Detroit, MI 48226-3516

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Karnib, Maryam
55 Stanton Ln
Grosse Pointe Farms, MI 48236-3743

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/18/2023

$500.00 | $530.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Honigman llp

Business Address 660 Woodward Ave Detroit, MI 48226-3516

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
Kelley, Rochelle
5685 Arden Ave
Warren, MI 48092-1149

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation CPA Employer Self

Business Address 5685 Arden Ave Warren, MI 48092-1149

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Kelley, Rochelle
5685 Arden Ave
Warren, MI 48092-1149

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/06/2023

$50.00 | $150.00

5. If over $100.00 cumulative, please provide:

Occupation CPA Employer Self

Business Address 5685 Arden Ave Warren, MI 48092-1149

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$680.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

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3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/07/2023

Name & Address

Kimling, Shekinah
411 Palamino Ln
Springfield, TN 37172-7383

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/20/2023

Name & Address

Kirkland, Jennifer Tink
1464 Mason St
Dearborn, MI 48124-2859

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/13/2023

Name & Address

Kitaba-Gaviglio, Bonsitu
1521 Miller Ave
Ann Arbor, MI 48103-2545

$130.00 | $130.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer ACLU of Michigan

Business Address 2966 Woodward Ave Detroit, MI 48201-3035

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/19/2023

Name & Address

Kitaba-Gaviglio, Bonsitu
1521 Miller Ave
Ann Arbor, MI 48103-2545

$500.00 | $937.68

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer ACLU of Michigan

Business Address 2966 Woodward Ave Detroit, MI 48201-3035

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

Page Subtotal	$830.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

Name & Address

Klinefelt, Michael D
16143 Wilson Ave
Eastpointe, MI 48021-1199

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/19/2023

Name & Address

Kohl, Chrysanthe
22191 Antler Dr
Novi, MI 48375-4800

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/01/2023

Name & Address

Kohl, Rachael
3772 Palisades Blvd
Ypsilanti, MI 48197-7501

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Lawywr Employer Wayne state

Business Address 471 W Palmer St Detroit, MI 48202-3986

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/13/2023

Name & Address

Kohl, Rachael
3772 Palisades Blvd
Ypsilanti, MI 48197-7501

$50.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Lawywr Employer Wayne state

Business Address 471 W Palmer St Detroit, MI 48202-3986

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$250.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Kohl, Rachael
3772 Palisades Blvd
Ypsilanti, MI 48197-7501

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/19/2023

$700.00 | $804.38

5. If over $100.00 cumulative, please provide:

Occupation Lawywr Employer Wayne state

Business Address 471 W Palmer St Detroit, MI 48202-3986

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
Kohl-Gomez, Rebecca
25554 Keenan Ct
Novi, MI 48375-1448

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/19/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
Kokeny, Jenny
1384 Diana Ave
Madison Heights, MI 48071-2917

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/15/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Kriger Groner, Lauren
21 E 1st St
New York, NY 10003-9489

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/05/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation Physician Employer Weill Cornell

Business Address 525 E 68th St New York, NY 10065-4870

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$1,350.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/05/2023

Name & Address

Kriger, Allison
645 Griswold St
Ste 1717
Detroit, MI 48226-4113

$1,000.00 | $1,000.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer LaRene & Kriger PLC

Business Address 645 Griswold St Ste 1717 Detroit, MI 48226-4113

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

---

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/02/2023

Name & Address

Kriger, Cynthia
1957 Hyde Park Rd
Detroit, MI 48207-3819

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 1957 Hyde Park Rd Detroit, MI 48207-3819

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

---

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/13/2023

Name & Address

Kriss, Emma
3107 Otis Ave
Warren, MI 48091-3495

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/20/2023

Name & Address

Kruzel, Kelsey
916 N Trumbull Ave
Chicago, IL 60651-4042

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$1,300.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Kuppa, Padma
4275 Marywood Dr
Troy, MI 48085-3652

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/07/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
L Castka, Nicole
431 Gratiot Ave
Detroit, MI 48226-2319

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Lawyer Employer Self

Business Address 1300 Broadway St Ste 800 Detroit, MI 48226-2202

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
L Pernick, Nat
30150 Telegraph Rd
Ste 119
Bingham Farms, MI 48025-4519

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/07/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
Larson, Marta
5884 Katie Ln
Ann Arbor, MI 48105-9582

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/08/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$500.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

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3. Name & Address
Lemanski, Erica
2709 Aspen Ln
Bloomfield Township, MI 48302-1012

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/19/2023

$200.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Mogill Posner & Cohen

Business Address 27 E Flint St Lake Orion, MI 48362-3220

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Name & Address
Lemansky, Samantha
2735 Alveston Dr
Bloomfield Hills, MI 48304-1805

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/05/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Lemley, Donna
8985 Fernwood Path
Washington, MI 48094-1512

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/07/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 8985 Fernwood Path Washington, MI 48094-1512

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Lentz, Robert
3445 Willow St
Denver, CO 80238-3372

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/11/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$575.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

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3. Name & Address
lerini, anne
17633 Annapolis St
Dearborn Heights, MI 48125-3301

PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/11/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Lindsey, Patrick
17165 Parkside St
Detroit, MI 48221-2712

PAC Receipt? ☐YES 4. DATE OF RECEIPT 04/26/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Lindsey, Sharon
1772 Loch Lomond Ct
Oxford, MI 48371-5849

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/15/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:
Occupation Not Employed Employer Not Employed
Business Address 1772 Loch Lomond Ct Oxford, MI 48371-5849
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Linington, Mike
127 E Farnum Ave
Royal Oak, MI 48067-1806

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/13/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$500.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Lowe, Ashley
1893 Long Pointe Dr
Bloomfield Hills, MI 48302-0740

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/06/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Attorneyll Employer Lakeshore Legal Aid

Business Address 1893 Long Pointe Dr Bloomfield Hills, MI 48302-0740

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

---

3. Name & Address
Lumbreras, Jessica
1996 Sunnyknoll Ave
Berkley, MI 48072-1742

PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/06/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Mancani, Susan
14400 25 Mile Rd
Shelby Township, MI 48315-6605

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/20/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Mannarino, Maria
28604 Sunset Blvd W
Lathrup Village, MI 48076-7020

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/18/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation attorney Employer self

Business Address 500 Griswold St Ste 2430 Detroit, MI 48226-3421

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$650.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Marable, Carla
24669 Pembrooke Dr
Southfield, MI 48033-3159

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Marcuz, Katherine
2940 Iroquois St
Detroit, MI 48214-1838

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/07/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Marino, Alana
29630 Palomino Dr
Warren, MI 48093-8639

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/15/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Mathews, C Meghan
12434 Woodgate Dr
Plymouth, MI 48170-3063

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/17/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$300.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Matney, Malinda
1734 S Maple Rd
Ann Arbor, MI 48103-4462

PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/04/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Mayer, Emily
Suite 2500
Royal Oak, MI 48073

PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/01/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer Taft
Business Address 27777 Franklin Rd Southfield, MI 48034-2337
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Mayhew, William
2751 Maplewood Ave
Ann Arbor, MI 48104-6632

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/08/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

---

3. Name & Address
Mayor, Philip
1313 Nicolet Pl
Detroit, MI 48207-2803

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/14/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

Page Subtotal	$500.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/31/2023

Name & Address

McClennan, Kristen
125 S Kenwood Ave
Royal Oak, MI 48067-3941

$150.00 | $150.00

5. If over $100.00 cumulative, please provide:

Occupation CPA Employer PricewaterhouseCoopers LLP

Business Address 500 Woodward Ave Detroit, MI 48226-3416

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/04/2023

Name & Address

McGehee, Cary
13161 Borgman Ave
Huntington Woods, MI 48070-1003

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/05/2023

Name & Address

McIntyre, Sheryl
49512 Messara Dr
Macomb, MI 48042-4741

$8,325.00 | $8,325.00

5. If over $100.00 cumulative, please provide:

Occupation Retired Employer Retired

Business Address 49512 Messara Dr Macomb, MI 48042-4741

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/30/2023

Name & Address

McKeon, Meaghan
1027 Somerset Ave
Grosse Pointe Park, MI 48230-1333

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$8,675.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
McMahon, Jeffrey
1638 Dover St
Ferndale, MI 48220-3105

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/04/2023

$1,000.00 | $1,000.00

5. If over $100.00 cumulative, please provide:

Occupation Business Analyst Employer Caesars Digital

Business Address 101 Hudson St # 2800 Jersey City, NJ 07302-3915

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
McMahon, Scott
1943 Brookfield St
Canton, MI 48188-1816

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/13/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
McMillan, Ann
30073 Lorraine Ave
Warren, MI 48093-2266

PAC Receipt? ☐YES 4. DATE OF RECEIPT 04/29/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation Supervisor Employer MetLife

Business Address 300 Galleria Officentre Ste 410 Southfield, MI 48034-8424

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
McMillan, Ann
30073 Lorraine Ave
Warren, MI 48093-2266

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/15/2023

$100.00 | $600.00

5. If over $100.00 cumulative, please provide:

Occupation Supervisor Employer MetLife

Business Address 300 Galleria Officentre Ste 410 Southfield, MI 48034-8424

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

Page Subtotal	$1,625.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Meredith, William
1813 Allard Ave
Grosse Pointe Woods, MI 48236-4998

PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/13/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Realtor Employer Coldwell Banker

Business Address 102 Kercheval Ave Grosse Pointe Farms, MI 48236-3660

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Mistretta, Sarah
11246 Masonic Blvd
Warren, MI 48093-1187

PAC Receipt? ☐YES 4. DATE OF RECEIPT 04/25/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Mogill, Kenneth
472 Indian Lake Rd
Lake Orion, MI 48362-1646

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/10/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

---

3. Name & Address
Moon, Hank
16803 Wildemere St
Detroit, MI 48221-3162

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/04/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer DOJ

Business Address 211 W Fort St Detroit, MI 48226-3269

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

Page Subtotal	$625.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Mooney, Kyle
13346 Lake Point Blvd
Van Buren Twp, MI 48111-2286

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/07/2023

$50.00 | $50.00

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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3. Name & Address
Morales, George
43166 Hadley Ct
Canton, MI 48188-1916

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/09/2023

$200.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation Sales Employer Thomson Reuters

Business Address 6300 Interfirst Dr Ann Arbor, MI 48108-9130

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Morelli, John
2024 Waterbury Ln
Las Vegas, NV 89134-0384

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/11/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation Chiropractor Employer Anchor Chiropractic

Business Address 5135 S Fort Apache Rd Ste 150 Las Vegas, NV 89148-1766

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Morga, Kelly
7398 Oak Shore Dr
Portage, MI 49024-7858

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/06/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Physician Employer KA

Business Address 7398 Oak Shore Dr Portage, MI 49024-7858

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$1,000.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Morris, Robert
37196 Berkleigh Ct
Farmington Hills, MI 48331-3787

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/08/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Morrow, Geoffrey
27039 Grobbel Dr
Warren, MI 48092-2642

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/15/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
Mourad, Maria
320 Hillboro Dr
Bloomfield Hills, MI 48301-3321

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/17/2023

$200.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation Apa Employer Wayne county prosecutor's

Business Address 1441 Saint Antoine St Detroit, MI 48226-2311 office

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Mueller, Jimmy
27721 Grant St
Saint Clair Shores, MI 48081-1418

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/01/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$450.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Muir, Tessa
3494 Jamesfield Dr
Hudsonville, MI 49426-7892

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/06/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer SBBL Law

Business Address 60 Monroe Center St NW Grand Rapids, MI 49503-2916

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Muthig, Julie
2100 Londonderry Rd
Ann Arbor, MI 48104-2804

PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/29/2023

$2,000.00 | $2,000.00

5. If over $100.00 cumulative, please provide:

Occupation Director Charitable Giving Employer A2 Hosting Inc

Business Address PO Box 2998 Ann Arbor, MI 48106-2998

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

---

3. Name & Address
Neff, Nancy
1036 Devonshire Rd
Grosse Pointe Park, MI 48230-1417

PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/10/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Nelson, Sofia
14652 Grandmont Ave
Detroit, MI 48227-1429

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/03/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation lawyer Employer Neighborhood Defender Service

Business Address 1333 Brewery Park Blvd Ste 350 Detroit, MI 48207-4550

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

Page Subtotal	$2,550.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

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3. Name & Address
Nercessian, Lara
6770 Pine Way Dr
Troy, MI 48098-2094

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/18/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Newman, Valerie
19 Maplefield Rd
Pleasant Ridge, MI 48069-1019

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/17/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer State of Michigan

Business Address 645 Griswold St Ste 3300 Detroit, MI 48226-4215

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Newton, Jessica
13982 Greenview Rd
Detroit, MI 48223-2910

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/06/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
Nichol, Courtney
106 S Sangamon St
Apt 3S
Chicago, IL 60607-2757

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/02/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$500.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

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3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/15/2023

Name & Address

Niece, Hannah
3206 9th St
Wyandotte, MI 48192-5615

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

Name & Address

Noyes, Megan
3242 Baker Dr
Concord, CA 94519-2114

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/06/2023

Name & Address

Nyamfukudza, Takura
505 Wendover Dr
Lansing, MI 48906-5584

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Chartier & Nyamfukudza P.L.C.

Business Address 2295 Sower Blvd Okemos, MI 48864-3263

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/15/2023

Name & Address

O'Lear, Patrick
8104 New Bradford Blvd
Sterling Heights, MI 48312-1106

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$450.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

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3. Name & Address
Orjada, Benjamin
11076 Mandale Dr
Sterling Heights, MI 48312-4968

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Oza, Neil
259 Grosse Pines Dr
Rochester Hills, MI 48309-1831

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Palmer, Monica
2813 Sunnydale Ave
Saint Joseph, MI 49085-2425

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/16/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Parnicky, Kaela
1020 Lincoln Ave
Apt 3
Ann Arbor, MI 48104-3561

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/22/2023

$10.00 | $10.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$210.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Pettway, Shandra
45914 Fountain View Dr
Canton, MI 48188-3083

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/17/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Pinch, Rachel
13135 Lincoln Dr
Huntington Woods, MI 48070-1441

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/19/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Postema, Jonathan
26912 York Rd
Huntington Woods, MI 48070-1360

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/04/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Price, Sandra
1723 Hamlet Dr
Ypsilanti, MI 48198-3608

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/17/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$300.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Psari, Klaudia
946 Crescent Ln
Grosse Pointe Woods, MI 48236-2700

PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/14/2023

$275.00 | $275.00

5. If over $100.00 cumulative, please provide:
Occupation Senior Corporate Counsel Employer MAHLE Industries Inc.
Business Address 23030 Mahle Dr Farmington Hills, MI 48335-2606
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Reese, Natalie
3832 Pardee Ave
Dearborn, MI 48124-3570

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/12/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

3. Name & Address
Rice, Misti
483 Bedlington Dr
Rochester Hills, MI 48307-3575

PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/25/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:
Occupation Government Affairs Employer Magna
Business Address 483 Bedlington Dr Rochester Hills, MI 48307-3575
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Riker, Kathleen
544 Royal Dr
Jackson, MI 49202-2166

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/05/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$925.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Ringer, Gary
9032 Appleton
Redford, MI 48239-1236

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/02/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Robinson, Judy
344 Yarmouth Rd
Bloomfield, MI 48301-2743

PAC Receipt? ☐YES 4. DATE OF RECEIPT 04/27/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Rodriguez, Hector
3200 Huddlestone Dr
Raleigh, NC 27612-3222

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/16/2023

$300.00 | $300.00

5. If over $100.00 cumulative, please provide:
Occupation Biostatistician Employer PPD
Business Address 3900 Paramount Pkwy Morrisville, NC 27560-7200
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Rose, Caleb
19 Moross St
Mount Clemens, MI 48043-2211

PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/13/2023

$10.00 | $10.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$460.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Rowley, Zachary
13148 Talbot Ave
Huntington Woods, MI 48070-1024

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/05/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Multiple Employer Rowleys Wholesale
Business Address 3600 Wilder Rd Bay City, MI 48706-2126
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Rutherford, Joel
5683 Storrow Ct
Warren, MI 48092-6338

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/08/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Test Driver-Evaluator Employer Performance Driven Workforce
Business Address 22226 Garrison St Dearborn, MI 48124-2208
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Rutherford, Joel
5683 Storrow Ct
Warren, MI 48092-6338

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/23/2023

$25.00 | $125.00

5. If over $100.00 cumulative, please provide:

Occupation Test Driver-Evaluator Employer Performance Driven Workforce
Business Address 22226 Garrison St Dearborn, MI 48124-2208
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
S KOROBKIN, DANIEL
1106 W Washington St
Ann Arbor, MI 48103-4244

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/24/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer ACLU of Michigan
Business Address 2966 Woodward Ave Detroit, MI 48201-3035
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$875.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
S KOROBKIN, DANIEL
1106 W Washington St
Ann Arbor, MI 48103-4244

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/19/2023

$50.00 | $550.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer ACLU of Michigan

Business Address 2966 Woodward Ave Detroit, MI 48201-3035

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Name & Address
Saha, Kuhu
3779 Old Creek Rd
Troy, MI 48084-1657

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/04/2023

$150.00 | $150.00

5. If over $100.00 cumulative, please provide:

Occupation Executive Director Employer Give Merit

Business Address 1511 1st St Detroit, MI 48226-1351

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Savit, Eli
4993 Hidden Brook Ct
Ann Arbor, MI 48105-9662

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Prosecuting Attorney Employer Washtenaw County

Business Address 200 N Main St Ann Arbor, MI 48104-1413

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Scharra, Katie
3713 Wakefield Rd
Berkley, MI 48072-1407

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/15/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$500.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Serra, Mike
20605 W 14 Mile Rd
Beverly Hills, MI 48025-2752

PAC Receipt? ☐YES 4. DATE OF RECEIPT 06/21/2023

$100.00 | $100.00

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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3. Name & Address
Sexton, Melissa
748 Moorland Dr
Grosse Pointe Woods, MI 48236-1129

PAC Receipt? ☐YES 4. DATE OF RECEIPT 04/29/2023

$200.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 748 Moorland Dr Grosse Pointe Woods, MI 48236-1129

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

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3. Name & Address
Shargabian-Stuber, Dina
5784 Limestone Dr
Troy, MI 48085-3917

PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/02/2023

$25.00 | $25.00

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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3. Name & Address
Shehu, Odeta
17905 Foxpointe Dr
Clinton Township, MI 48038-2145

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/14/2023

$20.00 | $20.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$345.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Sholander, Lynn
23705 Lawrence Ave
Dearborn, MI 48128-1265

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/20/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation Law Professor Employer Wayne State University Law
Business Address 471 W Palmer St Detroit, MI 48202-3986
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Sholander, Lynn
23705 Lawrence Ave
Dearborn, MI 48128-1265

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/18/2023

$125.00 | $175.00

5. If over $100.00 cumulative, please provide:
Occupation Law Professor Employer Wayne State University Law
Business Address 471 W Palmer St Detroit, MI 48202-3986
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Sinaj, Ardiola
16991 Cristina Ct
Clinton Township, MI 48038-2023

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 04/25/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer Birach Law PC
Business Address 26211 Central Park Blvd Southfield, MI 48076-4107
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Sinaj, Ardiola
16991 Cristina Ct
Clinton Township, MI 48038-2023

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$200.00 | $475.00

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer Birach Law PC
Business Address 26211 Central Park Blvd Southfield, MI 48076-4107
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$625.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address

Sinaj, Ardiola
16991 Cristina Ct
Clinton Township, MI 48038-2023

PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/13/2023

$25.00 | $475.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Birach Law PC

Business Address 26211 Central Park Blvd Southfield, MI 48076-4107

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

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3. Name & Address

Sinaj, Ardiola
16991 Cristina Ct
Clinton Township, MI 48038-2023

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/15/2023

$300.00 | $775.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Birach Law PC

Business Address 26211 Central Park Blvd Southfield, MI 48076-4107

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

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3. Name & Address

Sinaj, Fatmira
16991 Cristina Ct
Clinton Twp, MI 48038-2023

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/18/2023

$20.00 | $20.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address

Smith, Lem
1055 Old River Rd
Cleveland, OH 44113-5802

PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/13/2023

$75.00 | $75.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$420.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Smith, Lem
1133 NW 57th St
B
Seattle, WA 98107-3720

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Physician Employer Overlake Medical Center

Business Address 1133 NW 57th St Seattle, WA 98107-3720

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Smith, Levi
4442 Westpoint St
Dearborn Heights, MI 48125-2129

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/13/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Smith, Phyllis
28726 Hidden Trl
Farmington Hills, MI 48331-2981

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/08/2023

$550.00 | $550.00

5. If over $100.00 cumulative, please provide:

Occupation Sales Employer At Home

Business Address 10800 Assembly Park Dr Wixom, MI 48393-0010

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Smith, Phyllis
28726 Hidden Trl
Farmington Hills, MI 48331-2981

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/09/2023

$450.00 | $1,000.00

5. If over $100.00 cumulative, please provide:

Occupation Sales Employer At Home

Business Address 10800 Assembly Park Dr Wixom, MI 48393-0010

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$1,275.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Song, Linh
1290 Bardstown Trl
Ann Arbor, MI 48105-2815

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/15/2023

$1,000.00 | $1,000.00

5. If over $100.00 cumulative, please provide:
Occupation Social Worker Employer Ann Arbor Educational Foundati
Business Address 2370 E Stadium Blvd # 120 Ann Arbor, MI 48104-4811
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
SOWELL, JANET
283 S Zeeb Rd
Ann Arbor, MI 48103-8315

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/14/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Spada, Robert
33314 Jefferson Ave
Saint Clair Shores, MI 48082-1176

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/15/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer State of Michigan
Business Address 525 W Ottawa St Lansing, MI 48933-1067
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Sparr, Eric
4403 Harbor Village Dr
Omro, WI 54963-8229

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/04/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$1,375.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Steinberg, Michael
1203 Linwood Ave
Ann Arbor, MI 48103-3743

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/19/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
Stendel, Susan
21726 Elizabeth St
Saint Clair Shores, MI 48080-2923

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

$2,000.00 | $2,000.00

5. If over $100.00 cumulative, please provide:

Occupation Retired Employer Retired

Business Address 21726 Elizabeth St Saint Clair Shores, MI 48080-2923

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Stone, Lori
27582 Evelyn Ave
Warren, MI 48093-2817

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$100.00 | $100.00

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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3. Name & Address
Sullivan, Andrew
5422 Green Bank Dr
Grand Blanc, MI 48439-9572

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/06/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$2,225.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

Name & Address

Sullivant, Sarah
470 Cola Ballena
Apt F
Alameda, CA 94501-3676

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Analyst Employer US EPA

Business Address 470 Cola Ballena Alameda, CA 94501-3676

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/11/2023

Name & Address

Sullivant, Sarah
470 Cola Ballena
Apt F
Alameda, CA 94501-3676

$250.00 | $300.00

5. If over $100.00 cumulative, please provide:

Occupation Analyst Employer US EPA

Business Address 470 Cola Ballena Alameda, CA 94501-3676

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/19/2023

Name & Address

Sutherland, Suzanne
376 W Meyers Ave
Hazel Park, MI 48030-2047

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/31/2023

Name & Address

Taratuta, Steve
832 Silman St
Ferndale, MI 48220-3516

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Wayne County

Business Address 1025 E Forest Ave Detroit, MI 48207-1024

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$650.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/05/2023

Name & Address

Terlesky, Selena
49123 Wooster Ct
Canton, MI 48188-8019

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/13/2023

Name & Address

Tesner, Michael
12209 Dentonview Dr
Fenton, MI 48430-2505

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/14/2023

Name & Address

The Bookkeeper Mom, LLC
5223 Bryce Ct
Sterling Heights, MI 48310-6703

$0.00 | $0.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/17/2023

Name & Address

Theus Jr, Londale
1412 Gordon St
Apt 104
Los Angeles, CA 90028-8431

$10.00 | $10.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$160.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Thomas, Dequice
2762 Helmsdale Cir
Rochester Hills, MI 48307-4297

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation F&C Manager Employer Daimler Trucks North America

Business Address 35555 W 12 Mile Rd Farmington Hills, MI 48331-3139

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Thomas, Kimberly
718 S 7th St
Ann Arbor, MI 48103-4765

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/19/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Clinical professor Employer University of michigan law sch

Business Address 625 S State St Ann Arbor, MI 48109-1215

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
Thomas, Samuel Buzz
18051 Hamilton Rd
Detroit, MI 48203-4013

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/08/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation Consultant Employer Activate Detroit

Business Address 28 W Adams Ave Ste 1300 Detroit, MI 48226-1760

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
Thompson, Alyssa
1626 W 24th St
Houston, TX 77008-1515

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$1,025.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/13/2023

Name & Address

Thompson, Carol
560 N Riverside Ave
Saint Clair, MI 48079-5414

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 04/25/2023

Name & Address

Thompson, Eric
1734 Fair St
Ann Arbor, MI 48103-4150

$1,000.00 | $1,000.00

5. If over $100.00 cumulative, please provide:

Occupation Software Engineer Employer Wolverine Trading Technologies

Business Address 175 W Jackson Blvd Chicago, IL 60604-2615

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 05/13/2023

Name & Address

Thompson, Eric
1734 Fair St
Ann Arbor, MI 48103-4150

$50.00 | $1,050.00

5. If over $100.00 cumulative, please provide:

Occupation Software Engineer Employer Wolverine Trading Technologies

Business Address 175 W Jackson Blvd Chicago, IL 60604-2615

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/20/2023

Name & Address

Thompson, Eric
1734 Fair St
Ann Arbor, MI 48103-4150

$50.00 | $1,100.00

5. If over $100.00 cumulative, please provide:

Occupation Software Engineer Employer Wolverine Trading Technologies

Business Address 175 W Jackson Blvd Chicago, IL 60604-2615

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$1,200.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Timmons, Bruce
2147 Tamarack Dr
Okemos, MI 48864-3911

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/15/2023

$200.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation Retired Employer Retired

Business Address 2147 Tamarack Dr Okemos, MI 48864-3911

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Tito, Douglas
7157 Vicksburg Cir
Shelby Township, MI 48317-4263

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 04/25/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation President Employer Industrial Container Inc.

Business Address 6671 French Rd Detroit, MI 48213-3277

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Turner, James
3935 Barton Rd
Lansing, MI 48917-1607

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/07/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Turner-Bailey, Renee
4534 Strandwyck Rd
West Bloomfield, MI 48322-2232

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/16/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$850.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Van Campen, Erin
1457 18th St
Detroit, MI 48216-1767

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/03/2023

$200.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation Public defender Employer State of Michigan

Business Address 3031 W Grand Blvd Ste 450 Detroit, MI 48202-3026

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
VanAndel, Mark
639 Pingree St
Detroit, MI 48202-2023

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 04/25/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
VanderVeen, Katie
3016 Zuni St
Apt 7
Denver, CO 80211-3396

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/26/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
VanDeusen, Adam
1313 S Palmer Ave
Bloomington, IN 47401-5957

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/07/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Professor Employer Indiana University

Business Address 107 S Indiana Ave Bloomington, IN 47405-7000

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$575.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Vinyard, Megan
1540 Oakcrest Dr
Troy, MI 48083-5336

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/15/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Voigt, Kelly
25224 Carollton Dr
Farmington Hills, MI 48335-1307

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/15/2023

$20.00 | $20.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Wagner, Robin
1120 W Liberty St
Ann Arbor, MI 48103-4330

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/12/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Walrad, Veronica
823 Westmoreland Ave
Lansing, MI 48915-2024

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/06/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$270.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Walters, Daniela
33932 Glouster Cir
Farmington Hills, MI 48331-1512

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 06/02/2023

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Weingarden, Lora
32941 Southgate St
Livonia, MI 48152-3227

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/04/2023

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
Westfall, Kathleen
23849 Lyon Ridge Dr
South Lyon, MI 48178-8228

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/26/2023

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Wilds, Tim
12500 E 13 Mile Rd
Warren, MI 48093-5011

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/10/2023

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$400.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Williams, Tonya K
4755 Sherwood Cir
Canton, MI 48188-2244

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Wilmoth, Erin
18525 Filmore St
Livonia, MI 48152-3020

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/17/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Wilson, Alec
1512 Edgewood Dr
Royal Oak, MI 48067-1276

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/22/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:
Occupation Urologist Employer Michigan Institute of Urology
Business Address 20952 E 12 Mile Rd Ste 200 Saint Clair Shores, MI 48081-3203
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Winters, Ann
5223 Bryce Ct
Sterling Heights, MI 48310-6703

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/14/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$750.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

Name & Address

Winters, Kori
28092 Universal Dr
Warren, MI 48092-2430

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/13/2023

Name & Address

Winters, William
1085 Waddington St
Bloomfield, MI 48301-2354

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 05/01/2023

Name & Address

Young, Diane
13250 Irvington Dr
Warren, MI 48088-4761

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/07/2023

Name & Address

Young, Diane
13250 Irvington Dr
Warren, MI 48088-4761

$50.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$300.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Young, Elizabeth
7677 W Parkway St
Detroit, MI 48239-1069

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/06/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Youngblood, Chastity
25432 Southwick
Redford, MI 48240-1336

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/06/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Zaret, David
5935 STARK STRASSE St
Ann Arbor, MI 48105

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/19/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:
Occupation Software Employer Symphono LLC
Business Address 5395 Stark Strasse Ann Arbor, MI 48105-9801
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Zelenak, Sarah
18951 Sunset St
Livonia, MI 48152-3361

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/20/2023

$10.00 | $10.00

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 (Complete on last page of Schedule)	$65,059.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)

PAC Receipt? ☐ YES

Name & Address

Hines, Christina L
4817 La Chene Dr
Warren, MI 48092-4937

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

Washtenaw County Prosecutor's
200 N Main St
Fl 3
Ann Arbor, MI 48104-1413

☐ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $116.15 — $116.15
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Verizon Smartphone

5. DATE OF RECEIPT: 07/03/2023

6. VENDOR NAME & ADDRESS:

PAC Receipt? ☐ YES

Name & Address

Kitaba-Gaviglio, Bonsitu
1521 Miller Ave
Ann Arbor, MI 48103-2545

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

ACLU of Michigan
2966 Woodward Ave
Detroit, MI 48201-3035

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $307.68 — $437.68
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Costco food/drinks for 7-19

5. DATE OF RECEIPT: 07/12/2023

6. VENDOR NAME & ADDRESS:

PAC Receipt? ☐ YES

Name & Address

Kohl, Rachael
3772 Palisades Blvd
Ypsilanti, MI 48197-7501

If over $100.00 cumulative, please provide:

Occupation Lawywr

Employer Name and Address

Wayne state
471 W Palmer St
Detroit, MI 48202-3986

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $4.38 — $804.38
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Ice for 7-19 fundraiser

5. DATE OF RECEIPT: 07/19/2023

6. VENDOR NAME & ADDRESS:

Page Subtotal	$428.21
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$3,719.09

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)

PAC Receipt? ☐YES

Name & Address

Nelson, Sofia
14652 Grandmont Ave
Detroit, MI 48227-1429

If over $100.00 cumulative, please provide:

Occupation lawyer

Employer Name and Address

Neighborhood Defender Service
1333 Brewery Park Blvd
Ste 350
Detroit, MI 48207-4550

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $135.33 — $385.33
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Rivertown Market food for T/c fundraiser

5. DATE OF RECEIPT: 07/06/2023

6. VENDOR NAME & ADDRESS:

PAC Receipt? ☐YES

Name & Address

Prentiss, Mark
37824 Jefferson Ave
Harrison Twp, MI 48045-2698

If over $100.00 cumulative, please provide:

Occupation

Employer Name and Address

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $100.00 — $100.00
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Gather + Grounds rental/food/drinks

5. DATE OF RECEIPT: 07/13/2023

6. VENDOR NAME & ADDRESS:

PAC Receipt? ☐YES

Name & Address

Sholander, Lynn
23705 Lawrence Ave
Dearborn, MI 48128-1265

If over $100.00 cumulative, please provide:

Occupation Law Professor

Employer Name and Address

Wayne State University Law Sch
471 W Palmer St
Detroit, MI 48202-3986

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $55.55 — $230.55
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Costco supplies for 7-19 event

5. DATE OF RECEIPT: 07/19/2023

6. VENDOR NAME & ADDRESS:

Page Subtotal	$290.88
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$3,719.09

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
PAC Receipt? ☐ YES Name & Address Valiant Films, LLC 4817 La Chene Dr Warren, MI 48092-4937 **If over $100.00 cumulative, please provide:** Occupation Employer Name and Address ☐ Fund Raiser Contribution	4. ☐ Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☑ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description Campaign video **5. DATE OF RECEIPT:** 05/03/2023 **6. VENDOR NAME & ADDRESS:**	$3,000.00	$3,000.00

Page Subtotal	$3,000.00
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$3,719.09

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/27/2023 Date	$33.02
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/28/2023 Date	$4.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2023 Date	$4.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/03/2023 Date	$12.75
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/04/2023 Date	$0.38

Subtotal this page	$55.15
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/08/2023 Date	$1.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/10/2023 Date	$6.00
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/12/2023 Date	$9.00
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/17/2023 Date	$49.47
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/18/2023 Date	$0.38

Subtotal this page	$66.35
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/19/2023 Date	$10.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2023 Date	$1.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/24/2023 Date	$13.13
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/25/2023 Date	$0.18
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/30/2023 Date	$7.50

Subtotal this page	$32.81
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2023 Date	$4.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2023 Date	$12.00
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/02/2023 Date	$3.75
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/05/2023 Date	$6.00
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/06/2023 Date	$6.75

Subtotal this page	$33.00
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/07/2023 Date	$11.63
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/08/2023 Date	$3.00
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2023 Date	$16.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/15/2023 Date	$3.76
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/16/2023 Date	$1.50

Subtotal this page	$36.39
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2023 Date	$21.00
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2023 Date	$1.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contributions ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/23/2023 Date	$1.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2023 Date	$0.30
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2023 Date	$0.56

Subtotal this page	$24.86
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/28/2023 Date	$12.00
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2023 Date	$30.00
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2023 Date	$6.75
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/06/2023 Date	$21.98
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/07/2023 Date	$54.16

Subtotal this page	$124.89
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2023 Date	$48.77
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2023 Date	$14.25
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/12/2023 Date	$29.78
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/13/2023 Date	$5.25
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/14/2023 Date	$2.25

Subtotal this page	$100.30
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2023 Date	$2.78
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2023 Date	$2.55
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2023 Date	$42.54
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	$23.18
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	$28.50

Subtotal this page	$99.55
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	$42.46
Name Against the Grain Bookkeeping LLC Address 857 Clifford Ave SE Grand Rapids, MI 49546-2357 ☐ Fund Raiser	Purpose: Bookkeeping/Compliance ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2023 Date	$750.00
Name Allied Union Services Address 240 N Fenway Dr Fenton, MI 48430-2699 ☐ Fund Raiser	Purpose: Mailing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/08/2023 Date	$950.97
Name Allied Union Services Address 240 N Fenway Dr Fenton, MI 48430-2699 ☐ Fund Raiser	Purpose: Mailing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/11/2023 Date	$151.08
Name Allied Union Services Address 240 N Fenway Dr Fenton, MI 48430-2699 ☐ Fund Raiser	Purpose: Thank you cards ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2023 Date	$142.29

Subtotal this page	$2,036.80
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Armstrong, J'Vion Address 19027 Elsmere Ave Eastpointe, MI 48021-2016 ☐ Fund Raiser	Purpose: Campaign photos ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2023 Date	$160.00
Name Baccouche, Yasine Address 4190 Lake Forest Dr W Ann Arbor, MI 48108-8923 ☐ Fund Raiser	Purpose: Fundraising ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/16/2023 Date	$462.00
Name Baccouche, Yasine Address 4190 Lake Forest Dr W Ann Arbor, MI 48108-8923 ☐ Fund Raiser	Purpose: Fundraising ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2023 Date	$630.00
Name Blue Path Solutions LLC Address 439 3rd St Apt 10 Ann Arbor, MI 48103-4968 ☐ Fund Raiser	Purpose: Website content & design ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/24/2023 Date	$1,750.00
Name Blue Path Solutions LLC Address 439 3rd St Apt 10 Ann Arbor, MI 48103-4968 ☐ Fund Raiser	Purpose: Consulting ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2023 Date	$1,500.00

Subtotal this page	$4,502.00
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Blue Path Solutions LLC Address 439 3rd St Apt 10 Ann Arbor, MI 48103-4968 ☐ Fund Raiser	Purpose: Palm card design ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/02/2023 Date	$300.00
Name Blue Path Solutions LLC Address 439 3rd St Apt 10 Ann Arbor, MI 48103-4968 ☐ Fund Raiser	Purpose: Consulting ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/13/2023 Date	$1,500.00
Name Campaign Verify Inc. Address PO Box 3554 Washington, DC 20027-0054 ☐ Fund Raiser	Purpose: 10DLC vertification for texting ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/13/2023 Date	$95.00
Name NGP VAN Address 655 15th St NW Ste 650 Washington, DC 20005-5738 ☐ Fund Raiser	Purpose: Monthly fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/02/2023 Date	$150.00
Name NGP VAN Address 655 15th St NW Ste 650 Washington, DC 20005-5738 ☐ Fund Raiser	Purpose: Monthly Fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2023 Date	$150.00

Subtotal this page	$2,195.00
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name NGP VAN Address 655 15th St NW Ste 650 Washington, DC 20005-5738 ☐ Fund Raiser	Purpose: Monthly Fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/13/2023 Date	$150.00
Name Pochotko, Michael Address 26595 Collingwood St Roseville, MI 48066-3571 ☐ Fund Raiser	Purpose: Editing of campaign video ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2023 Date	$600.00
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/27/2023 Date	$50.93
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/28/2023 Date	$7.29
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2023 Date	$7.06

Subtotal this page	$815.28
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/03/2023 Date	$19.62
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/04/2023 Date	$0.78
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/08/2023 Date	$2.43
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/10/2023 Date	$9.49
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/12/2023 Date	$13.66

Subtotal this page	$45.98
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/17/2023 Date	$80.77
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/18/2023 Date	$0.78
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/19/2023 Date	$16.55
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2023 Date	$2.43
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/24/2023 Date	$20.63

Subtotal this page	$121.16
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/25/2023 Date	$0.49
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/30/2023 Date	$11.23
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2023 Date	$7.29
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2023 Date	$18.52
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/02/2023 Date	$5.73

Subtotal this page	$43.26
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/05/2023 Date	$9.49
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/06/2023 Date	$10.59
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/07/2023 Date	$18.66
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/08/2023 Date	$4.63
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2023 Date	$25.35

Subtotal this page	$68.72
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/15/2023 Date	$6.42
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/16/2023 Date	$2.43
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2023 Date	$31.49
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2023 Date	$2.43
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/23/2023 Date	$2.43

Subtotal this page	$45.20
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2023 Date	$0.90
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2023 Date	$1.27
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/28/2023 Date	$18.29
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2023 Date	$44.23
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2023 Date	$10.36

Subtotal this page	$75.05
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/06/2023 Date	$34.07
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/07/2023 Date	$83.10
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2023 Date	$76.10
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2023 Date	$23.20
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/12/2023 Date	$46.43

Subtotal this page	$262.90
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/13/2023 Date	$8.16
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/14/2023 Date	$3.76
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2023 Date	$4.99
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2023 Date	$4.43
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2023 Date	$68.58

Subtotal this page	$89.92
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	$35.83
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	$44.56
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	$68.24
Name The Original Print Shoppe Address 270 S Telegraph Rd Pontiac, MI 48341-1979 ☐ Fund Raiser	Purpose: T-shirts ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/12/2023 Date	$929.78
Name United States Postal Service Address 28401 Mound Rd Warren, MI 48090-9901 ☐ Fund Raiser	Purpose: Postage/stamps ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2023 Date	$108.20

Subtotal this page	$1,186.61
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$12,061.18

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (if any) of the place where the activity was held
07/06/2023	25	7/6/23 Fundraiser Ev	14652 Grandmont Ave Detroit, MI 48227-1429 ☑ Private Residence

7. Total Contributions	$6,025.00
8. Other Receipts	$0.00
9. Gross Receipts (Add lines 7 and 8)	$6,025.00
10. Total Cost of Event	$135.33

*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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (if any) of the place where the activity was held
07/15/2023	24	7/15/23 Fundraiser E	25709 Van Dyke Ave Center Line, MI 48015-1841 ☐ Private Residence

7. Total Contributions	$1,595.00
8. Other Receipts	$0.00
9. Gross Receipts (Add lines 7 and 8)	$1,595.00
10. Total Cost of Event	$100.00

*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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (if any) of the place where the activity was held
07/19/2023	21	7/19/23 Fundraiser E	1521 Miller Ave Ann Arbor, MI 48103-2545 ☑ Private Residence

7. Total Contributions	$7,485.00
8. Other Receipts	$0.00
9. Gross Receipts (Add lines 7 and 8)	$7,485.00
10. Total Cost of Event	$367.61

*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.

FILED 2023 AUG 8 AM 8:57
MACOMB COUNTY CLERK

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

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

FOR OFFICIAL USE ONLY

3. This Statement covers From: 04/21/2023 (Mo Day Year) To: 07/20/2023 (Mo Day Year)

1. Committee I.D. Number: 140291

2. Committee Name: Committee to Elect Christina Hines

4. Candidate Last Name: Hines | First Name: Christina | M.I.: B

4a. Office Sought including District # or Community Served (If applicable): Other - Macomb County

4b. County of Residence: Macomb

5. Committee's Mailing Address:
PO 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:
Kyle Johnson
4829 La Chene Dr.
Warren, MI 48092

Area Code & Phone: (317) 416-8316

7. Treasurer's Business Address:
4829 La Chene Dr.
Warren, MI 48092

Area Code and Phone:

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)
Tara M West
857 Clifford Ave. SE
Grand Rapids, MI 49546

Area Code & Phone: (616) 915-8438

9. TYPE OF STATEMENT

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

Pre-Election or Post Election Statement relates to:

- ☐ Primary
- ☐ Special
- ☐ Convention
- ☐ General
- ☐ 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 (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 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: Tara West (Type or Print Name) — Tara West (Signature) — Date: 08/07/2023

Candidate: Christina Hines (Type or Print Name) — Christina Hines (Signature) — Date: 08/07/2023

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)

PAC Receipt? ☐YES

Name & Address

Hines, Christina L
4817 La Chene Dr
Warren, MI 48092-4937

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

Washtenaw County Prosecutor's
200 N Main St
Fl 3
Ann Arbor, MI 48104-1413

☐ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $116.15 — $116.15
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Verizon Smartphone

5. DATE OF RECEIPT: 07/03/2023

6. VENDOR NAME & ADDRESS:

Verizon Wireless
1095 Avenue Of The Americas
New York, NY 10036-6797

PAC Receipt? ☐YES

Name & Address

Kitaba-Gaviglio, Bonsitu
1521 Miller Ave
Ann Arbor, MI 48103-2545

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

ACLU of Michigan
2966 Woodward Ave
Detroit, MI 48201-3035

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $307.68 — $437.68
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Costco food/drinks for 7-19

5. DATE OF RECEIPT: 07/12/2023

6. VENDOR NAME & ADDRESS:

Costco
771 Airport Blvd
Ann Arbor, MI 48108-1639

PAC Receipt? ☐YES

Name & Address

Kohl, Rachael
3772 Palisades Blvd
Ypsilanti, MI 48197-7501

If over $100.00 cumulative, please provide:

Occupation Lawywr

Employer Name and Address

Wayne state
471 W Palmer St
Detroit, MI 48202-3986

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $4.38 — $804.38
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Ice for 7-19 fundraiser

5. DATE OF RECEIPT: 07/19/2023

6. VENDOR NAME & ADDRESS:

Speedway
1300 N Maple Rd
Ann Arbor, MI 48103-2408

Page Subtotal	$428.21
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$3,719.09

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)

PAC Receipt? ☐YES

Name & Address

Nelson, Sofia
14652 Grandmont Ave
Detroit, MI 48227-1429

If over $100.00 cumulative, please provide:

Occupation lawyer

Employer Name and Address

Neighborhood Defender Service
1333 Brewery Park Blvd
Ste 350
Detroit, MI 48207-4550

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $135.33 — $385.33
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Rivertown Market food for 7/6 fundraiser

5. DATE OF RECEIPT: 07/06/2023

6. VENDOR NAME & ADDRESS:

Rivertown Market
1475 E Jefferson Ave
Detroit, MI 48207-3156

PAC Receipt? ☐YES

Name & Address

Prentiss, Mark
37824 Jefferson Ave
Harrison Twp, MI 48045-2698

If over $100.00 cumulative, please provide:

Occupation

Employer Name and Address

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $100.00 — $100.00
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Gather + Grounds party food/drinks

5. DATE OF RECEIPT: 07/15/2023

6. VENDOR NAME & ADDRESS:

Gather + Grounds
25709 Van Dyke Ave
Center Line, MI 48015-1841

PAC Receipt? ☐YES

Name & Address

Sholander, Lynn
23705 Lawrence Ave
Dearborn, MI 48128-1265

If over $100.00 cumulative, please provide:

Occupation Law Professor

Employer Name and Address

Wayne State University Law Sch
471 W Palmer St
Detroit, MI 48202-3986

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $55.55 — $230.55
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Costco supplies for 7-19 event

5. DATE OF RECEIPT: 07/19/2023

6. VENDOR NAME & ADDRESS:

Costco
771 Airport Blvd
Ann Arbor, MI 48108-1639

Page Subtotal	$290.88
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$3,719.09

Enter this total on line 6 of Summary Page

FILED 2023 OCT 25 PM 12:29
MACOMB COUNTY CLERK

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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: 07/21/2023 (Mo Day Year) To: 10/23/2023 (Mo Day Year)

1. Committee I.D. Number: 140391

2. Committee Name: Committee to Elect Christina Hines

4. Candidate Last Name: Hines | First Name: Christina | M.I.: E

4a. Office Sought including District # or Community Served (if applicable): Other - Macomb County

4b. County of Residence: Macomb

5. Committee's Mailing Address:
PO Box 1251
Warren, MI 48090

Area Code and Phone:

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:
Kyle Johnson
4809 La Chene Dr.
Warren, MI 48092

Area Code & Phone: (317) 416-8316

7. Treasurer's Business Address:
4809 La Chene Dr.
Warren, MI 48092

Area Code and Phone:

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)
Tara N West
957 Clifford Ave. SE
Grand Rapids, MI 49546

Area Code & Phone: (616) 915-9438

9. TYPE OF STATEMENT

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

Pre-Election or Post Election Statement relates to:

- ☐ Primary
- ☐ Special
- ☐ Convention
- ☐ General
- ☐ 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 — 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 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: Tara West (Type or Print Name) — Tara West (Signature) — Date: 10/25/2023

Candidate: Christina Hines (Type or Print Name) — Christina Hines (Signature) — Date: 10/25/2023

Authority granted under P.A. 388 of 1976

FILED 2023 OCT 25 PM 12:29
MACOMB COUNTY CLERK

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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: 07/21/2023 (Mo Day Year) To: 10/20/2023 (Mo Day Year)

1. Committee I.D. Number
140291

2. Committee Name
Committee to Elect Christina Hines

4. Candidate Last Name: Hines First Name: Christina M.I.: B

4a. Office Sought including District # or Community Served (If applicable)
Other - Macomb County

4b. County of Residence
Macomb

5. Committee's Mailing Address
PO Box 1251
Warren, MI 48090

Area Code and Phone

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
Kyle Johnson
4829 La Chene Dr.
Warren, MI 48092

Area Code & Phone (317) 416-8316

7. Treasurer's Business Address
4829 La Chene Dr.
Warren, MI 48092

Area Code and Phone

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)
Tara M West
857 Clifford Ave. SE
Grand Rapids, MI 49546

Area Code & Phone (616) 915-8438

9. TYPE OF STATEMENT

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

Pre-Election or Post Election Statement relates to:

- ☐ Primary
- ☐ Special
- ☐ Convention
- ☐ General
- ☐ 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 ____ (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 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: Tara West (Type or Print Name) / (Signature) Date: 10/25/2023

Candidate: Christina Hines (Type or Print Name) / (Signature) Date: 10/25/2023

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

SUMMARY PAGE
CANDIDATE COMMITTEE

RECEIPTS		Column I This Period		Column II Cumulative for this Election cycle
3. Contributions				
a. Itemized (Schedule 1A - Column 6)	(3a.)	$16,830.00		
b. Unitemized (less than $20.01 each - no Schedule)	(3b.)	NOT APPLICABLE		
c. Subtotal of "Contributions"	(3c.)	$16,830.00	(18.)	$81,889.00
4. Other Receipts (Schedule 1A-1, Column 6)	(4.)	$0.00	(19.)	$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.)	$16,830.00	(20.)	$81,889.00
IN-KIND CONTRIBUTIONS & EXPENDITURES				
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.)	$2,466.42	(21.)	$6,185.51
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.)	$0.00	(22.)	$0.00
EXPENDITURES				
8. Expenditures				
a. Itemized (Schedule 1B, Column 6)	(8a.)	$6,909.52		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.)	$0.00		
c. Unitemized (less than $50.01 each - no Schedule)	(8c.)	$25.42		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.)	$6,934.94	(23.)	$19,041.18
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)				
10. Disbursements				
a. Itemized (Schedule 1C, Column 6)	(10a.)	$0.00		
b. Unitemized (less than $50.01 each - no Schedule)	(10b.)	$0.00		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.)	$0.00	(24.)	$0.00
DEBTS AND OBLIGATIONS				
12. Debts and Obligations				
a. Owed by the Committee (Schedule 1E)	(12a.)	$0.00		
b. Owed to the Committee (Schedule 1E)	(12b.)	$0.00		

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.)	$52,952.76
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	$16,830.00
15. SUBTOTAL Add lines 13 and 14	(15.) =	$69,782.76
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) -	$6,934.94
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)	$62,847.82 *

***If your ending balance is negative, please recheck your math.**

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Abraham, Laurel
1108 Lakeside Dr SE
East Grand Rapids, MI 49506-3543

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/22/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Ahr, Ashley
5613 Water Rose Rd
Winter Garden, FL 34787-6427

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/02/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Al-khersan, Farah
2340 E Stadium Blvd
Ste 5
Ann Arbor, MI 48104-4823

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer Farah Al-khersan
Business Address 2340 E Stadium Blvd Ste 5 Ann Arbor, MI 48104-4823
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Allan, Valerie
1321 W Cucharras St
Colorado Springs, CO 80904-4030

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$750.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Archie, Brooke
5833 Fineway Ct
West Bloomfield, MI 48322-1384

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/16/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Law Office of Brooke Lauren

Business Address 5833 Fineway Ct West Bloomfield, MI 48322-1384

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Auten, Ashley
4998 Southlawn Dr
Sterling Heights, MI 48310-6555

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/26/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Aylesworth, Kenrick
5789 Meadowview St
Ypsilanti, MI 48197-7176

PAC Receipt? ☐YES 4. DATE OF RECEIPT 08/04/2023

$50.00 | $150.00

5. If over $100.00 cumulative, please provide:

Occupation Engineer Employer STMicroelectronics

Business Address 19111 Victor Pkwy Livonia, MI 48152-7037

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Aylesworth, Kenrick
5789 Meadowview St
Ypsilanti, MI 48197-7176

PAC Receipt? ☐YES 4. DATE OF RECEIPT 09/04/2023

$50.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation Engineer Employer STMicroelectronics

Business Address 19111 Victor Pkwy Livonia, MI 48152-7037

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$700.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Aylesworth, Kenrick
5789 Meadowview St
Ypsilanti, MI 48197-7176

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/04/2023

$50.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Engineer Employer STMicroelectronics

Business Address 19111 Victor Pkwy Livonia, MI 48152-7037

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Berdy, Leah
32252 Hawthorne Dr
Warren, MI 48092-1012

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/20/2023

$50.00 | $150.00

5. If over $100.00 cumulative, please provide:

Occupation Instructor Employer OPC

Business Address 32252 Hawthorne Dr Warren, MI 48092-1012

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Bertrand, Dan
3722 Harmony Hills Dr
Oxford, MI 48370-2502

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/19/2023

$500.00 | $1,000.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 3722 Harmony Hills Dr Oxford, MI 48370-2502

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Beson, Kate
23241 Sherman St
Oak Park, MI 48237-2337

PAC Receipt? ☐YES 4. DATE OF RECEIPT 08/07/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$700.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Bolyea, Fatima
14673 Blossom Dr
Washington, MI 48094-3246

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/20/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Bronson, Alex
34 Queen St
Mount Clemens, MI 48043-2336

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/31/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:
Occupation Entrepreneur Employer Blackout Construction
Business Address 34 Queen St Mount Clemens, MI 48043-2336
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
brostein, harvey
22490 Hallcroft Trl
Southfield, MI 48034-5498

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/08/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Brown, Opolla
2096 Hyde Park Rd
Detroit, MI 48207-4999

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/01/2023

$200.00 | $300.00

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer Wayne County
Business Address 1441 Saint Antoine St Detroit, MI 48226-2311
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$900.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Burton-Harris, Victoria
1848 Harley Dr
Ann Arbor, MI 48103-8975

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/14/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

---

3. Name & Address
Cag, Diane
348 Brook Dr
Romeo, MI 48065-5017

PAC Receipt? ☐YES 4. DATE OF RECEIPT 09/21/2023

$30.00 | $30.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Calabrese, Emily
4247 Mankato Ave
Royal Oak, MI 48073-1625

PAC Receipt? ☐YES 4. DATE OF RECEIPT 09/14/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Lakeshore Legal Aid

Business Address 30500 Van Dyke Ave Warren, MI 48093-2195

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

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3. Name & Address
Cantalupo, Nancy
870 Lothrop Rd
Detroit, MI 48202-2736

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/26/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation Law professor Employer Wayne State University

Business Address 471 W Palmer St Detroit, MI 48202-3986

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$830.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Carwile, Kayleigh
29377 Dover Ave
Warren, MI 48088-3676

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Chapp, George
4753 Stilwell Dr
Warren, MI 48092-2306

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/20/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Chelian, Renee
35000 Ford Rd
Ste 3
Westland, MI 48185-3719

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/28/2023

$300.00 | $300.00

5. If over $100.00 cumulative, please provide:
Occupation CEO Employer Northland Family Planning Clin
Business Address 35000 Ford Rd Ste 3 Westland, MI 48185-3719
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
DameronHines, Ann
201 Oak Park St
Apt 1602
Summerville, SC 29486-8328

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$375.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Damico, Jennifer
1044 Stratford Ln
Bloomfield Hills, MI 48304-2930

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/17/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
DeBiasi, Jalese
3642 Sancroft Ave
West Bloomfield, MI 48324-2655

PAC Receipt? ☐YES 4. DATE OF RECEIPT 08/11/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Decker, Wade
3628 Pratt Rd
Metamora, MI 48455-9713

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/19/2023

$50.00 | $150.00

5. If over $100.00 cumulative, please provide:
Occupation Finance Employer FPCU
Business Address G3381 Van Slyke Rd Flint, MI 48507-3263
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
DeCoopman, Janet
3554 N Prospect Ave
Apt 3
Shorewood, WI 53211-2626

PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/23/2023

$12.00 | $36.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$262.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
DeCoopman, Janet
3554 N Prospect Ave
Apt 3
Shorewood, WI 53211-2626

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/23/2023

$12.00 | $48.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
DeCoopman, Janet
3554 N Prospect Ave
Apt 3
Shorewood, WI 53211-2626

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/23/2023

$12.00 | $60.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
DeMonaco, Cardi
23225 Oakwood Ave
Eastpointe, MI 48021-3525

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/06/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Devecsery, Karen
14772 Ll Rd
Wetmore, MI 49895-9534

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/22/2023

$10.00 | $120.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 14772 Ll Rd Wetmore, MI 49895-9534

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$134.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 08/22/2023

Name & Address

Devecsery, Karen
14772 Ll Rd
Wetmore, MI 49895-9534

$10.00 | $130.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 14772 Ll Rd Wetmore, MI 49895-9534

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 09/22/2023

Name & Address

Devecsery, Karen
14772 Ll Rd
Wetmore, MI 49895-9534

$10.00 | $140.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 14772 Ll Rd Wetmore, MI 49895-9534

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/18/2023

Name & Address

Devecsery, Karen
14772 Ll Rd
Wetmore, MI 49895-9534

$25.00 | $165.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 14772 Ll Rd Wetmore, MI 49895-9534

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/16/2023

Name & Address

Dewoskin, Judith M
2 Londonderry Cir
Ann Arbor, MI 48104-4050

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$145.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
DeYoung, Sarah
1424 Bedford Rd
Grosse Pointe Park, MI 48230-1120

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/19/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Diebolt, Alysa
23225 Oakwood Ave
Eastpointe, MI 48021-3525

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/18/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Artist Employer Self Employed

Business Address 23225 Oakwood Ave Eastpointe, MI 48021-3525

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. Name & Address
Diehl, Nancy
1300 E Lafayette St
Apt 1206
Detroit, MI 48207-2921

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/10/2023

$150.00 | $150.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 1300 E Lafayette St Apt 1206 Detroit, MI 48207-2921

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

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3. Name & Address
Diehl, Nancy
1300 E Lafayette St
Apt 1206
Detroit, MI 48207-2921

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/11/2023

$100.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 1300 E Lafayette St Apt 1206 Detroit, MI 48207-2921

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

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Page Subtotal	$600.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Diehl, Nancy
1300 E Lafayette St
Apt 1206
Detroit, MI 48207-2921

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/20/2023

$100.00 | $350.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 1300 E Lafayette St Apt 1206 Detroit, MI 48207-2921

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
DISCHLER, Cheryl
46800 Partridge Creek Dr
Macomb, MI 48044-3258

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/04/2023

$50.00 | $50.00

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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3. Name & Address
Dougherty, Jason
1439 Beaconsfield Ave
Grosse Pointe Park, MI 48230-1169

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/18/2023

$50.00 | $50.00

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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3. Name & Address
Echols, Bobby
20600 Bradford Ct
Southfield, MI 48076-3169

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/01/2023

$75.00 | $75.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$275.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Echols, Terracina
30168 Fairfield Dr
Chesterfield, MI 48051-1798

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/27/2023

$75.00 | $75.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer AAA

Business Address 1 Auto Club Dr Dearborn, MI 48126-4213

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Name & Address
Engelhardt, Chad
3622 Pratt Rd
Ann Arbor, MI 48103-1429

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/20/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Civil Justice Attorney Employer GOETHEL Engelhardt PLLC

Business Address 3622 Pratt Rd Ann Arbor, MI 48103-1429

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Etheridge, George
13524 Riverview St
Detroit, MI 48223-3024

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/27/2023

$100.00 | $100.00

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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3. Name & Address
Farrah, Mark
3341 Country Village Ln
Trenton, MI 48183-1700

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/27/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Detective Employer Washtenaw County

Business Address 200 N Main St Ann Arbor, MI 48104-1413

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$675.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Feldman, Angelina
291 Pineway Dr
Ann Arbor, MI 48103-2481

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/14/2023

$100.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation Program analyst Employer US EPA

Business Address 291 Pineway Dr Ann Arbor, MI 48103-2481

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Name & Address
Filipovic, Milica
42178 Kyle Dr
Clinton Township, MI 48038-5224

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/20/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Fieger Law

Business Address 19390 W 10 Mile Rd Southfield, MI 48075-2458

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Ford, Cheryl
11184 Irene Ave
Warren, MI 48093-2563

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/20/2023

$10.00 | $10.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Frysinger, Daniel
1150 Fell St
San Francisco, CA 94117-2315

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/26/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$710.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/10/2023

Name & Address

Geck, Barbara
39526 Waldorf Dr
Clinton Township, MI 48038-2885

$100.00 | $300.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 33466 Garfield Rd Fraser, MI 48026-1850

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/08/2023

Name & Address

Grace, Peter
350 N Main St
Unit 604
Royal Oak, MI 48067-4124

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/27/2023

Name & Address

Guirguis, Christina
4081 Bacon Ave
Berkley, MI 48072-1105

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/02/2023

Name & Address

Haidar, Rhonda
5003 Caraway Dr
Sterling Heights, MI 48314-4125

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$350.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/19/2023

Name & Address

Halili-Jones, Londisa
30943 Lorraine Ave
Warren, MI 48093-8014

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/19/2023

Name & Address

Hammoud, Ali
800 N Elizabeth St
Dearborn, MI 48128-1707

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

---

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/06/2023

Name & Address

Hanson, Karen
579 Michigan Ave
Marysville, MI 48040-1111

$200.00 | $300.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 579 Michigan Ave Marysville, MI 48040-1111

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

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3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/10/2023

Name & Address

Hardy, Amaad
1530 Madison Ave SE
Grand Rapids, MI 49507-1715

$25.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$425.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Hartman, Debra
1227 Green Ridge Rd
Rochester Hills, MI 48309-2922

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/15/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Harvey, Kathryn
36676 Poplar Dr
New Baltimore, MI 48047-5572

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Heaphy, William
433 Mckinley Ave
Grosse Pointe Farms, MI 48236-3241

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/05/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer Wayne County
Business Address 433 Mckinley Ave Grosse Pointe Farms, MI 48236-3241
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Hedman, Pam
541 Peachtree Ln
Grosse Pointe Woods, MI 48236-2716

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/27/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:
Occupation Research Employer Self
Business Address 541 Peachtree Ln Grosse Pointe Woods, MI 48236-2716
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$625.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Hicks, Danielle
8130 Meadow Ave
Warren, MI 48089-2969

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/18/2023

$15.00 | $15.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Higgins, George
18331 Breezeway
Fraser, MI 48026-2468

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$35.00 | $35.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Higgins, Kevin
28045 Mavis Dr
Warren, MI 48088-4741

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/11/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Hines, Daniel S
405 Butternut St NW
Washington, DC 20012-1925

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/14/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:
Occupation Dentist Employer Daniel Hines
Business Address 405 Butternut St NW Washington, DC 20012-1925
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$400.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Hines, Daniel S
405 Butternut St NW
Washington, DC 20012-1925

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/27/2023

$250.00 | $750.00

5. If over $100.00 cumulative, please provide:

Occupation Dentist Employer Daniel Hines

Business Address 405 Butternut St NW Washington, DC 20012-1925

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Hines, Daniel S
405 Butternut St NW
Washington, DC 20012-1925

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/27/2023

$250.00 | $750.00

5. If over $100.00 cumulative, please provide:

Occupation Dentist Employer Daniel Hines

Business Address 405 Butternut St NW Washington, DC 20012-1925

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Hines, Daniel S
405 Butternut St NW
Washington, DC 20012-1925

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$25.00 | $775.00

5. If over $100.00 cumulative, please provide:

Occupation Dentist Employer Daniel Hines

Business Address 405 Butternut St NW Washington, DC 20012-1925

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Hines, Jameal
661 Mattison Ave
Sumter, SC 29150-3757

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/11/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$575.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Hines, Michael
170 Hopkins Ave
Apt 6
Jersey City, NJ 07306-2522

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/19/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Hines, Morgan
12030 Chase Crossing Cir
Apt 301
North Bethesda, MD 20852-4762

PAC Receipt? ☐YES 4. DATE OF RECEIPT 08/04/2023

$15.00 | $15.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Hogan, Erica A
20918 Corey Dr
Macomb, MI 48044-2114

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/10/2023

$30.00 | $55.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Horowitz, Jaimie
26419 York Rd
Huntington Woods, MI 48070-1357

PAC Receipt? ☐YES 4. DATE OF RECEIPT 08/07/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$195.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/10/2023

Name & Address

I Quiroz, Ana
41272 Coventry Rd
Novi, MI 48375-5217

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/27/2023

Name & Address

Jabari, Olu
8705 Texas Ct
Warren, MI 48093-6761

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/27/2023

Name & Address

Jabaris Martial Arts Academy LLC
37455 Stone Way
Lenox, MI 48048-3141

$0.00 | $0.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/02/2023

Name & Address

Jennings, Brian
4924 Kelsch Ln
Unit 1
Cincinnati, OH 45227-1407

$15.00 | $30.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$115.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/02/2023

Jennings, Brian
4924 Kelsch Ln
Unit 1
Cincinnati, OH 45227-1407

$15.00 | $45.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/02/2023

Jennings, Brian
4924 Kelsch Ln
Unit 1
Cincinnati, OH 45227-1407

$15.00 | $60.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/18/2023

Jewell, Linda
3576 Furgerson St
Melvindale, MI 48122-1109

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/07/2023

Jimenez, Roberto
40 Eleanor St
Chelsea, MA 02150-3027

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$105.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Johnson, Taylor
4829 La Chene Dr
Warren, MI 48092-4937

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/15/2023

$100.00 | $150.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 4829 La Chene Dr Warren, MI 48092-4937

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
Jonna, Vincent
5338 Textile Rd
Ypsilanti, MI 48197-9209

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/14/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Name & Address
Kaminski, Margaret
22333 Hanson Ct
Saint Clair Shores, MI 48080-1411

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/08/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Kaplan, Steven
6823 Post Oak Dr
West Bloomfield, MI 48322-3835

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/14/2023

$200.00 | $300.00

5. If over $100.00 cumulative, please provide:

Occupation Township Supervisor Employer West Bloomfield Township

Business Address 4550 Walnut Lake Rd West Bloomfield, MI 48323-2556

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$400.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Karnib, Maryam
55 Stanton Ln
Grosse Pointe Farms, MI 48236-3743

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$50.00 | $580.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Honigman LLp

Business Address 55 Stanton Ln Grosse Pointe Farms, MI 48236-3743

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Kessel, Christopher
3815 Burning Tree Dr
Bloomfield Hills, MI 48302-1518

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/20/2023

$25.00 | $25.00

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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3. Name & Address
Kettler, Molly
32250 Leelane
Farmington, MI 48336-2429

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/24/2023

$50.00 | $50.00

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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3. Name & Address
Keys, Mike
35316 Jamestown Ct
Clinton Township, MI 48035-3147

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$225.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Khuja, Jamil
23115 Murray St
Dearborn, MI 48128-1892

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/01/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer The Khuja Law Firm
Business Address 1360 Porter St Ste 200 Dearborn, MI 48124-2894
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
King, Lawrence
429 Leblanc St
Lincoln Park, MI 48146-4332

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/12/2023

$75.00 | $75.00

5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Kitaba-Gaviglio, Bonsitu
1521 Miller Ave
Ann Arbor, MI 48103-2545

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$25.00 | $962.68

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer ACLU of Michigan
Business Address 2966 Woodward Ave Detroit, MI 48201-3035
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Koch, Linda
30563 Ridgefield Ave
Warren, MI 48088-6843

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/12/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$625.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Kovacj, Merissa
733 Jewell St
Ferndale, MI 48220-2568

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/21/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Kriss, Emma
3107 Otis Ave
Warren, MI 48091-3495

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/06/2023

$25.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Krug, Timothy
43178 Dante Ct
Sterling Hts, MI 48313-2701

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/29/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation Not Employed Employer Not Employed
Business Address 43178 Dante Ct Sterling Hts, MI 48313-2701
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Krug, Timothy
43178 Dante Ct
Sterling Hts, MI 48313-2701

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/06/2023

$100.00 | $200.00

5. If over $100.00 cumulative, please provide:
Occupation Not Employed Employer Not Employed
Business Address 43178 Dante Ct Sterling Hts, MI 48313-2701
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$275.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Kruzel, Kelsey
916 N Trumbull Ave
Chicago, IL 60651-4042

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/20/2023

$5.00 | $30.00

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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3. Name & Address
Kruzel, Kelsey
916 N Trumbull Ave
Chicago, IL 60651-4042

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/20/2023

$5.00 | $35.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Kruzel, Kelsey
916 N Trumbull Ave
Chicago, IL 60651-4042

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/20/2023

$5.00 | $40.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Kumar, Dr.Anil
1556 Bartley Ln
Bloomfield Hills, MI 48304-1002

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Physician Employer Self

Business Address 1556 Bartley Ln Bloomfield Hills, MI 48304-1002

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$265.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/16/2023

Name & Address

Kutinsky, Brian
26480 Normandy Rd
Franklin, MI 48025-1034

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

Name & Address

Langlois, Monica
91 -1169 Hokua St
Ewa Beach, HI 96706-5803

$20.00 | $20.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/13/2023

Name & Address

Lemly, Andrew
2012 Lexington Ct
Fort Collins, CO 80526-1515

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

Name & Address

Lindsey's, The
57353 Covington Dr
Washington, MI 48094-3160

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$145.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Lucido, Sarah
19032 Spindler Ave
Eastpointe, MI 48021-2035

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/20/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Mahome, Talitha
21291 Summerfield Dr
Macomb, MI 48044-2930

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/01/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Mahome, Talitha
21291 Summerfield Dr
Macomb, MI 48044-2930

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/20/2023

$20.00 | $45.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Marutiak, Michael
1131 Vail Ct
Lansing, MI 48917-4000

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/27/2023

$300.00 | $300.00

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer American Correctional Associat
Business Address 206 N Washington St Ste 200 Alexandria, VA 22314-2528
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$395.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
McLamore, Charles C II
110 Vinca Dr
Goose Creek, SC 29445-7752

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/16/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
McMillan, Ann
30073 Lorraine Ave
Warren, MI 48093-2266

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/05/2023

$15.00 | $615.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 30073 Lorraine Ave Warren, MI 48093-2266

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
McMillan, Ann
30073 Lorraine Ave
Warren, MI 48093-2266

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$100.00 | $715.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 30073 Lorraine Ave Warren, MI 48093-2266

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Name & Address
McNeill, Kathleen
22519 California St
Saint Clair Shores, MI 48080-3823

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/29/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$315.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Mellits, Emily
64607 Limerick Ln
Washington, MI 48095-2534

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/18/2023

$7.00 | $7.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Merkle, Amy
2980 S Foxridge Ct
Ann Arbor, MI 48105-9200

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/17/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Moore, Candice
15121 Taylor Blvd
Livonia, MI 48154-3999

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/01/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Mosca, Gabriel
4809 Manitoba Ct NE
Albuquerque, NM 87111-2765

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/05/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$257.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/27/2023

Name & Address

Nercessian, Lara
3867 Yorba Linda Blvd
Royal Oak, MI 48073-6766

$100.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Wayne County Prosecutor's Offi

Business Address 1441 Saint Antoine St Detroit, MI 48226-2311

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

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3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/19/2023

Name & Address

Newman, Dana
1113 Royal Ave
Royal Oak, MI 48073-5708

$50.00 | $50.00

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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3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/16/2023

Name & Address

Nichols, Scott
1452 Marian Ave
Ann Arbor, MI 48103-5728

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

---

3. PAC Receipt? ☐YES 4. DATE OF RECEIPT 07/27/2023

Name & Address

O'Connor, Gabrielle
200 N Main St
Ste 400
Ann Arbor, MI 48104-1413

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑Direct ☐Loan from a person ☑Fund Raiser

Page Subtotal	$300.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
ODonnell, Bradley
6685 Auburn Rd
Utica, MI 48317-5209

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/14/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Parkinson, Eliza
406 Waverley Ave
Royal Oak, MI 48067-1377

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Payne, Frank
2076 Dean Ave
Holt, MI 48842-1315

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/17/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Petroskey, Jack
4041 Dukeshire Hwy
Royal Oak, MI 48073-6435

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/14/2023

$150.00 | $150.00

5. If over $100.00 cumulative, please provide:
Occupation Associate General Counsel Employer FANUC America
Business Address 4041 Dukeshire Hwy Royal Oak, MI 48073-6435
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$350.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Pinch, Rachel
13135 Lincoln Dr
Huntington Woods, MI 48070-1441

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/27/2023

$100.00 | $200.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Rachel Pinch

Business Address 3150 Livernois Rd Ste 135 Troy, MI 48083-5000

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Name & Address
Posner Wedes, Sandra
13103 Nadine Ave
Huntington Woods, MI 48070-1420

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/27/2023

$50.00 | $50.00

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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3. Name & Address
Radtke, Amanda
31129 Stricker Dr
Warren, MI 48088-2079

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$20.00 | $20.00

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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3. Name & Address
Roberts, Cheryl
55714 Shelby Rd
Apt 8306
Shelby Township, MI 48316-1506

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/28/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$270.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Rodriguez, Hector
3200 Huddlestone Dr
Apt 203
Raleigh, NC 27612-3211

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/05/2023

$10.00 | $310.00

5. If over $100.00 cumulative, please provide:

Occupation Biostatistician Employer PPD

Business Address 3200 Huddlestone Dr Apt 203 Raleigh, NC 27612-3211

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Rogensues, Angela
13254 Common Rd
Warren, MI 48088-6802

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation Self Employed Employer Common Road Advisors

Business Address 13254 Common Rd Warren, MI 48088-6802

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Name & Address
Rose, Shelbie
415 L St NW
Apt 445
Washington, DC 20001-2938

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/24/2023

$35.00 | $35.00

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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3. Name & Address
Rutherford, Joel
5683 Storrow Ct
Warren, MI 48092-6338

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$50.00 | $175.00

5. If over $100.00 cumulative, please provide:

Occupation Retired Employer Not Employed

Business Address 5683 Storrow Ct Warren, MI 48092-6338

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$595.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Sand, T K
384 Harrington St
Mount Clemens, MI 48043-2927

PAC Receipt? ☐YES 4. DATE OF RECEIPT 08/16/2023

$10.00 | $10.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Sanders, Brian
5270 Cutty Ln
Warren, MI 48092-6326

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/19/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Schweyen, Michael
263 E Woodland St
Ferndale, MI 48220-3708

PAC Receipt? ☐YES 4. DATE OF RECEIPT 08/08/2023

$125.00 | $125.00

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer State of Michigan
Business Address 3030 W Grand Blvd Detroit, MI 48202-6030
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Scott, Brooke
30 West St
Oxford, MI 48371-4624

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/19/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$210.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Seabrook, Cassidy
14366 Venice Dr
Sterling Heights, MI 48313-4341

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$10.00 | $10.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Sharp, Heidi T
927 Sandhurst Rd
Bloomfield Hills, MI 48302-2153

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/20/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer The Sharp Firm
Business Address 43260 Garfield Rd Ste 280 Clinton Township, MI 48038-7415
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Shepherd, Mark
47425 Napoli Ln
Macomb, MI 48044-2675

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/22/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Shovein, Eric
8814 Seneca St
Oakland, CA 94605-4014

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/21/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$410.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Sinaj, Ardiola
16991 Cristina Ct
Clinton Township, MI 48038-2023

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$50.00 | $825.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer Birach Law PC

Business Address 16991 Cristina Ct Clinton Township, MI 48038-2023

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Smith, Phyllis
28726 Hidden Trl
Farmington Hills, MI 48331-2981

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/05/2023

$25.00 | $25.00

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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3. Name & Address
Somers, Amy
1521 N Maple Ave
Royal Oak, MI 48067-1223

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/13/2023

$150.00 | $150.00

5. If over $100.00 cumulative, please provide:

Occupation Lawyer Employer Wayne County

Business Address 1441 Saint Antoine St Detroit, MI 48226-2311

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Stevenson, Vanstan
5704 Bradley Blvd
Bethesda, MD 20814-1026

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/10/2023

$250.00 | $250.00

5. If over $100.00 cumulative, please provide:

Occupation Not Employed Employer Not Employed

Business Address 5704 Bradley Blvd Bethesda, MD 20814-1026

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$475.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Strunk, Sheila
24106 Meadowbridge Dr
Clinton Township, MI 48035-3008

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/04/2023

$50.00 | $50.00

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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3. Name & Address
Sullivant, Sarah
470 Cola Ballena
Apt F
Alameda, CA 94501-3676

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/05/2023

$7.00 | $307.00

5. If over $100.00 cumulative, please provide:

Occupation Analyst Employer US EPA

Business Address 75 Hawthorne St San Francisco, CA 94105-3920

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Theus, Londale M
1412 Gordon St
Apt 104
Los Angeles, CA 90028-8431

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/16/2023

$10.00 | $10.00

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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3. Name & Address
Thompson, Eric
1734 Fair St
Ann Arbor, MI 48103-4150

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/14/2023

$250.00 | $1,350.00

5. If over $100.00 cumulative, please provide:

Occupation Software Engineer Employer Wolverine Trading Technologies

Business Address 175 W Jackson Blvd Chicago, IL 60604-2615

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$317.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Tirsell, David
292 Jones St
Mount Clemens, MI 48043-1608

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Tloczynski, Nicholas
617 E Michigan Ave
Loft 1
Lansing, MI 48912-1169

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/20/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Trask, James
7430 Old Mill Rd
Bloomfield Hills, MI 48301-3938

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/17/2023

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:
Occupation Not Employed Employer Not Employed
Business Address 7430 Old Mill Rd Bloomfield Hills, MI 48301-3938
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Vulaj, Angela Vulaj
529 Jacob Way
Rochester, MI 48307-2298

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/27/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$675.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Washington, Lauri
20889 Antique Ct
Southfield, MI 48075-3228

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$30.00 | $30.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Wheaton Jr, Donald
25731 San Rosa Dr
Saint Clair Shores, MI 48081-3829

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Name & Address
Winter, Barbara
23051 Tawas Ave
Hazel Park, MI 48030-2719

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Name & Address
Wolfgram, Thomas
22655 Brookdale St
Farmington, MI 48336-4119

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	$205.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributer (Through date of receipt)

3. Name & Address
Woodbeck, Sherry
10052 Cedar Shrs
White Lake, MI 48386-2821

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 08/27/2023

$100.00 | $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Name & Address
Young, Diane
13250 Irvington Dr
Warren, MI 48088-4761

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 10/19/2023

$25.00 | $125.00

5. If over $100.00 cumulative, please provide:

Occupation Financial planner Employer Arrowroot

Business Address 13250 Irvington Dr Warren, MI 48088-4761

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Name & Address
Young, Karen
2 Lake Park Ct
Germantown, MD 20874-5419

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 09/01/2023

$100.00 | $100.00

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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3. Name & Address
Youngblood, Chastity
25432 Southwick
Redford, MI 48240-1336

PAC Receipt? ☐ YES 4. DATE OF RECEIPT 07/27/2023

$50.00 | $75.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal	$275.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
PAC Receipt? ☐ YES Name & Address Christensen Law 25925 Telegraph Rd Ste 200 Southfield, MI 48033-2527 **If over $100.00 cumulative, please provide:** Occupation Employer Name and Address ☐ Fund Raiser Contribution	4. ☐ Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description Annual Awards Gala ticket **5. DATE OF RECEIPT:** 09/22/2023 **6. VENDOR NAME & ADDRESS:**	$250.00	$250.00
PAC Receipt? ☐ YES Name & Address Echols, Terracina 30168 Fairfield Dr Chesterfield, MI 48051-1798 **If over $100.00 cumulative, please provide:** Occupation Attorney Employer Name and Address AAA 1 Auto Club Dr Dearborn, MI 48126-4213 ☑ Fund Raiser Contribution	4. ☐ Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description Ice for 10/1 event **5. DATE OF RECEIPT:** 10/01/2023 **6. VENDOR NAME & ADDRESS:**	$10.58	$508.04
PAC Receipt? ☐ YES Name & Address Echols, Terracina 30168 Fairfield Dr Chesterfield, MI 48051-1798 **If over $100.00 cumulative, please provide:** Occupation Attorney Employer Name and Address AAA 1 Auto Club Dr Dearborn, MI 48126-4213 ☑ Fund Raiser Contribution	4. ☐ Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description Food/drinks for 10/1 event **5. DATE OF RECEIPT:** 10/01/2023 **6. VENDOR NAME & ADDRESS:**	$100.90	$508.04

Page Subtotal	$361.48
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$2,466.42

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
PAC Receipt? ☐ YES Name & Address Echols, Terracina 30168 Fairfield Dr Chesterfield, MI 48051-1798 **If over $100.00 cumulative, please provide:** Occupation Attorney Employer Name and Address AAA 1 Auto Club Dr Dearborn, MI 48126-4213 ☑ Fund Raiser Contribution	4. ☐ Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description Decor/cutlery for 10/1 event **5. DATE OF RECEIPT:** 10/01/2023 **6. VENDOR NAME & ADDRESS:**	$110.56	$508.04
PAC Receipt? ☐ YES Name & Address Echols, Terracina 30168 Fairfield Dr Chesterfield, MI 48051-1798 **If over $100.00 cumulative, please provide:** Occupation Attorney Employer Name and Address AAA 1 Auto Club Dr Dearborn, MI 48126-4213 ☑ Fund Raiser Contribution	4. ☐ Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description Table/chairs rental for 10/1 event **5. DATE OF RECEIPT:** 10/01/2023 **6. VENDOR NAME & ADDRESS:**	$166.00	$508.04
PAC Receipt? ☐ YES Name & Address Echols, Terracina 30168 Fairfield Dr Chesterfield, MI 48051-1798 **If over $100.00 cumulative, please provide:** Occupation Attorney Employer Name and Address AAA 1 Auto Club Dr Dearborn, MI 48126-4213 ☑ Fund Raiser Contribution	4. ☐ Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description Food for 10/1 event **5. DATE OF RECEIPT:** 10/01/2023 **6. VENDOR NAME & ADDRESS:**	$45.00	$508.04

Page Subtotal	$321.56
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$2,466.42

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)

PAC Receipt? ☐ YES

Name & Address

Hines, Christina B
4817 La Chene Dr
Warren, MI 48092-4937

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

Washtenaw County Prosecutor's
200 N Main St
Fl 3
Ann Arbor, MI 48104-1413

☐ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

$65.08 | $181.23

Description Verizon Smartphone

5. DATE OF RECEIPT: 07/30/2023

6. VENDOR NAME & ADDRESS:

Verizon Wireless
1095 Avenue Of The Americas
New York, NY 10036-6797

PAC Receipt? ☐ YES

Name & Address

Hines, Christina B
4817 La Chene Dr
Warren, MI 48092-4937

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

Washtenaw County Prosecutor's
200 N Main St
Fl 3
Ann Arbor, MI 48104-1413

☐ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

$65.08 | $246.31

Description Verizon Smartphone

5. DATE OF RECEIPT: 08/30/2023

6. VENDOR NAME & ADDRESS:

Verizon Wireless
1095 Avenue Of The Americas
New York, NY 10036-6797

PAC Receipt? ☐ YES

Name & Address

Hines, Christina B
4817 La Chene Dr
Warren, MI 48092-4937

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

Washtenaw County Prosecutor's
200 N Main St
Fl 3
Ann Arbor, MI 48104-1413

☐ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

$65.17 | $311.48

Description Verizon Smartphone

5. DATE OF RECEIPT: 09/30/2023

6. VENDOR NAME & ADDRESS:

Verizon Wireless
1095 Avenue Of The Americas
New York, NY 10036-6797

Page Subtotal	$195.33
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$2,466.42

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
PAC Receipt? ☐ YES Name & Address Hines, Christina B 4817 La Chene Dr Warren, MI 48092-4937 **If over $100.00 cumulative, please provide:** Occupation Attorney Employer Name and Address Washtenaw County Prosecutor's 200 N Main St Fl 3 Ann Arbor, MI 48104-1413 ☐ Fund Raiser Contribution	4. ☐ Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description USPS PO Box **5. DATE OF RECEIPT:** 10/15/2023 **6. VENDOR NAME & ADDRESS:**	$105.00	$416.48
PAC Receipt? ☐ YES Name & Address Hines, Christina B 4817 La Chene Dr Warren, MI 48092-4937 **If over $100.00 cumulative, please provide:** Occupation Attorney Employer Name and Address Washtenaw County Prosecutor's 200 N Main St Fl 3 Ann Arbor, MI 48104-1413 ☑ Fund Raiser Contribution	4. ☐ Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description Kuhnhenn Brewing Co. drinks **5. DATE OF RECEIPT:** 10/19/2023 **6. VENDOR NAME & ADDRESS:**	$59.30	$475.78
PAC Receipt? ☐ YES Name & Address Holmes, Jessica 20510 Winchester St Southfield, MI 48076-3159 **If over $100.00 cumulative, please provide:** Occupation Attorney Employer Name and Address Self-Employed 615 Griswold St Ste 518 Detroit, MI 48226-3980 ☑ Fund Raiser Contribution	4. ☐ Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description Jimmy John's for 10/1 event **5. DATE OF RECEIPT:** 09/30/2023 **6. VENDOR NAME & ADDRESS:**	$77.59	$77.59

Page Subtotal	$241.89
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$2,466.42

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)

PAC Receipt? ☐ YES

Name & Address

Holmes, Jessica
20510 Winchester St
Southfield, MI 48076-3159

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

Self-Employed
615 Griswold St
Ste 518
Detroit, MI 48226-3980

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $110.23 — $187.82
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Al's food for 10/1 event

5. DATE OF RECEIPT: 10/01/2023

6. VENDOR NAME & ADDRESS:

PAC Receipt? ☐ YES

Name & Address

Jarczewski, Michelle
13116 Wales Ave
Huntington Woods, MI 48070-1759

If over $100.00 cumulative, please provide:

Occupation Prosecutor

Employer Name and Address

Wayne county
13116 Wales Ave
Huntington Woods, MI 48070-1759

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $145.87 — $245.87
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Costco Food/Drinks

5. DATE OF RECEIPT: 07/26/2023

6. VENDOR NAME & ADDRESS:

PAC Receipt? ☐ YES

Name & Address

Jarczewski, Michelle
13116 Wales Ave
Huntington Woods, MI 48070-1759

If over $100.00 cumulative, please provide:

Occupation Prosecutor

Employer Name and Address

Wayne county
13116 Wales Ave
Huntington Woods, MI 48070-1759

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $25.00 — $270.87
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Huntington Woods party fee

5. DATE OF RECEIPT: 07/27/2023

6. VENDOR NAME & ADDRESS:

Page Subtotal	$281.10
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$2,466.42

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
PAC Receipt? ☐ YES Name & Address Joseph, Andrew 1475 Treyborne Cir Commerce Township, MI 48390-2829 **If over $100.00 cumulative, please provide:** Occupation Consultant Employer Name and Address Self 1475 Treyborne Cir Commerce Township, MI 48390-2829 ☑ Fund Raiser Contribution	4. ☐ Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description Yates Cider Mill food for guest **5. DATE OF RECEIPT:** 10/15/2023 **6. VENDOR NAME & ADDRESS:**	$33.00	$111.44
PAC Receipt? ☐ YES Name & Address Joseph, Andrew 1475 Treyborne Cir Commerce Township, MI 48390-2829 **If over $100.00 cumulative, please provide:** Occupation Consultant Employer Name and Address Self 1475 Treyborne Cir Commerce Township, MI 48390-2829 ☑ Fund Raiser Contribution	4. ☐ Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description Green Cup Cafe food for guest **5. DATE OF RECEIPT:** 10/15/2023 **6. VENDOR NAME & ADDRESS:**	$78.44	$111.44
PAC Receipt? ☐ YES Name & Address McMahon, Jeffrey 1638 Dover St Ferndale, MI 48220-3105 **If over $100.00 cumulative, please provide:** Occupation Business Analyst Employer Name and Address Caesars Digital 101 Hudson St # 2800 Jersey City, NJ 07302-3915 ☑ Fund Raiser Contribution	4. ☐ Endorsement or guarantee of bank loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description York food/drink for 10/14 guest **5. DATE OF RECEIPT:** 10/14/2023 **6. VENDOR NAME & ADDRESS:**	$203.62	$1,203.62

Page Subtotal	$315.06
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$2,466.42

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
PAC Receipt? ☐ YES Name & Address York, Tommy 702 5th St Ann Arbor, MI 48103-4843 **If over $100.00 cumulative, please provide:** Occupation Merchant Employer Name and Address Big 10 Party Store, Inc. 1928 Packard St Ann Arbor, MI 48104-4765 ☑ Fund Raiser Contribution	4. ☐ Endorsement or guarantee of bank loan ☑ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description York fundraiser venue **5. DATE OF RECEIPT:** 10/14/2023 **6. VENDOR NAME & ADDRESS:**	$750.00	$750.00

Page Subtotal	$750.00
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$2,466.42

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2023 Date	$2.25
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/26/2023 Date	$1.08
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/28/2023 Date	$10.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2023 Date	$10.88
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/04/2023 Date	$0.23

Subtotal this page	$24.94
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/08/2023 Date	$0.98
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/09/2023 Date	$4.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/10/2023 Date	$1.88
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/15/2023 Date	$1.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/16/2023 Date	$3.38

Subtotal this page	$12.24
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/18/2023 Date	$0.15
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/23/2023 Date	$0.08
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/24/2023 Date	$0.15
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/25/2023 Date	$0.18
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/30/2023 Date	$6.75

Subtotal this page	$7.31
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2023 Date	$3.00
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/05/2023 Date	$7.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2023 Date	$10.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/07/2023 Date	$10.73
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2023 Date	$1.50

Subtotal this page	$33.23
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2023 Date	$9.00
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2023 Date	$1.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2023 Date	$0.38
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/22/2023 Date	$0.08
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2023 Date	$0.45

Subtotal this page	$11.41
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2023 Date	$0.90
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2023 Date	$0.71
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/2023 Date	$8.25
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	$4.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2023 Date	$2.11

Subtotal this page	$16.47
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/06/2023 Date	$2.25
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2023 Date	$0.87
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/2023 Date	$4.88
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2023 Date	$12.08
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/2023 Date	$3.75

Subtotal this page	$23.83
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2023 Date	$0.38
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2023 Date	$23.40
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/19/2023 Date	$10.50
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/19/2023 Date	$44.90
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/2023 Date	$5.22

Subtotal this page	$84.40
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ActBlue Address 366 Summer St Somerville, MA 02144-3132 ☐ Fund Raiser	Purpose: ActBlue fee deducted from contribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/2023 Date	. $21.17
Name Against the Grain Bookkeeping LLC Address 857 Clifford Ave SE Grand Rapids, MI 49546-2357 ☐ Fund Raiser	Purpose: Bookkeeping/Compliance ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2023 Date	$1,500.00
Name Against the Grain Bookkeeping LLC Address 857 Clifford Ave SE Grand Rapids, MI 49546-2357 ☐ Fund Raiser	Purpose: Bookkeeping/Compliance ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2023 Date	$750.00
Name Against the Grain Bookkeeping LLC Address 857 Clifford Ave SE Grand Rapids, MI 49546-2357 ☐ Fund Raiser	Purpose: Bookkeeping/Compliance ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	$750.00
Name Allied Union Services Address 240 N Fenway Dr Fenton, MI 48430-2699 ☐ Fund Raiser	Purpose: Business cards ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/29/2023 Date	$90.72

Subtotal this page	$3,111.89
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Allied Union Services Address 240 N Fenway Dr Fenton, MI 48430-2699 ☐ Fund Raiser	Purpose: Flyers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2023 Date	$132.42
Name Allied Union Services Address 240 N Fenway Dr Fenton, MI 48430-2699 ☐ Fund Raiser	Purpose: Palm cards ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2023 Date	$133.98
Name Baccouche, Yasine Address 4190 Lake Forest Dr W Ann Arbor, MI 48108-8923 ☐ Fund Raiser	Purpose: Fundraising ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2023 Date	$165.00
Name Doss, Alec Address 638 5th St Ann Arbor, MI 48103-4841 ☐ Fund Raiser	Purpose: Fundraising ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/04/2023 Date	$1,500.00
Name Doss, Alec Address 638 5th St Ann Arbor, MI 48103-4841 ☐ Fund Raiser	Purpose: Reimbursement ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/04/2023 Date	$104.95

Subtotal this page	$2,036.35
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Grassroots Analytics, LLC Address 806 7th St NW Ste 3 Washington, DC 20001-3868 ☐ Fund Raiser	Purpose: Finance Services ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2023 Date	$350.00
Name NGP VAN Address 655 15th St NW Ste 650 Washington, DC 20005-5738 ☐ Fund Raiser	Purpose: Monthly Fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2023 Date	$150.00
Name NGP VAN Address 655 15th St NW Ste 650 Washington, DC 20005-5738 ☐ Fund Raiser	Purpose: Monthly Fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/05/2023 Date	$150.00
Name NGP VAN Address 655 15th St NW Ste 650 Washington, DC 20005-5738 ☐ Fund Raiser	Purpose: Tier Pricing Increase ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2023 Date	$100.00
Name NGP VAN Address 655 15th St NW Ste 650 Washington, DC 20005-5738 ☐ Fund Raiser	Purpose: Monthly Fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2023 Date	$250.00

Subtotal this page	$1,000.00
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Saeed, Amir Address 34358 Lakehurst Dr Farmington Hills, MI 48331-2738 ☐ Fund Raiser	Purpose: Campaign fellow ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	$177.00
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2023 Date	$3.76
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/26/2023 Date	$2.27
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/28/2023 Date	$16.09
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2023 Date	$17.56

Subtotal this page	$216.68
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/04/2023 Date	$0.56
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/08/2023 Date	$1.89
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/09/2023 Date	$7.29
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/10/2023 Date	$2.98
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/15/2023 Date	$2.43

Subtotal this page	$15.15
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/16/2023 Date	$5.41
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/18/2023 Date	$0.45
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/23/2023 Date	$0.34
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/24/2023 Date	$0.45
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/25/2023 Date	$0.49

Subtotal this page	$7.14
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/30/2023 Date	$10.59
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2023 Date	$4.86
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/05/2023 Date	$11.23
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2023 Date	$16.09
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/07/2023 Date	$7.98

Subtotal this page	$50.75
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2023 Date	$2.43
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2023 Date	$13.89
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2023 Date	$2.43
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2023 Date	$0.78
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/22/2023 Date	$0.34

Subtotal this page	$19.87
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2023 Date	$0.89
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2023 Date	$1.78
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2023 Date	$1.49
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/2023 Date	$12.79
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	$6.83

Subtotal this page	$23.78
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2023 Date	$3.77
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/06/2023 Date	$3.99
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2023 Date	$2.17
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/2023 Date	$7.84
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2023 Date	$19.78

Subtotal this page	$37.55
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/2023 Date	$6.19
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2023 Date	$0.78
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2023 Date	$37.08
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/19/2023 Date	$16.32
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/19/2023 Date	$73.37

Subtotal this page	$133.74
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/2023 Date	$8.78
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/2023 Date	$34.01

Subtotal this page	$42.79
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (if any) of the place where the activity was held
07/27/2023	23	7/27/23 Popsicles Fu	Huntington Woods, MI 48070 ☐ Private Residence

7. Total Contributions	$1,425.00
8. Other Receipts	$0.00
9. Gross Receipts (Add lines 7 and 8)	$1,425.00
10. Total Cost of Event	$170.87

*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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (if any) of the place where the activity was held
10/01/2023	14	Echols & Holmes Tail	30168 Fairfield Dr Chesterfield, MI 48051-1798 ☑ Private Residence

7. Total Contributions	$500.00
8. Other Receipts	$0.00
9. Gross Receipts (Add lines 7 and 8)	$500.00
10. Total Cost of Event	$620.86

*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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (if any) of the place where the activity was held
10/14/2023	6	MMB Tailgate Fundrai	1928 Packard St Ann Arbor, MI 48104-4765 ☐ Private Residence

7. Total Contributions	$350.00
8. Other Receipts	$0.00
9. Gross Receipts (Add lines 7 and 8)	$350.00
10. Total Cost of Event	$953.62

*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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (if any) of the place where the activity was held
10/15/2023	11	10/15/23 Marilyn & A	896 S Rochester Rd Rochester Hills, MI 48307-2740 ☐ Private Residence

7. Total Contributions	$485.00
8. Other Receipts	$0.00
9. Gross Receipts (Add lines 7 and 8)	$485.00
10. Total Cost of Event	$111.44

*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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (if any) of the place where the activity was held
10/19/2023	12	Pints Before the Dea	5919 Chicago Rd Warren, MI 48092-1606 ☐ Private Residence

7. Total Contributions	$990.00
8. Other Receipts	$0.00
9. Gross Receipts (Add lines 7 and 8)	$990.00
10. Total Cost of Event	$59.30

*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.

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MACOMB COUNTY CLERK

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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: 07/21/2023 (Mo Day Year) To: 10/20/2023 (Mo Day Year)

1. Committee I.D. Number: 140391

2. Committee Name: Committee to Elect Christina Hines

4. Candidate Last Name: Hines First Name: Christina M.I.: S

4a. Office Sought including District # or Community Served (If applicable): Other - Macomb County

4b. County of Residence: Macomb

5. Committee's Mailing Address:
PO Box 1251
Warren, MI 48090

Area Code and Phone

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:
Tyler Johnson
4829 La Chene Dr.
Warren, MI 48092

Area Code & Phone (517) 416-8316

7. Treasurer's Business Address:
4829 La Chene Dr.
Warren, MI 48092

Area Code and Phone

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)
Tara M West
857 Clifford Ave. SE
Grand Rapids, MI 49546

Area Code & Phone (616) 915-8438

9. TYPE OF STATEMENT

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

Pre-Election or Post Election Statement relates to:

- ☐ Primary
- ☐ Special
- ☐ Convention
- ☐ General
- ☐ 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 ____ 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 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: Tara West (Type or Print Name) — Tara West (Signature) — Date: 11/10/2023

Candidate: Christina Hines (Type or Print Name) — Christina Hines (Signature) — Date: 11/10/2023

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Name & Address
Kutinsky, Brian
26480 Normandy Rd
Franklin, MI 48025-1034

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/16/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Langlois, Monica
91 -1169 Hokua St
Ewa Beach, HI 96706-5803

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/19/2023

$20.00 | $20.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Lemly, Andrew
2012 Lexington Ct
Fort Collins, CO 80526-1515

PAC Receipt? ☐YES 4. DATE OF RECEIPT 09/13/2023

$50.00 | $50.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

3. Name & Address
Lindsey, Sharon
57353 Covington Dr
Washington, MI 48094-3160

PAC Receipt? ☐YES 4. DATE OF RECEIPT 10/19/2023

$25.00 | $25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☑Direct ☐Loan from a person ☐Fund Raiser

Page Subtotal	$145.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	$16,830.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)

PAC Receipt? ☐YES

Name & Address

Christensen Law
25925 Telegraph Rd
Ste 200
Southfield, MI 48033-2527

If over $100.00 cumulative, please provide:

Occupation

Employer Name and Address

☐ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $250.00 — $250.00
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Annual Awards Gala ticket

5. DATE OF RECEIPT: 09/22/2023

6. VENDOR NAME & ADDRESS:

Chaldean Community Foundation
3601 15 Mile Rd
Sterling Heights, MI 48310-5356

PAC Receipt? ☐YES

Name & Address

Echols, Terracina
30168 Fairfield Dr
Chesterfield, MI 48051-1798

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

AAA
1 Auto Club Dr
Dearborn, MI 48126-4213

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $10.58 — $508.04
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Ice for 10/1 event

5. DATE OF RECEIPT: 10/01/2023

6. VENDOR NAME & ADDRESS:

Meijer
27255 23 Mile Rd
Chesterfield, MI 48051-2023

PAC Receipt? ☐YES

Name & Address

Echols, Terracina
30168 Fairfield Dr
Chesterfield, MI 48051-1798

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

AAA
1 Auto Club Dr
Dearborn, MI 48126-4213

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $100.90 — $508.04
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Food/drinks for 10/1 event

5. DATE OF RECEIPT: 10/01/2023

6. VENDOR NAME & ADDRESS:

Sam's Club
45600 Utica Park Blvd
Utica, MI 48315-5917

Page Subtotal	$361.48
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$2,466.42

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)

PAC Receipt? ☐ YES

Name & Address

Echols, Terracina
30168 Fairfield Dr
Chesterfield, MI 48051-1798

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

AAA
1 Auto Club Dr
Dearborn, MI 48126-4213

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $110.56 — $508.04
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Decor/cutlery for 10/1 event

5. DATE OF RECEIPT: 10/01/2023

6. VENDOR NAME & ADDRESS:

Party City
12220 Hall Rd
Sterling Heights, MI 48313-1043

PAC Receipt? ☐ YES

Name & Address

Echols, Terracina
30168 Fairfield Dr
Chesterfield, MI 48051-1798

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

AAA
1 Auto Club Dr
Dearborn, MI 48126-4213

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $166.00 — $508.04
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Table/chairs rental for 10/1 event

5. DATE OF RECEIPT: 10/01/2023

6. VENDOR NAME & ADDRESS:

Big Top Party Rentals
5749 Beebe Ave
Warren, MI 48092-1500

PAC Receipt? ☐ YES

Name & Address

Echols, Terracina
30168 Fairfield Dr
Chesterfield, MI 48051-1798

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

AAA
1 Auto Club Dr
Dearborn, MI 48126-4213

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $45.00 — $508.04
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Food for 10/1 event

5. DATE OF RECEIPT: 10/01/2023

6. VENDOR NAME & ADDRESS:

Gordon Food Service
51630 Gratiot Ave
Chesterfield, MI 48051-2010

Page Subtotal	$321.56
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$2,466.42

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)

PAC Receipt? ☐ YES

Name & Address

Hines, Christina B
4817 La Chene Dr
Warren, MI 48092-4937

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

Washtenaw County Prosecutor's
200 N Main St
Fl 3
Ann Arbor, MI 48104-1413

☐ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $105.00 — $416.48
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description USPS PO Box

5. DATE OF RECEIPT: 10/15/2023

6. VENDOR NAME & ADDRESS:

United States Postal Service
28401 Mound Rd
Warren, MI 48090-9901

PAC Receipt? ☐ YES

Name & Address

Hines, Christina B
4817 La Chene Dr
Warren, MI 48092-4937

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

Washtenaw County Prosecutor's
200 N Main St
Fl 3
Ann Arbor, MI 48104-1413

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $59.30 — $475.78
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Kuhnhenn Brewing Co. drinks

5. DATE OF RECEIPT: 10/19/2023

6. VENDOR NAME & ADDRESS:

Kuhnhenn Brewing Co.
5919 Chicago Rd
Warren, MI 48092-1606

PAC Receipt? ☐ YES

Name & Address

Holmes, Jessica
20510 Winchester St
Southfield, MI 48076-3159

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

Self-Employed
615 Griswold St
Ste 518
Detroit, MI 48226-3980

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $77.59 — $77.59
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Jimmy John's for 10/1 event

5. DATE OF RECEIPT: 09/30/2023

6. VENDOR NAME & ADDRESS:

Jimmy John's
46526 Gratiot Ave
Chesterfield, MI 48051-2803

Page Subtotal	$241.89
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$2,466.42

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)

PAC Receipt? ☐YES

Name & Address

Holmes, Jessica
20510 Winchester St
Southfield, MI 48076-3159

If over $100.00 cumulative, please provide:

Occupation Attorney

Employer Name and Address

Self-Employed
615 Griswold St
Ste 518
Detroit, MI 48226-3980

☑Fund Raiser Contribution

4. ☐Endorsement or guarantee of bank loan
☐Goods Donated or Loaned
☐Services Donated — $110.23 — $187.82
☑Goods or Services Purchased by Candidate or Others
☐Goods or Services Purchased by Candidate or Others-LOAN

Description Al's food for 10/1 event

5. DATE OF RECEIPT: 10/01/2023

6. VENDOR NAME & ADDRESS:

Al's Fresh Fish & Chicken
19739 W 12 Mile Rd
Southfield, MI 48076-2584

PAC Receipt? ☐YES

Name & Address

Jarczewski, Michelle
13116 Wales Ave
Huntington Woods, MI 48070-1759

If over $100.00 cumulative, please provide:

Occupation Prosecutor

Employer Name and Address

Wayne county
13116 Wales Ave
Huntington Woods, MI 48070-1759

☑Fund Raiser Contribution

4. ☐Endorsement or guarantee of bank loan
☐Goods Donated or Loaned
☐Services Donated — $145.87 — $245.87
☑Goods or Services Purchased by Candidate or Others
☐Goods or Services Purchased by Candidate or Others-LOAN

Description Costco Food/Drinks

5. DATE OF RECEIPT: 07/26/2023

6. VENDOR NAME & ADDRESS:

Costco
30550 Stephenson Hwy
Madison Heights, MI 48071-1611

PAC Receipt? ☐YES

Name & Address

Jarczewski, Michelle
13116 Wales Ave
Huntington Woods, MI 48070-1759

If over $100.00 cumulative, please provide:

Occupation Prosecutor

Employer Name and Address

Wayne county
13116 Wales Ave
Huntington Woods, MI 48070-1759

☑Fund Raiser Contribution

4. ☐Endorsement or guarantee of bank loan
☐Goods Donated or Loaned
☐Services Donated — $25.00 — $270.87
☑Goods or Services Purchased by Candidate or Others
☐Goods or Services Purchased by Candidate or Others-LOAN

Description Huntington Woods party fee

5. DATE OF RECEIPT: 07/27/2023

6. VENDOR NAME & ADDRESS:

Huntington Woods Park & Rec
26325 Scotia Rd
Huntington Woods, MI 48070-1100

Page Subtotal	$281.10
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$2,466.42

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)

PAC Receipt? ☐YES

Name & Address

Joseph, Andrew
1475 Treyborne Cir
Commerce Township, MI 48390-2829

If over $100.00 cumulative, please provide:

Occupation Consultant

Employer Name and Address

Self
1475 Treyborne Cir
Commerce Township, MI 48390-2829

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $33.00 — $111.44
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Yates Cider Mill food for event

5. DATE OF RECEIPT: 10/15/2023

6. VENDOR NAME & ADDRESS:

Yates Cider Mill
1950 E Avon Rd
Rochester Hills, MI 48307-2409

PAC Receipt? ☐YES

Name & Address

Joseph, Andrew
1475 Treyborne Cir
Commerce Township, MI 48390-2829

If over $100.00 cumulative, please provide:

Occupation Consultant

Employer Name and Address

Self
1475 Treyborne Cir
Commerce Township, MI 48390-2829

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $78.44 — $111.44
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description Green Cup Cafe food for event

5. DATE OF RECEIPT: 10/15/2023

6. VENDOR NAME & ADDRESS:

Green Cup Cafe
896 S Rochester Rd
Rochester Hills, MI 48307-2740

PAC Receipt? ☐YES

Name & Address

McMahon, Jeffrey
1638 Dover St
Ferndale, MI 48220-3105

If over $100.00 cumulative, please provide:

Occupation Business Analyst

Employer Name and Address

Caesars Digital
101 Hudson St
2800
Jersey City, NJ 07302-3915

☑ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated — $203.62 — $1,203.62
☑ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others-LOAN

Description York food/drink for 10/14

5. DATE OF RECEIPT: 10/14/2023

6. VENDOR NAME & ADDRESS:

York Food & Drink
1928 Packard St
Ann Arbor, MI 48104-4765

Page Subtotal	$315.06
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$2,466.42

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name Committee to Elect Christina Hines

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in item 5)
PAC Receipt? ☐ YES **Name & Address** York, Tommy 702 5th St Ann Arbor, MI 48103-4843 **If over $100.00 cumulative, please provide:** Occupation Merchant Employer Name and Address Big 10 Party Store, Inc. 1928 Packard St Ann Arbor, MI 48104-4765 ☑ Fund Raiser Contribution	4. ☐ Endorsement or guarantee of bank loan ☑ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description York fundraiser venue **5. DATE OF RECEIPT:** 10/14/2023 **6. VENDOR NAME & ADDRESS:** York Food & Drink 1928 Packard St Ann Arbor, MI 48104-4765	$750.00	$750.00

Page Subtotal	$750.00
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	$2,466.42

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Allied Union Services Address 240 N Fenway Dr Fenton, MI 48430-2699 ☐ Fund Raiser	Purpose: Flyers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2023 Date	$132.42
Name Allied Union Services Address 240 N Fenway Dr Fenton, MI 48430-2699 ☐ Fund Raiser	Purpose: Palm cards ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2023 Date	$133.98
Name Baccouche, Yasine Address 4190 Lake Forest Dr W Ann Arbor, MI 48108-8923 ☐ Fund Raiser	Purpose: Fundraising ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2023 Date	$165.00
Name Doss, Alec Address 638 5th St Ann Arbor, MI 48103-4841 ☐ Fund Raiser	Purpose: Fundraising ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/04/2023 Date	$1,500.00
Name Doss, Alec Address 638 5th St Ann Arbor, MI 48103-4841 ☐ Fund Raiser	Purpose: Reimbursement ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement $52.44 BeenVerified (people search service) $52.51 Staples (office + event supplies)	08/04/2023 Date	$104.95

BeenVerified – 48 W 38th St. Fl 8, New York, NY 10018
Staples – 2601 Jackson Ave. Ann Arbor, MI 48103

Subtotal this page	$2,036.35
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291
2. Committee Name Committee to Elect Christina Hines

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Saeed, Amir Address 34358 Lakehurst Dr Farmington Hills, MI 48331-2738 ☐ Fund Raiser	Purpose: Campaign fellow (research/events) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	$177.00
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2023 Date	$3.76
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/26/2023 Date	$2.27
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/28/2023 Date	$16.09
Name Stripe Address 354 Oyster Point Blvd South San Francisco, CA 94080-1912 ☐ Fund Raiser	Purpose: Stripe transaction fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2023 Date	$17.56

Subtotal this page	$216.68
Grand Total of All Schedules 1B (Complete on last page of Schedule)	$6,909.52

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
14 FEB 2024 PM 04:11
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: 10/21/2023 to 12/31/2023

1. Committee I.D. Number
140291

2. Committee Name
CTE CHRISTINA HINES

4. Candidate Last Name: HINES First Name: CHRISTINA M.I.

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
KYLE JOHNSON
4829 LA CHENE DRIVE
WARREN, MI 48092

Area Code & Phone (317) 416-8316

7. Treasurer's Business Address
4829 LA CHENE DRIVE
WARREN, MI 48092

Area Code and Phone (317) 416-8316

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

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 (2023) 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 oustanding assets, owes no lates fees or has any oustanding 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 _____ / _____ Submitted electronically, signature on file Date 02/14/2024
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 02/14/2024
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 11/15/2023

Name & Address:
MELISSA SEXTON
748 MOORLAND DR
GROSSE POINTE WOODS, MI 48236

$ 25.00 $ 225.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11/15/2023

Name & Address
STACEY FISCHER LEWIS
16734 FOREST AVE
EASTPOINTE, MI 48021

$ 75.00 $ 75.00

5. If over $100.00 cumulative, please provide:

Occupation CLIENT SERVICE SPECIALIST Employer RAYMOND JAMES AND ASSOC

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☑ YES 4. Date of Receipt 11/15/2023

Name & Address:
HERTEL FOR MICHIGAN
22401 LAVON ST
ST CLAIR SHORES, MI 48081

$ 500.00 $ 500.00

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 11/15/2023

Name & Address
DEBBIE MCNERLIN
39910 MAZUCHET DR
HARRISON TWP, MI 48045

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

Page Subtotal 650.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140291

2. Committee Name CTE CHRISTINA HINES

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: BRIAN VOGAL 22500 ST CLAIR DR ST CLAIR SHORES, MI 48081 **If over $100.00 cumulative, please provide:** Occupation: OWNER Employer Name & Business Address: FIREHOUSE PUB 23018 GREATER MACK AVE, ST CLAIR SHORES, MI 48080 ☑ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☑ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description FOOD FOR 11/15 FUNDRAISER EVENT 5. Date Of Receipt: 11/15/2023 6. **Vendor Name & Address:**	$ 130.00	$ 130.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address OLU JABARI 8705 TEXAS CT WARREN, MI 48093 **If over $100.00 cumulative, please provide:** Occupation: OWNER Employer Name & Address: JABARI'S MARTIAL ARTS ACADEMY 43710 SCHOENHERR RD, STERLING HEIGHTS, MI 48313 ☑ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☑ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description COST OF SPACE RENTED FOR FUNDRAISER 5. Date Of Receipt: 11/29/2023 6. **Vendor Name & Address:**	$ 300.00	$ 350.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description _____ 5. Date Of Receipt: _____ 6. **Vendor Name & Address:** Click Here for Memo Itemization	$ _____	$ _____
	Page Subtotal	430.00	480.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	430.00	

Enter this total on line 6 of Summary Page

FILED 2024 JUL 25 PM2:10
MACOMB COUNTY CLERK

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

1. Your Committee ID#: 140291

2. Your Committee Name: CTE Christina Hines for Macomb County Prosecutor

3. Date Late Contribution(s) Received: 07/24/24 (Only one Date per Sheet)

- Late Contribution Reports are required when a
  - Candidate committee receives a single contribution or a cumulative contribution from the same contributor of $500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual.
  - A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of $2,500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election. See Appendix G of the Campaign Finance Manual.
- Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee.
- Late Contribution Reports are not waived by the Reporting Waiver.
- Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is $2,000.00 per report.
- Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official.
- Electronic Filers on the state level must file all Late Contribution Report electronically.
- The Late Contribution must also be reported on the next Campaign Statement owed by the committee.

4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Kaplan, Steven 6823 Post Oak Dr. West Bloomfield, MI 48322 (If Individual, also provide:) Occupation Supervisor Employer / Business Address West Bloomfield - 4550 Walnut Lake Rd. West Bloomfield, MI 48323	$600.00
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
15 AUG 2024 PM 04:26
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: 01/01/2024 to 07/21/2024

1. Committee I.D. Number
140291

2. Committee Name
CTE CHRISTINA HINES

4. Candidate Last Name: HINES First Name: CHRISTINA M.I.

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. [X] Pre-Election **OR** 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [X] Primary
- [ ] General
- [ ] Convention
- [ ] Special
- [ ] School
- [ ] Caucus

Date of Election, Convention or Caucus
08/06/2024

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

- [ ] July Quarterly
- [ ] October Quarterly

9c. [ ] Annual Statement (.) Coverage Year

9d. [X] 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 oustanding assets, owes no lates fees or has any oustanding 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 _____ / _____ Submitted electronically, signature on file Date 08/15/2024
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 08/15/2024
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/19/2024

Name & Address:
SUSAN R VERGILIO
5344 SEVEN LAKES DR N
WASHINGTON, MI 48095

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/19/2024

Name & Address
BRANDON WILLIAMS
22517 VIOLET ST
SAINT CLAIR SHORES, MI 48082

$ 10.00 $ 20.00

5. If over $100.00 cumulative, please provide:

Occupation FOOD SERVICE Employer LAKEVIEW PUBLIC SCHOOLS

Business Address 27575 HARPER AVE, ST CLAIR SHORES, MI 48081

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☑ YES 4. Date of Receipt 06/19/2024

Name & Address:
MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC
400 RENAISSANCE CENTER
STE. 1010
DETROIT, MI 48243

$ 5,000.00 $ 5,000.00

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 06/20/2024

Name & Address
CHERYL FORD
11184 IRENE AVE
WARREN, MI 48093

$ 10.00 $ 365.00

5. If over $100.00 cumulative, please provide:

Occupation SURGICAL RECORDS Employer CATARACT AND EYE CONSULTANTS OF MI

Business Address 29753 HOOVER RD, WARREN, MI 48093

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 5,270.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/06/2024

Name & Address:
JENNIFER MUSE
1454 W TROY ST
FERNDALE, MI 48220

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer HONIGMAN LLP

Business Address 1454 W TROY ST, FERNDALE, MI 48220

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☑ YES 4. Date of Receipt 07/08/2024

Name & Address
FEMS FOR DEMS PAC
2590 KENT RIDGE CT
BLOOMFIELD TOWNSHIP, MI 48301

$ 2,000.00 $ 2,000.00

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 07/08/2024

Name & Address:
JACOB BLEVINS
1101 BROADWAY
APT. 3
SOMERVILLE, MA 02144

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation RESEARCH COMPLIANCE SPECIALIST Employer TUFTS UNIVERSITY

Business Address 419 BOSTON AVE, MEDFORD, MA 02155

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/08/2024

Name & Address
KAREN LUCZAK
1310 ROSS LN
ROCHESTER, MI 48306

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation PARALEGAL Employer HONIGMAN LLP

Business Address 39400 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 2,450.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/08/2024

Name & Address:
MELODY MAGEE
25800 TIMBERLINE DR
WARREN, MI 48091

$ 25.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation TALENT OFFICER Employer CAREER FOCUS CONSULTING

Business Address 25800 TIMBERLINE DR, WARREN, MI 48091

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/08/2024

Name & Address
BARBARA GECK
39526 WALDORF DR
CLINTON TWP, MI 48038

$ 25.00 $ 680.24

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address FRASER, MI 48026

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☑ YES 4. Date of Receipt 07/09/2024

Name & Address:
PLUMBERS' LOCAL 98 STATE PAC FUND
555 HORACE BROWN DR
MADISON HEIGHTS, MI 48071

$ 1,000.00 $ 1,000.00

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 07/09/2024

Name & Address
SHIELA STRUNK
24106 MEADOWBRIDGE DR
CLINTON TWP, MI 48035

$ 50.00 $ 230.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

Page Subtotal 1,100.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
05 SEP 2024 PM 01:42
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: 07/22/2024 to 08/26/2024

1. Committee I.D. Number
140291

2. Committee Name
CTE CHRISTINA HINES

4. Candidate Last Name: HINES First Name: CHRISTINA M.I.

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

Date of Election, Convention or Caucus
08/06/2024

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.)

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 oustanding assets, owes no lates fees or has any oustanding 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 _____ / _____ Submitted electronically, signature on file Date 09/05/2024
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 09/05/2024
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

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.) $	32,531.31	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	32,531.31	(18.) $ 224,773.67
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	0.00	(19.) $ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	32,531.31	(20.) $ 224,773.67
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	2,990.94	(21.) $ 10,799.29
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0.00	(22.) $ 0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	10,662.20	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	10,662.20	(23.) $ 109,375.86
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0.00	(24.) $ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed **by** the Committee (Schedule 1E)	(12a.) $	0.00	
b. Owed **to** the Committee (Schedule 1E)	(12b.) $	0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	93,528.70
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	32,531.31
15. SUBTOTAL Add lines 13 and 14	(15.) = $	126,060.01
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	10,662.20
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	115,397.81 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/22/2024

Name & Address:
KAREN DEVECSERY
14772 LL ROAD
WETMORE, MI 49895

$ 10.00 $ 495.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/22/2024

Name & Address
FRANK FREDERICK
740 DRIFTWOOD AVE
ROCHESTER HILLS, MI 48307

$ 100.00 $ 400.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/22/2024

Name & Address:
ALICE JENNINGS-EDWARD
495 LODGE DR
DETROIT, MI 48214

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer EDWARDS & JENNINGS, PC

Business Address 495 LODGE DR, DETROIT, MI 48214

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/22/2024

Name & Address
GARY CYNOWA
45451 FIELDING ST.
MACOMB TWP., MI 48042

$ 25.00 $ 754.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/22/2024

Name & Address:
CLARICE SQUILLACE
14816 MAYVIEW CT
SHELBY TWP, MI 48315

$ 25.00 $ 56.00

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 07/22/2024

Name & Address
IDEN BAGHDADCHI
1971 RODNEY DR
#303
LOS ANGELES, CA 90027

$ 25.00 $ 50.00

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 07/23/2024

Name & Address:
LISA SIMMS
30221 BRADMORE RD
WARREN, MI 48092

$ 10.00 $ 10.00

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 07/24/2024

Name & Address
STEVEN M KAPLAN
6823 POST OAK DR
WEST BLOOMFIELD TOWNSHIP, MI 48322

$ 200.00 $ 700.00

5. If over $100.00 cumulative, please provide:

Occupation SUPERVISOR Employer WEST BLOOMFIELD

Business Address 4550 WALNUT LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48323

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 260.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/24/2024

Name & Address:
STEVEN M KAPLAN
6823 POST OAK DR
WEST BLOOMFIELD TOWNSHIP, MI 48322

$ 400.00 $ 1,100.00

5. If over $100.00 cumulative, please provide:

Occupation SUPERVISOR Employer WEST BLOOMFIELD

Business Address 4550 WALNUT LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48323

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/24/2024

Name & Address
CAROLE CHI
35325 MORAVIAN DR
STERLING HEIGHTS, MI 48312

$ 5.00 $ 104.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/24/2024

Name & Address:
LUIGI GJOKAJ
21723 RAYMOND ST
ST CLAIR SHORES, MI 48082

$ 50.00 $ 50.00

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 07/24/2024

Name & Address
CY ABDO
42550 GARFIELD RD
104A
CLINTON TWP, MI 48038

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer SELF

Business Address 17797 CANVASBACK DR, CLINTON TWP, MI 48038

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 655.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/25/2024

Name & Address:
REOLA HAMMOND
17325 SPRENGER AVE
EASTPOINTE, MI 48021

$ 25.00 $ 25.00

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 07/27/2024

Name & Address
EMILY BUSCH
97 DENNISON ST
OXFORD, MI 48371

$ 100.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/28/2024

Name & Address:
CYNTHIA DENARDIS
36664 RIDGECROFT DR
STERLING HEIGHTS, MI 48312

$ 50.00 $ 50.00

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 07/29/2024

Name & Address
MARSHALL E GOLDBERG
615 GRISWOLD
STE. 1120
DETROIT, MI 48226

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer SELF

Business Address 615 GRISWOLD ST, STE. 1120, DETROIT, MI 48226

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 375.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/29/2024

Name & Address:
NORRINE A NEVILLE
22464 VIRGINIA AVE
EASTPOINTE, MI 48021

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/29/2024

Name & Address
ANN MCMILLAN
30073 LORRAINE AVE
WARREN, MI 48093

$ 10.00 $ 1,140.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/29/2024

Name & Address:
RENEE CHELIAN
5719 BLOOMFIELD GLENS RD
WEST BLOOMFIELD TOWNSHIP, MI 48322

$ 100.00 $ 650.00

5. If over $100.00 cumulative, please provide:

Occupation CEO Employer NORTHLAND FAMILY PLANNING CLINIC

Business Address 35000 FORD RD, WESTLAND, MI 48185

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/29/2024

Name & Address
MICHAEL OSWALT
2235 YORKTOWN DR
ANN ARBOR, MI 48105

$ 20.00 $ 20.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 180.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/31/2024

Name & Address:
NANCY IVERS
35917 FIERIMONTE DR
CLINTON TWP, MI 48035

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/31/2024

Name & Address
DEBRA DOROSH
44188 RINA LN
CLINTON TWP, MI 48038

$ 30.00 $ 120.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/31/2024

Name & Address:
REOLA HAMMOND
17325 SPRENGER AVE
EASTPOINTE, MI 48021

$ 30.00 $ 55.00

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 07/31/2024

Name & Address
MONICA FOREST
54503 BERRYFIELD DR
MACOMB, MI 48042

$ 25.00 $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 185.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/31/2024

Name & Address:
SALLY KENNEY
215 SE 8TH AVE
FORT LAUDERDALE, FL 33301

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation PROFESSOR Employer TULANE UNIVERSITY

Business Address 6823 ST CHARLES AVE, NEW ORLEANS, LA 70118

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/31/2024

Name & Address
ANTHONY CAMPBELL
5736 STONEY PL S
SHELBY TWP, MI 48316

$ 9.31 $ 20.52

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 08/01/2024

Name & Address:
ANGELE B SMITH
38562 PALM MEADOW DR
CLINTON TWP, MI 48036

$ 30.00 $ 30.00

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 08/01/2024

Name & Address
LORETTA LORENZO
29601 JEFFERSON AVE
ST CLAIR SHORES, MI 48082

$ 25.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

Page Subtotal 164.31

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/01/2024

Name & Address:
DANIEL MAJHAN
11265 ANNA LISA DR
STERLING HEIGHTS, MI 48312

$ 10.00 $ 10.00

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 08/02/2024

Name & Address
BRIAN JENNINGS
4924 KELSCH LN
UNIT 1
CINCINNATI, OH 45227

$ 15.00 $ 210.00

5. If over $100.00 cumulative, please provide:

Occupation FIRE FIGHTER Employer CITY OF DAYTON

Business Address 4118 W THIRD ST, DAYTON, OH 45213

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/02/2024

Name & Address:
GEORGE CHAPP
4753 STILWELL DR
WARREN, MI 48092

$ 10.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation MENTAL HEALTH ADMINISTRATOR Employer EDMENTUM

Business Address 4753 STILWELL DR, WARREN, MI 48092

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/03/2024

Name & Address
SUZANNE VITALE
36124 ST CLAIR DR
NEW BALTIMORE, MI 48047

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation VOLUNTEER Employer NEW BALTIMORE HISTORICAL SOCIETY

Business Address 51065 WASHINGTON ST., NEW BALTIMORE, MI 48047

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 285.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/03/2024

Name & Address:
KENNETH P JENKINS
46385 WHITE CAP DR
MACOMB, MI 48044

$ 10.00 $ 20.00

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 08/03/2024

Name & Address
GARY CYNOWA
45451 FIELDING ST.
MACOMB TWP., MI 48042

$ 100.00 $ 854.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/03/2024

Name & Address:
ROBERT SPADA
33314 JEFFERSON AVE
ST CLAIR SHORES, MI 48082

$ 250.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer STATE OF MICHIGAN

Business Address 430 W ALLEGAN ST, 4TH FLOOR, Lansing, MI 48918

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/03/2024

Name & Address
ERIC JACKSON
22615 THOMSON ST
CLINTON TWP, MI 48035

$ 100.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 460.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/03/2024

Name & Address:
NANCY L ENTWISTLE
49587 BISHOP CT.
SHELBY TOWNSHIP, MI 48315

$ 30.00 $ 30.00

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 08/03/2024

Name & Address
LINDA M PIDUTTI
37649 CHARTER OAKS BOULEVARD
CLINTON TOWNSHIP, MI 48036

$ 30.00 $ 105.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/03/2024

Name & Address:
MARTHA O'KRAY
49849 HIDDEN VALLEY DR.
MACOMB, MI 48044

$ 30.00 $ 30.00

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 08/03/2024

Name & Address
JOEL RUTHERFORD
5683 STORROW CT
WARREN, MI 48092

$ 30.00 $ 319.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer NOT EMPLOYED

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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/03/2024

Name & Address:
SHERRY BOSCHERT
337 MT SUPPORT RD
LEBANON, NH 03766

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/03/2024

Name & Address
JOAN MEIER
42 COLUMBIA AVE
TAKOMA PARK, MD 20912

$ 30.00 $ 30.00

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 08/03/2024

Name & Address:
JUDY L HARTWELL
25921 MARITIME CIR S
HARRISON TWP, MI 48045

$ 100.00 $ 280.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/04/2024

Name & Address
BIRDIE NASH
29484 ASHLAND AVE
#103
HARRISON TWP, MI 48045

$ 30.00 $ 185.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 260.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/04/2024

Name & Address:
KAREN A DEBGUPTA
44536 N BUNKER HILL DR
CLINTON TWP, MI 48038

$ 30.00 $ 145.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/04/2024

Name & Address
KENRICK AYLESWORTH
5789 MEADOWVIEW ST
YPSILANTI, MI 48197

$ 50.00 $ 750.00

5. If over $100.00 cumulative, please provide:

Occupation ENGINEER Employer STMICROELECTRONICS

Business Address 19111 VICTOR PKWY, LIVONIA, MI 48152

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address:
LEO R LALONDE
24801 ROSALIND AVE
EASTPOINTE, MI 48021

$ 100.00 $ 305.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address
CAROLE BANNISTER
18877 HIGHLITE DR. S.
CLINTON TOWNSHIP, MI 48035

$ 100.00 $ 440.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 280.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address:
MARY MATACZYNSKI
28572 ASPEN DR
WARREN, MI 48093

$ 25.00 $ 45.23

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address
BRYAN R PADGETT
48787 PINEBROOK DR
SHELBY TWP, MI 48315

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer ZAUSMER P.C.

Business Address 32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address:
THERESA A BODWIN
954 ALBERTA ST
FERNDALE, MI 48220

$ 400.00 $ 400.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer ZAUSMER P.C.

Business Address 32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address
CRISTY M DEVOS
500 PARK AVE.
ROYAL OAK, MI 48067

$ 300.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer ZAUSMER P.C.

Business Address 32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 1,225.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address:
SHAUN NEAL
18521 SUNFLOWER DR
BROWNSTOWN TWP, MI 48173

$ 400.00 $ 400.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer ZAUSMER P.C.

Business Address 32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address
JOSHUA CHRISTOPHER
36663 HEATHERTON DR
FARMINGTON, MI 48335

$ 300.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer ZAUSMER P.C.

Business Address 32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address:
KRISTINA MACIONSKI
5198 WHISPERING OAK LN
WEST BLOOMFIELD TOWNSHIP, MI 48322

$ 300.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer ZAUSMER P.C.

Business Address 32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address
DANIELLE DEPRIEST
3912 TYLER AVE
BERKLEY, MI 48072

$ 400.00 $ 400.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer ZAUSMER P.C.

Business Address 32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 1,400.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address:
KYLE WARWICK
13146 ELGIN AVE
HUNTINGTON WOODS, MI 48070

$ 400.00 $ 400.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer ZAUSMER P.C.

Business Address 32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address
COLIN B MACBETH
6779 CRESTWAY DR
BLOOMFIELD HILLS, MI 48301

$ 300.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer ZAUSMER P.C.

Business Address 32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address:
MICHAEL CALDWELL
4221 WARRINGTON DR
WIXOM, MI 48393

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer ZAUSMER P.C.

Business Address 32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address
DANIEL J MCCARTHY
6794 RETREAT
WEST BLOOMFIELD, MI 48322

$ 300.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer ZAUSMER P.C.

Business Address 32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 1,500.00

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 08/05/2024

Name & Address:
NICOLE WRIGHT
47540 MANORWOOD DR
NORTHVILLE, MI 48168

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer ZAUSMER P.C.

Business Address 32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address
JULIAN J HEIDENREICH
1575 COIT AVE NE
APT. 2
GRAND RAPIDS, MI 49505

$ 150.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer ZAUSMER P.C.

Business Address 146 MONROE CENTER ST NW, STE. 805, GRAND RAPIDS, MI 49503

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address:
ARTHUR A POST
971 N OXFORD RD
GROSSE POINTE, MI 48236

$ 400.00 $ 400.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer ZAUSMER P.C.

Business Address 32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address
MARK J ZAUSMER
2298 LOCKLIN LN
WEST BLOOMFIELD, MI 48324

$ 1,350.00 $ 1,350.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer ZAUSMER P.C.

Business Address 32255 NORTHWESTERN HWY, STE. 225, FARMINGTON HILLS, MI 48334

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 2,400.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address:
MARK BREWER
37414 STONEGATE CIR
CLINTON TWP, MI 48036

$ 2,500.00 $ 5,600.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer GOODMAN ACKER

Business Address 17000 W 10 MILE RD, 2ND FLOOR, SOUTHFIELD, MI 48075

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address
HUWAIDA ARRAF
45836 EDEN DR
MACOMB, MI 48044

$ 30.00 $ 55.00

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 08/05/2024

Name & Address:
NICK CIARAMITARO
19473 CANDLELIGHT ST
ROSEVILLE, MI 48066

$ 500.00 $ 1,500.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address
SARAH SULLIVANT
470 COLA BALLENA
#F
ALAMEDA, CA 94501

$ 7.00 $ 597.24

5. If over $100.00 cumulative, please provide:

Occupation ANALYST Employer US EPA

Business Address 2000 TRAVERWOOD DR, ANN ARBOR, MI 48105

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

Page Subtotal 3,037.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address:
SCOTT LAUFER
17007 SMUGGLERS COVE ST
CHARTER TWP OF CLINTON, MI 48038

$ 5.00 $ 20.00

5. If over $100.00 cumulative, please provide:

Occupation CHEF Employer ZUCCARO'S CATERING

Business Address CHARTER TWP OF CLINTON, MI 48038

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address
PHYLLIS SMITH
28726 HIDDEN TRAIL
FARMINGTON, MI 48331

$ 25.00 $ 1,375.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2024

Name & Address:
HECTOR RODRIGUEZ
3200 HUDDLESTONE DR
203
RALEIGH, NC 27612

$ 10.00 $ 410.00

5. If over $100.00 cumulative, please provide:

Occupation BIOSTATISTICIAN Employer PPD

Business Address 3200 HUDDLESTONE DR, RALEIGH, NC 27612

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/07/2024

Name & Address
FLORENCE M HAYMAN
53540 GRACE DR
NEW BALTIMORE, MI 48047

$ 30.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

Page Subtotal 70.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/07/2024

Name & Address:
CHERYL K KRYSIAK
65 KENDRICK ST
MT CLEMENS, MI 48043

$ 30.00 $ 55.00

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 08/07/2024

Name & Address
NANCY BACKHURST
275 RIVERSIDE DRIVE
CLINTON TOWNSHIP, MI 48036

$ 30.00 $ 55.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/08/2024

Name & Address:
SHARON ROSE
28359 ALINE DR
WARREN, MI 48093

$ 100.00 $ 175.00

5. If over $100.00 cumulative, please provide:

Occupation PSYCHOTHERAPIST Employer SELF EMPLOYED

Business Address 28359 ALINE DR, WARREN, MI 48093

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/08/2024

Name & Address
SOFIA NELSON
14652 GRANDMONT AVE
DETROIT, MI 48227

$ 1,000.00 $ 1,385.33

5. If over $100.00 cumulative, please provide:

Occupation LAWYER Employer NEIGHBORHOOD DEFENDER SERVICE OF DETROIT

Business Address 1333 BREWERY PARK BLVD, STE. 350, DETROIT, MI 48207

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 1,160.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/08/2024

Name & Address:
NANCY OREWYLER
50065 JEFFERSON
CHESTERFIELD, MI 48047

$ 25.00 $ 25.00

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 08/08/2024

Name & Address
VINCENZO NESTICO
51420 WASHINGTON ST
NEW BALTIMORE, MI 48047

$ 30.00 $ 30.00

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 08/08/2024

Name & Address:
JENNIFER LEHRER
46793 TWIN CITY TRAIL
MACOMB, MI 48044

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation TEACHER Employer UCS

Business Address 46793 TWIN CITY TRAIL, MACOMB, MI 48044

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/08/2024

Name & Address
CLARE ALLENSON
1518 18TH ST
DETROIT, MI 48216

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation CONSULTING Employer ACTIVATE DETROIT

Business Address 1518 18TH ST, DETROIT, MI 48216

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 405.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/08/2024

Name & Address:
BARBARA GECK
39526 WALDORF DR
CLINTON TWP, MI 48038

$ 25.00 $ 705.24

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/08/2024

Name & Address
MELODY MAGEE
25800 TIMBERLINE DR
WARREN, MI 48091

$ 25.00 $ 275.00

5. If over $100.00 cumulative, please provide:

Occupation TALENT OFFICER Employer CAREER FOCUS CONSULTING

Business Address 25800 TIMBERLINE DR, WARREN, MI 48091

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/09/2024

Name & Address:
CHRISTINA HWANG
17914 MAPLE HILL DR
NORTHVILLE, MI 48168

$ 50.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation MEDICAL TECHNOLOGIST Employer TRINITY HEALTH LIVONIA

Business Address 36475 W FIVE MILE ROAD, LIVONIA, MI 28154

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/09/2024

Name & Address
GRACE SELLERS
52631 BORDEAUX WAY
SHELBY TOWNSHIP, MI 48315

$ 20.00 $ 55.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 08/09/2024

Name & Address:
LINDA KOCH
30563 RIDGEFIELD AVE
WARREN, MI 48088

$ 30.00 $ 349.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/09/2024

Name & Address
JANET DRIVER
1215 KUEHNLE AVE
ANN ARBOR, MI 48103

$ 25.00 $ 25.00

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 08/09/2024

Name & Address:
CLAIRE KIRSCH
2834 WASHBURN RD
VASSAR, MI 48768

$ 20.00 $ 140.00

5. If over $100.00 cumulative, please provide:

Occupation ADMIN ASSISTANT Employer NPS

Business Address 1234 MARKET ST, PHILADELPHIA, PA 19107

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/10/2024

Name & Address
MICHAEL D COLBURN
43089 POINTE DR
CLINTON TWP, MI 48038

$ 30.00 $ 30.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

Page Subtotal 105.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/10/2024

Name & Address:
BARBARA PERREAULT
23391 SPRING CREEK DR
MACOMB, MI 48042

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/11/2024

Name & Address
AMY MERKLE
2980 S FOXRIDGE CT
ANN ARBOR, MI 48105

$ 30.00 $ 100.24

5. If over $100.00 cumulative, please provide:

Occupation SOCIAL WORKER Employer SAFEHOUSE CENTER

Business Address 2980 S FOXRIDGE CT, ANN ARBOR, MI 48105

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/11/2024

Name & Address:
CARIN GOLDFARB
2141 COLONY CLUB CT
WEST BLOOMFIELD TOWNSHIP, MI 48322

$ 75.00 $ 175.00

5. If over $100.00 cumulative, please provide:

Occupation LAWYER Employer WAYNE COUNTY

Business Address 1441 ST ANTOINE, DETROIT, MI 48226

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/11/2024

Name & Address
ANGELINA FELDMAN
291 PINEWAY DR
ANN ARBOR, MI 48103

$ 30.00 $ 230.00

5. If over $100.00 cumulative, please provide:

Occupation ANALYST Employer FEDERAL GOVERNMENT

Business Address 291 PINEWAY DR, ANN ARBOR, MI 48103

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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/11/2024

Name & Address:
CAROLE CHI
35325 MORAVIAN DR
STERLING HEIGHTS, MI 48312

$ 5.00 $ 109.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/12/2024

Name & Address
PATRICIA M BELANGER
14938 ALMA DR
STERLING HEIGHTS, MI 48313

$ 30.00 $ 215.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/12/2024

Name & Address:
ALLEN SALYER
1657 WELLING DR
TROY, MI 48085

$ 150.00 $ 550.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/12/2024

Name & Address
JUDY PRITCHETT
62823 TOURNAMENT DR.
WASHINGTON TOWNSHIP, MI 48094

$ 50.00 $ 275.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/12/2024

Name & Address:
SUSAN R VERGILIO
5344 SEVEN LAKES DR N
WASHINGTON, MI 48095

$ 100.00 $ 350.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/14/2024

Name & Address
SHEILA COCKREL
1769 VERMONT ST
DETROIT, MI 48216

$ 150.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation TEACHER/CONSULTANT Employer WSU/CROSSROADS CONSULTING

Business Address 1769 VERMONT ST, DETROIT, MI 48216

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/14/2024

Name & Address:
SHARON LINDSEY
57353 COVINGTON DR
WASHINGTON, MI 48094

$ 25.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/15/2024

Name & Address
NANCY EARLY
13361 WYNDEMERE CIR
STERLING HEIGHTS, MI 48313

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

Page Subtotal 325.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/15/2024

Name & Address:
RICK FLYNN
43225 CHARDONNAY DR
STERLING HEIGHTS, MI 48314

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/15/2024

Name & Address
VINCENZO NESTICO
51420 WASHINGTON ST
NEW BALTIMORE, MI 48047

$ 20.00 $ 50.00

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 08/15/2024

Name & Address:
JAMES P CONRAD
4816 LA CHENE DR
WARREN, MI 48092

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/15/2024

Name & Address
SUZANNE VITALE
36124 ST CLAIR DR
NEW BALTIMORE, MI 48047

$ 20.00 $ 270.00

5. If over $100.00 cumulative, please provide:

Occupation VOLUNTEER Employer NEW BALTIMORE HISTORICAL SOCIETY

Business Address 51065 WASHINGTON ST., NEW BALTIMORE, MI 48047

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 490.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/15/2024

Name & Address:
CTE MATHEW CHURCHWELL TREASURER
22111 CHALON ST
ST CLAIR SHORES, MI 48080

$ 100.00 $ 100.00

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 08/15/2024

Name & Address
JOYCE LALONDE
24801 ROSALIND AVE
EASTPOINTE, MI 48021

$ 100.00 $ 100.00

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 08/15/2024

Name & Address:
PAUL LEBLANC
16159 WHITE WATER DR
MACOMB, MI 48042

$ 50.00 $ 95.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/15/2024

Name & Address
SUE FLIS
32840 NORTHAMPTON DR
WARREN, MI 48093

$ 30.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal 280.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/15/2024

Name & Address:
BARBARA GECK
39526 WALDORF DR
CLINTON TWP, MI 48038

$ 100.00 $ 805.24

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/15/2024

Name & Address
RONALD HALL
210 DEVON RD
BLOOMFIELD HILLS, MI 48302

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation EXECUTIVE Employer BRIDGEWATER INTERIORS, LLC

Business Address 4617 W FORT ST, DETROIT, MI 48209

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/15/2024

Name & Address:
KRISTIN MEEKHOF
PO BOX 300555
WATERFORD TWP, MI 48330

$ 150.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation FUND DEVELOPMENT Employer GARY BURNSTEIN COMMUNITY HEALTH CLINIC

Business Address 45580 WOODWARD AVE, PONTIAC, MI 48341

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/15/2024

Name & Address
ASHLEY LOWE
1893 LONG POINTE DR
BLOOMFIELD HILLS, MI 48302

$ 500.00 $ 750.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer LAKESHORE LEGAL AID

Business Address 35 W HURON ST, STE 701, PONTIAC, MI 48342

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 1,250.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/15/2024

Name & Address:
JOSHUA RONNEBAUM
19410 LUCERNE DR
DETROIT, MI 48203

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer MARSHAL HYMAN & ASSOC

Business Address 19410 LUCERNE DR, DETROIT, MI 48203

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/15/2024

Name & Address
KAREN ABELLA
23317 GLENBROOK ST
ST CLAIR SHORES, MI 48082

$ 50.00 $ 50.00

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 08/15/2024

Name & Address:
SHIELA STRUNK
24106 MEADOWBRIDGE DR
CLINTON TWP, MI 48035

$ 50.00 $ 280.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/15/2024

Name & Address
HUWAIDA ARRAF
45836 EDEN DR
MACOMB, MI 48044

$ 25.00 $ 80.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

Page Subtotal 625.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/15/2024

Name & Address:
HOLLY BURMEISTER
4 LAWLER CT
LANSING, MI 48906

$ 30.00 $ 30.00

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 08/15/2024

Name & Address
AMY MERKLE
2980 S FOXRIDGE CT
ANN ARBOR, MI 48105

$ 20.00 $ 120.24

5. If over $100.00 cumulative, please provide:

Occupation SOCIAL WORKER Employer SAFEHOUSE CENTER

Business Address 2980 S FOXRIDGE CT, ANN ARBOR, MI 48105

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/15/2024

Name & Address:
MEGAN KOLA
8125 OGDEN DR
STERLING HEIGHTS, MI 48314

$ 30.00 $ 55.00

5. If over $100.00 cumulative, please provide:

Occupation PARALEGAL Employer THE LOBB LAW FIM

Business Address 8125 OGDEN DR, STERLING HEIGHTS, MI 48314

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/16/2024

Name & Address
VINCENZO NESTICO
51420 WASHINGTON ST
NEW BALTIMORE, MI 48047

$ 100.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation ENGINEER Employer PISTON AUTOMOTIVE

Business Address 12723 TELEGRAPH RD, REDFORD TWP, MI 48239

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 180.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/16/2024

Name & Address:
DIANNE QUEENER
LA CHENE AVE
WARREN, MI 48092

$ 30.00 $ 30.00

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 08/17/2024

Name & Address
MARY ANN FONTANA
26080 SALEM RD
HUNTINGTON WOODS, MI 48070

$ 500.00 $ 600.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/17/2024

Name & Address:
NINA ABRAMS
12959 TALBOT LN
HUNTINGTON WOODS, MI 48070

$ 1,000.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/17/2024

Name & Address
GRACE BROUGHTON
284 FISHER RD
GROSSE POINTE FARMS, MI 48230

$ 15.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer WASHTENAW COUNTY PROSECUTOR'S OFFICE

Business Address 200 N MAIN ST, ANN ARBOR, MI 48104

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 1,545.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/19/2024

Name & Address:
VALERIE ALLAN
1321 W CUCHARRAS ST
COLORADO SPRINGS, CO 80904

$ 20.00 $ 2,370.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/19/2024

Name & Address
ANN DAMERON HINES
201 OAK PARK ST
#1602
BERKELEY COUNTY, SC 29486

$ 25.00 $ 275.00

5. If over $100.00 cumulative, please provide:

Occupation RN Employer COASTAL PEDIATRIC ASSOCIATES

Business Address 2051 CHARLIE HALL RD., BERKELEY COUNTY, SC 29486

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/20/2024

Name & Address:
CONNIE TUCKER
2515 FRED ST
WARREN, MI 48092

$ 200.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/20/2024

Name & Address
LINDSAY ABRAMSON
1875 HAYES ST.
BIRMINGHAM, MI 48009

$ 150.00 $ 175.00

5. If over $100.00 cumulative, please provide:

Occupation LAWYER Employer OAKLAND COUNTY

Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 395.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/20/2024

Name & Address:
KAREN ROZANSKI
420 RIVERIA DR
SAINT CLAIR SHORES, MI 48080

$ 50.00 $ 75.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/20/2024

Name & Address
CHARLES DUPUIS
22204 FRAZHO ST
ST CLAIR SHORES, MI 48081

$ 20.00 $ 20.00

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 08/20/2024

Name & Address:
CHERYL FORD
11184 IRENE AVE
WARREN, MI 48093

$ 10.00 $ 385.00

5. If over $100.00 cumulative, please provide:

Occupation SURGICAL RECORDS Employer CATARACT AND EYE CONSULTANTS OF MI

Business Address 29753 HOOVER RD, WARREN, MI 48093

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/20/2024

Name & Address
KELSEY KRUZEL
916 N TRUMBULL AVE
CHICAGO, IL 60651

$ 5.00 $ 90.00

5. If over $100.00 cumulative, please provide:

Occupation VP PR/SOCIAL DIRECTOR Employer CRAMER-KRASSELT

Business Address 225 MICHIGAN AVE, CHICAGO, IL 60601

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 85.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address:
DENNIS J BRUCK
19637 LLOYD ST
CLINTON TWP, MI 48038

$ 30.00 $ 60.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address
ALLISON KRIGER
500 GRISWOLD ST
STE. 2400
DETROIT, MI 48226

$ 1,000.00 $ 2,500.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer LARENE & KRIGER PLC

Business Address 500 GRISWOLD ST, STE. 2400, DETROIT, MI 48226

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address:
CLAUDIA SILLS
120 HAWTHORNE ST
BIRMINGHAM, MI 48009

$ 150.00 $ 400.00

5. If over $100.00 cumulative, please provide:

Occupation INVESTOR Employer FIRST HOLDING

Business Address 6960 ORCHARD LAKE RD, SUITE 300, WEST BLOOMFIELD TOWNSHIP, MI 48322

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address
LINDSAY VAN SYCKLE
881 ARLINGTON ST
BIRMINGHAM, MI 48009

$ 150.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation BANKER Employer WELLS FARGO

Business Address 881 ARLINGTON ST, BIRMINGHAM, MI 48009

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal 1,330.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address:
QUINN WRIGHT
30738 WOODMONT DR
MADISON HEIGHTS, MI 48071

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation FINANCIAL ADVISOR Employer SELF EMPLOYED

Business Address 30738 WOODMONT DR, MADISON HEIGHTS, MI 48071

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address
TODD FLOOD
10555 LINCOLN DR
HUNTINGTON WOODS, MI 48070

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation LAWYER Employer SELF

Business Address 155 W CONGRESS ST, STE. 350, DETROIT, MI 48226

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address:
DIANE L YOUNG
13250 IRVINGTON DR
WARREN, MI 48088

$ 100.00 $ 330.00

5. If over $100.00 cumulative, please provide:

Occupation FINANCIAL PLANNER Employer ARROWROOT FAMILY OFFICE

Business Address 13250 IRVINGTON DR, WARREN, MI 48088

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address
JULIE CAMPBELL-BODE
432 S WASHINGTON AVE
#1302
ROYAL OAK, MI 48067

$ 150.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation EXECUTIVE Employer CAMPBELL BODE CONSULTING

Business Address 432 S WASHINGTON AVE, ROYAL OAK, MI 48067

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 850.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address:
DENISE ILITCH
779 LAKE PARK DR
BIRMINGHAM, MI 48009

$ 1,500.00 | $ 1,500.00

5. If over $100.00 cumulative, please provide:

Occupation PRESIDENT Employer ILITCH ENTERPRISES LLC

Business Address PO BOX 250210, FRANKLIN, MI 48025

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address
ERIN DANNE
2121 N WILSON AVE
ROYAL OAK, MI 48073

$ 150.00 | $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer WAYNE COUNTY

Business Address 1441 ST ANTOINE, DETROIT, MI 48226

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address:
JIM STAPLETON
4484 LAKE FOREST DR E
ANN ARBOR, MI 48108

$ 250.00 | $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation CONSULTANT Employer SELF-EMPLOYED

Business Address 4484 LAKE FOREST DR E, ANN ARBOR, MI 48108

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address
TALITHA MAHOME
21291 SUMMERFIELD DR
MACOMB, MI 48044

$ 50.00 | $ 145.00

5. If over $100.00 cumulative, please provide:

Occupation LAWYER Employer ZAUSMER

Business Address 32255 NORTHWESTERN HWY, SUITE 225, FARMINGTON HILLS, MI 48334

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 1,950.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address:
OPOLLA BROWN
2096 HYDE PARK RD
DETROIT, MI 48207

$ 150.00 $ 819.24

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer WAYNE COUNTY

Business Address 1441 ST ANTOINE, DETROIT, MI 48226

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address
GINA KELLER
3952 COTTONTAIL LN
BLOOMFIELD HILLS, MI 48301

$ 150.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation CONSULTANT Employer SELF EMPLOYED

Business Address 3952 COTTONTAIL LN, BLOOMFIELD HILLS, MI 48301

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address:
ARDIOLA SINAJ
16991 CRISTINA CT
CLINTON TWP, MI 48038

$ 50.00 $ 1,275.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer BIRACH LAW PC

Business Address 16991 CRISTINA CT, CLINTON TWP, MI 48038

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address
DAVID SUWAL
39535 MUFFATT ST
HARRISON TWP, MI 48045

$ 25.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

Page Subtotal 375.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address:
KRISTOFFER BUTLER
6215 SENATE DR
TROY, MI 48085

$ 150.00 $ 210.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer WAYNE COUNTY CORPORATION COUNSEL

Business Address 500 GRISWOLD ST, 30TH FLOOR, DETROIT, MI 48226

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address
PETE RUGGIRELLO
60843 FOREST CREEK DR
WASHINGTON, MI 48094

$ 150.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/2024

Name & Address:
CINDY MOON
11301 KILARNEY DR
WASHINGTON, MI 48095

$ 25.00 $ 75.00

5. If over $100.00 cumulative, please provide:

Occupation GRAPHIC DESIGN Employer SELF

Business Address 11301 KILARENY LANE, WASHINGTON, MI 48095

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/22/2024

Name & Address
TIMOTHY KRUG
43178 DANTE CT
STERLING HEIGHTS, MI 48313

$ 100.00 $ 1,350.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

Page Subtotal 425.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/22/2024

Name & Address:
DAN BERTRAND
3722 HARMONY HILLS DR.
OXFORD, MI 48370

$ 250.00 $ 1,250.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/22/2024

Name & Address
RENEE CHELIAN
5719 BLOOMFIELD GLENS RD
WEST BLOOMFIELD TOWNSHIP, MI 48322

$ 500.00 $ 1,150.00

5. If over $100.00 cumulative, please provide:

Occupation CEO Employer NORTHLAND FAMILY PLANNING CLINIC

Business Address 35000 FORD RD, WESTLAND, MI 48185

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/22/2024

Name & Address:
RUTH WHITE
736 LAWNVIEW CT
ROCHESTER, MI 48307

$ 150.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation CHIEF OF STAFF Employer SIXTEEN 42 VENTURES

Business Address 736 LAWNVIEW CT., ROCHESTER, MI 48307

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/22/2024

Name & Address
KAREN DEVECSERY
14772 LL ROAD
WETMORE, MI 49895

$ 10.00 $ 505.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

Page Subtotal 910.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/23/2024

Name & Address:
EDWARD PATE
57364 TANGLEWOOD ST
NEW HAVEN, MI 48048

$ 25.00 $ 50.00

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 08/23/2024

Name & Address
CHRISTOPHER WEE
16805 ALDERSYDE DR
SHAKER HEIGHTS, OH 44120

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation PHYSICIAN Employer CLEVELAND CLINIC

Business Address 9500 EUCLID AVE, CLEVELAND, OH 44195

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/23/2024

Name & Address:
NANCY CUMMING
14765 MYSTIC CT
SHELBY TWP, MI 48315

$ 10.00 $ 30.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/23/2024

Name & Address
STEVE KRAJNIK
48224 LAKE VALLEY DR
SHELBY TWP, MI 48317

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation MANAGER Employer AEW

Business Address 51301 SCHOENHERR RD, SHELBY TWP, MI 48315

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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/23/2024

Name & Address:
TIMOTHY ZOLLNER
54421 IROQUOIS LN
SHELBY TWP, MI 48315

$ 25.00 | $ 179.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/23/2024

Name & Address
DIANE L YOUNG
725 BARCLAY CIRCLE
ROCHESTER, MI 48307

$ 25.00 | $ 355.00

5. If over $100.00 cumulative, please provide:

Occupation FINANCIAL PLANNER Employer ARROWROOT

Business Address 725 BARCLAY CIRCLE, ROCHESTER, MI 48307

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/23/2024

Name & Address:
KAREN HANSON
579 MICHIGAN AVE
MARYSVILLE, MI 48040

$ 500.00 | $ 1,200.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/24/2024

Name & Address
DAVID M KATZ
363 ST CLAIR AVE
GROSSE POINTE, MI 48230

$ 5,000.00 | $ 5,000.00

5. If over $100.00 cumulative, please provide:

Occupation SR. VP FOR GOVERNMENT & COMMUNITY AFFAIRS Employer DETROIT MEDICAL CENTER

Business Address 3990 JOHN R ST, DETROIT, MI 48201

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 5,550.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/24/2024

Name & Address:
CAROLE CHI
35325 MORAVIAN DR
STERLING HEIGHTS, MI 48312

$ 5.00 $ 114.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/25/2024

Name & Address
RANDY YOUNG
13250 IRVINGTON DR
WARREN, MI 48088

$ 50.00 $ 75.00

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 08/25/2024

Name & Address:
CHRISTINA HWANG
17914 MAPLE HILL DR
NORTHVILLE, MI 48168

$ 100.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation MEDICAL TECHNOLOGIST Employer TRINITY HEALTH LIVONIA

Business Address 36475 W FIVE MILE ROAD, LIVONIA, MI 28154

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/26/2024

Name & Address
PAMELA BRITTON
5557 WOODVIEW DR
STERLING HEIGHTS, MI 48314

$ 25.00 $ 74.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 180.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/26/2024

Name & Address:
CYNTHIA DECKER
3628 PRATT RD
METAMORA, MI 48455

$ 25.00 $ 75.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/26/2024

Name & Address
BARBARA REED
443 W CHERRY ST
GRANTSVILLE, UT 84029

$ 100.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/26/2024

Name & Address:
ERIN DANNE
2121 N WILSON AVE
ROYAL OAK, MI 48073

$ 25.00 $ 225.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer WAYNE COUNTY

Business Address 1441 ST ANTOINE, DETROIT, MI 48226

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/26/2024

Name & Address
SUSAN DILIBERTI
41202 WORTHINGTON
CLINTON TWP, MI 48038

$ 25.00 $ 214.24

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 175.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/26/2024

Name & Address:
LINDA KOCH
30563 RIDGEFIELD AVE
WARREN, MI 48088

$ 25.00 $ 374.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

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:

Click Here for Memo Itemization

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:

$ $

Click Here for Memo Itemization

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:

Click Here for Memo Itemization

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 25.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) 32,531.31

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140291

2. Committee Name CTE CHRISTINA HINES

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: SHANNON H PHILLIPS 7174 GLENGROVE DR BLOOMFIELD HILLS, MI 48301 **If over $100.00 cumulative, please provide:** Occupation: ASST. PROFESSOR Employer Name & Business Address: WAYNE STATE UNIVERSITY 471 W PALMER AVE, DETROIT, MI 48202 ☑ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description CATERING FOR 8/15 FUNDRAISER 5. Date Of Receipt: 08/15/2024 6. **Vendor Name & Address:** RSA FOUNDATION 23855 LAWRENCE AVE, CENTER LINE, MI 48015	$ 747.50	$ 747.50
Contribution # 2 PAC Receipt? ☐ Yes Name & Address CLINT MANSOUR 2688 INDIAN MOUND S BLOOMFIELD HILLS, MI 48301 **If over $100.00 cumulative, please provide:** Occupation: OWNER Employer Name & Address: ADACHI 325 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009 ☑ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description FOOD/DRINKS FOR 8/21 FUNDRAISER EVENT 5. Date Of Receipt: 08/21/2024 6. **Vendor Name & Address:** ADACHI 325 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009	$ 2,243.44	$ 2,243.44
Contribution #3 PAC Receipt? ☐ Yes Name & Address: **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description _____ 5. Date Of Receipt: _____ 6. **Vendor Name & Address:** Click Here for Memo Itemization	$ _____	$ _____
	Page Subtotal	2,990.94	2,990.94
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	2,990.94	

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291

2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2024 Date	$ 7.65
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2024 Date	$ 4.29
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2024 Date	$ 0.45
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2024 Date	$ 0.15
Expenditure #5 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	07/25/2024 Date	$ 800.00

Subtotal this page	812.54
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291

2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name JENNA FRANKLIN Address 26536 LARCHMONT ST ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: CAMPAIGN COORDINATOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2024 Date	$ 800.00
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	07/25/2024 Date	$ 720.00
Expenditure #3 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	07/25/2024 Date	$ 800.00
Expenditure #4 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2024 Date	$ 10.00
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/26/2024 Date	$ 6.30

Subtotal this page 2,336.30

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

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/26/2024 Date	$ 3.83
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2024 Date	$ 0.78
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2024 Date	$ 0.38
Expenditure #4 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2024 Date	$ 10.00
Expenditure #5 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	$ 10.00

Subtotal this page	24.99
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291

2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2024 Date	$ 7.31
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2024 Date	$ 4.20
Expenditure #3 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	07/31/2024 Date	$ 319.32
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2024 Date	$ 3.64
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2024 Date	$ 2.02

Subtotal this page 336.49

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

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2024 Date	$ 10.00
Expenditure #2 Name AGAINST THE GRAIN BOOKKEEPING, LLC Address 857 CLIFFORD AVE SE GRAND RAPIDS, MI 49546 ☐ Fund Raiser	Purpose: BOOKKEEPING/COMPLIANCE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2024 Date	$ 1,500.00
Expenditure #3 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/05/2024 Date	$ 10.00
Expenditure #4 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	08/06/2024 Date	$ 1.01
Expenditure #5 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	08/06/2024 Date	$ 0.38

Subtotal this page 1,521.39

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

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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	08/06/2024 Date	$ 2,286.42
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	08/07/2024 Date	$ 22.93
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	08/07/2024 Date	$ 13.77
Expenditure #4 Name NGP VAN Address 655 15TH ST NW STE. 650 WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: MONTHLY FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2024 Date	$ 320.00
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2024 Date	$ 23.34

Subtotal this page 2,666.46

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

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291

2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name JENNA FRANKLIN Address 26536 LARCHMONT ST ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: CAMPAIGN COORDINATOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2024	$ 800.00
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	08/12/2024	$ 800.00
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/13/2024	$ 1.13
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: BUTTONS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/13/2024	$ 94.87
Expenditure #5 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	08/14/2024	$ 5.86

Subtotal this page	1,701.86
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: STATEMENT CHARGE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/15/2024 Date	$ 5.00
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/16/2024 Date	$ 2.63
Expenditure #3 Name JENNA FRANKLIN Address 26536 LARCHMONT ST ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: REIMBURSEMENT Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/16/2024 Date	$ 27.10
Expenditure #4 Name FAMILY DOLLAR Address 5735 E THIRTEEN MILE RD WARREN, MI 48092 ☑ Fund Raiser	Purpose: DRINKS FOR 8/15 FUNDRAISER EVENT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/15/2024 Date	$ (27.10)
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	08/19/2024 Date	$ 17.12

Subtotal this page	51.85
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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	08/19/2024 Date	$ 27.83
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	08/20/2024 Date	$ 3.32
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	08/20/2024 Date	$ 1.95
Expenditure #4 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	08/21/2024 Date	$ 35.47
Expenditure #5 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	08/21/2024 Date	$ 23.41

Subtotal this page	91.98
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291

2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/22/2024 Date	$ 6.32
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/22/2024 Date	$ 3.53
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	08/23/2024 Date	$ 109.74
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	08/23/2024 Date	$ 72.01
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	08/24/2024 Date	$ 18.88

Subtotal this page 210.48

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

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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	08/24/2024 Date	$ 11.79
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	08/25/2024 Date	$ 10.43
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	08/25/2024 Date	$ 5.73
Expenditure #4 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	08/26/2024 Date	$ 23.37
Expenditure #5 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	08/26/2024 Date	$ 15.15

Subtotal this page	66.47
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 MASS MAILING LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☑ Fund Raiser	Purpose: FUNDRAISER MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2024 Date	$ 241.39
Expenditure #2 Name MICHAEL POCHOTKO Address 26595 COLLINGWOOD ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: VIDEO EDITING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2024 Date	$ 600.00
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	$ _____

Subtotal this page	841.39
Grand Total of all Schedules 1B (Complete on last page of Schedule)	10,662.20

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
08/15/2024	42	HINES FOR WOMEN FUNDRAISER	GATHER + GROUNDS 25709 VAN DYKE AVE CENTER LINE, MI 48015 ☐ Private Residence

7. Total Contributions 3,690.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 3,690.00

10. Total Cost of Event 1,015.99
(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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
08/21/2024	36	ILITCH ARCHER FUNDRAISER	ADACHI SUSHI 325 S OLD WOODWARD AVE BIRMINGHAM, MI 48009 ☐ Private Residence

7. Total Contributions 8,510.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 8,510.00

10. Total Cost of Event 2,243.44
(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.

FILED 2024 OCT 23 AM9:07
MACOMB COUNTY CLERK

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

1. Your Committee ID#: 140291

2. Your Committee Name: CTE Christina Hines for Macomb County Prosecutor

3. Date Late Contribution(s) Received: 10/22/24 (Only one Date per Sheet)

- Late Contribution Reports are required when a
  - Candidate committee receives a single contribution or a cumulative contribution from the same contributor of $500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual.
  - A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of $2,500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election. See Appendix G of the Campaign Finance Manual.
- Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee.
- Late Contribution Reports are not waived by the Reporting Waiver.
- Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is $2,000.00 per report.
- Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official.
- Electronic Filers on the state level must file all Late Contribution Report electronically.
- The Late Contribution must also be reported on the next Campaign Statement owed by the committee.

4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Michigan Sierra PAC 109 E Cesar E. Chavez Ave. Lansing, MI 48906 (If Individual, also provide:) Occupation _____ Employer / Business Address _____	$1,000.00
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	

Authority Granted under PA 388 of 1976 7/12

FILED 2024 OCT 25 AM8:00
MACOMB COUNTY CLERK

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

1. Your Committee ID#: 140291

2. Your Committee Name: CTE Christina Hines for Macomb County Prosecutor

3. Date Late Contribution(s) Received: 10/23/24 (Only one Date per Sheet)

- Late Contribution Reports are required when a
  - Candidate committee receives a single contribution or a cumulative contribution from the same contributor of $500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual.
  - A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of $2,500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election. See Appendix G of the Campaign Finance Manual.
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- The Late Contribution must also be reported on the next Campaign Statement owed by the committee.

4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Jon Gentile 17117 Silk Tree Way, Canyon Country, CA 91387 (If Individual, also provide:) Occupation Sales Employer / Business Address CDW 200 N. Milwaukee Ave. Vernon Hills, IL 60061	$500.00
Contributor Name and Address: UAW Michigan V-PAC 8000 E. Jefferson, Detroit, MI 48214 (If Individual, also provide:) Occupation _____ Employer / Business Address _____	$10,000.00
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	

Authority Granted under PA 388 of 1976 7/12

FILED 2024 OCT 28 AM8:46
MACOMB COUNTY CLERK

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

1. Your Committee ID#: 140291

2. Your Committee Name: CTE Christina Hines for Macomb County Prosecutor

3. Date Late Contribution(s) Received: 10/26/24 (Only one Date per Sheet)

- Late Contribution Reports are required when a
  - Candidate committee receives a single contribution or a cumulative contribution from the same contributor of $500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual.
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4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Jessica Foung 824 Douglass St. San Francisco, CA 94114 (If Individual, also provide:) Occupation Writer Employer / Business Address Jessica Foung 824 Douglass St. San Francisco, CA 94114	$6,000.00
Contributor Name and Address: Christina Mednick 528 Palisades Dr. Los Angeles, CA 90272 (If Individual, also provide:) Occupation Not Employed Employer / Business Address	$3,300.00
Contributor Name and Address: Christina Singleton 528 Palisades Dr. Los Angeles, CA 90272 (If Individual, also provide:) Occupation Not Employed Employer / Business Address	$500.00
Contributor Name and Address: (If Individual, also provide:) Occupation Employer / Business Address	

FILED 2024 OCT 28 AM8:46
MACOMB COUNTY CLERK

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

1. Your Committee ID#: 140291

2. Your Committee Name: CTE Christina Hines for Macomb County Prosecutor

3. Date Late Contribution(s) Received: 10/26/24 (Only one Date per Sheet)

- Late Contribution Reports are required when a
  - Candidate committee receives a single contribution or a cumulative contribution from the same contributor of $500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual.
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4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Jordan Acker 26654 Humber St. Huntington Woods, MI 48070 (If Individual, also provide:) Occupation Attorney Employer / Business Address Goodman Acker 17000 West 10 Mile Rd. 2nd Floor Southfield, MI 48075	$500.00
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	

FILED 2024 OCT 31 PM3:40
MACOMB COUNTY CLERK

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

1. Your Committee ID#: 140291

2. Your Committee Name: CTE Christina Hines for Macomb County Prosecutor

3. Date Late Contribution(s) Received: 10/30/24 (Only one Date per Sheet)

- Late Contribution Reports are required when a
  - Candidate committee receives a single contribution or a cumulative contribution from the same contributor of $500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual.
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- The Late Contribution must also be reported on the next Campaign Statement owed by the committee.

4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Daniel Egnor 5112 Genoa St. Oakland, CA 94608 (If Individual, also provide:) Occupation Computer Programm Employer / Business Address Self-Employed 5112 Genoa St. Oakland, CA 94608	$1,000.00
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	

Authority Granted under PA 388 of 1976 7/12

FILED 2024 NOV 4 AM 9:04
MACOMB COUNTY CLERK

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

1. Your Committee ID#: 140291

2. Your Committee Name: CTE Christina Hines for Macomb County Prosecutor

3. Date Late Contribution(s) Received: 11/01/24 (Only one Date per Sheet)

- Late Contribution Reports are required when a
  - Candidate committee receives a single contribution or a cumulative contribution from the same contributor of $500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual.
  - A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of $2,500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election. See Appendix G of the Campaign Finance Manual.
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- Electronic Filers on the state level must file all Late Contribution Report electronically.
- The Late Contribution must also be reported on the next Campaign Statement owed by the committee.

4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Denise Illitch 779 Lake Park Dr. Birmingham, MI 48009 (If Individual, also provide:) Occupation President Employer / Business Address Illitch Enterprises LLC 779 Lake Park Dr. Birmingham, MI 48009	$1,500.00
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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04 NOV 2024 PM 05:20
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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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: 08/27/2024 to 10/20/2024

1. Committee I.D. Number
140291

2. Committee Name
CTE CHRISTINA HINES

4. Candidate Last Name: HINES First Name: CHRISTINA M.I.

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. [X] Pre-Election **OR** 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [ ] Primary
- [X] General
- [ ] Convention
- [ ] Special
- [ ] School
- [ ] Caucus

Date of Election, Convention or Caucus
11/05/2024

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

- [ ] July Quarterly
- [ ] October Quarterly

9c. [ ] Annual Statement ( ) Coverage Year

9d. [X] 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 oustanding assets, owes no lates fees or has any oustanding 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 _____ / _____ Submitted electronically, signature on file Date 11/04/2024
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 11/04/2024
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/04/2024

Name & Address:
MIKE RAYMOND
47707 ANNA CT
SHELBY TWP, MI 48315

$ 50.00 $ 50.00

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 10/04/2024

Name & Address
EMILY MELLITS
64607 LIMERICK LN
WASHINGTON, MI 48095

$ 25.00 $ 132.00

5. If over $100.00 cumulative, please provide:

Occupation FINANCE DIRECTOR Employer FAROUGH & ASSOCIATES

Business Address 30150 TELEGRAPH RD, BINGHAM FARMS, MI 48025

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/04/2024

Name & Address:
BENJAMIN FALK
219 T ST NE
WASHINGTON, DC 20002

$ 10.00 $ 10.00

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 10/04/2024

Name & Address
KENRICK AYLESWORTH
5789 MEADOWVIEW ST
YPSILANTI, MI 48197

$ 50.00 $ 850.00

5. If over $100.00 cumulative, please provide:

Occupation ENGINEER Employer STMICROELECTRONICS

Business Address 19111 VICTOR PKWY, LIVONIA, MI 48152

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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
02 DEC 2024 PM 02:57
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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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

2. Committee Name
CTE CHRISTINA HINES

4. Candidate Last Name: HINES First Name: CHRISTINA M.I.

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

Date of Election, Convention or Caucus
11/05/2024

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.)

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 oustanding assets, owes no lates fees or has any oustanding 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 _____ / _____ Submitted electronically, signature on file Date 12/02/2024
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 12/02/2024
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

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.) $	37,500.59		
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE		
c. Subtotal of "Contributions"	(3c.) $	37,500.59	(18.) $	365,513.52
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	0.00	(19.) $	0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	37,500.59	(20.) $	365,513.52
IN-KIND CONTRIBUTIONS & EXPENDITURES				
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	0.00	(21.) $	18,032.21
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0.00	(22.) $	0.00
EXPENDITURES				
8. Expenditures				
a. Itemized (Schedule 1B, Column 6)	(8a.) $	93,803.24		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	0.00		
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0.00		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	93,803.24	(23.) $	360,537.78
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)				
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	0.00		
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0.00		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0.00	(24.) $	0.00
DEBTS AND OBLIGATIONS				
12. Debts and Obligations				
a. Owed **by** the Committee (Schedule 1E)	(12a.) $	0.00		
b. Owed **to** the Committee (Schedule 1E)	(12b.) $	0.00		

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	61,278.39
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	37,500.59
15. SUBTOTAL Add lines 13 and 14	(15.) = $	98,778.98
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	93,803.24
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	4,975.74 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2024

Name & Address:
PATRICK OLEAR
8104 NEW BRADFORD BLVD
STERLING HEIGHTS, MI 48312

$ 30.00 $ 30.00

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 10/21/2024

Name & Address
DIANE L YOUNG
13250 IRVINGTON DR
WARREN, MI 48088

$ 50.00 $ 505.00

5. If over $100.00 cumulative, please provide:

Occupation FINANCIAL PLANNER Employer ARROWROOT

Business Address 725 BARCLAY CIRCLE, ROCHESTER, MI 48307

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2024

Name & Address:
TIMOTHY CORY
YEA I19912 CHALON
SAINT CLAIR SHORES, MI 48080

$ 25.00 $ 155.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2024

Name & Address
CHARLES ALTMAN
212 BAKER ST
APT. 205
ROYAL OAK, MI 48067

$ 30.00 $ 30.00

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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2024

Name & Address:
KAREN A DEBGUPTA
44536 N BUNKER HILL DR
CLINTON TWP, MI 48038

$ 30.00 $ 225.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2024

Name & Address
LINDA KOCH
30563 RIDGEFIELD AVE
WARREN, MI 48088

$ 30.00 $ 478.40

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2024

Name & Address:
GERALD HASSPACHER
8299 KENNEDY CIR N
UNIT 1
WARREN, MI 48093

$ 30.00 $ 130.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2024

Name & Address
TIMOTHY ZOLLNER
54421 IROQUOIS LN
SHELBY TWP, MI 48315

$ 30.00 $ 269.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2024

Name & Address:
CINDY MOON
11301 KILARNEY DR
WASHINGTON, MI 48095

$ 25.00 $ 125.00

5. If over $100.00 cumulative, please provide:

Occupation GRAPHIC DESIGN Employer SELF

Business Address 11301 KILARENY LANE, WASHINGTON, MI 48095

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2024

Name & Address
JUDITH HERR
8012 MAPLE RIDGE RD
BETHESDA, MD 20814

$ 75.00 $ 75.00

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 10/21/2024

Name & Address:
ALEXANDRA MOEDE
116 BEAUMONT DR
NEWTOWN, PA 18940

$ 125.00 $ 125.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2024

Name & Address
SARAH O'NEIL
155 BELCHER DR
SUDBURY, MA 01776

$ 10.00 $ 10.00

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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☑ YES 4. Date of Receipt 10/22/2024

Name & Address:
MICHIGAN SIERRA PAC
109 E C??SAR E. CH??VEZ AVE
LANSING, MI 48906

$ 1,000.00 | $ 1,000.00

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 10/22/2024

Name & Address
CINDY DOYLE
53246 MARK DR
SHELBY TWP, MI 48316

$ 30.00 | $ 70.00

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 10/22/2024

Name & Address:
ERIC JACKSON
22615 THOMSON ST
CLINTON TWP, MI 48035

$ 60.00 | $ 260.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
SUSAN M HIER
61652 GLENWOOD TRAIL
WASHINGTON, MI 48094

$ 25.00 | $ 25.00

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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
PATRICIA L HILL
17200 DOVE ST
#212
CLINTON TWP., MI 48038

$ 115.00 $ 115.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
ANDREY DUZYJ
26657 HAVERHILL DR
WARREN, MI 48091

$ 125.00 $ 125.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
CTE PAUL WOJNO FOR STATE SENATE
32025 MARGARET CT
WARREN, MI 48093

$ 100.00 $ 100.00

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 10/22/2024

Name & Address
PAUL J WOJNO
32025 MARGARET CT
WARREN, MI 48093

$ 25.00 $ 25.00

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 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
MARK O LISS
426 9TH ST
ROYAL OAK, MI 48067

$ 250.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
LISA OSIKOWICZ
7105 SHERWOOD DR
BLOOMFIELD HILLS, MI 48301

$ 100.00 $ 100.00

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 10/22/2024

Name & Address:
PATRICIA M BELANGER
14938 ALMA DR
STERLING HEIGHTS, MI 48313

$ 25.00 $ 315.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
KAREN DEVECSERY
14772 LL ROAD
WETMORE, MI 49895

$ 10.00 $ 550.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

Page Subtotal 385.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
DANA DAWSON
1521 W 24TH PL
EUGENE, OR 97405

$ 10.00 $ 10.00

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 10/22/2024

Name & Address
MELISSA SILVERMAN
3760 CLAYTON AVE W
LOS ANGELES, CA 90027

$ 12.50 $ 12.50

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 10/22/2024

Name & Address:
JOHN OLANDER
622 CALLE HIDALGO
SAN CLEMENTE, CA 92673

$ 1.67 $ 1.67

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 10/22/2024

Name & Address
LUCY PULS
1401 KAINS AVE
BERKELEY, CA 94702

$ 12.50 $ 12.50

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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
SKYLAR BLANNIN
479 N COLUMBIA AVE
BEXLEY, OH 43209

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
ANNE KIM
652 56TH ST
OAKLAND, CA 94609

$ 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 10/22/2024

Name & Address:
CURTIS SCHECK
2333 W ARMITAGE AVE
#3
CHICAGO, IL 60647

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
DAVID YASSKY
200 W 16TH ST
APT. 16A
NEW YORK, NY 10011

$ 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

Page Subtotal 32.13

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
BRIAN FISKE
302 W 90TH ST
APT. PH
NEW YORK, NY 10024

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
MICHAEL FAIRCHILD
732 PINE ST
PHILADELPHIA, PA 19106

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
JEFFREY HARDY
191 ST NICHOLAS AVE
APT. 6E
NEW YORK, NY 10026

$ 2.14 | $ 2.14

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
ASHLEY BENNETT
7306 55TH AVE NE
SEATTLE, WA 98115

$ 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

Page Subtotal 16.42

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
TYLER MOORE
380 PARKGATE CT
DELAWARE, OH 43015

$ 3.84 | $ 3.84

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 10/22/2024

Name & Address
ERIC CIPRA
500 4TH AVE
APT. 6F 62ND FLOOR
BROOKLYN, NY 11215

$ 20.00 | $ 20.00

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 10/22/2024

Name & Address:
DOUG HOLMGREN
5031 SW ORCHID ST
PORTLAND, OR 97219

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
ELANA JONES
5909 CORONADO LN
DURHAM, NC 27713

$ 10.00 | $ 10.00

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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
CHARLIE PRICE
1011 NW SUMMERWOOD DR
MCMINNVILLE, OR 97128

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
JULIANA COSTELLO
3531 HIGHLAND AVE
REDWOOD CITY, CA 94062

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
DEREK TELLIN
2650 1/2 23RD AVE W
SEATLLE, WA 98199

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
KATELYNN O'CONNELL
224 SCHOOL ST
WOBURN, MA 01801

$ 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

Page Subtotal 21.42

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
KATHERINE MELLA
3010 GRAND CONCOURSE
APT 3H
NEW YORK, NY 10458

$ 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 10/22/2024

Name & Address
LINDA PERAGINE
72 CLARK ST
NEW HAVEN, CT 06511

$ 2.00 $ 2.00

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 10/22/2024

Name & Address:
LIZA BRAGIN
687 MARKET ST E
GAITHERSBURG, MD 20878

$ 35.71 $ 35.71

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 10/22/2024

Name & Address
EMILY HILDNER
1266 HILL DR
LOS ANGELES, CA 90041

$ 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 55.56

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
MEGHAN GRIFFITHS
167 8TH ST
PROVIDENCE, RI 02906

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
MOLLY MURRAY
357 DECATUR ST
STUYVESANT HEIGHTS, NY 11233

$ 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 10/22/2024

Name & Address:
KELLY OSBORNE
3100 STONINGTON CT
LOUISVILLE, KY 40242

$ 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 10/22/2024

Name & Address
SARA DOLIN
825 KINGS RD
#17
WEST HOLLYWOOD, CA 90069

$ 5.00 $ 5.00

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
JENNIFER BALLARD
1294 WOODLAND AVE NE
ATLANTA, GA 30324

$ 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 10/22/2024

Name & Address
DENISE JONES
811 HARLEYSVILLE PIKE
HARLEYSVILLE, PA 19438

$ 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 10/22/2024

Name & Address:
MARY ANN BADAVI
1130 NEPTUNE DR
LAFAYETTE, CO 80026

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
MATT CACCAMO
298 HILL AVE
GLEN ELLYN, IL 60137

$ 13.84 $ 13.84

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 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
NANCY G TURNER
510 TERRACE AVE
CINCINNATI, OH 45220

$ 10.71 $ 10.71

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 10/22/2024

Name & Address
NIL PRAB
1812 BROADWAY
SEATTLE, WA 98122

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
ALLISON BUELL
4837 E ALDER DR
SAN DIEGO, CA 92116

$ 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 10/22/2024

Name & Address
BECKY EISENBERG
3215 PLUMB ST
HOUSTON, TX 77005

$ 2.85 $ 2.85

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 20.70

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
KELSEY SMITH
48 CASTLEWOOD DR
CHEEKTOWAGA, NY 14227

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
BRIAN CUMMINGS
1909 LYNCH ST
#1W
ST. LOUIS, MO 63118

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
KRISTEN SCOTT
1446 VALLEDA LN
ENCINITAS, CA 92024

$ 1.78 $ 1.78

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 10/22/2024

Name & Address
MATTHEW LENGEL
1326 UNION AVE
BALTIMORE, MD 21211

$ 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

Page Subtotal 16.06

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
BILL GRIMMER
2304 15TH AVE S
SEATTLE, WA 98144

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
CHARLES HOWES
2168 LAGER ST
FORT COLLINS, CO 80524

$ 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 10/22/2024

Name & Address:
LINDSEY JENDRASZAK
3113 CASTAWAY LN
ATLANTA, GA 30341

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
ROBYN LINDEN
4720 42ND ST.
4K
SUNNYSIDE, NY 11104

$ 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	24.99
Grand Total of All Schedules 1A (Complete on last page of Schedule)	

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
DANI JAKUBOWSKI
328 E 5TH ST
KENSINGTON, NY 11218

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
MARTA LANSING
19150 PILKINGTON RD
LAKE OSWEGO, OR 97035

$ 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 10/22/2024

Name & Address:
CARL SWANSTROM
4031 48TH AVE SW
SEATTLE, WA 98116

$ 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 10/22/2024

Name & Address
MARISSA SWIECH
285 HANCOCK ST
1313
QUINCY, MA 02171

$ 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 21.42

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
FRANCES DENUNZIO
2031 LOCUST ST
APT 101
PHILADELPHIA, PA 19103

$ 10.00 $ 10.00

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 10/22/2024

Name & Address
JENNIFER CHRISTIAN
95 WOODRIDGE RD
WAYLAND, MA 01778

$ 5.00 $ 5.00

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 10/22/2024

Name & Address:
PATRICK HART
1600 BEVERLEY RD
APT 6C
BROOKLYN, NY 11226

$ 10.71 $ 10.71

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 10/22/2024

Name & Address
REBECCA HARRIS
47 BROADWAY
ARLINGTON, MA 02474

$ 3.00 $ 3.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 28.71

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
BRIAN KINGSBURY
2488 FIELD ST
CORTLANDT MANOR, NY 10567

$ 10.00 $ 10.00

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 10/22/2024

Name & Address
ANNA VALENTI
16651 W PARADISE LN
SURPRISE, AZ 85388

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
HANAN KNAUER-NASSAU
68 FAIR ST
CARMEL HAMLET, NY 10512

$ 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 10/22/2024

Name & Address
JACQUELINE COX
929 MENDOCINO AVE
BERKELEY, CA 94707

$ 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 20.71

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
FRANCES MAHONEY
45 WEYBOSSET ST
SHELTON, CT 06484

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
ELIZABETH HORTON
3713 ALPINE DR
SMYRNA, GA 30082

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
EMILY TABAS
1910 STONE RIDGE LN
VILLANOVA, PA 19085

$ 1.54 $ 1.54

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 10/22/2024

Name & Address
STEVEN HEIDEL
659 PAGE ST
SAN FRANCISCO, CA 94117

$ 100.00 $ 100.00

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 line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
JACK QUIRK
531 GRAND BLVD
UNIT 425
KANSAS CITY, MO 64106

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
RANDOLPH SCULLY
9808 HAVILAND CT
FAIRFAX, VA 22032

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
JUSTIN CHOWNING
12721 SEBRING BLVD
TAMPA, FL 33618

$ 1.50 | $ 1.50

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 10/22/2024

Name & Address
TYLER LAREDO
216 W BROADWAY
APT 2
BOSTON, MA 02127

$ 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

---

Page Subtotal 33.63

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
COLIN DUCKETT
1308 W MARKHAM AVE
DURHAM, NC 27705

$ 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 10/22/2024

Name & Address
MEIRA FRIED
2121 JAMIESON AVE
UNIT 403
ALEXANDRIA, VA 22314

$ 20.00 $ 20.00

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 10/22/2024

Name & Address:
NATASHA BAKER
385 JAYNE AVE
OAKLAND, CA 94610

$ 2.00 $ 2.00

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 10/22/2024

Name & Address
REBECCA SILVERSTEIN
2478 COLE ST
OAKLAND, CA 94601

$ 10.00 $ 10.00

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 (Complete on last page of Schedule)	

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
JASON THOMPSON
806 MCLEAN AVE
DALLAS, TX 75211

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
JESSICA HANSON
14042 LEXINGTON DR
PARKER, CO 80134

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
ISRAEL RUIZ
6804 BRYN MAWR DR
AUSTIN, TX 78723

$ 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 10/22/2024

Name & Address
SUZANNE YOUNG
6 COBBLE GLEN CT
DURHAM, NC 27713

$ 35.71 | $ 35.71

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
CARYN WAGNER
5006 YORKTOWN BLVD
ARLINGTON, VA 22207

$ 100.00 $ 100.00

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 10/22/2024

Name & Address
ERIN PODOLNY
1613 LEWIS AVE
ROCKVILLE, MD 20851

$ 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 10/22/2024

Name & Address:
AMANDA WOJCIECHOWSKI
1526 W HENDERSON ST
APT 1
CHICAGO, IL 60657

$ 1.07 $ 1.07

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 10/22/2024

Name & Address
ALEX HAMBERGER
315 E 73RD ST
APT 17
NEW YORK, NY 10021

$ 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 111.78

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
KATHRYN WOLF
23 CHESSMAN DR
SHARON, MA 02067

$ 1.78 | $ 1.78

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 10/22/2024

Name & Address
LISA SHAFFER
7964 GRADO EL TUPELO
CARLSBAD, CA 92009

$ 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 10/22/2024

Name & Address:
RAKESH PATEL
291 WOODBRIDGE AVE
METUCHEN, NJ 08840

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
DAVID LEWIS
1403 N FAIRFAX AVE
APT. 109
WEST HOLLYWOOD, CA 90046

$ 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 19.63

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
LACA TINES
180 WEST END AVE
APT 3N
NEW YORK, NY 10023

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
DREW KAUFMAN
221 N FRONT ST
APT 508
COLUMBUS, OH 43215

$ 1.71 | $ 1.71

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 10/22/2024

Name & Address:
SCOTT JEHLE
1406 TANGLEWOOD CT
ROSE HILL, KS 67133

$ 10.00 | $ 10.00

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 10/22/2024

Name & Address
CLAIRE ZIEGELEF
5981 BAUER RD
BRIGHTON, MI 48116

$ 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

---

Page Subtotal 25.99

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
SONIA MARTON
344 DEGRAW ST
6E
CARROLL GARDENS, NY 11231

$ 2.85 | $ 2.85

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 10/22/2024

Name & Address
ELEANOR DENUNZIO
2101 N CLIFTON AVE
#3
CHICAGO, IL 60614

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
MARK MILLER
211 NE 43RD ST
OAKLAND PARK, FL 33334

$ 3.00 | $ 3.00

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 10/22/2024

Name & Address
ALISON CARUSO
2054 RIVERSIDE AVE
APT 4407
JACKSONVILLE, FL 32204

$ 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	12.99
Grand Total of All Schedules 1A (Complete on last page of Schedule)	

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
SHAYNA GOLDSTEIN
2919 W WILSON AVE
CHICAGO, IL 60625

$ 8.43 | $ 8.43

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 10/22/2024

Name & Address
HEATHER QUINLAN
8643 WINCHESTER DR
STERLING HEIGHTS, MI 48313

$ 3.14 | $ 3.14

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 10/22/2024

Name & Address:
ANN BARTOLONI
268 CHERRY AVE
LOS ALTOS, CA 94022

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
RITA DEFREES
32 RIVER OAKS DR
APT 101
CROSSVILLE, TN 38555

$ 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 22.28

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
ANDREW ARENSBURGER
3009 MEDWAY ST
SILVER SPRING, MD 20902

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
GLENN RUSSELL RUBY
2311 NW VAN BUREN AVE
APT 1
CORVALLIS, OR 97330

$ 10.00 | $ 10.00

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 10/22/2024

Name & Address:
JOSEPH FONTE
238 N 17TH ST
KENILWORTH, NJ 07033

$ 1.00 | $ 1.00

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 10/22/2024

Name & Address
MEREDITH MASCIS
13 N END DR
SECAUCUS, NJ 07094

$ 1.43 | $ 1.43

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
DON BRAGG
112 LIME CREEK LN
CHELSEA, AL 35043

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
JOSHUA HERZIGMARX
22 ABERDEEN ST
NEWTON HIGHLANDS, MA 02461

$ 100.00 $ 100.00

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 10/22/2024

Name & Address:
ELISSA SPELMAN
9 HASKELL ST
UNIT B
CAMBRIDGE, MA 02140

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
MARGARET DRISOLL
866 PARAGON DR
BOULDER, CO 80303

$ 10.00 $ 10.00

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
SHAUN SPALDING
2021 SAN JOSE AVE
APT 12
ALAMEDA, CA 94501

$ 1.00 $ 1.00

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 10/22/2024

Name & Address
CHRISTINE CONLEY
989 PHILADELPHIA
MEMPHIS, TN 38104

$ 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 10/22/2024

Name & Address:
KIM BURKART
5240 FAWN RIDGE WAY
CASTLE ROCK, CO 80104

$ 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 10/22/2024

Name & Address
PAOLA EISLER
5 MARITIME WAY
EAST HAMPTON, NY 11937

$ 10.00 $ 10.00

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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
KATHLEEN AHERN
7909 6TH AVE NW
SEATTLE, WA 98117

$ 3.84 $ 3.84

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 10/22/2024

Name & Address
LINDSEY SUTTON
701 GRAPHITE WAY
SUPERIOR, CO 80027

$ 10.00 $ 10.00

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 10/22/2024

Name & Address:
MATT DAMICO
4708 8TH ST S
ARLINGTON, VA 22204

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
MAXWELL DIKKERS
661 LINCOLN PL
6S
BROOKLYN, NY 11216

$ 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

Page Subtotal 28.12

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
GEORGE SCHNEIDERMAN
266 W 117TH ST
FL2
NEW YORK, NY 10026

$ 54.00 $ 54.00

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 10/22/2024

Name & Address
AMANDA RITCHIE
54 ROPE FERRY RD
N163
WATERFORD, CT 06385

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
LISA BROWNSTONE
8765 E 28TH AVE
DENVER, CO 80238

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
PATRICK MEEHAN
14532 35TH AVE NW
GIG HARBOR, WA 98332

$ 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

Page Subtotal 78.99

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
KIMBERLY CORRY
5655 MASONIC AVE
OAKLAND, CA 94618

$ 10.71 $ 10.71

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 10/22/2024

Name & Address
STEPHEN HUEGEL
113 WILMAR DR.
PITTSBURGH, PA 15238

$ 10.00 $ 10.00

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 10/22/2024

Name & Address:
ELIZABETH RAINHART
11601 HELMONT DR
OAKTON, VA 22124

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
PAULA LYNN
3003 VAN NESS ST NW
APT. W206
WASHINGTON, DC 20008

$ 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

Page Subtotal 34.99

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
PAM WYE-HUNSINGER
27 HILLSIDE AVE
VERONA, NJ 07044

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
ROBERT GRAVITZ
934 FRENCH ST NW
WASHINGTON, DC 20001

$ 50.00 | $ 50.00

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 10/22/2024

Name & Address:
SHRUTI GOINS
16804 NE 92ND ST
REDMOND, WA 98052

$ 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 10/22/2024

Name & Address
MICHAEL LAWLOR
210 THOMPSON ST
APT 6BN
NEW YORK, NY 10012

$ 2.50 | $ 2.50

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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
NATALIE VALENTINE
350 NW 78TH ST
SEATTLE, WA 98117

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
CAROLYN CONNER
5444 N WINTHROP AVE
CHICAGO, IL 60640

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
BRIDGETTE JAKUBOWICZ
33 GOLF RD
PLEASANTON, CA 94566

$ 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 10/22/2024

Name & Address
VIRGINIA SPRADLIN
3525 BLUE JAY RD
BIRMINGHAM, AL 35243

$ 1.00 $ 1.00

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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
ROBERT SILVERMAN
1114 47TH AVE
APT 2R
LIC, NY 11101

$ 17.85 $ 17.85

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 10/22/2024

Name & Address
JULIE BRIDGE
1414 ROOSEVELT DR
WOODLAND, CA 95776

$ 10.00 $ 10.00

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 10/22/2024

Name & Address:
ANGELA KUO
5250 N MERIDIAN ST
INDIANAPOLIS, IN 46208

$ 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 10/22/2024

Name & Address
KATHLEEN SHADOAN
3623 NE 6TH AVE
PORTLAND, OR 97212

$ 1.78 $ 1.78

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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

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 10/22/2024

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 10/22/2024

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 10/22/2024

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)	

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
MARGARITA ALWAY
6273 20TH AVE NE
SEATTLE, WA 98115

$ 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 10/22/2024

Name & Address
HELEN HOBART
410 SANTA YNEZ WAY
SACRAMENTO, CA 95816

$ 10.71 $ 10.71

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 10/22/2024

Name & Address:
TIM WRYE
1443 N HIGHLAND ST
TACOMA, WA 98406

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
REGINALD WITHERS
9603 9TH AVE
PARKVILLE, MD 21234

$ 1.78 $ 1.78

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
DEBRA DENHERDER
2721 SHATTUCK AVE.
#225
BERKELEY, CA 94705

$ 17.85 $ 17.85

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 10/22/2024

Name & Address
JULIA DAVIS
11847 KIOWA AVE
APT 105
LOS ANGELES, CA 90049

$ 10.00 $ 10.00

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 10/22/2024

Name & Address:
ALEX BOOKER
3828 GEORGIA AVE NW
APT 320
WASHINGTON, DC 20011

$ 1.07 $ 1.07

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 10/22/2024

Name & Address
JILL JONNES
303 WINGATE RD
BALTIMORE, MD 21210

$ 53.57 $ 53.57

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 82.49

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☑ YES 4. Date of Receipt 10/23/2024

Name & Address:
UAW MICHIGAN V-PAC
8000 E JEFFERSON AVE
DETROIT, MI 48214

$ 10,000.00 $ 10,000.00

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 10/23/2024

Name & Address
CHRISTINA HWANG
17914 MAPLE HILL DR
NORTHVILLE, MI 48168

$ 100.00 $ 400.00

5. If over $100.00 cumulative, please provide:

Occupation MEDICAL TECHNOLOGIST Employer TRINITY HEALTH LIVONIA

Business Address 36475 W FIVE MILE ROAD, LIVONIA, MI 28154

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JON GENTILE
17117 SILK TREE WAY
SANTA CLARITA, CA 91387

$ 500.00 $ 1,250.00

5. If over $100.00 cumulative, please provide:

Occupation SALES Employer CDW

Business Address 17117 SILK TREE WAY, LOS ANGELES COUNTY, CA 91387

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
ALICE CHAMPION
6111 MIDDLE LAKE RD
CLARKSTON VLG, MI 48346

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

Page Subtotal 10,850.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
THOMAS DOLAN
1756 LAS PALMITAS ST
SOUTH PASADENA, CA 91030

$ 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 10/23/2024

Name & Address
MARIE LAMB
28 PINE PLAIN RD
BOXFORD, MA 01921

$ 10.00 $ 10.00

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 10/23/2024

Name & Address:
MARY GOOT
2828 CHARLESTON ST NE
ALBUQUERQUE, NM 87110

$ 71.43 $ 71.43

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 10/23/2024

Name & Address
TIMOTHY MAXWELL
500 EL CAMINO REAL
UNIT 204
BURLINGAME, CA 94010

$ 428.57 $ 428.57

5. If over $100.00 cumulative, please provide:

Occupation SOFTWARE ENGINEER Employer ANTHROPIC

Business Address 548 MARKET ST, PMB 90375, SF, CA 94104

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)	

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
RUBY CYMROT-WU
881 WASHINGTON AVE
ALBANY, CA 94706

$ 5.00 $ 5.00

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 10/23/2024

Name & Address
BONNIE FRANK
2045 MANNING AVE
LOS ANGELES, CA 90025

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
ELIZABETH JOY
416 W LAUREL AVE
GLENDORA, CA 91741

$ 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 10/23/2024

Name & Address
ASIA POPPERS
52 GROVE LN
SAN ANSELMO, CA 94960

$ 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

Page Subtotal 19.28

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JESSIE CHOU
15530 SONORA ST
TUSTIN, CA 92782

$ 35.71 $ 35.71

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 10/23/2024

Name & Address
ARYEH ARCHER
7905 SE ELLIS ST
PORTLAND, OR 97206

$ 10.71 $ 10.71

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 10/23/2024

Name & Address:
ARYEH ARCHER
7905 SE ELLIS ST
PORTLAND, OR 97206

$ 10.00 $ 20.71

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 10/23/2024

Name & Address
MANDE MAY
3251 STRATHMORE PL
EUGENE, OR 97405

$ 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 59.99

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
KATHARINE YOCHIM-SMITH
10213 NE 28TH CT
VANCOUVER, WA 98686

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
MATT LAMBERT
7905 SE ELLIS ST
PORTLAND, OR 97206

$ 10.00 $ 10.00

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 10/23/2024

Name & Address:
MATT LAMBERT
7905 SE ELLIS ST
PORTLAND, OR 97206

$ 10.00 $ 20.00

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 10/23/2024

Name & Address
RICHARD UPTON
78 N 12TH ST
SAN JOSE, CA 95112

$ 20.00 $ 56.66

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 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
AMY SALTZ
305 E 24TH ST
NEW YORK, NY 10010

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
AMY SALTZ
305 E 24TH ST
NEW YORK, NY 10010

$ 3.13 $ 6.70

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 10/23/2024

Name & Address:
LEONARD HOURVITZ
816 8TH AVE
HONOLULU, HI 96816

$ 30.00 $ 30.00

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 10/23/2024

Name & Address
LAUREN GRUBER
4915 MANILA AVE
OAKLAND, CA 94609

$ 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

Page Subtotal 43.84

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
MARK MUEHLHAUSEN
531 MERLIN DR
SCHAUMBURG, IL 60193

$ 5.35 $ 5.35

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 10/23/2024

Name & Address
RICHARD UPTON
78 N 12TH ST
SAN JOSE, CA 95112

$ 20.00 $ 76.66

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 10/23/2024

Name & Address:
HANK BROMLEY
1107 E DUFFY ST
SAVANNAH, GA 31404

$ 11.54 $ 11.54

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 10/23/2024

Name & Address
LUCY DIEKMANN
14940 RIDGETOP DR
SAN JOSE, CA 95127

$ 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 40.46

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JEFF GRAY
5616 ALADDIN ST
LOS ANGELES, CA 90008

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
CHARLES LEE
5121 NE 55TH ST
SEATTLE, WA 98105

$ 71.43 $ 71.43

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 10/23/2024

Name & Address:
JOSEPH BRENNAN
159 DENNY WY
404
SEATTLE, WA 98109

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
MARIAN PARSONS
816 SE ROBERTS AVE
ROSEBURG, OR 97470

$ 2.28 $ 2.28

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
MALINI SABHARWAL
6609 ORLAND ST
FALLS CHURCH, VA 22043

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
ANNA LEVAK
55 AVENUE C
APT 7
NEW YORK, NY 10009

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JENNIFER CABALLERO
58 W 58TH ST
APT 3A
NEW YORK, NY 10019

$ 35.71 $ 35.71

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 10/23/2024

Name & Address
LIZ NUGENT
121 STERLING RD
TRUMBULL, CT 06611

$ 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

---

Page Subtotal 57.13

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
GARTH COOMBS
9 WARD ST
UNIT 201
BOSTON, MA 02127

$ 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 10/23/2024

Name & Address
KATHRYN QUILLIN
211 DOGWOOD LN
JOHNSON CITY, TN 37604

$ 10.00 $ 10.00

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 10/23/2024

Name & Address:
AKASH SHAH
3908 N OAKLEY AVE
CHICAGO, IL 60618

$ 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 10/23/2024

Name & Address
CRAIG EISEN
568 UNION AVE
APT 3I
BROOKLYN, NY 11211

$ 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 31.42

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
PAMELA MAYER
290 HIGH BRIDGE RD
MILANVILLE, PA 18443

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
EDWARD SCHNEIDER
3615 TRENTON LN N
PLYMOUTH, MN 55441

$ 15.00 $ 15.00

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 10/23/2024

Name & Address:
DAVID MARQUARDT
414 BRETTON PL
BALTIMORE, MD 21218

$ 35.71 $ 35.71

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 10/23/2024

Name & Address
BARBARA GREENSTEIN
935 26TH ST
SANTA MONICA, CA 90403

$ 10.00 $ 10.00

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JANE ROTHFUSS
3 TAMARA DR
ROOSEVELT, NJ 08555

$1.78 | $1.78

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 10/23/2024

Name & Address
MICHAEL FREDERICKS
4773 TAPESTRY DR
FAIRFAX, VA 22032

$100.00 | $100.00

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 10/23/2024

Name & Address:
CHERYL STEINECKER
1900 FARMERSVILLE WEST ALEX RD
FARMERSVILLE, OH 45325

$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 10/23/2024

Name & Address
EMILY BROBECK
7573 LAMBTON PARK RD
NEW ALBANY, OH 43054

$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

Page Subtotal 112.49

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
THOMAS STEVENS
1304 COMSTOCK ST
ASBURY PARK, NJ 07712

$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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
AUDREY YI
320 WEYCROFT GRANT DR
CARY, NC 27519

$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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
MATTHEW SAARI
1065 PARKVIEW WAY SW
LILBURN, GA 30047

$10.00 $10.00

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 10/23/2024

Name & Address
MARION MEDOW
5 BURLINGTON RD
LIVINGSTON, NJ 07039

$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

Page Subtotal	27.85
Grand Total of All Schedules 1A (Complete on last page of Schedule)	

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JENNIFER SPENCER
4536 NW 83RD PKWY
DORAL, FL 33166

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
LEAH KULIK
1907 N CLEVELAND AVE
UNIT B
CHICAGO, IL 60614

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
CAROLINA MALAGON
168 STERLING PL
2R
PARK SLOPE, NY 11217

$ 35.71 | $ 35.71

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 10/23/2024

Name & Address
ADRIAN DAVIS
410 W 53RD ST
331
NEW YORK, NY 10019

$ 71.43 | $ 71.43

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 117.85

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JACOB ROSCH
443 S 48TH ST
PHILADELPHIA, PA 19143

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
KEVIN O'NEILL
71 STAGHORN CT
LAKE JACKSON, TX 77566

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
MICHAEL ARONES
139 SETTINGS BLVD
BLACK MOUNTAIN, NC 28711

$ 5.00 $ 5.00

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 10/23/2024

Name & Address
JOHN HULSE
4 LIGHTSHIP DR
REHOBOTH BEACH, DE 19971

$ 10.00 $ 10.00

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)	

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JEFFREY SANDBERG
2003 BELMONT RD NW
WASHINGTON, DC 20009

$ 10.71 $ 10.71

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 10/23/2024

Name & Address
TRAVIS CLARK
2915 S WOODSTOCK ST
UNIT C
ARLINGTON, VA 22206

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
DAVID SHAPIRO
18 GREENVIEW AVE
BOSTON, MA 02130

$ 100.00 $ 100.00

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 10/23/2024

Name & Address
ZACHARY LEWIS
638 10TH ST
#3
PARK SLOPE, NY 11215

$ 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

Page Subtotal 121.42

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
REBECCA SCHMIDT
269 W 73RD ST
APT 4A
NEW YORK, NY 10023

$ 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 10/23/2024

Name & Address
LENNE KLINGAMAN
27-08 DITMARS BLVD
2F
ASTORIA, NY 11105

$ 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 10/23/2024

Name & Address:
DANIEL SIGWARD
219 BEECH AVE
MELROSE, MA 02176

$ 17.85 $ 17.85

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 10/23/2024

Name & Address
ALEXANDRO STRAUSS
1212 8TH AVE
APT 2
PARK SLOPE, NY 11215

$ 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

Page Subtotal 46.41

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
DAVID WARNER
116 HILLSIDE DR
WOODSIDE, CA 94062

$ 4.28 $ 4.28

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 10/23/2024

Name & Address
ABBIE LIEL
1793 YELLOW PINE AVE
BOULDER, CO 80304

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
LAURA LENNON
123 BOERUM PL
#3C
BROOKLYN, NY 11201

$ 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 10/23/2024

Name & Address
TIMOTHY BURGER
467 WHEELING WAY
LOS ANGELES, CA 90042

$ 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 25.70

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
AMBER CROSBY
4106 W GLENCOE PL
BOISE, ID 83705

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
ELAINE SCHREIBER
441 OAK CREST LN
GEORGETOWN, TX 78628

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
DONICA SHYE
222 MONROE ST
APT 1
BEDFORD-STUYVESANT, NY 11216

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
KEVIN JOSEPH
862 NW 68TH AVE
PLANTATION, FL 33317

$ 10.00 $ 10.00

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 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
LOUISE KITTREDGE
5 HARRINGTON ST
NEWTON, MA 02460

$ 100.00 $ 100.00

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 10/23/2024

Name & Address
ZENNA MOHR
1928 CANNERY LOOP
DAVIS, CA 95616

$ 35.71 $ 35.71

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 10/23/2024

Name & Address:
STACY PENDELL
321 NY-38
LOCKE, NY 13092

$ 5.35 $ 5.35

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 10/23/2024

Name & Address
LINDA BELL
4808 CAVALRY GREEN DR
MANLIUS, NY 13104

$ 1.78 $ 1.78

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
CHRISTIAN SOLBERG
185 PLEASANT ST
APT 1
BROOKLINE, MA 02446

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
NICOLE RODRIGUEZ
5931 W BELLFORT AVE
HOUSTON, TX 77035

$ 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 10/23/2024

Name & Address:
JORDAN HESS
15113 CAMDEN AVE
EASTPOINTE, MI 48021

$ 10.00 | $ 10.00

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 10/23/2024

Name & Address
JONATHAN CROWDER
1720 W CHICAGO AVE
APT 1502
CHICAGO, IL 60622

$ 2.14 | $ 2.14

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
LILY ZALLA
64 BAYARD ST
APT 4C
BROOKLYN, NY 11222

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
RICH HEYNIGER
87 PEASE AVE
VERONA, NJ 07044

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JANET WALKER CHIRLIN
3460 39TH ST NW
NO. A679
WASHINGTON, DC 20016

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
THOMAS BOURKE
300 CLOPSTON HILL
ANNAPOLIS, MD 21405

$ 15.38 | $ 15.38

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
PHILLIP COPE
931 MONROE DR NE
ATLANTA, GA 30308

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
ERICA LEE
156 WOODMONT CIR
RIVER VALE, NJ 07675

$ 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 10/23/2024

Name & Address:
KRISTEN TARNOL
13423 RAND DR
LOS ANGELES, CA 91423

$ 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 10/23/2024

Name & Address
GRAHAM CANTOR-COOKE
269 W 73RD ST
NEW YORK, NY 10023

$ 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

Page Subtotal 32.13

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
LISA PISCITELLO
6770 E CALLE DE ORO
TUCSON, AZ 85715

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
NIKKI TOWNSEND
590 SHORTRIDGE AVE
ROCHESTER HILLS, MI 48307

$ 35.71 $ 35.71

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 10/23/2024

Name & Address:
ROBERT WALDER
1793 YELLOW PINE AVE
BOULDER, CO 80304

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
ERIK BARNES
1202 MADISON AVE
AUSTIN, TX 78757

$ 38.46 $ 38.46

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
TYLER MILLS
233 FEDERAL ST
PROVIDENCE, RI 02909

$ 1.00 $ 1.00

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 10/23/2024

Name & Address
LISA BONNER
4219 NAPIER AVE
BRONX, NY 10470

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
TOM TROJNAR
600 CAM DEL MEDIO
TAOS, NM 87571

$ 2.00 $ 2.00

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 10/23/2024

Name & Address
ABBI HAWK
148 LINDEN BLVD
APT 10
BROOKLYN, NY 11226

$ 1.43 $ 1.43

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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
MICHELLE GIORLANDO
625 HENDRICKSON BLVD
CLAWSON, MI 48017

$ 5.00 $ 5.00

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 10/23/2024

Name & Address
KATHARINE CLINGAN
135 SIMMONS AVE
COHOES, NY 12047

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
KRISTEN KARLE
1422 W BROADWAY
EUGENE, OR 97402

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
BEN MARKOWITZ
75 OAKVIEW AVE
MAPLEWOOD, NJ 07040

$ 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

Page Subtotal 22.85

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
MARIE NEW
3500 WIMBERLEY CREEK DR
YUKON, OK 73099

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
CAITLIN CHAROS
5759 SCARBOROUGH DR
OAKLAND, CA 94611

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
VERONICA HOLTZ
2037 N 159TH CT E
WICHITA, KS 67230

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
PAUL KOEHLER
3309 KEMPTON AVE
OAKLAND, CA 94611

$ 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 32.13

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
CAROLYN MAYER
11610 RED RUST LN
CHARLOTTE, NC 28277

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
CATHERINE ALLEN
37 BEACON ST
BATH, ME 04530

$ 5.35 $ 5.35

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 10/23/2024

Name & Address:
ALEXANDRA KARRAM
953 UNION ST
SF, CA 94133

$ 25.00 $ 25.00

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 10/23/2024

Name & Address
LISA CONN
18081 SE COUNTRY CLUB DR
JUPITER, FL 33469

$ 10.00 $ 10.00

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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
SANDRA SPIRES
1105 N SAGE CT
SUNNYVALE, CA 94087

$ 31.71 $ 31.71

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 10/23/2024

Name & Address
LARRY HOYT
3256 W 111TH LOOP
UNIT B
WESTMINSTER, CO 80031

$ 10.00 $ 10.00

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 10/23/2024

Name & Address:
RENEE LAROSE
LINDA ST
SAN FRANCISCO, CA 94110

$ 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 10/23/2024

Name & Address
JENNIFER COHEN
903 CHANTICLEER
CHERRY HILL, NJ 08003

$ 71.43 $ 71.43

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 116.71

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JEFF GERDE
31628 MILLCREEK DR
MENIFEE, CA 92584

$ 1.43 | $ 1.43

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 10/23/2024

Name & Address
PITO SALAS
12 INTERVALE RD
ARLINGTON, MA 02474

$ 35.71 | $ 35.71

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 10/23/2024

Name & Address:
ALFREDO PELICCI
145 E 22ND ST
4E
NEW YORK, NY 10010

$ 10.00 | $ 10.00

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 10/23/2024

Name & Address
BECKY CANTOR-WILLIAMS
5536 KAREN DR
BETHLEHEM, PA 18017

$ 1.78 | $ 1.78

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 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
CAROLYN MARANCA
1411 CELEBRATION AVE
UNIT 404
CELEBRATION, FL 34747

$ 10.71 $ 10.71

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 10/23/2024

Name & Address
LAURA GOUBEAUX
3082 STRATFORD ADAMS DR
CHAMBLEE, GA 30341

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
LAURIE HUTTON-CORR
36 ISLAND ST
SOUTH DENNIS, MA 02660

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
ELISSA SUSSMAN
3594 WOODHILL CANYON RD
LOS ANGELES, CA 91604

$ 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

Page Subtotal 38.56

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
KATHERINE MCALLISTER
100 OAKLAWN AVE
STAMFORD, CT 06905

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
DONNA ORANGE
570 MAYFLOWER RD
CLAREMONT, CA 91711

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
CATHERINE PRICE
5 COT HILL RD
BEDFORD, MA 01730

$ 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 10/23/2024

Name & Address
DAVID REES
859 N JUNE ST
APT 105
LOS ANGELES, CA 90038

$ 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

Page Subtotal	34.99
Grand Total of All Schedules 1A (Complete on last page of Schedule)	

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
MICHELLE LEE
422 MANZANITA AVE
CORTE MADERA, CA 94925

$166.66 $166.66

5. If over $100.00 cumulative, please provide:

Occupation FINANCE Employer STEPHEN YARROW

Business Address 911 HIGHLAND DR, SOLANA BEACH, CA 92075

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
PAUL LEVIN
91 HAPEMAN HILL RD
RED HOOK, NY 12571

$25.00 $25.00

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 10/23/2024

Name & Address:
OLIVIER COURTEMANCHE
1418 BARROWS RD
OAKLAND, CA 94610

$10.71 $10.71

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 10/23/2024

Name & Address
VALERIE PIERCE
1570 SANCHEZ ST
SAN FRANCISCO, CA 94131

$35.71 $35.71

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 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
MOLLY RANSON
245 W 74TH ST
APT 9A
NEW YORK, NY 10023

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
THIBAUT PACIELLO
420 UNION AVE
BROOKLYN, NY 11211

$ 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 10/23/2024

Name & Address:
WILLIAM SMITH
113 NEWMAN ST
SAN FRANCISCO, CA 94110

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
JANETTE BIBBY
9604 BEECHNUT DR
AUSTIN, TX 78748

$ 1.43 | $ 1.43

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
NICOLE KLINE
2330 HICKORY LN
ORLANDO, FL 32803

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
DAVID SBORZ
12 NEW WHITEHORSE WY
STE 250
MALVERN, PA 19355

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
TUSHAR CHEKE
450 W 147TH ST
APT 45
NEW YORK, NY 10031

$ 20.00 $ 20.00

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 10/23/2024

Name & Address
EMILY KESSLER
920 STODDARD AVE
WHEATON, IL 60187

$ 35.71 $ 35.71

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 (Complete on last page of Schedule)	

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
LOREN SKLAR
59-29 LINDEN ST
APT 1F
RIDGEWOOD, NY 11385

$ 2.00 $ 2.00

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 10/23/2024

Name & Address
JANELLE GUNTHER
119 GIFFORD AVE
JERSEY CITY, NJ 07304

$ 10.00 $ 10.00

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 10/23/2024

Name & Address:
JAMES LAYMAN
85 LAUREL DR
ESSEX JUNCTION, VT 05452

$ 2.00 $ 2.00

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 10/23/2024

Name & Address
DINA COWAN
30 HARWARD ST
BATH, ME 04530

$ 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

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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
NANCY STOCKERT
1425 W 28TH ST
APT 505
MINNEAPOLIS, MN 55408

$ 10.71 $ 10.71

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 10/23/2024

Name & Address
FELICIA BIANCHI
609 COLES MEADOW RD
NORTHAMPTON, MA 01060

$ 10.00 $ 10.00

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 10/23/2024

Name & Address:
MICHAEL GASKILL
8581 NASHVILLE RD
EDDYVILLE, OR 97343

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
WILLIAM MAINA
8571 ANDERSON CREEK CIR
DALLAS, TX 75243

$ 150.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 184.99

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
STEVEN KUCHUCK
60 W 13TH ST
APT 5D
NEW YORK, NY 10011

$ 35.71 $ 35.71

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 10/23/2024

Name & Address
BARRY DEUTSCH
8659 SE FOSTER RD
PORTLAND, OR 97266

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JARED CRAIN
100 NEW MARKET CT
CATONSVILLE, MD 21228

$ 20.00 $ 20.00

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 10/23/2024

Name & Address
CAROL DAVIS GROSSMAN
12 ELM PLACE
NORTH CALDWELL, NJ 07006

$ 10.00 $ 10.00

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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Page Subtotal 69.28

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
ALEX SALZBERG
1430 RIDGE RD
RALEIGH, NC 27607

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
LUCILENA JONES
PO BOX 772
LOPEZ ISLAND, WA 98261

$ 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 10/23/2024

Name & Address:
THOMAS HUBMER
3912 ANNELS CT
FORT WORTH, TX 76109

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
PAM LELAND
1600 IRON HORSE DR
#B201
LONGMONT, CO 80501

$ 2.14 $ 2.14

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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
TAYLOR JOHNSON
113 PINCKNEY ST
GREENVILLE, SC 29601

$ 10.71 $ 10.71

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 10/23/2024

Name & Address
MAYA GEYER
285 ST JOHNS PL
APT 53
BROOKLYN, NY 11238

$ 2.14 $ 2.14

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 10/23/2024

Name & Address:
MARSHAL MERRIAM
2119 PSO DEL ORO
SAN JOSE, CA 95124

$ 35.71 $ 35.71

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 10/23/2024

Name & Address
JAMIE BROUSSARD
8163 REDLANDS ST
APT 57
LOS ANGELES, CA 90293

$ 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

Page Subtotal 55.70

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
DANIEL JUDSON
492 HURON AVE
CAMBRIDGE, MA 02138

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
AJ ELLIS
31 JANE ST
2A
NEW YORK, NY 10014

$ 1.43 $ 1.43

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 10/23/2024

Name & Address:
ANN STEPHENSON
170 E 3RD ST
3F
NEW YORK, NY 10009

$ 5.00 $ 5.00

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 10/23/2024

Name & Address
ADAM CROWLEY
4455 FULTON AVE
APT 2
SHERMAN OAKS, CA 91423

$ 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

Page Subtotal 17.14

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
ROBERT ANDERSON
9609 PRESCOTT DR
AUSTIN, TX 78749

$ 10.71 $ 10.71

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 10/23/2024

Name & Address
JENNIFER HERRICKS
1300 RIDGE WAY DR
MANDEVILLE, LA 70471

$ 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 10/23/2024

Name & Address:
KATHERINE FREEDMAN
238 W 106TH ST
6G
NEW YORK, NY 10025

$ 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 10/23/2024

Name & Address
STEPHEN PARE
1214 BARKDULL ST
#1
HOUSTON, TX 77006

$ 1.07 $ 1.07

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
CHRIS AYCOCK
2663 24TH AVE
SAN FRANCISCO, CA 94116

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
CHRISTINE ROGERSON
12329 COUNTRY CREEK WAY
GLEN ALLEN, VA 23059

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JINAH LEE
4037 TILDEN AVE
CULVER CITY, CA 90232

$ 1.78 | $ 1.78

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 10/23/2024

Name & Address
PETE OLIVER
1714 NW ASHBY CT
PORTLAND, OR 97229

$ 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

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Page Subtotal 19.63

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JORDAN KOLASINSKI
17128 BULLOCK ST
ENCINO, CA 91316

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
WILSON HUTTON
435 W NITTANY AVE
STATE COLLEGE, PA 16801

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JESSICA TAVA
814 DEVON PL
ALEXANDRIA, VA 22314

$ 20.00 | $ 20.00

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 10/23/2024

Name & Address
ERIKA JOHNSON
3458 E BELLEVUE ST
TUCSON, AZ 85716

$ 1.78 | $ 1.78

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
DAVID WOOD
21031 MILLERS MILL RD
FREELAND, MD 21053

$ 5.35 $ 5.35

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 10/23/2024

Name & Address
ANNE COSCARELLI
1120 GRANT ST
SANTA MONICA, CA 90405

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JAKE CHRISTENSEN
1 POLK ST
UNIT 1903
SAN FRANCISCO, CA 94102

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
ERIK HELLMAN
830 MARION AVE
HIGHLAND PARK, IL 60035

$ 17.85 $ 17.85

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
SARAH POPOVIC
12 OSPREY POINT
JOHNSON CITY, TN 37604

$ 4.54 $ 4.54

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 10/23/2024

Name & Address
MARINA HAYNES
30 FITHIAN AVE
MERCHANTVILLE, NJ 08109

$ 2.14 $ 2.14

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 10/23/2024

Name & Address:
LEA LANGDON
2800 GREEN VALLEY DR
COLUMBIA, MO 65201

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
SETH DODSON
6301 E 22ND AVE
DENVER, CO 80207

$ 5.00 $ 5.00

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
KATHLEEN MAHONEY
70 MARSTON ST
MEDFORD, MA 02155

$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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
JAMES RUGGIERO
1748 CORCORAN ST NW
APT 1A
WASHINGTON, DC 20009

$10.71 | $10.71

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 10/23/2024

Name & Address:
PATRICK MEBINE
3654 16TH ST
SAN FRANCISCO, CA 94114

$100.00 | $100.00

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 10/23/2024

Name & Address
JODI TANNER
7423 SEAN TAYLOR LN
SAN DIEGO, CA 92126

$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

Page Subtotal 124.99

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
FRANK BURGESS
5314 DORSETT PL NW
WASHINGTON, DC 20016

$ 357.14 $ 357.14

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
DANIEL CHANDLER
436 OLD WAGON RD
TRINIDAD, CA 95570

$ 20.00 $ 20.00

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 10/23/2024

Name & Address:
RAYNA KROHN
327 WILLOWSPRING DR N
ENCINITAS, CA 92024

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
PREEYA GORADIA
2 S END AVE
TH1
NEW YORK, NY 10280

$ 28.57 $ 28.57

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

Page Subtotal 415.71

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JESSICA KUNNING
10 FREMONT RD
SLEEPY HOLLOW, NY 10591

$ 1.78 $ 1.78

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 10/23/2024

Name & Address
SAHANA ZUTSHI
3 TAMARACK DR
NEW MILFORD, CT 06776

$ 1.78 $ 1.78

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 10/23/2024

Name & Address:
LAUREN MILGROOM
91 CLARENDON AVE
SOMERVILLE, MA 02144

$ 35.71 $ 35.71

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 10/23/2024

Name & Address
CODY BOWLES
501 E OLTORF ST
AUSTIN, TX 78704

$ 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

Page Subtotal 46.41

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
ROBERT ARBEIT
24 OLDHAM RD
WEST NEWTON, MA 02465

$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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
MERISSA DZAU
207 E 57TH ST
APT 21A
NEW YORK, NY 10022

$17.85 | $17.85

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 10/23/2024

Name & Address:
NATALIE JENSEN
80 CHESTNUT ST
DEDHAM, MA 02026

$71.43 | $71.43

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 10/23/2024

Name & Address
KATHERINE RANSOM-SILLIMAN
6 HIGHLAND AVE.
MADISON, NJ 07940

$17.85 | $17.85

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 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
RICHARD GRICIUS
2839 N RIDGEWAY AVE
CHICAGO, IL 60618

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
CHRISTINA COLMAN
9005 EDGEWOOD LANE
HIGHLANDS RANCH, CO 80130

$ 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 10/23/2024

Name & Address:
PETER SCHULZ
4500 S FOUR MILE RUN DR
APT 912
ARLINGTON, VA 22204

$ 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 10/23/2024

Name & Address
MELISSA MARLOW
5630 N DELTA AVE
KANSAS CITY, MO 64151

$ 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 24.28

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
CHRISTINE REILLY
1 DEERPATH LN
BERKELEY HEIGHTS, NJ 07922

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
MELISSA MARLOW
5630 N DELTA AVE
KANSAS CITY, MO 64151

$ 1.78 | $ 5.35

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 10/23/2024

Name & Address:
JOSE ROSA
644 RIVERSIDE DR
APT 11D
NEW YORK, NY 10031

$ 10.71 | $ 10.71

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 10/23/2024

Name & Address
CATHERINE FEY
192 SHEEDY RD
VESTAL, NY 13850

$ 100.00 | $ 100.00

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
KENNETH NEWKIRK
PO BOX 1660
ANACORTES, WA 98221

$ 20.00 $ 20.00

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 10/23/2024

Name & Address
TARA HALT
9511 SCARAB ST
VIENNA, VA 22182

$ 3.00 $ 3.00

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 10/23/2024

Name & Address:
FRANK HAUSER
1431 E MOYAMENSING AVE
PHILADELPHIA, PA 19147

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
MICHAEL BUTLER
412 2ND ST
APT 1R
BROOKLYN, NY 11215

$ 71.43 $ 71.43

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 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
HOWARD EDENBERG
635 BARNHILL DR
INDIANAPOLIS, IN 46202

$ 7.69 | $ 7.69

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 10/23/2024

Name & Address
REBECCA TROON
398 MAGNA VISTA ST
SANTA BARBARA, CA 93110

$ 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 10/23/2024

Name & Address:
DAVID KIDDOO
3339 WISCONSIN ST
OAKLAND, CA 94602

$ 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 10/23/2024

Name & Address
HOLLIND KEVO
6573 NE MAPLE ST
BAINBRIDGE ISLAND, WA 98110

$ 10.00 | $ 10.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 28.40

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JIM ALMENDINGER
416 CHURCHILL ST W
STILLWATER, MN 55082

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
CYNTHIA COLLINS
27 TRUMAN TERRACE
PISCATAWAY, NJ 08854

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
SARAH O'NEIL
155 BELCHER DR
SUDBURY, MA 01776

$ 10.00 $ 20.00

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 10/23/2024

Name & Address
LYNNE RUSSO
1078 HAYES AVE
SAN DIEGO, CA 92103

$ 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 27.14

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
KEN NYMAN
2475 S CULPEPER ST
ARLINGTON, VA 22206

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
ANITA PETERS
3837 MONONA DR
UNIT 4
MONONA, WI 53714

$ 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 10/23/2024

Name & Address:
ELIZABETH WOOD-HULL
4374 WOODLAND AVE
WESTERN SPRINGS, IL 60558

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
RICHARD ZACHARIAS
1501 GREEN ST
#4
PHILADELPHIA, PA 19130

$ 32.14 $ 32.14

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 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
MARGARET BLAUVELT
115 WILLIAM CIR
CLOVERDALE, CA 95425

$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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
JOSHUA RIEGEL
200 E 18TH ST
NO. 2D
BROOKLYN, NY 11226

$10.00 $10.00

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 10/23/2024

Name & Address:
BOBBIE KEEVER
2348 MILLCREEK PL
HIGHLANDS RANCH, CO 80126

$10.00 $10.00

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 10/23/2024

Name & Address
DAVID THOMAS
4330 W LAKESHORE DR
MOSES LAKE, WA 98837

$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

Page Subtotal 34.28

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
KALLY MCCONNELL
636 N WRIGHT ST
NAPERVILLE, IL 60563

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
ROBERT LAVALLEE
7413 ARVADA AVE NE
ALBUQUERQUE, NM 87110

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
ERIKA BOECKELER
152 UPHAM ST
MELROSE, MA 02176

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
GARETH HINDS
5718 39TH AVE
HYATTSVILLE, MD 20781

$ 10.00 $ 10.00

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
LISA ROGOFF
7 SEDGWICK DR
CHERRY HL VLG, CO 80113

$ 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 10/23/2024

Name & Address
MATTHEW KREPS
284 CLAREMONT AVE
APT A4
VERONA, NJ 07044

$ 10.00 $ 10.00

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 10/23/2024

Name & Address:
DANI SKROCH
720 E 7TH ST
#414
ST PAUL, MN 55106

$ 1.43 $ 1.43

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 10/23/2024

Name & Address
RICHARD UPTON
78 N 12TH ST
SAN JOSE, CA 95112

$ 64.00 $ 140.66

5. If over $100.00 cumulative, please provide:

Occupation IT MANAGER Employer CROWDSTRIKE INC.

Business Address 150 MATHILDA PL, SUNNYVALE, CA 94086

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 89.71

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
ERNESTINE MAURA
2025 NORMANDY CIR
WEST PALM BEACH, FL 33409

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
LINDSEY BEAKES
7 SHADY CT
BAY SHORE, NY 11706

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
STEPHEN GRIEDER
3637 POINCIANA AVE
MIAMI, FL 33133

$ 100.00 $ 100.00

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 10/23/2024

Name & Address
MARYSA LIN
1324 CARMONA AVE
LOS ANGELES, CA 90019

$ 2.85 $ 2.85

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
NANCY ARONSON
1400 CALHOUN ST
NEW ORLEANS, LA 70118

$ 35.71 $ 35.71

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 10/23/2024

Name & Address
DEREK BUTLER
819 N PERRY AVE
WICHITA, KS 67203

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
MARISSA GOLDBERG
567 TREMONT ST
UNIT 27
BOSTON, MA 02118

$ 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 10/23/2024

Name & Address
CAROLYN TIERNAN
117 VARNUM ST
ARLINGTON, MA 02474

$ 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 46.42

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
KATE BAKER
7214 NE 65TH PL
VANCOUVER, WA 98661

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
IRA RIGAUD
517 S OAK PARK AVE
OAK PARK, IL 60304

$ 10.00 $ 10.00

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 10/23/2024

Name & Address:
WARD BEIN
23 HALF MOON HILL
ACTON, MA 01720

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
AMY GAVIN
6261 GALENA ST
DENVER, CO 80238

$ 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

Page Subtotal 41.42

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
ANN PROSSER
4708 ISABEL AVE
MINNEAPOLIS, MN 55406

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
ALEJANDRO VARELA
168 WASHINGTON PARK
APT 5
BROOKLYN, NY 11205

$ 17.85 $ 17.85

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 10/23/2024

Name & Address:
DAVID BUTCHER
1024 HAZELWOOD AVE
SAN JOSE, CA 95125

$ 17.85 $ 17.85

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 10/23/2024

Name & Address
CHASE CONRAD
805 BUSH ST
318
SAN FRANCISCO, CA 94108

$ 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

Page Subtotal 49.98

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
MORGAN BENSON
316 N HARVEY AVE
OAK PARK, IL 60302

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
ERIC QUIJANO
3015 3RD ST
#1
SANTA MONICA, CA 90405

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
MARY GOYA
1665 AKOLEA PL
HILO, HI 96720

$ 10.00 | $ 10.00

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 10/23/2024

Name & Address
HUGH DEANER
4301 COLLINS AVE
MIAMI BEACH, FL 33140

$ 20.00 | $ 20.00

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
SCOTT ALBERS
360 W PERSHING RD
KANSAS CITY, MO 64108

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
ESTELLE BOGDONOFF
12 MAHAIWE ST
APT B
GREAT BARRINGTON, MA 01230

$ 5.35 | $ 11.60

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 10/23/2024

Name & Address:
SAM BLANK
3200 16TH ST NW
APT 210
WASHINGTON, DC 20010

$ 3.35 | $ 3.35

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 10/23/2024

Name & Address
JANE MULVANEY
W288S5161 ROCKWOOD TRAIL
WAUKESHA, WI 53189

$ 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 19.41

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
ANDY DRESSEL
8472 TAOS DR
SANDY, UT 84093

$ 4.00 $ 4.00

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 10/23/2024

Name & Address
FIONA BOWEN
155 W 81ST ST
APT 3E
NEW YORK, NY 10024

$ 1.00 $ 1.00

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 10/23/2024

Name & Address:
STACEY ZASADNY
928 VISCANIO PL
LAS VEGAS, NV 89138

$ 2.14 $ 2.14

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
FERNANDO URBINA
233 CRESTVIEW RD
LAHAINA, HI 96761

$ 35.71 $ 35.71

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 42.85

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
SASHA FELDSTEIN
1168 S SIERRA BONITA AVE
LOS ANGELES, CA 90019

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
DAVID ROBINSON
53 ROCKLEDGE DR
LIVINGSTON, NJ 07039

$ 9.09 | $ 9.09

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 10/23/2024

Name & Address:
ROTEM MOSCOVICH
15 DOHRMAN AVE
TEANECK, NJ 07666

$ 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 10/23/2024

Name & Address
AIMEE LIU
2115 GLENCOE AVE
VENICE, CA 90291

$ 71.43 | $ 71.43

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JULIANA BIRO
1405 MONTGOMERY ST
TUSTIN, CA 92782

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
MARISSA MAY
5041 S YAKIMA AVE
TACOMA, WA 98408

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
RODGER BRIGHT
8246 MT VERNON ST
LEMON GROVE, CA 91945

$ 5.35 $ 5.35

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 10/23/2024

Name & Address
JAMES FLOREY
2084 LIBERTY HEIGHTS
ANN ARBOR, MI 48103

$ 15.00 $ 15.00

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
CHARLES STUBBS
1837 FM 1647
WINNSBORO, TX 75494

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
WILLIS CAHILL
6711 LAKE SHORE DR S
1107
RICHFIELD, MN 55423

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
VICTORIA GAU
7206 GARLAND AVE
TAKOMA PARK, MD 20912

$ 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 10/23/2024

Name & Address
MARK WEINGARTEN
2236 SE 70TH AVE
PORTLAND, OR 97215

$ 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 24.99

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
FREDERICK GROSSMAN
1521 BROADWAY
#803
SEATTLE, WA 98122

$ 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 10/23/2024

Name & Address
TIMOTHY RYAN
18 PORTER ST
SOMERVILLE, MA 02143

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JEANNIE SHU
1058 E LYNN ST
SEATTLE, WA 98102

$ 100.00 $ 100.00

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 10/23/2024

Name & Address
DARREN MICHAEL WAN
1955 15TH AVE
SAN FRANCISCO, CA 94116

$ 10.00 $ 10.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

Page Subtotal 138.56

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
KAYLIE ALEXANDER
5356 KNOXVILLE AVE
LAKEWOOD, CA 90713

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
CHARLENE PROUNIS
50 ANDOVER CT
MANHASSET, NY 11030

$ 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 10/23/2024

Name & Address:
LAUREN TOPPENBERG
1019 IRVING ST NW
WASHINGTON, DC 20010

$ 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 10/23/2024

Name & Address
MELINDA MILLER
2025 BROADWAY
14JK
NEW YORK, NY 10023

$ 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

Page Subtotal 21.42

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
PETER EDBERG
1669 FAIRMOUNT BLVD
EUGENE, OR 97403

$ 50.00 $ 50.00

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 10/23/2024

Name & Address
CHARLOTTE CASSIDY
5574 OLD SCHOOL RD
PLEASANTON, CA 94588

$ 10.00 $ 10.00

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 10/23/2024

Name & Address:
MEGAN DELAIN
810 HACIENDA CIR
PASO ROBLES, CA 93446

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
GREGORY KORNBLUH
4139 APPLE ST
#2
CINCINNATI, OH 45223

$ 17.85 $ 17.85

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
SIOBHAN MATTHES
9607 PAGE AVE
BETHESDA, MD 20814

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
STEPHANIE KEENAN
260 WILLOW DR
LITTLE SILVER, NJ 07739

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
ELIZABETH KRUEGER
1825 CHURCH ST
SAN FRANCISCO, CA 94131

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
ELISABETH JACOBS
1221 ST GEORGE AVE
CHARLOTTESVILLE, VA 22901

$ 2.14 $ 2.14

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
KRISTINE JANDORA
45 GORHAM AVE
WESTPORT, CT 06880

$ 35.71 $ 35.71

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 10/23/2024

Name & Address
ASHLEY CUSTER
4106 LOS FELIZ BLVD
APT 1
LOS ANGELES, CA 90027

$ 1.00 $ 1.00

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 10/23/2024

Name & Address:
JANICE KIRKWOOD
1205 VALLEY ROAD
GLEN MILLS, PA 19342

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
TZIVIA GETZUG
13120 HESBY ST
LOS ANGELES, CA 91423

$ 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

Page Subtotal 50.99

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
BARBARA TOOMEY
22 WOODCREST RD
CAPE ELIZABETH, ME 04107

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
MATTHEW GRASSO
1905 CHALCIS DR
APT D
LAFAYETTE, CO 80026

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
KEGAN NILAND
5225 SW RICHARDSON DR
PORTLAND, OR 97239

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
CHARLES LEE
5121 NE 55TH ST
SEATTLE, WA 98105

$ 100.00 $ 171.43

5. If over $100.00 cumulative, please provide:

Occupation TEACHER Employer UNIVERSITY OF WASHINGTON

Business Address 4273 E STEVENS WAY NE, SEATTLE, WA 98105

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 114.28

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
MARY FORD
670 MARYLAND AVE NE
WASHINGTON, DC 20002

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
WILLIAM EGAN
237 W BROOKES AVE
SAN DIEGO, CA 92103

$ 50.00 | $ 50.00

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 10/23/2024

Name & Address:
TRAVIS JAMES
150 E 39TH ST
APT 705
NEW YORK, NY 10016

$ 2.50 | $ 2.50

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 10/23/2024

Name & Address
B BARTH
5401 BROOKSIDE BLVD
203
KANSAS CITY, MO 64112

$ 35.71 | $ 35.71

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
KEVIN HANSEN
3737 N LAWNDALE AVE
CHICAGO, IL 60618

$ 1.78 $ 1.78

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 10/23/2024

Name & Address
JANICE M EISEN
2510 SE 58TH AVE
PORTLAND, OR 97206

$ 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 10/23/2024

Name & Address:
AKASH SHAH
3908 N OAKLEY AVE
CHICAGO, IL 60618

$ 3.57 $ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
KATHERINE HARRIS
64 GLENWOOD AVE
NORTHFIELD, MA 01360

$ 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

Page Subtotal 19.63

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
SUSAN POPPER
220 MADISON AVE
10J
NEW YORK, NY 10016

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
LEO IMMONEN
650 EAST ST
WRENTHAM, MA 20293

$ 25.00 $ 25.00

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 10/23/2024

Name & Address:
MEREDITH GROVES
3027 BATEMAN ST
BERKELEY, CA 94705

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
CYNTHIA SCHORR
PO BOX 962
APACHE JUNCTION, AZ 85117

$ 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

Page Subtotal 52.14

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
CYNTHIS HENDEL
21916 SHEPPARD DR
EAGLE RIVER, AK 99577

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
KIMBERLY HARTER
4234 HANA HWY
HAIKU, HI 96708

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JOSEPH PAPA
3309 KENSINGTON AVE
RICHMOND, VA 23221

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
JOHN HAMMOND
17 CHURCH ST
GREENWICH, NY 12834

$ 10.71 $ 10.71

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
LAUREN BUCK MEDEIROS
1515 WARD AVE
APT 1005
HONOLULU, HI 96822

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
MICHELLE LOVE
338 C. TINTILLOS
VIEQUES, PR 00765

$ 2.00 | $ 2.00

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 10/23/2024

Name & Address:
JAMIE EIDLIN
5143 HAZEL AVE
PHILADELPHIA, PA 19143

$ 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 10/23/2024

Name & Address
MICHELLE LOVE
338 C. TINTILLOS
VIEQUES, PR 00765

$ 2.00 | $ 4.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

Page Subtotal 14.71

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JOEL GARCIA
47 DOLORES TERRACE
SAN FRANCISCO, CA 94110

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
ROBIN RAIN
5125 JULIA BERGER CIR
FAIRFIELD, CA 94534

$ 71.43 | $ 71.43

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 10/23/2024

Name & Address:
MATTHEW MORLEY
12120 GATEWATER DR
POTOMAC, MD 20854

$ 25.00 | $ 25.00

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 10/23/2024

Name & Address
MARCIA GOLDGAR
2765 QUAIL LN
NORTHBROOK, IL 60062

$ 25.00 | $ 25.00

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
BRIAN BAKER
316 COPPER OAKS DR
WOODSBORO, MD 21798

$ 1.78 $ 1.78

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 10/23/2024

Name & Address
MORGAN KRHIN
1700 E BEVERLY RD
SHOREWOOD, WI 53211

$ 2.30 $ 2.30

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 10/23/2024

Name & Address:
DANIEL EGNOR
5112 GENOA ST
OAKLAND, CA 94608

$ 1,000.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation COMPUTER PROGRAMMER Employer SELF EMPLOYED

Business Address 5112 GENOA ST, OAKLAND, CA 94608

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
BENJAMIN SOLOMON
260 W 54TH ST
APT 26D
NEW YORK, NY 10019

$ 8.33 $ 8.33

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 Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
FRANKIE FACHILLA
3316 MOOREWOOD DR
NASHVILLE, TN 37207

$ 10.71 $ 10.71

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 10/23/2024

Name & Address
HEIDI CHAVES
119 NICHTER RD
LANCASTER, NY 14086

$ 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 10/23/2024

Name & Address:
ABBY HUMPHREY
4305 LOCH ALPINE DR E
ANN ARBOR, MI 48103

$ 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 10/23/2024

Name & Address
BROOKE HUMPHREY
8507 84TH ST SW
LAKEWOOD, WA 98498

$ 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 24.99

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
JEFF ROSIER
1553 5TH ST
OAKLAND, CA 94607

$ 10.00 $ 10.00

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 10/23/2024

Name & Address
TREVOR POLLACK
1300 W 58TH ST
CLEVELAND, OH 44102

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
MARISSA MAIER
7304 N CHAUTAUQUA BLVD
PORTLAND, OR 97217

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
GLENN KATZEN
4527 N LAMAR BLVD
APT 2144
AUSTIN, TX 78751

$ 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

Page Subtotal 34.99

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
SARAH GOLDSTEIN
6031 DELAFIELD AVE
BRONX, NY 10471

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
KATHRYN COWLING
11 HOYT ST
APT 9C
NEW YORK, NY 11201

$ 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 10/23/2024

Name & Address:
KYLE BURKHARDT
83 TOWNSEND CT
FRANKLIN PARK, NJ 08823

$ 10.00 | $ 10.00

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 10/23/2024

Name & Address
BRUCE MACK
910 W WOODLAND RD
LAKE BLUFF, IL 60044

$ 10.00 | $ 10.00

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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
GINA YEARGAN
4860 BRYAN STATION RD
LEXINGTON, KY 40516

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address
DAN HENDERSON
461 W DANA ST
MOUNTAIN VIEW, CA 94041

$ 10.00 $ 10.00

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 10/23/2024

Name & Address:
EMILY OTTO
747 CALABASAS RD
WATSONVILLE, CA 95076

$ 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 10/23/2024

Name & Address
SUSAN GOLDSWORTHY
4421 FEARRINGTON POST
PITTSBORO, NC 27312

$ 13.04 $ 13.04

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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
KENJI WATABE
313 EMMA AVE
VENTURA, CA 93003

$ 3.50 $ 3.50

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 10/23/2024

Name & Address
THEODORE SIEGEL
7603 1ST AVE
APT C1
NORTH BERGEN, NJ 07047

$ 1.78 $ 1.78

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 10/23/2024

Name & Address:
JONATHAN KRATZ
561 PACIFIC ST
APT 601
BROOKLYN, NY 11217

$ 35.71 $ 35.71

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 10/23/2024

Name & Address
JAMES DELAHUNT
250 H ST
#367
BLAINE, WA 98230

$ 300.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation SOFTWARE ENGINEER Employer SELF

Business Address 250 H ST, #367, BLAINE, WA 98230

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

Page Subtotal 340.99

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
TIMOTHY ITEEN
7440 KRUGER RD
THREE OAKS, MI 49128

$ 20.00 $ 20.00

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 10/23/2024

Name & Address
CRAIG RUNYAN
263 1ST ST
APT 2
BROOKLYN, NY 11215

$ 10.00 $ 10.00

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 10/23/2024

Name & Address:
JOHN RASNIC
14 BRANDYWINE
AMHERST, MA 01002

$ 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 10/23/2024

Name & Address
MELISSA RASMUSSEN
340 WAINSCOTT HARBOR RD
SAGAPONACK, NY 11962

$ 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 37.14

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
EVELYN CHEN
165 PARK ROW
14D
NEW YORK, NY 10038

$ 35.71 $ 35.71

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 10/23/2024

Name & Address
BRUNO GRIZZO
76 RICHARDSON ST
APT 1
BROOKLYN, NY 11211

$ 1.43 $ 1.43

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 10/23/2024

Name & Address:
PETER FITTON
520 LIMERICK CIR
TIMONIUM, MD 21093

$ 35.71 $ 35.71

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 10/23/2024

Name & Address
BRADEN WHITTEN
848 KANSAS ST
SAN FRANCISCO, CA 94107

$ 17.85 $ 17.85

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 90.70

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
ED SELDEN
3184 WAVERLEY ST
PALO ALTO, CA 94306

$ 42.85 $ 42.85

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 10/23/2024

Name & Address
ANDREW KARAS
10 NEVINS ST
APT 18C
BROOKLYN, NY 11217

$ 30.96 $ 30.96

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 10/23/2024

Name & Address:
BETH STEKLER
4812 ALTON PL NW
WASHINGTON, DC 20016

$ 35.71 $ 35.71

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 10/23/2024

Name & Address
LAWRENCE ST. GEORGE
752 CONCORD RD
SUDBURY, MA 01776

$ 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

Page Subtotal 116.66

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/23/2024

Name & Address:
ISABEL COLE
3 G??RSCHSTRASSE
BERLIN, BE 13187

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
CHERYL K KRYSIAK
65 KENDRICK ST
MT CLEMENS, MI 48043

$ 25.00 $ 80.00

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 10/24/2024

Name & Address:
SHES THE FUTURE PAC
PO BOX 10043
LANSING, MI 48901

$ 250.00 $ 250.00

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 10/24/2024

Name & Address
CHRISTINA MEDNICK
528 PALISADES DR
LOS ANGELES, CA 90272

$ 3,300.00 $ 3,300.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

Page Subtotal 3,582.14

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
CAROLE CHI
35325 MORAVIAN DR
STERLING HEIGHTS, MI 48312

$ 5.00 $ 218.40

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
TYLER LAFRANCE
41633 AMBERLY DR
CLINTON TWP, MI 48038

$ 10.00 $ 17.00

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 10/24/2024

Name & Address:
JUSTIN LANE
1528 LIGHT ST
BALTIMORE, MD 21230

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
STANLEY MORGAN
4024 NE 102ND AVE
PORTLAND, OR 97220

$ 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

---

Page Subtotal 29.28

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
KRISHNA POTLURI
30 GUNTHER PL
UPSTAIRS UNIT
BROOKLYN, NY 11233

$ 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 10/24/2024

Name & Address
DENI MARSHALL
9304 EDENSBURY CT
ELK GROVE, CA 95758

$ 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 10/24/2024

Name & Address:
DEBBIE O'DELL
16153 ROUTT ST
FOUNTAIN VALLEY, CA 92708

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
WILMA STANLEY
4800 KENDRIDGE DR
DURHAM, NC 27712

$ 10.00 $ 10.00

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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
MELISSA PARISI
14 DAIRYFIELD CT
ROCKVILLE, MD 20852

$ 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 10/24/2024

Name & Address
KEITH STECK
210 LAVINIA ST
MILTON, DE 19968

$ 10.00 $ 10.00

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 10/24/2024

Name & Address:
LISA EHRLICH
2928 DERBY ST
BERKELEY, CA 94705

$ 10.00 $ 10.00

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 10/24/2024

Name & Address
WENDY HOPFENBERG
830 FOREST AVE
PALO ALTO, CA 94301

$ 35.71 $ 35.71

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
NICOLE RIESENBERGER
3007 PARTRIDGE POINT TRAIL
VALRICO, FL 33596

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
JEFFREY WARNER
1712 N 2ND ST
UNIT 501
PHILADELPHIA, PA 19122

$ 10.00 $ 10.00

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 10/24/2024

Name & Address:
JUSTIN STIMATZE
440 N BARRANCA AVE
COVINA, CA 91723

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
JESSICA SZYMANSKI
216 VISTA GLEN PL
MARTINEZ, CA 94553

$ 7.14 $ 57.14

5. If over $100.00 cumulative, please provide:

Occupation MARKETING Employer LENDINGCLUB

Business Address 216 VISTA GLEN PL, MARTINEZ, CA 94553

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 Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
KELLY ALVAREZ
17 BELL PASTURE ROAD
LADERA RANCH, CA 92694

$ 17.85 $ 17.85

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 10/24/2024

Name & Address
CARL FONER
125 BOERUM PL
APT. 3B
BROOKLYN, NY 11201

$ 10.00 $ 22.50

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 10/24/2024

Name & Address:
LINDSAY COLLINS
3025 CLEAVER ST
FRANKLIN, TN 37063

$ 35.71 $ 35.71

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 10/24/2024

Name & Address
RYAN COOLEY
10528 SHINY SKIES DR
LAS VEGAS, NV 89129

$ 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 67.13

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
HOLLY RICKLES
18511 67TH AVE W
LYNNWOOD, WA 98037

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
JAMES ARAM
1007 E FULTON ST
APT 116
NEWBERG, OR 97132

$ 10.00 | $ 10.00

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 10/24/2024

Name & Address:
KATHERINE RICHBOURG
174 14TH ST
APT 3
BROOKLYN, NY 11215

$ 4.28 | $ 4.28

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
BRAD MILLER
511 NE 78TH ST
SEATTLE, WA 98115

$ 20.00 | $ 20.00

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
GABRIEL LEIGH
405 W 23RD ST
6E
NEW YORK, NY 10011

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
DMITRY FARBER
1666 ELMHURST ST
CHULA VISTA, CA 91913

$ 10.00 $ 10.00

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 10/24/2024

Name & Address:
KATE BHATT
63 WELLS AVE
APT 1904
YONKERS, NY 10701

$ 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 10/24/2024

Name & Address
MIYAKO JONES
2020 BLADES AVE
FLINT, MI 48503

$ 1.78 $ 1.78

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 18.92

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
WILL HAYWORTH
747 ANDERSON ST
SAN FRANCISCO, CA 94110

$ 28.57 $ 28.57

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
F JOHNSON
PO BOX 240
MAGNOLIA SPRINGS, AL 36555

$ 1.07 $ 1.07

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 10/24/2024

Name & Address:
MICHELLE LAUSSEN
100 DENNISTON ST
APT 41
PITTSBURGH, PA 15206

$ 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 10/24/2024

Name & Address
JENNIFER GRAUSMAN
345 CARROLL ST
APT GE
BROOKLYN, NY 11231

$ 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 36.78

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
SANDRA BRADLEY
9400 KENDALE RD
POTOMAC, MD 20854

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
ANDY MELINAT
559 W SURF ST
APT 407
CHICAGO, IL 60657

$ 20.00 $ 20.00

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 10/24/2024

Name & Address:
CHERYL BUSKING
5219 W HUTCHINSON ST
CHICAGO, IL 60641

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
ROSS SALUPO
470 WALNUT RIDGE TRAIL
AURORA, OH 44202

$ 10.00 $ 10.00

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
BARBARA ALEXANDER
6217 N MAGNOLIA AVE
APT 2S
CHICAGO, IL 60660

$ 1.92 | $ 1.92

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 10/24/2024

Name & Address
KATE MAILLOUX
287 OLD OAKEN BUCKET RD
NORWELL, MA 02061

$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
SUSAN PECK
30 ORCHARD ST
GREENFIELD, MA 01301

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
MARC LAVINE
976 BELMONT TERRACE
UNIT 9
SUNNYVALE, CA 94086

$ 25.00 | $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 37.63

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
CONNIE LIU
1502 S GRANDVIEW DR
GALLUP, NM 87301

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
PATRICIA TOWEY
1215 MACDONALD CT
DACONO, CO 80514

$ 1.07 $ 1.07

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 10/24/2024

Name & Address:
KRISTI PARK
8510 BURRELL DR
AUSTIN, TX 78757

$ 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 10/24/2024

Name & Address
KARISSA KILGORE
272 HORSESHOE CIR
MILTON, VT 05468

$ 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 15.35

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
MATTHEW SAARI
1065 PARKVIEW WAY SW
LILBURN, GA 30047

$ 10.00 $ 20.00

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 10/24/2024

Name & Address
KRISTINA LANGE
922 NW CIRCLE BLVD
#160-200
CORVALLIS, OR 97330

$ 28.57 $ 28.57

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
ALAN KRISSOFF
128 WILLOW ST
BROOKLYN, NY 11201

$ 1.78 $ 1.78

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 10/24/2024

Name & Address
AKASH SHAH
3908 N OAKLEY AVE
CHICAGO, IL 60618

$ 10.71 $ 17.85

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 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
DAWN CAPRARO
4 GERRY CT
STONEHAM, MA 02180

$ 21.43 $ 21.43

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 10/24/2024

Name & Address
BRIANA KING
416 PAULA LN
FRANKLIN, MA 02038

$ 6.66 $ 6.66

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 10/24/2024

Name & Address:
AMY MURRAY
41-00 43RD AVE
APT E1C
SUNNYSIDE, NY 11104

$ 3.33 $ 3.33

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 10/24/2024

Name & Address
BRYANT DUNBAR
5858 N BROADWAY
UNIT 607
CHICAGO, IL 60660

$ 2.00 $ 2.00

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
EMMA NATHANSON
8 TODD POND RD
LINCOLN, MA 01773

$ 3.33 | $ 3.33

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 10/24/2024

Name & Address
TANAEEM MOOSA
309 BANCROFT WAY
PACIFICA, CA 94044

$ 3.33 | $ 3.33

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 10/24/2024

Name & Address:
CAROLYN MARANCA
1411 CELEBRATION AVE
UNIT 404
CELEBRATION, FL 34747

$ 6.66 | $ 17.37

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 10/24/2024

Name & Address
JESSICA LEGUT
14922 WOOD SWALLOW WY
CYPRESS, TX 77429

$ 3.33 | $ 3.33

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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
MYLES SUSSMAN
1919 OAKLAND AVE
PIEDMONT, CA 94611

$ 50.00 $ 50.00

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 10/24/2024

Name & Address
HAMILTON CLOWER
57 ARCH ST
WESTBOROUGH, MA 01581

$ 6.66 $ 6.66

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 10/24/2024

Name & Address:
LUKE MARLIN-WHITE
160 PARKSIDE AVE
APT 5K
BROOKLYN, NY 11226

$ 6.66 $ 6.66

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 10/24/2024

Name & Address
REBECCA ROY
1534 HADDONFIELD-BERLIN RD
CHERRY HILL, NJ 08003

$ 3.33 $ 3.33

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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
SUSAN LYNCH
211 VIA LINDA VISTA
MANITOU SPRINGS, CO 80829

$ 1.66 $ 1.66

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 10/24/2024

Name & Address
JEFF HARDING
2186 5TH AVE
12J
NEW YORK, NY 10037

$ 2.66 $ 2.66

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 10/24/2024

Name & Address:
MOLLY RYAN
2440 GREEN ST
SAN FRANCISCO, CA 94123

$ 3.13 $ 3.13

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 10/24/2024

Name & Address
SIM DOROW
1304 LINWOOD AVE
ANN ARBOR, MI 48103

$ 3.33 $ 3.33

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 10.78

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
BENJAMIN LARSON
9396 FLEMINGTON DR
WYOMING, OH 45231

$ 5.00 $ 5.00

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 10/24/2024

Name & Address
MARY WEITZEL
45 DEVON RD
BROOKLINE, MA 02467

$ 33.33 $ 33.33

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 10/24/2024

Name & Address:
RICHARD SCHRENKER
10 CAROLINE RD
NORTH READING, MA 01864

$ 1.33 $ 1.33

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 10/24/2024

Name & Address
STEPHEN WEATHERS
516 DAYTON AVE
INDIANAPOLIS, IN 46203

$ 3.33 $ 3.33

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 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
RAKESH SATYAL
151 GUERNSEY ST
APT 3L
BROOKLYN, NY 11222

$ 3.33 | $ 3.33

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 10/24/2024

Name & Address
ANUPAM SINGHAL
4185 OLIVER WAY
UNION CITY, CA 94587

$ 66.66 | $ 66.66

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 10/24/2024

Name & Address:
ELIZABETH PLOWMAN
4433 YORK AVE S
MINNEAPOLIS, MN 55410

$ 3.33 | $ 3.33

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 10/24/2024

Name & Address
DANIEL PENCHINA
2380 CHAMPLAIN ST NW
#301
WASHINGTON, DC 20009

$ 16.66 | $ 16.66

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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Page Subtotal 89.98

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
JOHN BORROEL
2627 DOUGLAS AVE
#131
DALLAS, TX 75219

$ 1.33 | $ 1.33

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 10/24/2024

Name & Address
JAY LEE
711 S DEARBORN ST
UNIT 401
CHICAGO, IL 60605

$ 6.66 | $ 6.66

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 10/24/2024

Name & Address:
JAY MEASHEY
109 E BALTIMORE ST
APT 3
TANEYTOWN, MD 21787

$ 3.33 | $ 3.33

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 10/24/2024

Name & Address
DANIELLE GARRETT
54 LEXINGTON AVE
APT 4
BROOKLYN, NY 11238

$ 6.66 | $ 6.66

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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
SHIVANI DESAI
2843 SPANISH MOSS TRAIL
FRISCO, TX 75033

$ 3.40 $ 3.40

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 10/24/2024

Name & Address
ULA TAVARES-CROCKETT
5907 LARPIN LN
ALEXANDRIA, VA 22310

$ 3.00 $ 3.00

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 10/24/2024

Name & Address:
LISA DENNISON
5939 VELASCO AVE
DALLAS, TX 75206

$ 10.00 $ 10.00

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 10/24/2024

Name & Address
AARON FARMER
1207 CLARKE ST
NASHVILLE, TN 37138

$ 6.66 $ 6.66

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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
KERRY CONNOLLY
396 NEW SCOTLAND SOUTH RD
SLINGERLANDS, NY 12159

$ 1.66 $ 1.66

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 10/24/2024

Name & Address
DOUGLAS BARASCH
18 BAYBERRY LN
SOUTH SALEM, NY 10590

$ 20.00 $ 20.00

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 10/24/2024

Name & Address:
JENN WANG
2151 CITRUS PL
UNIT C
HACIENDA HEIGHTS, CA 91745

$ 3.33 $ 3.33

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 10/24/2024

Name & Address
ERWIN ROSINBERG
250 10TH ST NE
APT 3304
ATLANTA, GA 30309

$ 6.66 $ 6.66

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 31.65

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
SHANNON FITZGERALD
110 HORATIO ST
APT 405
NEW YORK, NY 10014

$ 3.33 | $ 3.33

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 10/24/2024

Name & Address
DAVID BUSHMAN
570 FORT WASHINGTON AVE
APT 61A
NEW YORK, NY 10033

$ 10.00 | $ 10.00

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 10/24/2024

Name & Address:
SCOTT WIGLEY
23-30 24TH ST
ASTORIA, NY 11105

$ 6.66 | $ 6.66

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 10/24/2024

Name & Address
DARAH ECKERT
6628 MERRY LN
HOUSTON, TX 77023

$ 3.33 | $ 3.33

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 23.32

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
ELIZABETH SIMSON
202ND AVE CT E
BONNEY LAKE, WA 98391

$ 2.00 $ 2.00

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 10/24/2024

Name & Address
TIM GALE
410 STEWART DR
HUTTO, TX 78634

$ 4.66 $ 4.66

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 10/24/2024

Name & Address:
CARY NORTON
4226 4TH AVE S
BIRMINGHAM, AL 35222

$ 1.66 $ 1.66

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 10/24/2024

Name & Address
EMILY DELANEY
1823 E WILLOW AVE
WHEATON, IL 60187

$ 16.66 $ 16.66

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
DOROTHY JOHNS
836 ROSAL WAY
SAN RAFAEL, CA 94903

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
CHRIS KELLEY
40-21 61ST ST
APT 7
WOODSIDE, NY 11377

$ 3.33 | $ 3.33

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 10/24/2024

Name & Address:
MICHAEL RASMUSSEN
533 E 6TH ST
APT 2
NEW YORK, NY 10009

$ 6.66 | $ 6.66

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 10/24/2024

Name & Address
ARUNA RAO
6255 ORCHID LN N
MAPLE GROVE, MN 55311

$ 6.66 | $ 6.66

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 23.79

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
RYAN MILARDO
585 6TH AVE
5B
BROOKLYN, NY 11215

$ 1.66 $ 1.66

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 10/24/2024

Name & Address
CAITLIN MCALEAVEY
5706 RUSSETT RD
MADISON, WI 53711

$ 3.33 $ 3.33

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 10/24/2024

Name & Address:
ERIC WILSON
55 EASTERN PKWY
APT 5G
BROOKLYN, NY 11238

$ 1.66 $ 1.66

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 10/24/2024

Name & Address
ANDREW ANDREA
1004 SOPHOMORE CT
DURHAM, NC 27713

$ 20.00 $ 20.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 26.65

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
PAUL SANTANNA
97 ANDERER LANE
APT 205
WEST ROXBURY, MA 02122

$ 6.66 | $ 6.66

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 10/24/2024

Name & Address
SCOTT BOURDEAU
11-12 30TH DR
APT 605W
ASTORIA, NY 11102

$ 1.00 | $ 1.00

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 10/24/2024

Name & Address:
LAURA GLICK
900 FOREST GLEN DR W
WINNETKA, IL 60093

$ 6.66 | $ 6.66

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 10/24/2024

Name & Address
LESLIE TEICHOLZ
19 ARLINGTON CT
KENSINGTON, CA 94707

$ 3.33 | $ 3.33

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 17.65

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
SARAH KLEVAN
1150 WAYLAND ST
SAN FRANCISCO, CA 94134

$ 7.20 | $ 7.20

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 10/24/2024

Name & Address
ERIN WEYEN
911 BLACKSBURG RD
FINCASTLE, VA 24090

$ 6.66 | $ 6.66

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 10/24/2024

Name & Address:
PETER FASOLINO
1255 MILL ST
12
EUGENE, OR 97401

$ 2.66 | $ 2.66

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 10/24/2024

Name & Address
HEATHER CROWE
2533 V??A RIVERA
PALOS VERDES ESTATES, CA 90274

$ 10.00 | $ 10.00

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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
GLENN PATTERSON
113 GAZO AVE
BURLINGTON, VT 05408

$ 33.33 $ 33.33

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 10/24/2024

Name & Address
HEIDI BLAKE
23 MOSSDALE RD
BOSTON, MA 02130

$ 6.66 $ 6.66

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 10/24/2024

Name & Address:
KRISTEN HAHN
545 W 110TH ST
APT 5D
NEW YORK, NY 10025

$ 100.00 $ 100.00

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 10/24/2024

Name & Address
JOSEPH KERN
1617 N CORLIES ST
PHILADELPHIA, PA 19121

$ 10.00 $ 10.00

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 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
JOHNNIE INGRAM
455 CAM NORTE
PALM SPRINGS, CA 92262

$ 6.66 $ 6.66

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 10/24/2024

Name & Address
JACOB EDMONDS
216 MONTEREY BLVD
SAN FRANCISCO, CA 94131

$ 6.66 $ 6.66

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 10/24/2024

Name & Address:
CONSTANCE ZAYTOUN
200 W 20TH ST
NEW YORK, NY 10011

$ 5.00 $ 5.00

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 10/24/2024

Name & Address
NICHOLAS SAUNDERS
1630 WORCESTER RD
APT 122C
FRAMINGHAM, MA 01702

$ 3.33 $ 3.33

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
KENNYOATH GARRETT
977 S RIVERSIDE DR
PALM SPRINGS, CA 92264

$ 6.66 | $ 6.66

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 10/24/2024

Name & Address
ELIZABETH WILLIAMS
5739 DELOR ST
ST. LOUIS, MO 63109

$ 3.33 | $ 3.33

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 10/24/2024

Name & Address:
ZOE DOYLE
5909 TERRACE DR
LOS ANGELES, CA 90042

$ 6.66 | $ 6.66

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 10/24/2024

Name & Address
STEPHANIE CHRISTENSEN
301 HEATHER DR
COTTAGE GROVE, WI 53527

$ 1.33 | $ 1.33

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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
DENA MATALON
32 ELDER DR
BELMONT, CA 94002

$ 33.33 $ 33.33

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 10/24/2024

Name & Address
LEAH DAVIS
128 GRANITE ST
ROCKPORT, MA 01966

$ 6.66 $ 6.66

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 10/24/2024

Name & Address:
WILSON DUNLAVEY
789 WEST END AVE
6C
NEW YORK, NY 10025

$ 6.66 $ 6.66

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 10/24/2024

Name & Address
BROOKE MCMAHAN
15036 KILLION ST
SHERMAN OAKS, CA 91411

$ 6.66 $ 6.66

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 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
THOMAS LIAO
7315 GREENFIELD ST
RIVER FOREST, IL 60305

$ 33.33 $ 33.33

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 10/24/2024

Name & Address
DEBORAH SKINNER
46 WILLIAM ST
PAWCATUCK, CT 06379

$ 3.33 $ 3.33

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 10/24/2024

Name & Address:
CHIQUITA COLEMAN
16 MINARET RD
OAKLEY, CA 94561

$ 6.66 $ 6.66

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 10/24/2024

Name & Address
GISELE MISIECZKO
8 BLACK BEAR DR
BARNEGAT, NJ 08005

$ 3.33 $ 3.33

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
ZULEYMA BEBELL
609 E FRONT ST
NEW BERN, NC 28560

$ 3.33 $ 3.33

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 10/24/2024

Name & Address
SNEHA PATEL
5980 FULTON
DENVER, CO 80238

$ 3.33 $ 3.33

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 10/24/2024

Name & Address:
RYAN CHAPMAN
5718 N WINTHROP AVE
APT 801
CHICAGO, IL 60660

$ 1.00 $ 1.00

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 10/24/2024

Name & Address
HEATHER BROWN
619 DANBURY RD
UNIT 107
RIDGEFIELD, CT 06877

$ 6.66 $ 6.66

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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Page Subtotal 14.32

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
ADAM LEFEBVRE
4310 48TH AVE
2S
WOODSIDE, NY 11377

$ 5.00 $ 5.00

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 10/24/2024

Name & Address
MICHAEL LOPP
25017 SOQUEL SAN JOSE RD
LOS GATOS, CA 95033

$ 20.00 $ 20.00

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 10/24/2024

Name & Address:
ERIN JOUBERT
2586 CATTLEMAN DR
NEW LENOX, IL 60451

$ 3.33 $ 3.33

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 10/24/2024

Name & Address
LOUIS ELFMAN
3967 EAST BLVD
LOS ANGELES, CA 90066

$ 66.66 $ 66.66

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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Page Subtotal 94.99

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
NICOLE RAY
1060 LONGLEY AVE NW
ATLANTA, GA 30318

$ 6.66 $ 6.66

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 10/24/2024

Name & Address
MATTHEW BREMS
107 ST MARTINS RD
BALTIMORE, MD 21218

$ 6.66 $ 6.66

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 10/24/2024

Name & Address:
LISA CHALK
7415 PANTHERPAW ST
AUSTIN, TX 78757

$ 3.33 $ 3.33

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 10/24/2024

Name & Address
CHLOE GOSSELIN
1625 ENCLAVE CT
LAS VEGAS, NV 89134

$ 6.66 $ 6.66

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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Page Subtotal 23.31

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
MICHAEL ROBIN
1360 LAUREL AVE
APT 2
WEST HOLLYWOOD, CA 90046

$ 1.66 | $ 1.66

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 10/24/2024

Name & Address
JESSICA FOUNG
824 DOUGLASS ST
SAN FRANCISCO, CA 94114

$ 6,000.00 | $ 6,000.00

5. If over $100.00 cumulative, please provide:

Occupation WRITER Employer SELF

Business Address 824 DOUGLASS ST, SAN FRANCISCO, CA 94114

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
MICHELLE BEDDOR
860 PLEASANT VIEW RD
CHANHASSEN, MN 55317

$ 10.00 | $ 10.00

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 10/24/2024

Name & Address
JIMMY FUSIL
4346 MONT EAGLE PLACE
LOS ANGELES, CA 90041

$ 6.66 | $ 6.66

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 6,018.32

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
BRIDGET FONDA
2049 CENTURY PARK EAST
#1400
LOS ANGELES, CA 90067

$ 33.33 $ 33.33

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 10/24/2024

Name & Address
JOSHUA JAUREGUI
635 NW 51ST ST
SEATTLE, WA 98107

$ 3.33 $ 3.33

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 10/24/2024

Name & Address:
JULI STEVER
453 HWY M
ODESSA, MO 64076

$ 3.33 $ 3.33

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 10/24/2024

Name & Address
IRA RIGAUD
517 S OAK PARK AVE
OAK PARK, IL 60304

$ 2.00 $ 12.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

Page Subtotal 41.99

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
THEODORE LECOMPTE
3516 N VALLEY ST
ARLINGTON, VA 22207

$ 150.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation EXECUTIVE DIRECTOR Employer THE LEADERSHIP NETWORK

Business Address 750 N SAN VICENTE BLVD, STE 800W, WEST HOLLYWOOD, CA 90069

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
MOLLY JOPLIN
881 WASHINGTON AVE
ALBANY, CA 94706

$ 5.00 $ 5.00

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 10/24/2024

Name & Address:
MARGARET CLAIRE
3651 SANDY BROOK DR
ROUND ROCK, TX 78665

$ 1.06 $ 1.06

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 10/24/2024

Name & Address
KRISTINA BITTNER GODINEZ
2121 FRANKLIN AVE
SAN DIEGO, CA 92113

$ 13.33 $ 13.33

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 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
ALISON MEYER
6643 AVRUM DR
DENVER, CO 80221

$ 3.33 $ 3.33

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 10/24/2024

Name & Address
MEGHAN SCHWARTZ
12 HILLCREST CT
BERKELEY, CA 94705

$ 1.33 $ 1.33

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 10/24/2024

Name & Address:
CLAIR DALEY
13528 LARKIN DR
MINNETONKA, MN 55305

$ 1.33 $ 1.33

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 10/24/2024

Name & Address
JON AVERYT
311 W MARIPOSA ST
PHOENIX, AZ 85013

$ 6.66 $ 6.66

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
CATHERINE GROSS
1540 W WOOD ST
DECATUR, IL 62522

$ 20.00 $ 20.00

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 10/24/2024

Name & Address
CRISTIN METZE
177 W GREENWAY CT
PUEBLO, CO 81007

$ 1.33 $ 1.33

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 10/24/2024

Name & Address:
KAYLIN MILAZZO
362 RICH AVE
MT VERNON, NY 10552

$ 3.33 $ 3.33

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 10/24/2024

Name & Address
JAKE CURTIS
2533 SE 34TH AVE
PORTLAND, OR 97202

$ 3.33 $ 3.33

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
EDWARD FREIBERG
460 MANHATTAN AVE
UNIT 4A
NEW YORK, NY 10026

$ 13.33 $ 13.33

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 10/24/2024

Name & Address
LISA SIEGMAN
1663 71ST ST
BROOKLYN, NY 11204

$ 10.00 $ 10.00

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 10/24/2024

Name & Address:
ANDY MCENTEE
1080 S LUCERNE BLVD
LOS ANGELES, CA 90019

$ 13.33 $ 13.33

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 10/24/2024

Name & Address
CHRISTINA SINGLETON
528 PALISADES DR
LOS ANGELES, CA 90272

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 536.66

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
ALLISON MASON
342 E ASHLEY ST
JACKSONVILLE, FL 32202

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/25/2024

Name & Address
JORDAN ACKER
26654 HUMBER ST
HUNTINGTON WOODS, MI 48070

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer GOODMAN ACKER PC

Business Address 17000 W 10 MILE RD, 2ND FLOOR, SOUTHFIELD, MI 48075

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/25/2024

Name & Address:
HEATHER SCHULZ
3935 CUMBERLAND RD
BERKLEY, MI 48072

$ 25.00 $ 25.00

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 10/25/2024

Name & Address
MIKE NORTHUP
31457 MARILYN DR
WARREN, MI 48093

$ 10.00 $ 10.00

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/25/2024

Name & Address:
BONNIE LUTZ
651 ALCATRAZ AVE
OAKLAND, CA 94609

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/25/2024

Name & Address
CHRISTOPHER FINCHER
1866 GREENFIELD AVE
APT 202
LOS ANGELES, CA 90025

$ 12.50 $ 12.50

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 10/25/2024

Name & Address:
KARA SOLU-FRANKLIN
71 RIDGEDALE AVE
MADISON, NJ 07940

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/26/2024

Name & Address
MICHELLE BEDDOR
860 PLEASANT VIEW RD
CHANHASSEN, MN 55317

$ 10.00 $ 20.00

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/27/2024

Name & Address:
SUSAN EDELSTEIN
308 HEIDINGER DR
CARY, NC 27511

$ 10.00 $ 10.00

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 10/28/2024

Name & Address
MARK MATTESON
147 PROSPECT ST.
ASHLAND, MA 01721

$ 10.00 $ 10.00

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 10/28/2024

Name & Address:
KATHY HUNT
13333 NE 61ST ST
KIRKLAND, WA 98033

$ 31.25 $ 31.25

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 10/28/2024

Name & Address
LAURA KATZ
85 LIVINGSTON ST
APT 12E
BROOKLYN, NY 11201

$ 62.50 $ 62.50

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 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/28/2024

Name & Address:
ANNE KIM
652 56TH ST
OAKLAND, CA 94609

$ 6.25 $ 13.39

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 10/29/2024

Name & Address
ANTHONY RAVETTA
12365 MARLA DR
WARREN, MI 48093

$ 50.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/2024

Name & Address:
TIMOTHY CORY
YEA I19912 CHALON
SAINT CLAIR SHORES, MI 48080

$ 25.00 $ 180.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/2024

Name & Address
MICHAEL JACOBSON
21741 CYMAN AVE
WARREN, MI 48091

$ 10.00 $ 70.00

5. If over $100.00 cumulative, please provide:

Occupation FRAUD ANALYST Employer TD BANK

Business Address 27777 INKSTER RD, FARMINGTON HILLS, MI 48334

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 91.25

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/2024

Name & Address:
DEAN DIBASIO
18198 MILLAR RD
CLINTON TWP, MI 48036

$ 4.00 $ 43.00

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 10/29/2024

Name & Address
ANN MCMILLAN
30073 LORRAINE AVE
WARREN, MI 48093

$ 10.00 $ 1,220.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/2024

Name & Address:
STEVEN FENSTER
12 DAVIS ST
PEMBERTON, NJ 08068

$ 5.00 $ 5.00

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 10/30/2024

Name & Address
LINDA M PIDUTTI
37649 CHARTER OAKS BOULEVARD
CLINTON TOWNSHIP, MI 48036

$ 50.00 $ 265.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 69.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024

Name & Address:
SUSANNE MITCHELL
34396 BURSTYN DR
STERLING HEIGHTS, MI 48312

$ 250.00 $ 930.00

5. If over $100.00 cumulative, please provide:

Occupation LIASION Employer UAW RETIREE HEALTH CARE TRUSY

Business Address 1150 GRATIOT AVE, 4TH FLOOR, DETROIT, MI 48207

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024

Name & Address
BETTINA LEWIS
9509 DEERFOOT WAY
COLUMBIA, MD 21046

$ 25.00 $ 25.00

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 10/31/2024

Name & Address:
MELISSA ARAB
11111 25 MILE RD
SHELBY TOWNSHIP, MI 48315

$ 100.00 $ 100.00

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 10/31/2024

Name & Address
MARY JO MATHISEN
20604 BIRCH MEADOW
CLINTON TWP, MI 48036

$ 10.00 $ 30.00

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
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/31/2024

Name & Address:
DAVID TIRSELL
292 JONES ST
MT CLEMENS, MI 48043

$ 20.24 $ 952.40

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11/01/2024

Name & Address
MARK KRIGER
1129 MARTIN PL
ANN ARBOR, MI 48104

$ 100.00 $ 850.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer SELF

Business Address 1129 MARTIN PL, ANN ARBOR, MI 48104

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 11/01/2024

Name & Address:
DENISE ILITCH
779 LAKE PARK DR
BIRMINGHAM, MI 48009

$ 1,500.00 $ 3,000.00

5. If over $100.00 cumulative, please provide:

Occupation PRESIDENT Employer ILITCH ENTERPRISES LLC

Business Address PO BOX 250210, FRANKLIN, MI 48025

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 11/01/2024

Name & Address
MELANIE CHAMBERLAIN
3221 BROOKSHEAR CIR
AUBURN HILLS, MI 48326

$ 25.00 $ 275.00

5. If over $100.00 cumulative, please provide:

Occupation ACADEMIC ADVISER Employer OAKLAND UNIVERSITY

Business Address 23900 LONGACRE ST, FARMINGTON, MI 48335

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 1,645.24

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 11/01/2024

Name & Address:
ELLEN RUTH KLOWDEN
90 N GRAND ST
EUGENE, OR 97402

$ 1.00 $ 1.00

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 11/02/2024

Name & Address
GEORGE CHAPP
4753 STILWELL DR
WARREN, MI 48092

$ 10.00 $ 480.00

5. If over $100.00 cumulative, please provide:

Occupation MENTAL HEALTH ADMINISTRATOR Employer EDMENTUM

Business Address 4753 STILWELL DR, WARREN, MI 48092

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 11/02/2024

Name & Address:
AMBER SITKO
16151 FRAZHO RD
ROSEVILLE, MI 48066

$ 100.00 $ 225.00

5. If over $100.00 cumulative, please provide:

Occupation CLOUD SOLUTION ARCHITECT Employer MICROSOFT

Business Address 16151 FRAZHO RD, ROSEVILLE, MI 48066

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 11/02/2024

Name & Address
DAVID BURCAR
36087 EATON DR
CLINTON TWP, MI 48035

$ 40.00 $ 90.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address CLINTON TWP, MI 48035

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 151.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 11/03/2024

Name & Address:
DAN KENT
8465 SE 83RD ST
MERCER ISLAND, WA 98040

$ 8.33 | $ 8.33

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 11/04/2024

Name & Address
SHARON WOODSIDE
21400 POTOMAC ST
SOUTHFIELD, MI 48076

$ 100.00 | $ 120.24

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer LAW OFFICES OF SHARON CLARK WOODSIDE

Business Address 21400 POTOMAC ST, SOUTHFIELD, MI 48076

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 11/04/2024

Name & Address:
CHELSEY JONES
1431 PILGRIM AVE
BIRMINGHAM, MI 48009

$ 250.00 | $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer BODMAN PLC

Business Address 1901 ST ANTOINE, DETROIT, MI 48226

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 11/04/2024

Name & Address
CAROLE CHI
35325 MORAVIAN DR
STERLING HEIGHTS, MI 48312

$ 5.00 | $ 223.40

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 363.33

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 11/04/2024

Name & Address:
KENRICK AYLESWORTH
5789 MEADOWVIEW ST
YPSILANTI, MI 48197

$ 50.00 $ 900.00

5. If over $100.00 cumulative, please provide:

Occupation ENGINEER Employer STMICROELECTRONICS

Business Address 19111 VICTOR PKWY, LIVONIA, MI 48152

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11/05/2024

Name & Address
SARAH SULLIVANT
470 COLA BALLENA
#F
ALAMEDA, CA 94501

$ 7.00 $ 818.24

5. If over $100.00 cumulative, please provide:

Occupation ANALYST Employer US EPA

Business Address 2000 TRAVERWOOD DR, ANN ARBOR, MI 48105

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 11/05/2024

Name & Address:
PHYLLIS SMITH
28726 HIDDEN TRAIL
FARMINGTON, MI 48331

$ 25.00 $ 1,450.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 11/05/2024

Name & Address
HECTOR RODRIGUEZ
3200 HUDDLESTONE DR
203
RALEIGH, NC 27612

$ 50.00 $ 480.00

5. If over $100.00 cumulative, please provide:

Occupation BIOSTATISTICIAN Employer PPD

Business Address 3200 HUDDLESTONE DR, RALEIGH, NC 27612

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 132.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 11/08/2024

Name & Address:
MELODY MAGEE
25800 TIMBERLINE DR
WARREN, MI 48091

$ 25.00 $ 350.00

5. If over $100.00 cumulative, please provide:

Occupation TALENT OFFICER Employer CAREER FOCUS CONSULTING

Business Address 25800 TIMBERLINE DR, WARREN, MI 48091

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11/08/2024

Name & Address
BARBARA GECK
39526 WALDORF DR
CLINTON TWP, MI 48038

$ 25.00 $ 880.24

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 11/11/2024

Name & Address:
SCOTT LAUFER
17007 SMUGGLERS COVE ST
CHARTER TWP OF CLINTON, MI 48038

$ 5.00 $ 35.00

5. If over $100.00 cumulative, please provide:

Occupation CHEF Employer ZUCCARO'S CATERING

Business Address CHARTER TWP OF CLINTON, MI 48038

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 11/11/2024

Name & Address
CAROLE CHI
35325 MORAVIAN DR
STERLING HEIGHTS, MI 48312

$ 5.00 $ 228.40

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 60.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 11/12/2024

Name & Address:
DIANE WILBUR
11555 MOUNTAIN WOODS DR
THOMPSONVILLE, MI 49683

$ 7.00 | $ 157.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11/12/2024

Name & Address
DIANE WILBUR
11555 MOUNTAIN WOODS DR
THOMPSONVILLE, MI 49683

$ 7.00 | $ 164.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 11/14/2024

Name & Address:
SHARON LINDSEY
57353 COVINGTON DR
WASHINGTON, MI 48094

$ 25.00 | $ 325.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 11/17/2024

Name & Address
GRACE BROUGHTON
284 FISHER RD
GROSSE POINTE FARMS, MI 48230

$ 15.00 | $ 245.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer WASHTENAW COUNTY PROSECUTOR'S OFFICE

Business Address 200 N MAIN ST, ANN ARBOR, MI 48104

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 54.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 11/19/2024

Name & Address:
VALERIE ALLAN
1321 W CUCHARRAS ST
COLORADO SPRINGS, CO 80904

$ 20.00 $ 2,430.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11/19/2024

Name & Address
ANN DAMERON HINES
201 OAK PARK ST
#1602
BERKELEY COUNTY, SC 29486

$ 25.00 $ 450.00

5. If over $100.00 cumulative, please provide:

Occupation RN Employer COASTAL PEDIATRIC ASSOCIATES

Business Address 2051 CHARLIE HALL RD., BERKELEY COUNTY, SC 29486

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 11/20/2024

Name & Address:
KELSEY KRUZEL
916 N TRUMBULL AVE
CHICAGO, IL 60651

$ 5.00 $ 105.00

5. If over $100.00 cumulative, please provide:

Occupation VP PR/SOCIAL DIRECTOR Employer CRAMER-KRASSELT

Business Address 225 MICHIGAN AVE, CHICAGO, IL 60601

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 11/21/2024

Name & Address
CINDY MOON
11301 KILARNEY DR
WASHINGTON, MI 48095

$ 25.00 $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation GRAPHIC DESIGN Employer SELF

Business Address 11301 KILARENY LANE, WASHINGTON, MI 48095

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 75.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140291

2. Committee Name CTE CHRISTINA HINES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 11/22/2024

Name & Address:
KAREN DEVECSERY
14772 LL ROAD
WETMORE, MI 49895

$ 10.00 $ 560.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer NOT EMPLOYED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address

$ $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

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:

$ $

Click Here for Memo Itemization

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:

Click Here for Memo Itemization

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 10.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) 37,500.59

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: REIMBURSEMENT Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/23/2024 Date	$ 46.33
Expenditure #2 Name MEIJER Address 29505 MOUND RD WARREN, MI 48092 ☑ Fund Raiser	Purpose: DRINKS FOR 10/21 FUNDRAISER EVENT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/23/2024 Date	$ (46.33)
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/23/2024 Date	$ 6.01
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/23/2024 Date	$ 3.01
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	10/24/2024 Date	$ 3.66

Subtotal this page 59.01

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

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291

2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name EIGHTH NOTE ADS LLC Address 31415 GAY ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: DIGITAL ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2024 Date	$ 20,000.00
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/28/2024 Date	$ 73.62
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	10/28/2024 Date	$ 49.73
Expenditure #4 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	10/29/2024 Date	$ 12.46
Expenditure #5 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	10/29/2024 Date	$ 8.03

Subtotal this page	20,143.84
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: AD FILMING AND EDITING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2024 Date	$ 537.50
Expenditure #2 Name RSA FOUNDATION Address 23855 LAWRENCE AVE CENTER LINE, MI 48015 ☑ Fund Raiser	Purpose: FOOD FOR 10/21 FUNDRAISER EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2024 Date	$ 747.50
Expenditure #3 Name MICHIGAN DEMOCRATIC PARTY Address 606 TOWNSEND ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2024 Date	$ 38,000.00
Expenditure #4 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	10/30/2024 Date	$ 0.45
Expenditure #5 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	10/30/2024 Date	$ 0.15

Subtotal this page 39,285.60

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

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: BOOKKEEPING/COMPLIANCE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/01/2024 Date	$ 1,500.00
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2024 Date	$ 3.56
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	11/04/2024 Date	$ 1.96
Expenditure #4 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	11/04/2024 Date	$ 1,303.26
Expenditure #5 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	11/04/2024 Date	$ 1,366.20

Subtotal this page	4,174.98
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: MONTHLY FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2024 Date	$ 320.00
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	11/05/2024 Date	$ 0.44
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	11/05/2024 Date	$ 36.44
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	11/05/2024 Date	$ 24.38
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	11/06/2024 Date	$ 10.28

Subtotal this page	391.54
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

Grand Total of all Schedules 1B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: REIMBURSEMENT Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/08/2024	$ 67.83
Expenditure #2 Name COSTCO Address 30550 STEPHENSON HWY MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: DRINKS FOR ELECTION DAY VOLUNTEERS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2024	$ (67.83)
Expenditure #3 Name CHRISTINA HINES Address 4817 LA CHENE DR WARREN, MI 48092 ☐ Fund Raiser	Purpose: REIMBURSEMENT Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/08/2024	$ 27.64
Expenditure #4 Name TIM HORTONS Address 25100 RYAN RD WARREN, MI 48091 ☐ Fund Raiser	Purpose: FOOD FOR ELECTION DAY VOLUNTEERS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/05/2024	$ (27.64)
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	11/13/2024	$ 1.56

Subtotal this page	97.03
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: STATEMENT CHARGE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/15/2024 Date	$ 5.00
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/18/2024 Date	$ 0.78
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	11/18/2024 Date	$ 0.38
Expenditure #4 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	11/20/2024 Date	$ 0.56
Expenditure #5 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	11/20/2024 Date	$ 0.23

Subtotal this page 6.95

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

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291

2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/21/2024 Date	$ 1.45
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/21/2024 Date	$ 0.68
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	11/22/2024 Date	$ 0.34
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	11/22/2024 Date	$ 0.08
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	11/25/2024 Date	$ 0.78

Subtotal this page	3.33
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140291

2. Committee Name CTE CHRISTINA HINES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/25/2024 Date	$ 0.45
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: TRANSACTION FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/25/2024 Date	$ 0.38
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	11/25/2024 Date	$ 0.15
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	$ _____

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

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
10/21/2024	28	SIERRA CLUB FUNDRAISER	GATHER + GROUNDS 25709 VAN DYKE AVE CENTER LINE, MI 48015 ☐ Private Residence

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.