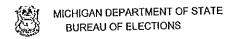


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

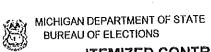
Report must be legible, typed or printed in ink and signed the treasurer (or designated record keeper) and cand	gned by Tidate.	3. This Statement covers From:	08/27/19 to 10/20/	19
Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
139783		Rogensues	Angela	J
	ļ		ict # or Community Served (If app	licable)
2. Committee Name		Warren wun	cil at large	
CTE Angela Rogensues		4b. County of Residence MAC		- Autoria
5. Committee's Mailing Address		6. Treasurer's Name & Residen	lial Address	
13254 Common		Mary K. Birmingham		
Warren, MI 48088		784 Knollwood Ct.		
		Saline, MI 48176		
Area Code and Phone (773) 499-9935				
If the address in this box is different from the committe mailing address on the Statement of Organization, me	ee ali may	(724) 320	L0777	!
be sent to this address by the filing official.		Area Code & Phone (734) 320		
7. Treasurer's Business Address		8. Designated Record Keeper's Designated Record Keeper)	s Name and Address (If the commi	सिक सबर व
n/a		Janette Rogensues		
		39480 Baroque		
		Clinton Township, MI	48038	
		(586)	615-6166	
Area Code and Phone		Area Code and Phone (586)	9e. Dissolution of Candidate C	ommittee
9. TYPE OF STATEMENT		NLY if candidate	By checking this Item I/We c	ertify any outstanding debt
9a. X Pre-Election OR 9b. Post-Election	is not on the current year	e ballot for the :	by the committee to the candidate by discharged and forgiven, and	a or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	July Quar	terlv	the committee. The committee h lowes no lates fees or has any our	as no oustanding assets,
Primary	<u> </u>		lowes no lates lees of has any out	stationing down
⊠General	October (Quarterly	Further, if the dissolution cannot I considered a request for the Rep	oe granted, that this be
Convention			Control of the contro	•
Special	9c. 🔲 Annu	al Statement ()	Effective date of dissol	ution
School	—	Coverage Year		
Caucus	Con	ndment to Campaign Statement plete Item 9a, 9b, 9c or 9e to	Note: The disposition of residual	finds must be reported on
	İndic	ate which Statement is being nded.)	Schedule 1B and the Summary	Page.
Date of Election, Convention or Caucus		•		
11/05/19				
				2 d to the be-t - f
10. Verification: I/We certify that all reasonable dilige my/our knowledge and belief the contents are true, a	ence was use accurate and	d in the preparation of this statem complete.	ent and attached schedules (if any	y) and to the best of
Current Treasurer or Mary K. Birmin	ngham	, Mary K/30	indu Date -	10/25/19
Designated Record keeper Type or Print Name		Signature		
Candidate Angela Rogensues			Date 1	0/25/17
Type or Print Name		Signature		<u> </u>



1. Committee I.D. Number 139783

SUMMARY PAGE CANDIDATE COMMITTEE

Column I This Period 3a.) \$ 17,325.00 3b.) \$ NOT APPLICABLE 3c.) \$ \$17,325.00 (4.) \$ \$0.00 (5.) \$ \$17,325.00 6.) \$ \$0.00 7.) \$ \$0.00 (8a.) \$ \$16,712.02 \$0.00	Column II Cumulative this election cycle (18.) \$ \$47,455.00 (19.) \$ \$0.00 (20.) \$ \$47,455.00 (21.) \$ \$971.69 (22.) \$ \$0.00
3b.) \$ NOT APPLICABLE 3c.) \$ \$17,325.00 (4.) \$ \$0.00 (5.) \$ \$17,325.00 (6.) \$ \$0.00 (7.) \$ \$0.00 (8a.) \$ \$16,712.02	(19.) \$ \$0.00 (20.) \$ \$47,455.00 (21.) \$ \$971.69
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(8c.) \$ \$0.00	1
(9.) \$ \$16,712.02	(23.) \$ \$43,071.40
(10a.)\$	
(10b.) \$	
	(24.) \$
•	
(12a.) \$ \$4,392.13	
(12b.) \$	
BALANCE STATEMENT	
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(16.) - \$ \$16,712.02	
(17.) \$ \$4,383.60	*
	(10b.) \$

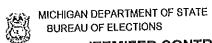


CANDIDATE COMMITTEE

4 Oittan I D Number	139783
 Committee I.D. Number 	

2. Committee Name	CTE Angela Rogensues	

Enter contributor's name and address. If cormiddle initial. Check box to indicate if contributions remails contributions remails contributions remails at the contributions remails are contributions.	oution is from a Political Co	ual, enter last name, first name, ommittee or an Independent	6. Amount	7. Cumulative for Each Contributor (Through date of receipt)
O. Communication	YES 4. Date of R	Receipt 09/03/19	-	
Name & Address: McCall, Kim 3380 8th Ave., Apt. 2C New York, NY 5. if over \$100.00 cumulative, please prov			_{\$} 100.00	s 100.00
Occupation	Employer			
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser	nak pomining popularina medi ng bisag pomininka mbangsa medi	
3. Contribution #2 PAC Receipt? Name & Address	YES 4. Date of F	Receipt 09/04/19		
Hindle, Catherine 14 Columbia Road Beverly, MA 01915			\$_100.00	ş 100.00
5. If over \$100.00 cumulative, please prov		440	Click Here t	or Memo Itemization
Occupation	Employer	And the second s		
Business Address		Cond Dologe		
Type of Contribution: 🗸 Direct	Loan from a person	Fund Reiser	tatanga masa kanang paga kanang masa kang ka	
3. Contribution # 3 PAC Receipt? Name & Address:	YES 4. Date of	Receipt 09/05/19	_s 100.00	100.00
Kosmal, Sarah 56077 Red Cedar Ct. Shelby Township, MI 48316			<u> </u>	s 100.00
5. If over \$100.00 cumulative, please pro	vide:		Chok Horo	
Occupation	Employer			
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution #4 PAC Receipt? Name & Address	YES 4. Date	of Receipt 09/05/19	Secret Residence Assessment Asses	
Jordon, Burt 8162 E. Jefferson Ave, 11A Detroit, MI 48214		•	_{\$} 500.00	_{\$} 1250.00
If over \$100.00 cumulative, please procurement executive		flotor Company	Click Here	for Memo Itemization
Business Address 21175 Oakwood			•	
Business Address	Loan from a person	Fund Raiser		
1356 of Countries on A Differen		Page Subto	tal \$800.00	A Company of the Comp
1 19		Grand Total of All Schedules 1 (Complete on last page of Schedu	Enter this total of line 3a of Summ	
n _(∛		•	Page.	

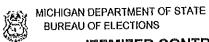


CANDIDATE COMMITTEE

1. Committee I.D. Number 139783

1. Committee in-	
2. Committee Name	CTE Angela Rogensues

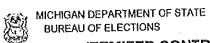
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amouni	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 09/07/19		
Name & Address: Cobbina, Awenate 733 15th St. NW, Apt. 1111 Washington DC, 20005 5. If over \$100.00 cumulative, please provide:	§ 200.00	§ 300.00
Occupation Employer not employed	Click Here is	of Metho Remization
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/09/19 Name & Address		
Brody, Dean 8980 Deerwood Road	_{\$} 300.00	ş 550.00
Clarkston, MI 48348 5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Consultant Employer Accenture		
Business Address 1001 Woodward Ave., 4th floor, Detroit, MI 48226		
Type of Contribution: Direct Loan from a person Fund Raiser	•	TO ALL YOU AND THE HEAD TO A THE TOTAL PROGRAMMENT AND THE TOTAL PROGR
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/10/19 Name & Address:		<u> </u>
Elias, Michael	_s 500.00	, 500.00
21341 Severn Harper Woods, MI 48225	<u> </u>	- Variation
5. If over \$100.00 cumulative, please provide:	Click Here to	or Memo Itemization
Occupation CEO Employer Common Citizen		
Business Address 1001 Woodward Ave., Detroit, MI 48225		
Type of Contribution: 🗸 Direct Loan from a person 🗸 Fund Raiser		and forces of the control of the forces and the second of the control of the cont
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/12/19 Name & Address	-	
Stein, Andrew 19331 Canterbury Road	_{\$} 100.00	\$ 100.00
Detroit, MI 48221 5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer	- Olicy Liele	M. Monto Rommona
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	A A L	
Page Subto Grand Total of All Schedules 1 (Complete on last page of Schedu	Stal \$1,100.00 IA Enter this total or	
Page of	line 3a of Summa Page.	



CANDIDATE COMMITTEE

2. Committee Name CTE Angela Rogensues

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/14/19 Name & Address:		
Nuszkowski, Lisa 1515 Chateaufort Detroit, MI 48207	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/15/19 Name & Address		
Ghafari, Peter 411 Goodhue	_{\$} 250.00	_{\$} 500.00
Bloomfield Hills, MI 48304	OH-1-21 1	ar Mama Hambratian
5. If over \$100.00 cumulative, please provide:	Click Here t	or Memo Itemization
Occupation Dir. of business dlvpmt Employer Ghafari Associates		
Business Address 17101 Michigan Ave., Dearborn, MI 48126		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/15/19 Name & Address:		
Bauer, Marc	_s 250.00	\$350.00
5317 Heritage Place	\$ ======	<u> \$000,00</u>
Culver City, CA 90203	Click Here f	or Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation attorney Employer Orrick Herrington & Suttcliffe		
Business Address 777 South Figueroa St., Suite 3200, Los Angeles, CA 90017		
Type of Contribution: Direct Loan from a person Fund Raiser		re desire the same per play of province and the same province of the same and the same and the same of
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/17/19 Name & Address	-	
Harvel, Colleen 2012 W. Willow St., Apt A	_{\$} 100.00	_s 100.00
Chicago, IL 60647		
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
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Page 3 of 19	Page.	<u>.</u>



Page 4 of 19

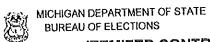
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139783

. Committee Name	CTE Angela	Rogensues
. Committee Name		

Enter contributor's name and address. If contribution is from an individual, 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. Confribution # 1 PAC Receipt? YES 4. Date of Receipt 09/19/19		
Name & Address:		
Rascano, Diana 29634 Jefferson	_s 100.00	ູ 100.00
St. Clair Shores, MI 48082	\$	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		tori anno del composito del
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/19/19 Name & Address		!
Barnes, John	_s 75.00	, 75.00
31953 Gilbert	٩ <u></u>	
Warren, MI 48093 5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
l Occupation		
Business Address		
Type of Continuation.		and the second s
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/19/19 Name & Address:		
Abdulnoor, Monte	_s 75.00	_ _{\$} 75.00
333 E. Parent Ave unit 5 Warren, MI 48067	00.1.14	Mama Hamization
5. If over \$100.00 cumulative, please provide:	Click Here t	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		y paramenta ny opinana na kaodinina mpiana na mandra na kaodinina na kaodinina na kaodinina na kaodinina na ka I Paramenta na na kaodinina na k
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/19/19 Name & Address		
Moshe, Guliano 13216 Maple Lawn Dr	_{\$} 500.00	_{\$} 500.00
Shelby Township, MI 48315		
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer not employed		
Business Address	•	
Type of Contribution: Direct Loan from a person Fund Raiser	<u>anne sa anna ann ann an ann an ann an ann an</u>	
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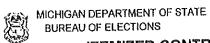
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number ______139783

i committee abition		
Committee Name	CTE Angela Rogensues	_

CANDIDATE COMMITTEE 2. Committee rolling		7.0
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/19/19 Name & Address:		
Hanna, Roger 41778 Steinbeck Glen Novi, MI 48377	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 comulative, please provide:	Click Here fo	or Memo Itemization
Occupation manager Employer Kenny Hanna	0	
Business Address 30094 Dequindre, Warren, MI 48092		
Type of Contribution: V Direct Loan from a person V Fund Raiser		ortest (1900-1904 i segot proporti antazo (1900). Uganazo (1905) una esta el 1900 per
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/30/19	ROS BROWN	
Name & Address		
Torrice, Michael	_s 200.00	, 200.00
32059 Utica Road	\$ <u>2.00.00</u>	<u> </u>
Fraser, MI 48026		
5. If over \$100.00 cumulative, please provide:	Click Here t	or Memo Itemization
Occupation private investigator Employer Eye Spy		
Business Address 32059 Utica Road, Fraser, MI 48026		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/06/19 Name & Address:		
Londeau, Michael	_s 100.00	_s 100.00
1109 Windham St.		
Westland, MI 48186	Click Here f	or Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Loan from a person Fund Raiser		
Type of Contribution. Ly process	nasia en articologico de la compositione de la comp	
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/06/19 Name & Address	_	
Pitts, Byron	_s 500.00	650.00
535 Griswold St. 1630	\$	\$
Detroit, M1 48226 5. If over \$100.00 cumulative, please provide:	Cliak Hara	for Memo Itemization
· (CHUK HOIE	TOT MOUTH HOTHIERWOOD
	_	
Business Address 535 Griswold St 1630, Detroit, MI 48226		
Type of Contribution: Direct Loan from a person Fund Raiser		ostat ostopog i kanilist kapapan kanilat konseptimon kanilat kapapan konsentat ka
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CANDIDATE COMMITTEE

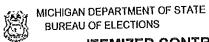
1. Committee I.D. Number 139783

2. Committee Name

CTE Angela Rogensues

Enter contributor's name and address. If contribution is from an individual, 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 09/23/19 Name & Address: Garwood, Craig 12405 Centerbury Warren, MI 48093	_{\$} 75.00	\$ 75.00
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		
	m <u>ugssommisssummenmetem</u> missades	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/23/19 Name & Address		
Legacy Mgmt Services 30078 Scheonherr, Suite 300	_{\$} 75.00	_{\$} 75.00
Warren, MI 48088 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 Reiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/23/19 Name & Address:		
Mollicone, Matthew	_{\$} 75.00	_{\$75.00}
61743 Bradbury Run Washington, MI 48094	Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide:	Click Here	10) Metho Remization
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/23/19 Name & Address	-	
Smith, Michael D Jr 5010 Quail Ridge Ct	_{\$} 75.00	_{\$} 75.00
White Lake, MI 48383 5. If over \$100.00 cumulative, please provide:	Oliale Mara	for Memo Itemization
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Occupation Employer	-	
Business Address Type of Contribution:		
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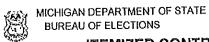
7 of 19

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

139783 1. Committee I.D. Number _

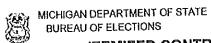
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/23/19 Name & Address:		
Kaiser, James 2089 Camel Sterling Heights, Mi 48310	_s 75.00	_§ 75.00
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Reiser	nya yazaanii kaananii kaananii kaananii kaananii	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/23/19 Name & Address		
Vinson, Ethan 3440 Sherbourne Road	_{\$} 75.00	_{\$} 75.00
Detroit, MI 48221	Oliak Liana f	or Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click Here i	Di Mellio Remization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	on the second	1993 gagana kan 1988 gagan kan kan kan 1995 gan kan dahir kan kan pana kan kan kan kan kan kan kan kan kan
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/23/19 Name & Address:		
Fourier, Brandon 28311 Oakmonte Cir West New Hudson, MI 48165	\$ 100.00 Click Here f	s 100.00 sor Memo Itemization
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution:		See the company of th
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 09/23/19 Name & Address	_	
Pangori, Stephen V 8106 Rosebud Lane	_{\$} 100.00	s_100.00
Clarkston, MI 48348 5. If over \$100.00 cumulative, please provide:	Click Horo	for Memo Itemization
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Occupation Employer		
Business Address		
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CANDIDATE COMMITTEE

1. Committee I.D. Number _____139783

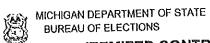
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
Committee (PAC) Report all contributions regardless of amount.		date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/23/19 Name & Address:		
Cassidy, Rhonda 4685 Green Dr	_s 100.000	_{\$} 100.00
Harsens Island, MI 48028	7	
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	·	ananan Harisas en para di James en 1880 en 188
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/23/19 Name & Address		
Clark Hill PAC	450.00	450.00
500 Woodward Ave., Suite 3500	_{\$} 150.00	_s 150.00
Detroit, MI 48226		
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address		
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Business Address 1 City Square. Warren, MI 48093		
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3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/23/19		
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Sterling Heights, MI 48310		
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Page 8 of 19	Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number _____139783

At 19 # ED 1 # C 1	0 4	7. Cumulative for
Enter contributor's name and address. If contribution is from an individual, 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	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 09/23/19 Name & Address:		
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Warren, MI 48092	\$	<u> </u>
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

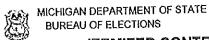
CANDIDATE COMMITTEE

2 Committee Name	CTE Angela	Rogensues

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulalive for Election Cycle for Each Contributor (Through date of receipt)
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Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		respectively. The state of the
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/23/19 Name & Address		
Cayton-Grigsby, Clarissa Fay 2075 Elmhurst Cir, Apt 205	_{\$} 75.00	ş 75.00
Orion, MI 48359 5. If over \$100.00 cumulative, please provide:	Click Here t	for Memo Itemization
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Business Address		
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number ______139783

2. Committee Name CTE Angela Rogensues

Enter contributor's name and address. If contribution is from an individual, enter last name, middle initial. Check box to indicate if contribution is from a Political Committee or an Indept Committee (PAC) Report all contributions regardless of amount.	first name, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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11341 Meadow Brook	_{\$} 75.00 _{\$} 75.00
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Business Address	
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15145 Mill Creek Drive Sterling Heights, MI 48312	*
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Bommarito, Thomas J	<u>\$100.00</u> <u>\$100.00</u>
48049 James Dr Shelby Township, MI 48317	Click Here for Memo Itemization
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Miller, Arthur 11139 Olive St	_{\$} 100.00 _{\$} 100.00
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number _____139783 2. Committee Name CTE Angela Rogensues

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 09/23/19 Name & Address: Boccomino, Robert 27882 Los Olas Warren, MI 4809 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Loan from a person Fund Raiser	\$ 100.00 Click Here f	§ 100.00 or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/23/19 Name & Address Shifman, Howard 31600 Telegraph Rd Ste 100 Bingham Farms, MI 48025 5. If over \$100.00 cumulative, please provide: Occupation attorney Employer self	§ 200.00 Click Here f	ş 200.00 For Memo Itemization
Business Address 31600 Telegraph Rd., Suite 100, Bingham Farms, MI 48025 Type of Contribution: Direct Loan from a person Fund Reiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/26/19 Name & Address:	allityan saessoojaaninkiirkiiksaassoonilisissa a	nord de grant contrib de grant en entre grant annotat de grant annotat de grant annotat la collège de con
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Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subto Grand Total of All Schedules of (Complete on last page of Schedules)	ial \$450.00	

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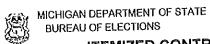
MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number _

CANDIDATE COMMITTEE 2. Committee Name	TE Angela Rogensues	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
Committee (PAC) Report <u>all</u> contributions regardless of amount.		date of receipt)
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Moore, Patrick 32721 Lancaster	_{\$} 75.00	_{\$} 75.00
Warren, MI 48088	or litter f	or Memo Itemization
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PO Box 1427	-	<u> </u>
Warren, MI 48090	Click Here for Memo Itemization	
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Business Address 1 City Square, Warren, MI 48093 Time of Contribution:		
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3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/28/19 Name & Address		
Ong, David	_s 75.00	, 75.00
40701 Woodward Ave, Ste 1000 Bloomfield, MI 48304	2	<u> </u>
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

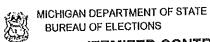
1. Committee I.D. Number 139783

2. Committee Name CTE Angela Rogensues

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CANDIDATE COMMITTEE	T a 4	7. Cumulative for
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Each Election Cycle for Each Contributor (Through date of receipt)
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Harvard Development Company 596 N. Lapeer Rd Lake Orion, MI 48362	_{\$} 100.00	_§ 100.00
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39343 Lorien Dr Sterling Heights, MI 48313	Click Here	for Memo Itemization
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Employer Golden Dental		
Business Address 5671 Trumbull Street, Detroit, MI 48203		
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Morier, Dennis J 12861 Ward Street	§300.00	ş 300.00
Southgate, MI 48195 5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
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Business Address 601 Abbott Street, Detroit, MI 48226		
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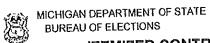
CANDIDATE COMMITTEE

2. Committee Name CTE Angela Rogensues

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Wright, Randolph		AA
255 E. Brown St Suite 320	¸ 75.00	_s 75.00
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Dwyer, William	_s 75.00	_s 75.00
35862 Lone Pine Lane	\$ <u>70.00</u>	\$ 70.00
Farmington Hills, MI 48335		e antalan
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Sterling Heights, MI 48313	Click Here	for Memo Itemization
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Occupation attorney Employer self		
Business Address 12900 Hall Road, Suite 405, Sterling Heights, MI 48313		
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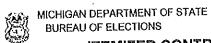
CANDIDATE COMMITTEE

1. Committee I.D. Number 139783
1. Committee 1.D. Rameor
2. Committee Name CTE Angela Rogensues
Z. Committee Name

CANDIDATE COMMITTEE 2. Committee Name		7. Cumulative for
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. It was \$400.00 comulative please provide:	Click Here f	or Memo Itemization
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Business Address 32900 Dequindre, Warren, MI 48092 Type of Contribution: Direct Loan from a person Fund Raiser	uusia saamaa ka ya ahaa saamaa ka aa ahaa ka	opposite the state of the state
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Shelby Township, Mi 48315 5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Convention attorney Employer		
Business Address 32059 Utica Rd., Fraser, MI 48026		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/11/19 Name & Address:		
UAW Michigan V-PAC 8000 E Jefferson Detroit, MI 48214 5. If over \$100.00 cumulative, please provide:	\$ 2000.00 Click Here	\$ 2000.00 for Memo Itemization
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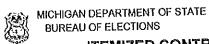
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CANDIDATE COMMITTEE

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Ahrens, Robert Warren Deputy Police Commissioner	_{\$} 80.00	§ 80.00
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Business Address		
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Larry, Cortland 8381 McClanly	\$80.00	<u>\$</u> 80.00
Clay, MI 48001	Click Here	for Memo Itemization
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Mika, Amanda 33886 Twickingham Dr	_{\$} 80.00	\$ 80.00
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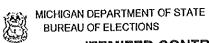


1. Committee I.D. Number 139783

CANDIDATE COMMITTEE 2. Committee Name	E Angela Roge	nsues
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/20/19 Name & Address:	representative supplier de la companya de la compa	
McAdams, Wilburt Jr 1235 Dufrain Ave Pontiac, MI 48342	_{\$} 75.00	_{\$} 75.00
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Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/20/19		
Name & Address Dillenbeck, Matt 32441 Whitley Circle	_{\$} 80.00	_{\$} 80.00
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Occupation Employer		
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3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/20/19 Name & Address:		
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Business Address Type of Contribution: Direct Loan from a person Fund Raiser	<u> </u>	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/20/19 Name & Address		
McDonald, Michael 18890 San Quentin Dr.	_s 150.00	_{\$} 150.00
Lathrup Village, MI 48076 5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Business Address 555 Hulet Dr., Bloomfield Hills, MI		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subt	total \$405.00	
Grand Total of All Schedules (Complete on last page of Sched	tule) Enter this total	

Page 18 of 19

Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, 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 09/12/19 Name & Address:		
Rogensues, Angela 13254 Common Warren, MI 48088	<u>\$ 2000.00</u>	_§ 2000.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Exc. Director Employer Play Works Education		
Business Address 2990 W. Grand Blvd., Suite 231, Detroit, MI 48202		
Type of Contribution: ✓ Direct ✓ Loan from a person Fund Raiser		gagus account haif gui inscriutant high gu gcasachtaiste gas ann maint 1914.
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/20/19 Name & Address		
Rogensues, Angela 13254 Common	_{\$} 1000.00	ş 3000.00
Warren, MI 48088	Click Hara fo	or Memo Itemization
5. If over \$100,00 cumulative, please provide: Occupation Exc. Director Employer Play Works Education	Click Hele it	M Mellio Romezadon
Occupation Exc. Director Employer Play Works Education		
Business Address 2990 W. Grand Blvd., Suite 231, Detroit, MI 48202		
Type of Contribution:		gaggitekstikkjeuri (over) jokkoloverningstrjakrit ururihikstrjaksiseuro
Name & Address: 5. If over \$100.00 cumulative, please provide:	\$Click Here fo	- \$or Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		ar marin marin a marin mar
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	-	
	\$	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer	•	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtol Grand Total of All Schedules 1		_
(Complete on last page of Schedul	le) Enter this total or	
Page 19 of 19	line 3a of Summa Page.	



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

1. Committee I.D. Number 139783

CAN	DIDATE COMMITTEE	2. Committee Name CTE Angela Rogensues
. Name & Address From Whor	n Received 4. Date of Receipt	5. Type of Receipt 6. Amount
Receipt #1	Date of Receipt	Loan from a Lending Institution
Name & Address:		fnterest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending Institution
Tighto de Filado de Caracteria		Interest
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institution
Hante & Address.		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Recelpt #4 Name & Address:	Date of Receipt	Loan from a Lending Institution
Hallo & Madioon		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institution
Maile & Modress.		interest \$
		Refund \Rebale Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #6 Name & Address:	Date of Receipt	Loan from a Lending Institution
Manie a Manieso.		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #7 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
F		Page Subtotal 0.00
		Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)
		Enter this total on line 4 of Summary

line 4 of Summary Page

Page 1 of 1



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number <u>139783</u>

CANDIDATE COMM	ITTEE 2. Commiltee Name CTE Angela Rogeri	5u65	
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. Contribution # 1 PAC Receipt? Yes	4. Type of In-Kind Contribution (Check applicable box)	∃air Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	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	\$	nization
Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan Goods Donated Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Date Of Receipt: Vendor Name & Address:	k Here for Memo Ite	mization
Fund Relser Contribution Contribution #3 PAC Receipt? Yes Name & Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others	\$.	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description	ck Here for Memo II	emization
Fund Raiser Contribution	Page Subtotal	\$0.00	
	Grand Total of all Schedules 1-li (Complete on last page of Schedule		ımary

Page ______ of _____

23



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES

139783

SCHEDULE 1B - IK 1. Committee I. D. Number E - Angela Rogensues CANDIDATE COMMITTEE 2, Committee Name 6. Fair Market 5. Date: 4. Type of in-Kind Expenditure 3. Name and Address of person to whom goods or Value (Check appropriate box and fill in description) services were donated or transferred. Donation of goods or services to a Ballot Expenditure #1 Question Committee Name & Address: Donation of assets to tax exempt charitable Institution Date Donation of assets to Political Party Committee Click Here for Memo Itemization Type Other Description Donation of goods or services to a Ballot Expenditure #2 Question Committee Name & Address: Donation of assets to lax exempt charitable Date Donation of assets to Political Party Committee Click Here for Memo Itemization Type Description: Donation of goods or services to a Ballot Expenditure #3 **Question Committee** Name & Address: Donation of assets to tax exempt charitable Date Donation of assets to Political Party Committee Click Here for Memo Itemization Type Other Description: Donation of goods or services to a Ballot Expenditure #4 Question Committee Name & Address: Donation of assets to tax exempt charitable Date Institution Donation of assets to Political Party Committee Click Here for Memo Itemization Type Olher Description: Donation of goods or services to a Ballot Expenditure #5 **Question Committee** Name & Address: Donation of assets to tex exempt charitable Date Donation of assets to Political Party Committee Click Here for Memo Itemization Type Other Description: \$0.00 Page Subtotal

Page _____ of ____

Enter this total on line 7 of the Summary Page

\$0.00

Grand Total of all Schedules 1B-IK

(Complete on last page of Schedule)



1, Committee I. D. Number ______

2. Committee Name CTE Angela Rogensues

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Dale	6. Amount
Expenditure #1		William Control of the Control of th	4000 4000 4000 4000 4000 4000 4000 400
Name Act Blue		09/05/19	\$ 55.21
Wel Dine	Purpose: service fees	Date	
Address			universion Tyrac
online	Click F	lere for Memo It	emization type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			ļ
Name Act Blue		10/03/19	s 60.01
Vot pine	Purpose: service fees	Date	
Address	Purpose:		
online	Click I	tere for Memo It	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3	Statement		
•		40/04/40	
Name Allegra Print and Imaging		10/04/19 Date	\$ <u>91.16</u>
Address	Purpose: print flyers		
400 Renaissance Center	all done in house Click Here for Memo Ilemization Type		
Level One, Suite 1407 Detroit, MI 48243	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4	1	09/19/19	
^{Name} Andiamo		Date	\$ 900.00
Address	Purpose: food/beverage	Date	
7096 E. 14 Mile Rd		Here for Memo I	temization Type
Warren, MI 48092		۲,	805
	Check box if this expenditure is payment of debt or obligation reported on previous	beverage	600
V Fund Reiser	statement		-
Expenditure #5		tip	395
Name Andiamo		09/20/19	• 000 00
<u> </u>	Purpose: food/beverage	Date	\$ 900.00
Address 7096 E. 14 Mile Rd		· Wara for Mama	Itemization Type
Warren, MI 48092	Check box if this expenditure is payment of		Konneation ()ho
<u> </u>	debt or obligation reported on previous	· ·	
✓ Fund Raiser	statement	Intel this page	00.000.00
		total this page	\$2,006.38
	Grand Total of a (Complete on last pa		

Enter this total on line 8a of Summary Page



139783

1. Committee I. D. Number	Lipp Mary 1
2. Committee Name CTE	Angela Rogensues

and a standard and a	4. Purpose (Required Information)	5. Date	6. Amount
3. Name and address of person or vendor to whom paid	T. Tulpoo (Notation and Notation and Notatio		Manuary Canada
Expenditure #1	1	09/11/19	
Name Clark Graphics	.		\$ <u>1656.25</u>
Address	Purpose: printing	Date	
21914 Schmeman		lere for Memo Ile	emization Type
Warren, MI 48089		all done	in house
yunon, m. 10000	Check box if this expenditure is payment of debt or obligation reported on previous	CCV - CC	
Fund Raiser	slatement		
Expenditure #2			
Name Clark Graphics		10/08/19	\$ 1510.50
Jan Japan	Purpose: printing	Dale	
Address	a de la companya de		
21914 Schmeman	Click	Here for Memo It	emization Type
Warren, MI 48089	Check box if this expenditure is payment of	all done	in house
ļ -	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3	ļ		
Name Facebook		09/01/19	\$ 12.10
	Purpose: ads	Date	
Address			
online	Click	Here for Memo II	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
ļ ·		10/01/19	100.00
Name Facebook		Date	\$ <u>100.00</u>
Address	Purpose: ads		
online		Here for Memo	temization Type
Office			Manneauon Type
	Check box if this expenditure is payment o debt or obligation reported on previous	•	
Fund Raiser	statement		
Expenditure #5			
Name Federal Express		10/13/19	
Lengtal Exhicas	Purpose: digital services	Date	\$ <u>16.96</u>
Address			
31980 Gratiot Ave	1		Itemization Type
Roseville, MI 48066	Check box if this expenditure is payment of	of	
Fund Raiser	debt or obligation reported on previous statement		
L Tala Notes		ototal this page	\$3,295.81
	Grand Total of a	ali Schedules 1B	
	(Complete on last pa		
			Enlar this total

Enter this total on line 8a of Summary Page



2. Committee Name CTE Angela Rogensues

	ommittee ivaite	T C D-4-	C Amount 1
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		08/29/19	
Name Love Publicity			\$ 350.00
Address	Purpose: graphic design	Date	
19141 Lancashire		tere for Memo Ite	
Detroit, MI 48223	Check box if this expenditure is payment of	all done	in house
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2		09/11/19	050.00
Name Love Publicity		Date	\$ <u>350.00</u>
Address	Purpose: graphic design	Duio	
19141 Lancashire	Click 1	Here for Memo It	emizalion Type
DEtroit, MI 48223	personnel of the same of the same of the same of	all done	in house
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	slatement		
Expenditure #3			
Name Love Publicity	}	10/09/19	\$ 350.00
Address	Purpose: graphic design	Date	
19141 Lancashire		Here for Memo II	temization Type
Detroit, MI 48223	Check box if this expenditure is payment of	محماء الم	in house
C sudputes	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4		08/30/19	
Name RSM Technical Solutions		Date	s <u>255.80</u>
Address	Purpose: geocoding		
6820 N. Farmington Rd		Here for Memo I	Itemization Type
Westland, MI 48185			.,
	Check box if this expenditure is payment o debt or obligation reported on previous	•	
Fund Raiser	statement		
Expenditure #5			
Name RSM Technical Solutions		10/04/19	\$ 103.00
Address	Purpose: geocoding	Date	
6820 N. Farmington Rd		k Here for Memo	Itemization Type
Westland, MI 48185	Check box if this expenditure is payment of	of	
Fund Ralser	debt or obligation reported on previous statement		
I und Russi		ototal this page	\$1,408.80
	Grand Total of a	ili Schedules 1R	, , , , , , , , , , , , , , , , , , , ,
	(Complete on last pa		

Enter this total on line 8a of Summary Page

Page 3 of 46



ITEMIZED EXPENDITURES

120783

COURDINE 4P	ommittee I. D. Number		
SCHEDULE 1B CANDIDATE COMMITTEE 2.0	2 Committee Name CTE Angela Rogensues		
	ommittee Name 4. Purpose (Required Information)		3. Amount
3. Name and address of person or vendor to whom paid	4. Luipose (Required morrison)	<u></u>	
Expenditure #1		08/29/19	
Name Sawicki & Son		Date	\$ <u>1336.00</u>
Address	Purpose: signs	Date	
1521 W. Lafayette	Click t	lere for Memo lie	mization Type
Detroit, Mi 48216	Check box if this expenditure is payment of	all done	In house
The version	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2		09/13/19	- 0004 E0
Name Source One	11	Date	\$ <u>3624.50</u>
Address	Purpose: mailers/mail		
900 Tech Row	Click I	lere for Memo Ite	emization Type
Madison Heights, MI 48071	Check box if this expenditure is payment of	all done	in house
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name Vantiv		09/10/19	\$ 75.50
Address	Purpose: service fees	Dale	 -
on line		Here for Memo It	emization Type
	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4		10/09/19	
Name Vantiv		Date	s <u>108.21</u>
Address	Purpose: service fees	Dato	
online	i	Here for Memo I	temization Type
Cimile .			,,
	Check box if this expenditure is payment o debt or obligation reported on previous	1	
Fund Raiser	statement	,	
Expenditure #5			
Name Walgreens		09/02/19	s 6.31
Address	Purpose: photos	Date	· <u>0.01</u>
11635 E. 13 Mile		Here for Memo	Itemizalion Type
Warren, MI 48093	Check box if this expenditure is payment		•
	debt or obligation reported on previous statement	•	
Fund Raiser		total this page	\$5,150.52
	Grand Total of a		40,100.02
	(Complete on last pa		

Enter this total on line 8a of Summary Page



139783

1. Committee I. D. Number	100700
2. Committee Name CTE	Angela Rogensues

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		10/09/19	\$ 315.88
Name Walmart	scotor	Date	3 10.00
Address	Purpose: scooter		
18400 Hall Rd	Cii	ick Here for Memo Ite	emization Type
Clinton Township, MI 4838	Check box if this expenditure is payment	l of	
-	debt or obligation reported on previous		
Fund Raiser	slalement		<u> </u>
Expenditure #2		09/16/19	47.00
Name Wix.com		Date	\$ <u>17.00</u>
Address	Purpose: website host	Salv	
Address		lick Here for Memo It	emizalion Type
online			••
	Check box if this expenditure is paymen debt or obligation reported on previous	nt of	
Fund Raiser	statement		<u> </u>
Expenditure #3			
Name Wix.com		10/16/19	\$ 17.00
AMX'COLL	website host	Date	\$ 17.00_
Address	Purpose: website host	_	
online	c	lick Here for Memo I	temization Type
	Check box if this expenditure is payme	nt of	
Count Robor	debt or obligation reported on previous statement		
Fund Raiser	Statement		
Expenditure #4		10/20/19	
Name RSM Technical Solutions		Date	\$ 113.71
Address	Purpose: geocoding		·
	Į.	N. J. Mara 5 14	Homization Tune
6820 N. Farmington Rd Westland, MI 48185		Click Here for Memo	кениханоп туре
Westiand, Wit 40100	Check box if this expenditure is payme	ent of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5		10/19/19	
Name Meijer	Purpose: trunk or treat candy	Date	\$ <u>81.95</u>
Address			
25225		Click Here for Memo	Itemization Type
Schoenherr Warren, MI 48089	Check box if this expenditure is paym	ent of	
Vvarien, Wii 40000	debt or obligation reported on previous statement		
Lillo Kaisei	1	Subtotal this page	\$545.54
	A 17.13		
	Grand 10ta (Complete on la	l of all Schedules 1B st page of Schedule	
	1 1	-	1

Enter this total on line 8a of Summary Page

5 of 6



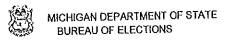
139783

1. Committee I. D. Number	_
2. Committee Name CTE Angela Rogensues	

and a standard author paid	4. Purpose (Required Information)	5. Date 6	. Amount
3. Name and address of person or vendor to whom paid			LOADE
Expenditure #1	·	10/15/19	7.05
Name FedEx		Date	\$ <u>7.95</u>
Address	Purpose: digital services	Date	Ì
31980 Gratiot Ave		Here for Memo Ite	mization Type
Roseville, MI 48066		ź.	
1/036411101 1411 1416	Check box if this expenditure is payment of debt or obligation reported on previous	I	
Fund Raiser	statement		
Expenditure #2			
Name REM Printing		09/29/19	\$ 604.00
7.2 · · · · · · · · · · · · · · · · ·	Purpose: printing	Date	
Address			
15632 Flanagan	Click	Here for Memo Ite	emization Type
Roseville, MI 48066	Check box if this expenditure is payment of	all done in	1,01034
	debt or obligation reported on previous		!
Fund Raiser	statement		
Expenditure #3			
Name Source One		10/16/19	\$ 3693.02
.	Purpose: printing/mailing	Date	
Address	· · · · · · · · · · · · · · · · · · ·	k Here for Memo II	emization Type
900 Tech Row Madison Heights, MI 48071	Cita	all down	hause
Wadison Heights, Will 1997	Check box if this expenditure is payment debt or obligation reported on previous	of Mil Clother in	'
Fund Raiser	statement		
Expenditure #4			
Name			•
		Date	*
Address	Purpose:		
ļ	Clic	k Here for Memo l	temization Type
	Check box if this expenditure is payment	of	
<u>}_</u>	debt or obligation reported on previous		
Fund Raiser	slatement		
Expenditure #5			
Name			¢
	Purpose:	Date	\$
Address			Hamiration Trac
	1 .	ick Here for Memo	пелигацон туре
	Check box if this expenditure is payment debt or obligation reported on previous	1 01	
Fund Raiser	statement		
\ <u></u>	S	ubtotal this page	\$4,304.97
	Grand Total of	f all Schedules 1B	\$16,712.02

(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G

1. Committee I.D. Number 139783

CANDIDATE	COMMITTEE
-----------	-----------

CANDIDATE COMMITTEE

2. Committee Name

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in them 4f.

ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED

	ARE REQUIRED TO BE TEMIZED	1.5.0	6. Amount
3. Name and address of person or vendor to whom the	4. Type of Activity	5. Date	0. 7dilodil
expenditure was made Expenditure #1	a. Election Day Busing of Voters To The Polls		
Name & Address:			
Maine a vidaross	b. Slate Cards c. Challengers		
	,		
	d. Poll Watchers e. Poll Workers		\$
	Max 2004	Date	
	f. Get-Out-The Vote Activity (Specify):		
	· · · · · · · · · · · · · · · · · · ·		amization Tuna
	GI	ick Here for Memo II	eithzation (Ahe
For Activity Type b-f, check one:			
☐ In-Kind ☐ Independent	Check box if this expenditure is payment of		
thin to a ballet prepared check and	debt or obligation reported on previous statement	t	
If in support of, or in opposition to, a ballot proposal, check one:	door or dollarion confirm		
Support Oppose			
Special Tripper Tri			
Statewide Proposal Name	Local Proposal Name	Indicate County	
Expenditure #2			
Name & Address:	a. Election Day Busing of Voters To		
	The Polls b. Slale Cards c. Challengers		
	o. L		\$
	d. Poll Watchers e. Poll Workers	Date	. »
	Control Valo Assisting (Specific)	Date	
	f. Get-Out-The Vote Activity (Specify):	lick Here for Memo II	emization Type
For Activity Type b-f, check one:			
In-Kind Independent	Check box if this expenditure is payment of		
If in support of, or in opposition to, a ballot proposal, check one:	debt or obligation reported on previous statemer	nt	
Support Oppose			
	in the second blooms of the se	ndicate County	
	cal Proposal Name		
Expenditure #3	a. Election Day Busing of Voters To		
Name & Address:	The Polls		
	b. Slate Cards c. Challengers		
			\$
	d. Poll Watchers e. Poll Workers	Date	
	f. Get-Out-The Vote Activity (Specify):		
	E Get-Ont-Tue Agre Activity (obegin):	Click Here for Memo	Itemization Type
For Activity Type b-f, check one:			**
in-Kind Independent	Check box if this expenditure is payment of		
	debt or obligation reported on previous statemen	nt	
If in support of, or in opposition to, a ballot proposal, check one:	-		
Support Oppose			
Statewide Proposal Name	Local Proposal Name	Indicate County	
Oldrewing Linhood) Learno		Subtotal this page	\$0.00
	Grand Total o	f all Schedules 1B-G ast page of Schedule	\$0.00
	(Combata on i	~~. page 5, eq.,caa	

Enter total on Line 8b Summary Page



DEBTS	AND	OBLI	G/)ITA	SNC
S	CHE	DULE	1	E	

Page 1 of 2

1. Committee I.D. Number

139783	

SCHEDULE 1E	CTE Angel	a Rogensues		
CANDIDATE COMMITTEE 2. Co	ommiltee Name OTE ATIGOT			400-07
This Schedule itemizes:			s the bulbs com	millan
Debis and obligations owed by or forgiven the comr (Chec	k either a or b. Use only for the put			
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount	7. Date and amount of each payment	8. Cumulalive payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
provide information regarding the endorsers or guarantors, if any.	of debt			
Owed to or by:	4. Type: media design	<u> </u>	!	
Ignition Media Group 151 West Congress	5. Date Debt Was Incurred: 07/23/19	\$\$ \$		4 000 00
Suite 410	6. Original Amount of Debt		\$ 0.00	\$_1,000.00
Detroit. MI 48226	\$ 1,000.00	\$		FORGIVEN
if bank loan, name of endorser or guarantor:		\$Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes	4. Type: loan	\$		
Owed to or by: Angela Rogensues	5. Date Debt Was Incurred:	<u> </u>		
13254 Common	09/12/19	\$	0.00	\$ 2,000.00
Warren, MI 48088	6. Original Amount of Debt: \$ 2,000.00	\$	\$ <u>0.00</u>	FORGIVEN
	\$ 2,000.00	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$.	<u> </u>
Debt #3 Corp? Yes Owed to or by:	4. Type: loan			
Angela Rogensues	5. Date Debt Was Incurred:	\$		
13254 Common Warren, MI 48088	9/20/19 6. Original Amount of Debt:	<u> </u>	\$_0.00	\$_1,000.00
VValleli, Wii 40000	\$ 1,000.00	\$		FORGIVEN
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		•
If bank loan, name of endorser or guarantor:			Amount Endorsed:	
		Page Subto	tal (Outstanding det	\$4,000.00
	(Complete on last page of Schedul	Grand Tol e showing amounts owed b	al of all Schedules 1	e) <u> </u>
A debt or obligation must be shown on this Schothis Campaign Statement or it was forgiven duri	odulo if there was an outstanding	amount owed on it at the		Enter this total on line 12a "own by" or line 12b "owed to" of the Summary Page

2/2_



DEBTS AND OBLIGATIONS SCHEDULE 1E

Page 2 of 2

1. Committee I.D. Number

139783

SCHEDULE 1E 2. Committee Name CTE Angela Rogensues				
CANDIDATE COMMITTEE 2. Co	ommittee Name			
This Schedule itemizes:				
a ✓ Debts and obligations owed by or forgiven the comm (Chec	nittee OR b. Debis k either a or b. Use only for the pu	and obligations owed <u>to</u> or pose checked.)		
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an	4. Type of Obligation (Description) 5. Indicate date debt was incurred	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	6. Indicate original amount of debt			item 8)
Debt #1 Corp? Yes Owed to or by:	Cermbursement for 4. Type: printing/mailing	\$		
reimbursement to	5. Date Debt Was Incurred:	\$		
CTE James Fouts	10/20/19	\$	s 392.13	\$ 392.13
28107 St. Louise Dr	6. Original Amount of Debt:	s	\$ 392.13	Ψ <u></u>
Warren, MI 48092	s 392.13			FORGIVEN
ļ	· · · · · · · · · · · · · · · · · · ·	·s		
If bank loan, name of endorser or guarantor:		Amı	ount Endorsed: \$	T
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$		
Owed to at by.	5. Date Debt Was Incurred:	s	:	
				}
	6. Original Amount of Debt:	\$	\$	\$
	\$	\$		FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$-	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
,	5. Date Debt Was Incurred:	\$\$		1
		\$		1
	6. Original Amount of Debt:	\$	\ \$	1 \$
	\$			FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$	<u> </u>
		Page Subtot	al (Outstanding deb	\$392.13
	Complete on last page of Scheduk	Grand Tola showing amounts owed by	al of all Schedules 1 or to the committee	Enter this total
A debt or obligation must be shown on this Sche this Campaign Statement or it was forgiven durin	dule if there was an outstanding ig the period covered by this Car	amount owed on it at the npaign Statement.	closing date of	on line 12a "owe by"" or line 12b "owed to" of the Summary Page

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Page 1 of 1

1. Committee I.D. Number _____

CANDIDATE CO	NANTTEE	mittee Name CTE Angela R	Rogensues	
	- USE A SEPARATE SHI			
3. Date Event Was Held	Number of Individuals Atlending 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.	
09/19/19	60	food/beverage	Andiamo 7096 E 14 Mile Rd Warren, MI 48092 Private Residence	
7. Total Contributions	\$8,775.00			
8. Other Receipts	\$0.00			
9. Gross Receipts (Add lines 7 a	\$8,775.00			
10. Total Cost of Event (Total Cost includes In-Kind Cor	\$1,800.00 Intributions and All Expenditures	s Made For the Event)		
11. Check if event was a join	int fund raiser and complete the	following:		
Co-Sponsor(s)	Contribution 5 (%)	Split	Expenditure Split (%)	
				
		MATERIAL TO THE PARTY OF THE PA		
	-	·	**************************************	
transport to the second				
	and to the constant Provident	er Cahadula for each fund rain	ning event held during the	
period covered by the 0	red to file a separate Fund Rais Campaign Statement.			
Schedule (1A), Itemize Summary Page.	ures listed on a Fund Raiser Sc d In-Kind Contributions Schedu	ile (1-IK), Itemized Expenditure	es Schedule (1B) and the	