



**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.

1 Committee ID Number 139868		3 This Statement covers From 4/14/2020 to 7/19/2020	
2 Committee Name CTE Rhonda Warner		4 Candidate Last Name Warner First Name Rhonda IAI A 4a Office Sought Including District # or Community Served (if applicable): Harrison Twp Trustee 4b County of Residence MACOMB	
5 Committee Mailing Address P.O. Box 534, Mt. Clemens, MI 48046 Area Code and Phone (248) 667-8147 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 Michael Mazur 14906 Liri Sterling Heights, MI 48312 Area Code & Phone (586) 506-2655	
7 Treasurer's Business Address Area Code and Phone		8 Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Rhonda Warner 24110 Donaldson St Harrison Twp, MI 48045 Area Code and Phone (248) 667-8147	
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 8/4/2020		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 hereby 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: Michael Mazur Type or Print Name		Signature: Date: 7-22-20	
Candidate: Rhonda Warner Type or Print Name		Signature: Date: 7-23-2020	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

1 Committee I D Number 139868

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2 Committee Name CTE Rhonda Warner

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3 Contributions			
a Itemized (Schedule 1A - Column 6)	(3a) \$	<u>1868.75</u>	
b Unitemized (less than \$20 01 each - no Schedule)	(3b) \$	<u>NOT APPLICABLE</u>	
c Subtotal of "Contributions"	(3c) \$	<u>1868.75</u>	(18) \$ <u>1868.75</u>
4 Other Receipts (Schedule 1A -1, Column 6)	(4) \$	<u>75.33</u>	(19) \$ <u>75.33</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5) \$	<u>1944.08</u>	(20) \$ <u>1944.08</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6 In-Kind Contributions (Schedule 1-IK, Column 7)	(6) \$	<u>412.63</u>	(21) \$ <u>412.63</u>
7 In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7) \$	<u>0</u>	(22) \$ <u>0</u>
EXPENDITURES			
8 Expenditures			
a Itemized (Schedule 1B, Column 6)	(8a) \$	<u>1182.71</u>	
b Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b) \$	<u>0</u>	
c Unitemized (less than \$50 01 each - no Schedule)	(8c) \$	<u>144.34</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9) \$	<u>1326.51</u>	(23) \$ <u>1326.51</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a Itemized (Schedule 1C, Column 6)	(10a) \$	<u></u>	
b Unitemized (less than \$50 01 each - no Schedule)	(10b) \$	<u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11) \$	<u></u>	(24) \$ <u></u>
DEBTS AND OBLIGATIONS			
12 Debts and Obligations			
a Owed by the Committee (Schedule 1E)	(12a) \$	<u>662.63</u>	
b Owed to the Committee (Schedule 1E)	(12b) \$	<u>0</u>	
BALANCE STATEMENT			
13 Ending Balance of last report filed (Enter zero if no previous reports have been filed)	(13) \$	<u>0</u>	
14 Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14) + \$	<u>1944.08</u>	
15 SUBTOTAL Add lines 13 and 14	(15) = \$	<u>1944.08</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16) - \$	<u>1326.51</u>	
17 ENDING BALANCE (Subtract line 16 from line 15)	(17) \$	<u>617.57</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1 Committee I D Number 139868
2 Committee Name CTE Rhonda Warner

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 <u>4/17/20</u> Name & Address <u>Rhonda Warner</u> <u>24110 Donaldson St</u> <u>Harrison Twp, MI 48045</u>		250 \$	250 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Investigator</u> Employer <u>State Bar of Michigan</u> Business Address <u>535 Griswold Ste 1700, Detroit, MI 48226</u> Type of Contribution ☒ Direct ☒ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution #2 PAC Receipt? ☐ YES 4 Date of Receipt <u>4/30/20</u> Name & Address <u>Ronald Warner</u> <u>4563 24th Ave Apt#7</u> <u>FT Gratiot, MI 48059</u>		50 \$	50 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution # 3 PAC Receipt? ☐ YES 4 Date of Receipt <u>4/30/20</u> Name & Address <u>Catherine Baurhenn</u> <u>1014 Lakeside Dr, PO Box 86</u> <u>Port Sanilac, MI 48469</u>		25 \$	25 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution # 4 PAC Receipt? ☐ YES 4 Date of Receipt <u>5/1/20</u> Name & Address <u>Robert Warner</u> <u>21480 Independence Dr</u> <u>Southfield, MI 48076</u>		50 \$	50 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$375**

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

Enter this total on
line 3a of Summary
Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1 Committee I D Number 139868
2 Committee Name CTE Rhonda Warner

Enter contributor's name and address. If contribution is from an individual enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount		6 Amount	7 Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3 Contribution # 1 PAC Receipt? ☐ YES 4 Date of Receipt <u>5/1/20</u> Name & Address <u>Maria Ceja</u> <u>520 S. Dawn St</u> <u>Anaheim, CA 92805</u>		100 \$	100 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution #2 PAC Receipt? ☐ YES 4 Date of Receipt <u>5/1/20</u> Name & Address <u>Terrill Jones</u> <u>1071 Sterling Place, Apt 3</u> <u>Port Huron, MI 48060</u>		25 \$	25 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution # 3 PAC Receipt? ☐ YES 4 Date of Receipt <u>5/1/20</u> Name & Address <u>Jennifer Petty</u> <u>2353 Churchill Rd</u> <u>Hillsville, PA 16132</u>		150 \$	150 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Not employed</u> Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution # 4 PAC Receipt? ☐ YES 4 Date of Receipt <u>5/1/20</u> Name & Address <u>Todd McConaghy</u> <u>300 Galeria Officenter</u> <u>Southfield, MI 48054</u>		100 \$	100 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$375**

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



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1 Committee I D Number 139868

2 Committee Name CTE Rhonda Warner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount		6 Amount	7 Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3 Contribution # 1	PAC Receipt? ☐ YES	4 Date of Receipt <u>5/3/20</u>	
Name & Address <u>Alex Bronson</u> <u>34475 Jefferson Ave, Apt 2</u> <u>Harrison Twp, MI 48043</u>		100 \$	100 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution #2	PAC Receipt? ☐ YES	4 Date of Receipt <u>5/3/20</u>	
Name & Address <u>Lori Belanger</u> <u>211 S Vermont</u> <u>Royal Oak, MI 48067</u>		50 \$	50 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution # 3	PAC Receipt? ☐ YES	4 Date of Receipt <u>5/6/20</u>	
Name & Address <u>Revon Jones</u> <u>713 18th St</u> <u>Port Huron, MI 48060</u>		23.75 \$	23.75 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution # 4	PAC Receipt? ☐ YES	4 Date of Receipt <u>5/8/20</u>	
Name & Address <u>Rhonda Warner</u> <u>24110 Donaldson St</u> <u>Harrison Twp, MI 48045</u>		20 \$	270 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Investigator</u> Employer <u>State Bar of Michigan</u> Business Address <u>535 Griswold Ste 1700, Detroit, MI 48226</u> Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 193.25

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

Enter this total on
line 3a of Summary
Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1 Committee I D Number 139868
2 Committee Name CTE Rhonda Warner

Enter contributor's name and address. If contribution is from an individual enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount		6 Amount	7 Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3 Contribution # 1 PAC Receipt? ☐ YES 4 Date of Receipt <u>5/8/20</u> Name & Address <u>Sarah Murphy</u> <u>784 Wordsworth St</u> <u>Ferndale, MI 48220</u>		25 \$	25 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution #2 PAC Receipt? ☐ YES 4 Date of Receipt <u>5/9/20</u> Name & Address <u>Melvin Warner</u> <u>835 Cochise Trl</u> <u>Birmingham, AL 35214</u>		200 \$	200 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution # 3 PAC Receipt? ☐ YES 4 Date of Receipt <u>5/10/20</u> Name & Address <u>Ovetta Ballard</u> <u>586 Ellison CT</u> <u>Frederick, MD 21703</u>		25 \$	25 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution # 4 PAC Receipt? ☐ YES 4 Date of Receipt <u>5/17/20</u> Name & Address <u>Yulanda Burgess</u> <u>10857 Lakepointe</u> <u>Detroit, MI 48224</u>		50 \$	50 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 300

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

Enter this total on
line 3a of Summary
Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1 Committee I D Number 139868

2 Committee Name CTE Rhonda Warner

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 5/21/20	
Name & Address William Harvey 35394 Edmunds Grove New Baltimore, MI 48047		50 \$	50 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution # 2	PAC Receipt? ☐ YES	4 Date of Receipt 5/29/20	
Name & Address Yvonne Williams 2015 Division St Port Huron, MI 48060		100 \$	100 \$
5. If over \$100.00 cumulative, please provide: Occupation Not employed _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution # 3	PAC Receipt? ☐ YES	4 Date of Receipt 5/29/20	
Name & Address Yvonne Williams 2015 Division St Port Huron, MI 48060		100 \$	200 \$
5. If over \$100.00 cumulative, please provide: Occupation Not employed _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution # 4	PAC Receipt? ☒ YES	4 Date of Receipt 6/16/20	
Name & Address IAFF Local 1737 38460 Jefferson Ave Harrison Twp, MI 48045		250 \$	250 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$500

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

Enter this total on
line 3a of Summary
Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1 Committee I D Number 139868

2 Committee Name CTE Rhonda Warner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report <u>all</u> contributions regardless of amount.		6 Amount	7 Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3 Contribution # 1	PAC Receipt? ☐ YES	4 Date of Receipt <u>6/20/20</u>	
Name & Address Catherine Baurhenn 1014 Lakeside Dr PO Box 86 Port Sanilac, MI 48469		\$ <u>25</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution #2	PAC Receipt? ☐ YES	4 Date of Receipt <u>7/4/20</u>	
Name & Address Kimberly Brown 38695 Long St Harrison Twp, MI 48045		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution # 3	PAC Receipt? ☐ YES	4 Date of Receipt <u>7/6/20</u>	
Name & Address Nancy Duemling 20776 Moxon Clinton Twp, MI 48036		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3 Contribution # 4	PAC Receipt? ☐ YES	4 Date of Receipt _____	
Name & Address		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$125

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

\$1868.75



ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE

1 Committee ID Number 139868

2 Committee Name CTE Rhonda Warner

3 Name & Address From Whom Received	4 Date of Receipt	5 Type of Receipt	6 Amount
Receipt #1 Name & Address: Staples 500 Staples Dr Framingham, MA 01702	Date of Receipt <u>5/7/20</u>	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☒ Other (Specify) <u>order rehd - late delivery</u>	\$ <u>75.33</u>
Receipt #2 Name & Address	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
Receipt #3 Name & Address	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
Receipt #4 Name & Address	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
Receipt #5 Name & Address	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
Receipt #6 Name & Address	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
Receipt #7 Name & Address	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
Page Subtotal			75.33
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			75.33

Enter this total on
line 4 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1 Committee I D Number 139868

2 Committee Name CTE Rhonda Warner

CANDIDATE COMMITTEE

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 <u>all</u> 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 Rhonda Warner 24110 Donaldson St Harrison Twp, MI 48045 If over \$100.00 cumulative, please provide: Occupation Employer Name & Business Address State Bar of Michigan 535 Griswold Ste 1700 Detroit, MI 48226 ☐ 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 <u>access to VAN system</u> 5 Date Of Receipt <u>4/22/20</u> 6 Vendor Name & Address: Michigan Democratic Party 606 Townsend St Lansing, MI 48933 Click for Memo Itemization Type	\$ <u>150</u>	\$ <u>150</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address Rhonda Warner (see above) If over \$100.00 cumulative, please provide: Occupation Employer Name & Address (see above) ☐ 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 <u>website domain purchase</u> 5 Date Of Receipt <u>4/24/20</u> 6 Vendor Name & Address: HostGator 5005 Mitchelldale Ste 100 Houston, TX 77092 Click Here for Memo Itemization	\$ <u>110.35</u>	\$ <u>260.35</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address Rhonda Warner (see above) If over \$100.00 cumulative, please provide: Occupation Employer Name & Address (see above) ☐ 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 <u>clothing with candidate logo</u> 5 Date Of Receipt <u>6/15/20</u> 6 Vendor Name & Address: Rush Order Tees 2727 Commerce Way Philadelphia, PA 19154 Click Here for Memo Itemization	\$ <u>87.70</u>	\$ <u>348.05</u>

Page Subtotal **\$348.05**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I D. Number 139868

2. Committee Name CTE Rhonda Warner

CANDIDATE COMMITTEE

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: Rhonda Warner (see previous page) If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: (see previous page) ☐ 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 <u>stakes and ties for signs</u> 5. Date Of Receipt: <u>7/3/20</u> 6. Vendor Name & Address: Lowe's Home Centers 35115 South Gratiot Ave Clinton Twp, MI 48035 Click Here for Memo Itemization	\$ <u>64.58</u>	\$ <u>412.63</u>
Contribution # 2 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	\$ _____	\$ _____
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 **64.58**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **412.63**

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

139868

1. Committee I D Number _____
2. Committee Name CTE Rhonda Warner

3. Name and address of person or vendor to whom paid	4 Purpose (Required Information)	5 Date	6 Amount
Expenditure #1 Name <u>Staples</u> Address <u>500 Staples Dr</u> <u>Framingham, MA 01702</u> ☐ Fund Raiser	Purpose: <u>paper and printer ink</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/1/20</u> Date	\$ <u>77.31</u>
Expenditure #2 Name <u>Alex Bronson Election Committee</u> Address <u>34475 JEFFERSON AVE. APT. 2</u> <u>HARRISON TOWNSHIP, MI 48045</u> ☐ Fund Raiser	Purpose: <u>support/event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/9/20</u> Date	\$ <u>50</u>
Expenditure #3 Name <u>Staples</u> Address <u>500 Staples Dr</u> <u>Framingham, MA 01702</u> ☐ Fund Raiser	Purpose: <u>more paper</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/15/20</u> Date	\$ <u>8.87</u>
Expenditure #4 Name <u>Alex Bronson Election Committee</u> Address <u>34475 JEFFERSON AVE. APT. 2</u> <u>HARRISON TOWNSHIP, MI 48045</u> ☐ Fund Raiser	Purpose: <u>support/event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/9/20</u> Date	\$ <u>50</u>
Expenditure #5 Name <u>Staples</u> Address <u>500 Staples Dr</u> <u>Framingham, MA 01702</u> ☐ Fund Raiser	Purpose: <u>even more ink and paper</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/12/20</u> Date	\$ <u>42.38</u>
Subtotal this page			\$228.56
Grand Total of all Schedules 1B (Complete on last page of Schedule)			



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

139868
1 Committee I D Number
CTE Rhonda Warner
2 Committee Name

3 Name and address of person or vendor to whom paid	4 Purpose (Required Information)	5 Date	6 Amount
Expenditure #1 Name Campaign Catalyst Address 5171 Blackbeak Dr Saginaw, MI 48604 ☐ Fund Raiser	Purpose bumper stickers Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	6/22/20 Date	\$ 84.05
Expenditure #2 Name Campaign Catalyst Address 5171 Blackbeak Dr Saginaw, MI 48604 ☐ Fund Raiser	Purpose yard signs Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	6/22/20 Date	\$ 594.46
Expenditure #3 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose Facebook ads Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7/3/20 Date	\$ 25
Expenditure #4 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose Facebook ads Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7/3/20 Date	\$ 1.05
Expenditure #5 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose Facebook ads Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7/6/20 Date	\$ 25
Subtotal this page			~~\$600.00~~
Grand Total of all Schedules 1B (Complete on last page of Schedule)			729.56



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

139868

1 Committee I D Number _____

2 Committee Name CTE Rhonda Warner

3 Name and address of person or vendor to whom paid	4 Purpose (Required Information)	5 Date	6 Amount
Expenditure #1 Name <u>Facebook</u> Address <u>1 Hacker Way</u> <u>Menlo Park, CA 94025</u> ☐ Fund Raiser	Purpose <u>Facebook ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/7/20</u> Date	\$ <u>25</u>
Expenditure #2 Name <u>Campaign Catalyst</u> Address <u>5171 Blackbeak Dr</u> <u>Saginaw, MI 48604</u> ☐ Fund Raiser	Purpose <u>business cards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/7/20</u> Date	\$ <u>62.01</u>
Expenditure #3 Name <u>Overstock</u> Address <u>799 W Coliseum Way</u> <u>Midvale, UT 84047</u> ☐ Fund Raiser	Purpose <u>canopy lent for outdoor events</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/9/20</u> Date	\$ <u>58.29</u>
Expenditure #4 Name <u>Fiverr</u> Address <u>3514 International Drive NW</u> <u>Washington, DC 20008</u> ☐ Fund Raiser	Purpose <u>website design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/18/20</u> Date	\$ <u>78.75</u>
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			224.05
Grand Total of all Schedules 1B (Complete on last page of Schedule)			1182.17

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1 Committee I D Number 139868

2 Committee Name CTE Rhonda Warner

This Schedule itemizes

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

3 Name and Mailing Address of person, vendor or financial institution to whom debt is owed Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any	4 Type of Obligation (Description) 5 Indicate date debt was incurred 6 Indicate original amount of debt	7 Date and amount of each payment	8 Cumulative payment to date on debt	9 Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by Rhonda Warner 24110 Donaldson St Harrison Twp, MI 48045	4 Type <u>loan to campaign</u> 5 <u>Date Debt Was Incurred</u> <u>4/17/20</u> 6 <u>Original Amount of Debt</u> \$ <u>250</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>250</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor _____		Amount Endorsed \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by Rhonda Warner (see above) see also Schedule 1-IK	4 Type <u>in kind contributions</u> 5 <u>Date Debt Was Incurred</u> <u>varies</u> 6 <u>Original Amount of Debt</u> \$ <u>412.63</u>	<u>4/22/20</u> \$ <u>150</u> <u>4/24/20</u> \$ <u>110.35</u> <u>6/15/20</u> \$ <u>87.70</u> <u>7/3/20</u> \$ <u>64.58</u> \$	\$ <u>0</u>	\$ <u>412.63</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor _____		Amount Endorsed \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by	4 Type _____ 5 <u>Date Debt Was Incurred</u> _____ 6 <u>Original Amount of Debt</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor _____		Amount Endorsed \$ _____		

Page Subtotal (Outstanding debt)

\$662.63

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

\$662.63

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

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