



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

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

3 This Statement covers From 7/20/2020 to 8/24/2020

1 Committee I D Number

139868

4 Candidate Last Name

Warner

First Name

Rhonda

MI

A

2 Committee Name

CTE Rhonda Warner

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

Harrison Twp Trustee

4b County of Residence **MACOMB**

5 Committee's Mailing Address

P.O. Box 534, Mt. Clemens, MI 48046

6 Treasurer's Name & Residential Address

Michael Mazur

14906 Liri

Sterling Heights, MI 48312

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

Area Code & Phone (586) 506-2655

7 Treasurer's Business Address

8 Designated Record Keeper's Name and Address (If the committee has a
Designated Record Keeper)

Rhonda Warner

24110 Donaldson

Harrison Twp, MI 48045

Area Code and Phone

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

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

☐ July Quarterly

☐ October Quarterly

9c ☐ Annual Statement ()
Coverage Year

9d ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to
indicate which Statement is being
amended)

9e Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt
by the committee to the candidate or his or her spouse is here
by discharged and forgiven, and no longer collectible from
the committee. The committee has no outstanding assets,
owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be
considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on
Schedule 1B and the Summary Page

10 Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of
my/our knowledge and belief the contents are true, accurate and complete

Current Treasurer or
Designated Record keeper Michael Mazur

Type or Print Name

Signature

Date

9/2/20

Candidate Rhonda Warner

Type or Print Name

Signature

Date

9/2/20



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

1 Committee ID Number 139868

2 Committee Name CTE Rhonda Warner

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3 Contributions		
a Itemized (Schedule 1A - Column 6)	(3a) \$ <u>350</u>	
b Unitemized (less than \$20 01 each - no Schedule)	(3b) \$ <u>NOT APPLICABLE</u>	
c Subtotal of "Contributions"	(3c) \$ <u>350</u>	(18) \$ <u>2218.75</u>
4 Other Receipts (Schedule 1A-1 Column 6)	(4) \$ <u>0</u>	(19) \$ <u>75.33</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5) \$ <u>350</u>	(20) \$ <u>2294.08</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6 In-Kind Contributions (Schedule 1-IK, Column 7)	(6) \$ <u>296.16</u>	(21) \$ <u>708.79</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>243.41</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>116.64</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9) \$ <u>360.05</u>	(23) \$ <u>1686.56</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10 Disbursements		
a Itemized (Schedule 1C, Column 6)	(10a) \$ _____	
b Unitemized (less than \$50 01 each - no Schedule)	(10b) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11) \$ _____	(24) \$ _____
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>617.57</u>	
14 Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14) + \$ <u>350</u>	
15 SUBTOTAL Add lines 13 and 14	(15) = \$ <u>967.57</u>	
16 Amount expended during reporting period (Add lines 9 and 11)	(16) - \$ <u>360.05</u>	
17 ENDING BALANCE (Subtract line 16 from line 15)	(17) \$ <u>607.52</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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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>7/30/20</u> Name & Address: Michael Mazur 14906 Liri Sterling Heights, MI 48312		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>7/31/20</u> Name & Address: Beth Wallis 21888 Bellewood Drive Macomb, MI 48044		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>8/3/20</u> Name & Address: Anita Shagena 1019 Ontario Port Huron, MI 48060		35 \$	35 \$
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>8/8/20</u> Name & Address: Odester Lawrence 4326 St Antoine Detroit, MI 48201		20 \$	20 \$
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 \$205

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 Name & Address Joel Rutherford 5683 Storrow Warren, MI 48092		20	20
PAC Receipt? ☐ YES 4 Date of Receipt <u>8/8/20</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 Name & Address Megan Unruh 8631 23 Mile Washington Twp, MI 48094		5	5
PAC Receipt? ☐ YES 4 Date of Receipt <u>8/8/20</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 Name & Address Betty Schult 26045 Clear Harrison Twp, MI 48045		20	20
PAC Receipt? ☐ YES 4 Date of Receipt <u>8/8/20</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 Name & Address Sky Tate 29639 Riverside Bay Court Harrison Twp, MI 48045		25	25
PAC Receipt? ☐ YES 4 Date of Receipt <u>8/8/20</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	

Page Subtotal \$70

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

Enter this total on
line 3a of Summary
Page



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1 Committee ID 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>8/8/20</u> Name & Address <u>Suzanne Westen</u> <u>38270 Middle Pointe Court</u> <u>Harrison Township, MI 48045</u>		10 \$	10 \$
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>8/19/20</u> Name & Address <u>Rita Kipreos</u> <u>16750 Quarry Rd</u> <u>Southgate, MI 48195</u>		15 \$	15 \$
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>8/19/20</u> Name & Address <u>Mike Keys</u> <u>35316 Jamestown Drive</u> <u>Clinton Township, MI 48035</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 # 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 \$75

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

\$350

Enter this total on
line 3a 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 Jenna McGinnis 44080 Manitou Dr Clinton Twp, MI 48038 If over \$100.00 cumulative, please provide: Occupation Supervisory Contract Specialist Employer Name & Business Address U.S. Army 6501 E 11 Mile Warren, MI 48092 ☐ 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>Dinnerware/containers/napkins/tablecloth</u> 5 Date Of Receipt <u>7/20/20</u> 6 Vendor Name & Address: Amazon.com 1200 12th Ave South, Ste 1200 Seattle, WA 98144 Click Here for Memo Itemization	\$ <u>61.13</u>	\$ <u>61.13</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address Jenna McGinnis 44080 Manitou Dr Clinton Twp, MI 48038 If over \$100.00 cumulative, please provide: Occupation Supervisory Contract Specialist Employer Name & Address U.S. Army 6501 E 11 Mile Warren, MI 48092 ☐ 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>Better Made Single Serve Chips for picnic</u> 5 Date Of Receipt <u>7/20/20</u> 6 Vendor Name & Address: Better Made Snack Foods 10148 Gratiot Ave Detroit, MI 48213 Click Here for Memo Itemization	\$ <u>42</u>	\$ <u>103.13</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address Jenna McGinnis 44080 Manitou Dr Clinton Twp, MI 48038 If over \$100.00 cumulative, please provide: Occupation Supervisory Contract Specialist Employer Name & Address U.S. Army 6501 E 11 Mile Warren, MI 48092 ☐ 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>Picnic Food and Drink</u> 5 Date Of Receipt <u>8/5/20</u> 6 Vendor Name & Address: Meijer 40445 S Groesbeck Clinton Twp, MI 48036 Click Here for Memo Itemization	\$ <u>182.45</u>	\$ <u>285.58</u>

Page Subtotal

285.58

285.58

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)
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Contribution # 1 Name & Address Michael Mazur 14906 Liri Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation Attorney Employer Name & Business Address State Bar of Michigan 535 Griswold Ste 1700 Detroit, MI 48226 ☐ Fund Raiser Contribution	PAC Receipt? ☐ Yes 4 ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description food warmers 5 Date Of Receipt 8/8/20 6 Vendor Name & Address: Meijer 34835 Utica Rd Fraser, MI 48026 Click Here for Memo Itemization	\$ 10.58 \$ 110.58
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Contribution # 2 Name & Address If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: ☐ Fund Raiser Contribution	PAC Receipt? ☐ Yes 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	\$ \$
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Contribution #3 Name & Address If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: ☐ Fund Raiser Contribution	PAC Receipt? ☐ Yes 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	\$ \$
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Page Subtotal

\$10.58

\$110.58

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

\$296.16

Enter this total
on line 6 of Summary
Page



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 more campaign signs Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7/25/20 Date	\$ 243.41
Expenditure #2 Name Address ☐ Fund Raiser	Purpose Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	\$
Expenditure #3 Name Address ☐ Fund Raiser	Purpose Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	\$
Expenditure #4 Name Address ☐ Fund Raiser	Purpose Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	\$
Expenditure #5 Name Address ☐ Fund Raiser	Purpose Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	\$
Subtotal this page			\$243.41
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$243.41

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1 Committee ID 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 endorser 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) ☐ FORGIVEN
Debt #1 Owed to or by Rhonda Warner 24110 Donaldson Harrison Twp, MI 48045 Corp? ☐ Yes	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>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 250</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by Rhonda Warner (see above) Corp? ☐ Yes	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 \$ 150</u> <u>4/24/20 \$ 110.35</u> <u>6/15/20 \$ 87.70</u> <u>7/3/20 \$ 64.58</u> <u>\$</u>	<u>\$</u>	<u>\$ 412.63</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by Corp? ☐ Yes	4 Type _____ 5 <u>Date Debt Was Incurred</u> _____ 6 <u>Original Amount of Debt</u> <u>\$</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$662.63**

Grand Total of all Schedules 1E **\$662.63**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.

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