



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: <u>11/26/19</u> to <u>7/20/20</u>	
1. Committee I.D. Number 139783	4. Candidate Last Name Rogensues First Name Angela M.I. J
2. Committee Name CTE Angela Rogensues	4a. Office Sought Including District # or Community Served (If applicable) Warren - Council at Large
5. Committee's Mailing Address 13254 Common Warren, MI 48088 Area Code and Phone <u>773 4999935</u> 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.	4b. County of Residence MACOMB
7. Treasurer's Business Address n/a Area Code and Phone _____	6. Treasurer's Name & Residential Address Mary K. Birmingham 784 Knollwood Ct Salinem MI 48176 Area Code & Phone <u>7343200777</u>
	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) n/a Area Code and Phone _____

FILED
20 JUL 27 PM 12:15
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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 lates fees or has any outstanding debt.

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

Effective date of dissolution

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

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

Current Treasurer or Designated Record keeper	<u>Mary K. Birmingham</u>	Signature	<u><i>Mary K. Birmingham</i></u>	Date	<u>7/26/20</u>
	Type or Print Name				
Candidate	<u>Angela Rogensues</u>	Signature	<u><i>Angela Rogensues</i></u>	Date	<u>7/26/20</u>
	Type or Print Name				



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139783

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Angela Rogensues

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>20,505.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>20,505.00</u>	(18.) \$ <u>20,505.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>20,505.00</u>	(20.) \$ <u>20,505.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$5,181.08</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$5,181.08</u>	(23.) \$ <u>\$5,181.08</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$635.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$103.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$738.00</u>	(24.) \$ <u>\$738.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$6,866.24</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$92.62</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>20,505.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>20,597.62</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$5,919.08</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$14,678.54</u> *	



**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 <u>01/16/20</u>	
Name & Address: Roling, Matthew 1300 E. Lafayette St. #2705 Detroit, MI 48207		\$ <u>50.00</u>	\$ <u>50.00</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>01/21/20</u>	
Name & Address: Archer, Dennis Jr. 151 W. Congress Suite 410 Detroit, MI 48226		\$ <u>2100.00</u>	\$ <u>2100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Ignition Media Group</u> Business Address <u>151 W. Congress Suite 410, Detroit, MI 48226</u> 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>01/21/20</u>	
Name & Address: Miller, Malcolm 19280 Burlington Dr Detroit, MI 48203		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>business development</u> Employer <u>Walker-Miller Energy Services</u> Business Address <u>8045 2nd Ave, Detroit, MI 48202</u> 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>01/21/20</u>	
Name & Address: Miller, Madeline 29280 Burlington Dr Detroit, MI 48203		\$ <u>500.00</u>	\$ <u>500.00</u>
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	

Page Subtotal **\$2,900.00**

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 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 01/21/20

Name & Address:

Raj, Kumar
1401 Nicolet Place
Detroit, MI 48207

\$ 250.00

\$ 250.00

5. If over \$100.00 cumulative, please provide:

Occupation program officer Employer The Skillman Foundation

[Click Here for Memo Itemization](#)

Business Address 100 Talon Center Dr, Detroit, MI 48207

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 01/21/20

Name & Address:

Roy, Melissa
1408 Joilet
Detroit, MI 48207

\$ 1000.00

\$ 1000.00

5. If over \$100.00 cumulative, please provide:

Occupation PR Employer self

[Click Here for Memo Itemization](#)

Business Address 269 Walker Street, Detroit, MI 48207

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 01/22/20

Name & Address:

Alcodray, Abe
151 W Congress
Detroit, MI 48202

\$ 150.00

\$ 150.00

5. If over \$100.00 cumulative, please provide:

Occupation chief of staff Employer Ignition Media Group

[Click Here for Memo Itemization](#)

Business Address 151 W Congress, Detroit, MI 48202

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 01/24/20

Name & Address:

Decker, Rachel
2001 East Maple
Birmingham, MI 48009

\$ 150.00

\$ 150.00

5. If over \$100.00 cumulative, please provide:

Occupation consultant Employer self

[Click Here for Memo Itemization](#)

Business Address 2001 East Maple, Birmingham, MI 48009

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

Page Subtotal **\$1,550.00**

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>01/29/20</u> Name & Address: <u>Moyer, Chris</u> <u>304 Rivard Blvd</u> <u>Grosse Pointe, MI 48230</u> 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		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/17/20</u> Name & Address: <u>Brochert, Christopher</u> <u>38500 Woodward Ave, Suite 200</u> <u>Bloomfield Hills, MI 48304</u> 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation <u>partner</u> Employer <u>Lormax Stern</u> Business Address <u>38500 Woodward Ave, Suite 200, Bloomfield Hills, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1000.00</u>	\$ <u>1000.00</u>
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/04/20</u> Name & Address: <u>Hunger, Elanah</u> <u>26585 Woodlore</u> <u>Franklin, MI 48025</u> 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation <u>Esecutive</u> Employer <u>Willowgreen Building Group</u> Business Address <u>260 E. Brown St #340, Birmingham, MI 4809</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/04/20</u> Name & Address: <u>Carnrike, Tammy</u> <u>1311 South Main St</u> <u>Royal Oak, MI 48067</u> 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		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal \$1,450.00

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

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 03/09/20

Name & Address:

Buchzeiger, Mary
1140 Lochridge Road
Bloomfield Hills, MI 48302

\$ 125.00

\$ 125.00

5. If over \$100.00 cumulative, please provide:

Occupation CEO Employer Lucerne International

[Click Here for Memo Itemization](#)

Business Address 40 Corporate Drive, Auburn Hills, MI 48326

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 03/12/20

Name & Address:

Jordan, Burt
8162 East Jefferson Ave 11A
Detroit, MI 48214

\$ 1000.00

\$ 1000.00

5. If over \$100.00 cumulative, please provide:

Occupation purchasing Employer Ford Motor

[Click Here for Memo Itemization](#)

Business Address 21175 Oakwood Blvd., Dearborn, MI 48214

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 02/04/20

Name & Address:

Cracchiolo, Juan
22609 Lange St
St. Clair Shores, MI 48080

\$ 240.00

\$ 240.00

5. If over \$100.00 cumulative, please provide:

Occupation line worker Employer Ford Sterling Axel

[Click Here for Memo Itemization](#)

Business Address 39000 Mound Rd, Sterling Heights, MI 48310

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 03/11/20

Name & Address:

Cracchiolo, Juan
22609 Lange St
St. Clair Shores, MI 48080

\$ 200.00

\$ 440.00

5. If over \$100.00 cumulative, please provide:

Occupation line worker Employer Ford Sterling Axel

[Click Here for Memo Itemization](#)

Business Address 39000 Mound Rd, Sterling Heights, MI 48310

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

Page Subtotal \$ 1,565.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/11/20</u> Name & Address: <u>Axe, John R</u> <u>481 Kercheval Ave</u> <u>Grosse Points Farms, MI 48236</u>		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>Clark Hill</u> Business Address <u>481 Kercheval Ave, Grosse Pointe Farms, MI 48236</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>01/29/20</u> Name & Address: <u>Cade, Kareim R</u> <u>29334 Tiffany Court</u> <u>Southfield, MI 48034</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Great Lakes Benefit Group</u> Business Address <u>28411 Northwestern Hwy, Southfield, MI 48034</u> 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>03/10/20</u> Name & Address: <u>Carr, Michael</u> <u>28733 Hidden Trail</u> <u>Farmington Hills, MI 48331</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Archer Corporate Services</u> Business Address <u>151 West Congress, Detroit, MI 48226</u> 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>03/11/20</u> Name & Address: <u>Centre Court Properties, LLC</u> <u>19500 Hall Rd #100</u> <u>Clinton Township, MI 48038</u>		\$ <u>300.00</u>	\$ <u>300.00</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 **\$925.00**

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

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line 3a of Summary
Page.



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 <u>03/11/20</u> Name & Address: <u>Charara, Hassen</u> <u>25135 Newton St</u> <u>Dearborn, MI 48124</u>		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Warren Quick Lube</u> Business Address <u>20835 Van Dyke Ave, Warren, MI 48089</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>03/11/20</u> Name & Address: <u>Firefighters Segregated Fund</u> <u>3272 12 Mile Road Suite 107</u> <u>Warren, MI 48092</u>		\$ <u>250.00</u>	\$ <u>250.00</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>03/11/20</u> Name & Address: <u>Fournier, Brandon</u> <u>8311 Oakmonte Cir West</u> <u>New Hudson, MI 48165</u>		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>Shifman Fournier</u> Business Address <u>31600 Telegraph Road, Suite 100, Bingham Farms, MI 48025</u> 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>01/21/20</u> Name & Address: <u>Frazho Group LLC</u> <u>13889 Covington Dr</u> <u>Plymouth, MI 48170</u>		\$ <u>250.00</u>	\$ <u>250.00</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 **\$750.00**

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/11/20</u> Name & Address: Frazho Group LLC 13889 Covington Dr Plymouth, MI 48170 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>450.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/11/20</u> Name & Address: Gardiner, Judith 38685 Bramham St. Clinton Township, MI 48038 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		\$ <u>125.00</u>	\$ <u>125.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>03/11/20</u> Name & Address: GELC Local 227 PAC 12434 E. 12 Mile Rd., Ste 100 Warren, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/18/20</u> Name & Address: Ghanem, April 32068 Margaret Ct Warren, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation <u>custodian</u> Employer <u>Warren Consolidated Schools</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>125.00</u>	\$ <u>125.00</u>
		Click Here for Memo Itemization	

Page Subtotal \$700.00

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

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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, 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>03/18/20</u> Name & Address: <u>Harvard Development Company LLC</u> <u>596 N. Lapeer Road</u> <u>Lake Orion, MI 48362</u>		\$ <u>125.00</u>	\$ <u>125.00</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>03/19/20</u> Name & Address: <u>Hertz, Dennis</u> <u>4782 Brockham Way</u> <u>Sterling Heights, MI 48310</u>		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>co-owner</u> Employer <u>Service Towing Inc.</u> Business Address <u>6006 Rinke Ave, Warren, MI 48091</u> 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>03/11/20</u> Name & Address: <u>Hertz, Edward</u> <u>4418 Bayberry Ct</u> <u>Warren, MI 48092</u>		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>co-owner</u> Employer <u>Service Towing Inc.</u> Business Address <u>6006 Rinke Ave, Warren, MI 48091</u> 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>03/11/20</u> Name & Address: <u>Hood, Robert</u> <u>29329 East Nottingham Circle</u> <u>Warren, MI 48092</u>		\$ <u>40.00</u>	\$ <u>40.00</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 **\$415.00**

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 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 <u>01/21/20</u>		
Name & Address: Jaber, Christine 10008 Essex St Dearborn, MI 48120			\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>HOJEIJ Group</u> Business Address <u>500 Griswold, Ste. 2340, Detroit, MI 48225</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>03/11/20</u>		
Name & Address: Jaber, Christine 1008 Essex St Dearborn, MI 48120			\$ <u>200.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>HOJEIJ Group</u> Business Address <u>500 Griswold, Ste. 2340, Detroit, MI 48225</u> 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>03/11/20</u>		
Name & Address: Johnson, John 58337 Thomas Street New Haven, MI 48046			\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SE Michigan Chamber of Commerce</u> Business Address <u>59 S Walnut St, Suite 206, Mt. Clemens, MI 48043</u> 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>03/11/20</u>		
Name & Address: Karana, Vera 4430 Woodridge Ct Waterford, MI 48328			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>owner/attorney</u> Employer <u>Karana Sheena & Soyad PLLC</u> Business Address <u>29500 Telegraph Rd, Southfield, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			Click Here for Memo Itemization	

Page Subtotal \$1,075.00

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

Enter this total on
line 3a of Summary
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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 <u>03/11/20</u> Name & Address: <u>Legacy Mgmt Services Group LLC</u> <u>30078 Schoenherr</u> <u>Warren, MI 48088</u>		\$ <u>125.00</u>	\$ <u>125.00</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>03/18/20</u> Name & Address: <u>Lentine, Joseph</u> <u>5843 Juliann Ct</u> <u>Washington Twp, MI 48094</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>DENCAP Dental Plans</u> Business Address <u>45 E. Milwaukee Ave St, Detroit, MI 48202</u> 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>03/11/20</u> Name & Address: <u>Lewicki, Sarah</u> <u>591 Sheldon Rd</u> <u>Grosse Pointe Shores, MI 48236</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>real estate agent</u> Employer <u>Lambrecht Realty</u> Business Address <u>18230 Mack Ave, Grosse Pointe Farms, MI 48236</u> 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>03/11/20</u> Name & Address: <u>MacDonald, Michael C</u> <u>18890 San Quentin Dr</u> <u>Lathrup Village, MI 48076</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>vice president/secretary</u> Employer <u>HRC</u> Business Address <u>555 Hulet Dr, Bloomfield Hills, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$875.00

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 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 <u>01/27/20</u> Name & Address: Neuner, Glenn P 47930 Harbor Dr New Baltimore, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Neuners Towing</u> Business Address <u>27365 Mound Rd, Warren, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>150.00</u>	\$ <u>150.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/11/20</u> Name & Address: Ong, David G 40701 Woodward Ave Ste 100 Bloomfield, MI 48304 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Acquest Realty Advisors, Inc.</u> Business Address <u>40701 Woodward Ave Ste 100, Bloomfield, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>125.00</u>	\$ <u>125.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/11/20</u> Name & Address: Pangori, Stephen V 8106 Rosebud Ln Clarkston, MI 48348 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Anderson, Eckstein & Westrick Inc.</u> Business Address <u>51301 Schoenherr Rd, Shelby Township, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/11/20</u> Name & Address: Ratsy, Aaron 3104 Sun Drenched Path Austin, TX 78732 5. If over \$100.00 cumulative, please provide: Occupation <u>managing member</u> Employer <u>Ark Holdings LLC</u> Business Address <u>2413 Lacy Ln, Carrollton, TX 75006</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>125.00</u>	\$ <u>125.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$650.00**

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

Enter this total on
line 3a of Summary
Page.



**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 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 03/16/20

Name & Address:

Riberas, Hank
6471 Metro Pkwy
Sterling Heights, MI 48312

\$ 250.00

\$ 250.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Dir of Real Estate/Bus Dvlp Employer Roncelli Construction

Business Address 6471 Metro Pkwy, Sterling Heights, MI 48312

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 03/11/20

Name & Address:

Rogensues, Sandra
4660 Yankee Rd
St. Clair, MI 48079

\$ 100.00

\$ 100.00

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 03/11/20

Name & Address:

Rue, Mark
2457 Bridle Trail
Milford, MI 48381

\$ 125.00

\$ 125.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation claims rep Employer U of M

Business Address 500 S. State St, Ann Arbor, MI 48109

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 03/11/20

Name & Address:

Sape, James
1024 Cove Rd
Wales, MI 48027

\$ 125.00

\$ 125.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation president Employer Unique Clips Complete Lawn/Snow

Business Address 23075 27 Mile Rd, Ray, MI 48096

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

Page Subtotal **\$600.00**

Grand Total of All Schedules 1A
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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, 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>03/11/20</u> Name & Address: Semma, Maher N 7257 Silverbeech Ln West Bloomfield, MI 48323 5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>MDMS Group LLC</u> Business Address <u>7257 Silverbeech Ln, West Bloomfield, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/16/20</u> Name & Address: Shifman, Howard L 31600 Telegraph Road, Suite 100 Bingham Farms, MI 48025 5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>Shifman Fournier</u> Business Address <u>31600 Telegraph Road, Suite 100, Bingham Farms, MI 48025</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>01/21/20</u> Name & Address: Sulaka, Richard P II 5421 Cashmere Ave Warren, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>Sulaka Law, PLLC</u> Business Address <u>8424 Twelve Mile Rd, Warren, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>300.00</u>	\$ <u>300.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/11/20</u> Name & Address: The Tobin Group 31151 W 10 Mile Rd Farmington Hills, MI 48336 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$1,050.00**

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

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line 3a of Summary
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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, 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 02/04/20

Name & Address:

Sulejmani, Matt
32761 Myrna St
Livonia, MI 48154

\$ 500.00

\$ 500.00

5. If over \$100.00 cumulative, please provide:

Occupation partner Employer Bellagio Banquet Center

Business Address 4100 E 14 Mile Rd, Warren, MI 48092

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 03/12/20

Name & Address:

Sulejmani, Matt
32761 Myrna St
Livonia, MI 48154

\$ 1000.00

\$ 1500.00

5. If over \$100.00 cumulative, please provide:

Occupation partner Employer Bellagio Banquet Center

Business Address 4100 E 14 Mile Rd, Warren, MI 48092

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 01/21/20

Name & Address:

Torre, Frank
255 E Brown St Ste 320
Birmingham, MI 48009

\$ 2100.00

\$ 2100.00

5. If over \$100.00 cumulative, please provide:

Occupation CEO Employer Signal Restoration Services

Business Address 2490 Industrial Row, Troy, MI 48084

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 03/11/20

Name & Address:

Dabish, Maher
6705 Carlyle Ct
West Bloomfield, MI 48322

\$ 250.00

\$ 250.00

5. If over \$100.00 cumulative, please provide:

Occupation owner Employer MFD Porperties Detroit, LLC

Business Address 6705 Carlyle Ct, West Bloomfield, MI 48322

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

[Click Here for Memo Itemization](#)

Page Subtotal **\$3,850.00**

Grand Total of All Schedules 1A
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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 Anagela 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 <u>03/11/20</u> Name & Address: <u>Venet, Daniel R</u> <u>31257 Wagner Dr</u> <u>Warren, MI 48093</u>		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>marketing</u> Employer <u>Priority Waste</u> Business Address <u>42822 Garfield, Clinton Township, MI 48038</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>03/18/20</u> Name & Address: <u>Vijayendran, Rajaram</u> <u>30 Webber Pl.</u> <u>Grosse Pointe, MI 48236</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>architect</u> Employer <u>Metco Services, Inc.</u> Business Address <u>535 Griswold Ave, Ste 540, Detroit, MI 48226</u> 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>03/18/20</u> Name & Address: <u>Warren Police Officers Assoc</u> <u>Separate Segregated Fund</u> <u>11304 E 14 Mile Road</u> <u>Warren, MI 48093</u>		\$ <u>250.00</u>	\$ <u>250.00</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 <u>03/11/20</u> Name & Address: <u>Wisniewski, Terry</u> <u>21725 Panama Ave</u> <u>Warren, MI 48091</u>		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>supervisor</u> Employer <u>Chrysler Group LLC</u> Business Address <u>21500 Mound Rd, Warren, MI 48091</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$750.00

Grand Total of All Schedules 1A
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line 3a of Summary
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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, 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>01/17/20</u> Name & Address: Yousif, Lavia 4205 Crooks Rd Troy, MI 48098		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RN/BSN</u> Employer <u>Beaumont Medical Center</u> Business Address <u>15959 Hall Rd, Macomb, MI 48044</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>12/22/19</u> Name & Address: Rogensues, Angela 13254 Common Rd Warren, MI 48088		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Exc. Director</u> Employer <u>Play Works Education</u> Business Address <u>2990 W. Grand Blvd., Suite 231, Detroit, MI 48202</u> 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 _____ 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	
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 \$1,400.00

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

\$20,505.00

Enter this total on
line 3a of Summary
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**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139783

2. Committee Name CTE Angela Rogensues

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Page Subtotal			0.00
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			0.00

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line 4 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139783

2. Committee Name CTE Angela Rogensues

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: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	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			
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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			
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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			
☐ Fund Raiser Contribution			

Page Subtotal **\$0.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$0.00**

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139783
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 Name <u>Act Blue</u> Address <u>on line</u> ☐ Fund Raiser	Purpose: <u>service fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/05/20</u> Date	<u>\$ 68.25</u>
Expenditure #2 Name <u>Act Blue</u> Address <u>on line</u> ☐ Fund Raiser	Purpose: <u>service fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/04/20</u> Date	<u>\$ 15.00</u>
Expenditure #3 Name <u>Act Blue</u> Address <u>on line</u> ☐ Fund Raiser	Purpose: <u>service fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/03/20</u> Date	<u>\$ 25.13</u>
Expenditure #4 Name <u>CTE Jim Fouts</u> Address <u>28107 St. Louise Dr.</u> <u>Warren, MI 48092</u> ☐ Fund Raiser	Purpose: <u>reimburse print/mail</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/19</u> Date	<u>\$ 392.13</u>
Expenditure #5 Name <u>Facebook</u> Address <u>on line</u> ☐ Fund Raiser	Purpose: <u>ads</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/19</u> Date	<u>\$ 75.00</u>

Subtotal this page **\$575.51**

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139783
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 Name Facebook Address online ☐ Fund Raiser	Purpose: <u>ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/06/20</u> Date	<u>\$ 25.00</u>
Expenditure #2 Name Facebook Address online ☐ Fund Raiser	Purpose: <u>ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/08/20</u> Date	<u>\$ 25.00</u>
Expenditure #3 Name Facebook Address online ☐ Fund Raiser	Purpose: <u>ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/27/20</u> Date	<u>\$ 1.44</u>
Expenditure #4 Name Facebook Address online ☐ Fund Raiser	Purpose: <u>ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/20</u> Date	<u>\$ 25.00</u>
Expenditure #5 Name Ignition Media Group Address 151 West Congress Suite 410 Detroit, MI 48226 ☐ Fund Raiser	Purpose: <u>media design</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/23/19</u> Date	<u>\$ 1000.00</u>

Subtotal this page **\$1,076.44**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139783
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 Name <u>Central Kitchen & Bar</u> Address <u>660 Woodward Ave #4A</u> <u>Detroit, MI 48226</u> ☒ Fund Raiser	Purpose: <u>food/beverage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/21/20</u> Date	<u>\$ 429.30</u>
Expenditure #2 Name <u>Clark Graphic, Inc.</u> Address <u>21914 Schmeman</u> <u>Warren, MI 48089</u> ☒ Fund Raiser	Purpose: <u>printing/fundraiser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/13/20</u> Date	<u>\$ 397.50</u>
Expenditure #3 Name <u>Clark Graphics, Inc.</u> Address <u>21914 Schmeman</u> <u>Warren, MI 48089</u> ☐ Fund Raiser	Purpose: <u>printing/thank yous</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/13/20</u> Date	<u>\$ 180.20</u>
Expenditure #4 Name <u>Roy Public Affairs Management</u> Address <u>1408 Joliet</u> <u>Detroit, MI 48207</u> ☐ Fund Raiser	Purpose: <u>public affairs services</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/04/20</u> Date	<u>\$ 698.00</u>
Expenditure #5 Name <u>Roy Public Affairs Management</u> Address <u>1408 Joliet</u> <u>Detroit, MI 48207</u> ☐ Fund Raiser	Purpose: <u>public affairs services</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/20</u> Date	<u>\$ 500.00</u>

Subtotal this page **\$2,205.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139783
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 Name <u>Love Publicity</u> Address <u>19141 Lancashire</u> <u>Detroit, MI 48223</u> ☐ Fund Raiser	Purpose: <u>graphic design</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/27/19</u> Date	\$ <u>135.00</u>
Expenditure #2 Name <u>Source Distribution</u> Address <u>900 Tech Row</u> <u>Madison Heights, MI 48071</u> ☐ Fund Raiser	Purpose: <u>mailers/mail</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/25/20</u> Date	\$ <u>442.05</u>
Expenditure #3 Name <u>USPS.COM</u> Address <u>online</u> ☐ Fund Raiser	Purpose: <u>stamps</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/09/20</u> Date	\$ <u>56.80</u>
Expenditure #4 Name <u>Victory Inn</u> Address <u>28950 Mound Rd</u> <u>Warren, MI 48092</u> ☒ Fund Raiser	Purpose: <u>food/beverage/tip</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/11/20</u> Date	\$ <u>610.70</u>
Expenditure #5 Name <u>Vantiv</u> Address <u>online</u> ☐ Fund Raiser	Purpose: <u>service fees</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/10/19</u> Date	\$ <u>2.14</u>

Subtotal this page	\$1,246.69
Grand Total of all Schedules 1B (Complete on last page of Schedule)	
Enter this total on line 8a of Summary Page	



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139783
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 Name Vantiv Address online ☐ Fund Raiser	Purpose: <u>service fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/09/20</u> Date	<u>\$.50</u>
Expenditure #2 Name Vantiv Address online ☐ Fund Raiser	Purpose: <u>service fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/11/20</u> Date	<u>\$ 96.11</u>
Expenditure #3 Name Vantiv Address online ☐ Fund Raiser	Purpose: <u>service fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/10/20</u> Date	<u>\$ 24.35</u>
Expenditure #4 Name Vantiv Address online ☐ Fund Raiser	Purpose: <u>service fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/09/20</u> Date	<u>\$ 32.82</u>
Expenditure #5 Name Vantiv Address online ☐ Fund Raiser	Purpose: <u>service fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/20</u> Date	<u>\$.50</u>

Subtotal this page	\$154.28
Grand Total of all Schedules 1B (Complete on last page of Schedule)	
Enter this total on line 8a of Summary Page	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139783
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 Name <u>Wix.com</u> Address <u>online</u> ☐ Fund Raiser	Purpose: <u>website host</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/15/19</u> Date	\$ <u>17.00</u>
Expenditure #2 Name <u>Wix.com</u> Address <u>online</u> ☐ Fund Raiser	Purpose: <u>website host</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/16/20</u> Date	\$ <u>17.00</u>
Expenditure #3 Name <u>Wix.com</u> Address <u>online</u> ☐ Fund Raiser	Purpose: <u>website host</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/28/20</u> Date	\$ <u>145.04</u>
Expenditure #4 Name <u>Wix.com</u> Address <u>online</u> ☐ Fund Raiser	Purpose: <u>website host</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/20/20</u> Date	\$ <u>60.00</u>
Expenditure #5 Name <u>Walmart</u> Address <u>18400 Hall Road</u> <u>Clinton Township, MI 48038</u> ☐ Fund Raiser	Purpose: <u>scooter return</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/11/20</u> Date	\$ <u>(315.88)</u>
Subtotal this page			-\$76.84
Grand Total of all Schedules 1B (Complete on last page of Schedule)			5181.08

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK
CANDIDATE COMMITTEE

139783

1. Committee I. D. Number

2. Committee Name **CTE Angela Rogensues**

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable Institution ☐ Donation of assets to Political Party Committee ☐ Other Description:	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #2 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description:	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #3 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description:	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description:	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description:	_____ Date	\$ _____ Click Here for Memo Itemization Type

Page Subtotal

\$0.00

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

\$0.00

Enter this total
on line 7 of
the Summary
Page



EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G

CANDIDATE COMMITTEE

1. Committee I.D. Number 139783

2. Committee Name CTE Angela Rogensues

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

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address:	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify): Click Here for Memo Itemization Type	 Date \$	
For Activity Type b-f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal, check one: ☐ Support ☐ Oppose Statewide Proposal Name Local Proposal Name Indicate County	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name & Address:	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify): Click Here for Memo Itemization Type	 Date \$	
For Activity Type b-f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal, check one: ☐ Support ☐ Oppose Statewide Proposal Name Local Proposal Name Indicate County	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name & Address:	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify): Click Here for Memo Itemization Type	 Date \$	
For Activity Type b-f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal, check one: ☐ Support ☐ Oppose Statewide Proposal Name Local Proposal Name Indicate County	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Subtotal this page		\$0.00	
Grand Total of all Schedules 1B-G) (Complete on last page of Schedule		\$0.00	

Enter total
on Line 8b
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Citizen Detroit 2020 14th Street Detroit, Mi 48216	Purpose <u>trailing materials</u>	<u>05/21/20</u> Date	<u>\$ 300.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>AO</u> ☐ Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: Conca Doro Club 18362 Tiger Drive Macomb Twp, MI 48042	Purpose <u>advertising</u>	<u>01/21/20</u> Date	<u>\$ 250.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> ☐ Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: Women Officials Network Foundation 814 Wolverine Drive, Suite 3 Wolverine Lake, MI 48390	Purpose <u>membership</u>	<u>03/07/20</u> Date	<u>\$ 35.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>DO</u> ☐ Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: Women Officials Network foundation 814 Wolverine Drive, Suite 3 Wolverine Lake, MI 48390	Purpose <u>2 breakfast tickets @25.00</u>	<u>03/07/20</u> Date	<u>\$ 50.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>DO</u> ☐ Fund Raiser	Click for Memo Itemization Type	
Subtotal this page			\$635.00
Grand Total of all Schedules 1C (Complete on last page of Schedule)			\$635.00

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

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: Angela Rogensues 13254 Common Rd. Warren, MI 48088	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/12/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>2,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by: Angela Rogensues 13254 Common Rd. Warren, MI 48088	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9/20/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by: Angela Rogensues 13254 Common Rd. Warrenm MI 48088	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/27/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,500.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>2,500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

\$5,500.00

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

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)
Debt #1 Corp? ☐ Yes Owed to or by: Angela Rogensues 13254 Common Rd Warren, mi 48088	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11/02/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 750.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>750.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by: Angela Rogensues 13254 Common Rd Warren, MI 48088	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>12/22/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 400.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>400.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by: Angela Rogensues 13254 Common Rd Warren, MI 48088	4. Type: <u>printing reimbursement</u> 5. <u>Date Debt Was Incurred:</u> <u>12/31/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 91.16</u>	\$ \$ \$ \$ \$	\$	\$ <u>91.16</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$1,241.16**

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139783

2. Committee Name CTE Angela Rogensues

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. <i>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.</i>	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: Angela Rogensues 13254 Common Rd Warren, MI 48088	4. Type: <u>printing reimbursemen</u> 5. <u>Date Debt Was Incurred:</u> <u>12/31/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>125.08</u>	\$ \$ \$ \$ \$	\$	\$ <u>125.08</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 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: \$ _____				
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) **\$125.08**

Grand Total of all Schedules 1E **\$6,866.24**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>01/21/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>19</u>	5. Type of Fund Raising Activity <u>food/beverage</u>	6. Address and Name (If any) of the place where the activity was held. Ignition Media 151 West Congress, Suite 410 Detroit, MI 48226 Private Office ☒ Private Residence
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7. Total Contributions \$10,590.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$10,590.00
10. Total Cost of Event \$429.30
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>03/11/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>42</u>	5. Type of Fund Raising Activity <u>food/beverage</u>	6. Address and Name (If any) of the place where the activity was held. Victory Inn 28950 Mound Rd. Warren, MI 48092 ☐ Private Residence
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7. Total Contributions \$9,515.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$9,515.00
10. Total Cost of Event \$1,008.20
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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