



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.

1. Committee I.D. Number 139867		3. This Statement covers From: <u>08/25/20</u> to <u>10/18/20</u>	
2. Committee Name CTE Paula Rose		4. Candidate Last Name Rose First Name Paula M.I. O 4a. Office Sought Including District # or Community Served (If applicable) Harrison Township Trustee 4b. County of Residence MACOMB	
5. Committee's Mailing Address 37733 Maplehill Harrison Twp., MI 48045 Area Code and Phone <u>(586) 855-0110</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.		6. Treasurer's Name & Residential Address Tom R. Rose 37733 Maplehill Harrison Twp., MI 48045 Area Code & Phone <u>(586) 549-4316</u>	
7. Treasurer's Business Address 37733 Maplehill Harrison Twp., MI 48045 Area Code and Phone <u>(586) 855-0110</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Paula Rose 37733 Maplehill Harrison Twp., MI 48045 Area Code and Phone <u>(586) 855-0110</u>	
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 <u>11/03/20</u>		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 <u>Tom R. Rose</u> Type or Print Name		Signature <u>Tom R. Rose</u> Date <u>10/19/2020</u>	
Candidate <u>Paula O. Rose</u> Type or Print Name		Signature <u>Paula Rose</u> Date <u>10/19/2020</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139867

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Paula Rose

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1,500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>1,500.00</u>	(18.) \$ <u>2,860.00</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>\$1,500.00</u>	(20.) \$ <u>\$2,860.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$551.00</u>	(21.) \$ <u>\$836.00</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>\$938.45</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>\$938.45</u>	(23.) \$ <u>\$1,999.31</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</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>\$299.14</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$1,500.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$1,799.14</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$938.45</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$860.69</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139867

2. Committee Name CTE Paula Rose

Enter contributor's name and address. If contribution is from an individual, 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>09/22/20</u> Name & Address: <u>Reni George</u> <u>4858 Somerton Drive</u> <u>Troy, MI 48985</u>		\$ <u>1000.00</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Vice President</u> Employer <u>TCC Wireless</u> Business Address <u>175 S. Bloomingdale Road, Bloomingdale, IL 60108</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>09/22/20</u> Name & Address: <u>Paul Shamo</u> <u>38311 Huron Pointe Drive</u> <u>Harrison Township, MI 48045</u>		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Taylor Ford</u> Business Address <u>13500 Telegraph Road, Taylor, MI 48180</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 **\$1,500.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$1,500.00**

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139867

CANDIDATE COMMITTEE

2. Committee Name CTE Paula Rose

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: Paula Rose 37733 Maplehill Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: RNA Facilities Mgmt. 717 W. Ellsworth Ann Arbor, MI 48108 ☐ 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>Paid late fee</u> 5. Date Of Receipt: <u>09/21/20</u> 6. Vendor Name & Address: Macomb County Clerk, 32 Market Street, Mt. Clemens, MI 48043	\$ <u>75</u>	\$ <u>75</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Paula Rose 37733 Maplehill Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: <u>Marketing Director</u> Employer Name & Address: RNA Facilities Mgmt. 717 W. Ellsworth Ann Arbor, MI 48108 ☐ 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>Newspaper ads</u> 5. Date Of Receipt: <u>09/18/20</u> 6. Vendor Name & Address: C&G Newspapers Eleven Mile Road Warren, MI Click Here for Memo Itemization	\$ <u>476</u>	\$ <u>551</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal **\$551.00** **\$551.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$551.00**

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139867
2. Committee Name CTE Paula Rose

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>CTE Dean Olgiati</u> Address <u>26310 Harbour Pointe Dr. S., Harrison Township, MI 48045</u> ☐ Fund Raiser	Purpose: <u>Campaign Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/20</u> Date	<u>\$ 87.45</u>
Expenditure #2 Name <u>Paula Rose</u> Address <u>37733 Maplehill Harrison Township, MI 48045</u> ☐ Fund Raiser	Purpose: <u>Repay Loans</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/20</u> Date	<u>\$ 851.00</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			\$938.45
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$938.45

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139867

2. Committee Name CTE Paula Rose

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: Paula Rose 37733 Maplehill Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05/20/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15.00</u>	10/03/20 \$ 15.00 \$ \$ \$ \$	\$ 15.00	\$ 0.00 ☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #2 Corp? ☐ Yes Owed to or by: Paula Rose 37733 Maplehill Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/05/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 285.00</u>	10/03/20 \$ 285.00 \$ \$ \$ \$	\$ 285.00	\$ 0.00 ☐ FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #3 Corp? ☐ Yes Owed to or by: Paula Rose 37733 Maplehill Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/18/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 476.00</u>	10/03/20 \$ 476.00 \$ \$ \$ \$	\$ 476.00	\$ 0.00 ☐ FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$0.00

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

\$0.00

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139867
2. Committee Name CTE Paula Rose

This Schedule itemizes:				
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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: Paula Rose 37733 Maplehill Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/21/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 75.00</u>	10/03/20 \$ 75.00 \$ \$ \$ \$	\$ 75.00	\$ 0.00 ☐ 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)				\$0.00
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				\$0.00

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.