



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.

1 Committee I.D. Number 139868		3 This Statement covers From: 8/25/2020 to 10/18/2020	
2 Committee Name CTE Rhonda Warner		4 Candidate Last Name Warner First Name Rhonda MI A 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 Area Code and Phone (248) 667-8147 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6 Treasurer's Name & Residential Address Michael Mazur 14906 Liri Sterling Heights, MI 48312 Area Code & Phone (586) 506-2655	
7 Treasurer's Business Address Area Code and Phone _____		8 Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Rhonda Warner 24110 Donaldson Harrison Twp, MI 48045 Area Code and Phone (248) 667-8147	
9 TYPE OF STATEMENT 9a ☒ Pre-Election OR 9b ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☐ Primary ☒ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus 11/3/2020		Required ONLY if candidate is not on the ballot for the current year ☐ July Quarterly ☐ October Quarterly 9c ☐ Annual Statement (_____) Coverage Year 9d ☐ Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10 Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper Michael Mazur Signature <i>Michael Mazur</i> Date 10/22/20 Candidate Rhonda Warner Signature <i>Rhonda Warner</i> Date 10/22/20			



1. Committee I.D. 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>2616.10</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2616.10</u>	(18.) \$ <u>4834.85</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2616.10</u>	(20.) \$ <u>4834.85</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>250.89</u>	(21.) \$ <u>959.68</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>1588.66</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>66.29</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1654.95</u>	(23.) \$ <u>3341.51</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>607.52</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2616.10</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3223.62</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1654.95</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1568.67</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>8/25/20</u> Name & Address: Norman Brown 1520 W Rick Ct Port Huron, MI 48060		<u>25</u> \$	<u>25</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>8/26/20</u> Name & Address: Ronald Warner 4565 24th Ave, Apt 7 Ft Gratiot, MI 48059		<u>60</u> \$	<u>110</u> \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> 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>8/26/20</u> Name & Address: Rhonda Warner 24110 Donaldson St Harrison Twp, MI 48045		<u>60</u> \$	<u>472.63</u> \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Investigator</u> Employer <u>State Bar of Michigan</u> Business Address <u>535 Griswold Ste 1700, Detroit, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/4/20</u> Name & Address: Harold Elmore 6245 Wilken Dr Caledonia, MI 49316		<u>16.10</u> \$	<u>16.10</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 **161.10**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>9/12/20</u>	
Name & Address: Catherine Baurhenn 1014 Lakeside Dr, PO Box 86 Port Sanilac, MI 48469		25 \$	75 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2	PAC Receipt? ☐ YES	4. Date of Receipt <u>9/17/20</u>	
Name & Address: Anthony King 2636 Susan Ct Port Huron, MI 48060		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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>9/20/20</u>	
Name & Address: Elaine Goldman 17B Troy Dr Springfield, NJ 07081		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 <u>9/23/20</u>	
Name & Address: Frederick Duemling 6795 Fred Moore Hwy China, MI 48054		25 \$	25 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 200

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/24/20</u> Name & Address: Tracy Grondin 5 Thompson St Hyde Park, MA 02136		28 \$	28 \$
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>9/24/20</u> Name & Address: David Spinks 808 Meridian St Nashville, TN 37207		28 \$	28 \$
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>9/24/20</u> Name & Address: Shona Mull 1740 Darcy Ln SE Olympia, WA 98501		28 \$	28 \$
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>9/24/20</u> Name & Address: Megan Wilson 6687 189th St Albia, IA 52531		28 \$	28 \$
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 **112**

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/24/20</u> Name & Address: Kasie Wong 505 Detering Houston, TX 77007		28 \$	28 \$
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>9/24/20</u> Name & Address: Walter Spinks 613 Forest Park Ct Madison, TN 37115		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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/24/20</u> Name & Address: Nancy Duemling 20776 Moxon Clinton Twp, MI 48036		35 \$	85 \$
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>9/24/20</u> Name & Address: Taylor Grimes 201 S Heights Blvd, Apt 2328 Houston, TX 77007		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	

Page Subtotal **88**

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

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/24/20</u> Name & Address: Robert Warner 21480 Independence Dr Southfield, MI 48076 5. If over \$100.00 cumulative, please provide: Occupation <u>Logistics Manager</u> Employer <u>DOD</u> Business Address <u>5985 E Eleven Mile Rd, Warren, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		100 \$	150 \$
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/24/20</u> Name & Address: M Fox 128 South Hill Fayetteville, AR 72701 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		5 \$	5 \$
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/24/20</u> Name & Address: Theresa Edwards 53255 JoAnn Marie Dr Chesterfield, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		28 \$	28 \$
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/25/20</u> Name & Address: Dana Mcknight 7203 Rundleway Ct Orlando, FL 32818 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		25 \$	25 \$

Page Subtotal **158**

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

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/25/20</u> Name & Address: Mary Havelda 517 Clinton Rd Lexington, KY 40502 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		50 \$ _____	50 \$ _____
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/25/20</u> Name & Address: Toni Lloyd 50676 Jefferson Ave New Baltimore, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		20 \$ _____	20 \$ _____
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/25/20</u> Name & Address: Dara Nichols 404 Oxford St, Apt 1414 Houston, TX 77007 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		28 \$ _____	28 \$ _____
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/25/20</u> Name & Address: Carmela Finn 32631 Desmond Dr 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		25 \$ _____	25 \$ _____

Page Subtotal **123**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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2. Committee Name CTE Rhonda Warner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/25/20</u> Name & Address: Leah Murphy 9406A Kempler Austin, TX 78748	28 \$ _____	28 \$ _____
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>9/25/20</u> Name & Address: Betty Servive 1183 Lakepointe Ln Port Huron, MI 33322	25 \$ _____	25 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/26/20</u> Name & Address: Anthony Miller 1205 Jones St Gastonia, NC 28052	28 \$ _____	28 \$ _____
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>9/26/20</u> Name & Address: Theresa Rice 23056 Beaconsfield Ave Eastpointe, MI 48021	25 \$ _____	25 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		
Click Here for Memo Itemization		

Page Subtotal **106**

Grand Total of All Schedules 1A
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Enter this total on
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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 <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>9/26/20</u> Name & Address: Samantha Weber 784 Wordsworth St Ferndale, MI 48220		25 \$	25 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/28/20</u> Name & Address: Yulanda Burgess 10857 Lakepointe Detroit, MI 48224		30 \$	80 \$
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>9/29/20</u> Name & Address: Isadore King 4370 Westpark Ct Ann Arbor, MI 48108		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 <u>9/30/20</u> Name & Address: Angela Lenda 38409 Primrose Ln Harrison Twp, MI 48045		30 \$	30 \$
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 **135**

Grand Total of All Schedules 1A
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Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139868
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/30/20</u> Name & Address: Austin Brisco 24874 Weeren Rd Montgomery, TX 77316		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	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/30/20</u> Name & Address: Selina Lloyd 21850 Church St Oak Park, MI 48237		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>10/1/20</u> Name & Address: Kari Shearer 825 Usener St Apt 1048 Houston, TX 77009		28 \$	28 \$
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>10/3/20</u> Name & Address: Melody Magee 25800 Timberline Dr Warren, MI 48091		50 \$	50 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **148**

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 139868
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/5/20</u> Name & Address: Anthony Lindsay 2316 Ashland Ct Port Huron, MI 48060		25 \$	25 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/6/20</u> Name & Address: Doris Elmore 7451 Piedmont St Detroit, MI 48228		25 \$	25 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/6/20</u> Name & Address: Sheet Metal Workers Local 80 Political Action Committee 17100 W 12 Mile Rd Southfield, MI 48076		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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/9/20</u> Name & Address: Richard Lindsay 3345 Military St, Apt 404 Port Huron, MI 48060		25 \$	25 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **175**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/9/20</u> Name & Address: Deniece Scott-Price 22480 Glen Oak Dr Clinton Twp, MI 48035 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>DTE</u> Business Address <u>1 Energy Plaza, Detroit, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		150 \$ _____	150 \$ _____
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/11/20</u> Name & Address: Sharyn Malachi 3174 Mineral Ridge Ln Stone Mountain, GA 30087 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		25 \$ _____	25 \$ _____
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/11/20</u> Name & Address: James Warner 2304 Washington Ave Tuskegee, AL 36083 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		10 \$ _____	10 \$ _____
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/13/20</u> Name & Address: Ovetta Ballard 586 Ellison Ct Frederick, MD 21703 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		25 \$ _____	50 \$ _____

Page Subtotal **210**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/17/20</u> Name & Address: UAW Michigan V-PAC 8000 E. Jefferson Detroit, MI 48214		1000 \$	1000 \$
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 _____ 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 # 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 **1000**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **2616.10**

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139868

CANDIDATE COMMITTEE

2. Committee Name CTE Rhonda Warner

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: Beth Wallis 21888 Bellewood Dr Macomb, MI 48044 If over \$100.00 cumulative, please provide: Occupation: Professor Employer Name & Business Address: Oakland University Libraries 100 Library Dr Rochester, MI 48309 ☐ 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>inkjet printer mailing labels</u> 5. Date Of Receipt: <u>9/14/20</u> 6. Vendor Name & Address: Office Depot (online order) 6600 North Military Trail Boca Raton, FL 33496 Click Here for Memo Itemization	\$ <u>56.59</u>	\$ <u>106.59</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: US 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>postcard postage</u> 5. Date Of Receipt: <u>9/17/20</u> 6. Vendor Name & Address: USPS (online order) 475 L'Enfant Plaza, SW 4012 Washington, DC 20260 Click Here for Memo Itemization	\$ <u>176.80</u>	\$ <u>462.38</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Malika Harris 13029 Red Pine Ln Shelby Twp, MI 48315 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 <u>postcard postage</u> 5. Date Of Receipt: <u>10/11/20</u> 6. Vendor Name & Address: USPS (online order) 475 L'Enfant Plaza, SW 4012 Washington, DC 20260 Click Here for Memo Itemization	\$ <u>17.50</u>	\$ <u>17.50</u>
Page Subtotal		250.89	586.47
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		250.89	

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 Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: Facebook ads ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	8/26/20 Date	\$ 45.24
Expenditure #2 Name Campaign Catalyst Address 5171 Blackbeak Dr Saginaw, MI 48604 ☐ Fund Raiser	Purpose: postcards ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/2/20 Date	\$ 187.04
Expenditure #3 Name Campaign Catalyst Address 5171 Blackbeak Dr Saginaw, MI 48604 ☐ Fund Raiser	Purpose: postcards - 2nd design ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/2/20 Date	\$ 112.61
Expenditure #4 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: Facebook ads ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/26/20 Date	\$ 50
Expenditure #5 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: Facebook ads ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/26/20 Date	\$ 2.42

Subtotal this page

397.31

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

139868

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address 155 S Main St Mt Clemens, MI 48046 ☐ Fund Raiser	Purpose: <u>postcard postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/29/20</u> Date	\$ <u>175</u>
Expenditure #2 Name A+G Digital Address 177 W 26th New York, NY 10001 ☐ Fund Raiser	Purpose: <u>voter outreach software</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/29/20</u> Date	\$ <u>500</u>
Expenditure #3 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Facebook ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/7/20</u> Date	\$ <u>50</u>
Expenditure #4 Name USPS Address 155 S Main St Mt Clemens, MI 48046 ☐ Fund Raiser	Purpose: <u>postcard postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/8/20</u> Date	\$ <u>176.80</u>
Expenditure #5 Name USPS Address 155 S Main St Mt Clemens, MI 48046 ☐ Fund Raiser	Purpose: <u>more postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/8/20</u> Date	\$ <u>70</u>

Subtotal this page **971.80**

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

139868

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address 155 S Main St Mt Clemens, MI 48046 ☐ Fund Raiser	Purpose: <u>more postcard postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2</u> Date	\$ <u>70</u>
Expenditure #2 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Facebook ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2</u> Date	\$ <u>75</u>
Expenditure #3 Name USPS Address 155 S Main St Mt Clemens, MI 48046 ☐ Fund Raiser	Purpose: <u>eve more postage!</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/2</u> Date	\$ <u>70</u>
Expenditure #4 Name USPS Address 155 S Main St Mt Clemens, MI 48046 ☐ Fund Raiser	Purpose: <u>a bit more postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2</u> Date	\$ <u>4.55</u>
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

219.55

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

1588.66

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes

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

3 Name and Mailing Address of person, vendor or financial institution to whom debt is owed Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the 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
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$662.63

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