



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<br><b>139868</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 3. This Statement covers From: <b>10/19/2020</b> to <b>11/23/2020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 2. Committee Name<br><b>CTE Rhonda Warner</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 4. Candidate Last Name <b>Warner</b> First Name <b>Rhonda</b> M.I. <b>A</b><br>4a. Office Sought Including District # or Community Served (If applicable)<br><b>Harrison Twp Trustee</b><br>4b. County of Residence <b>MACOMB</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 5. Committee's Mailing Address<br><b>P.O. Box 534, Mt. Clemens, MI 48046</b><br><br>Area Code and Phone <b>(248) 667-8147</b><br>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<br><b>Michael Mazur</b><br><b>14906 Liri</b><br><b>Sterling Heights, MI 48312</b><br><br>Area Code & Phone <b>(586) 506-2655</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 7. Treasurer's Business Address<br><br><br>Area Code and Phone _____                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)<br><b>Rhonda Warner</b><br><b>24110 Donaldson</b><br><b>Harrison Twp, MI 48045</b><br><br>Area Code and Phone <b>(248) 667-8147</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 9. TYPE OF STATEMENT<br>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election<br>Pre-Election or Post-Election Statement relates to:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Convention<br><input type="checkbox"/> Special<br><input type="checkbox"/> School<br><input type="checkbox"/> Caucus<br><br>Date of Election, Convention or Caucus<br><b>11/3/2020</b> |  | Required ONLY if candidate is not on the ballot for the current year:<br><input type="checkbox"/> July Quarterly<br><input type="checkbox"/> October Quarterly<br>9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year<br>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)<br><br>9e. Dissolution of Candidate Committee<br><input type="checkbox"/> 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.<br><br>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.<br><br>Effective date of dissolution _____<br><br>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<br><b>Michael Mazur</b><br>Type or Print Name                                                                                                                                                                                                                                                                                                                                                                                             |  | Signature <i>Michael Mazur</i> Date <b>12/3/2020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Candidate<br><b>Rhonda Warner</b><br>Type or Print Name                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Signature <i>Rhonda Warner</i> Date <b>12/3/2020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |



1. Committee I.D. Number 139868

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE Rhonda Warner

| RECEIPTS                                                                                        | Column I<br>This Period               | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                       |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>282.00</u>                |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u>        |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>282.00</u>                | (18.) \$ <u>5116.85</u>                     |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0</u>                      | (19.) \$ <u>                    </u>        |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS<br>(Add Line 3c + Line 4)                             | (5.) \$ <u>282.00</u>                 | (20.) \$ <u>5116.85</u>                     |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                       |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>0</u>                      | (21.) \$ <u>959.68</u>                      |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>0</u>                      | (22.) \$ <u>0</u>                           |
| <b>EXPENDITURES</b>                                                                             |                                       |                                             |
| 8. Expenditures                                                                                 |                                       |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>1435.21</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>60.58</u>                 |                                             |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)                                         | (9.) \$ <u>1495.79</u>                | (23.) \$ <u>4915.51</u>                     |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |                                       |                                             |
| 10. Disbursements                                                                               |                                       |                                             |
| a. Itemized (Schedule 1C, Column 6)                                                             | (10a.) \$ <u>                    </u> |                                             |
| b. Unitemized (less than \$50.01 each - no Schedule)                                            | (10b.) \$ <u>                    </u> |                                             |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS<br>(Add Line 10a + Line 10b)                         | (11.) \$ <u>                    </u>  | (24.) \$ <u>                    </u>        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                       |                                             |
| 12. Debts and Obligations                                                                       |                                       |                                             |
| a. Owed by the Committee (Schedule 1E)                                                          | (12a.) \$ <u>0</u>                    |                                             |
| b. Owed to the Committee (Schedule 1E)                                                          | (12b.) \$ <u>                    </u> |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                       |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>1568.67</u>               |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>282</u>                 |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>1850.67</u>             |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>1495.79</u>             |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>354.88</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 <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? <input type="checkbox"/> YES      4. Date of Receipt <u>10/16/2020</u><br>Name & Address:<br>Theresa Edwards<br>53255 JoAnn Marie Dr<br>Chesterfield, MI 48047                                                                                  | 22<br>\$  | 22<br>\$                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |           |                                                                                 |
| Click Here for Memo Itemization                                                                                                                                                                                                                                                       |           |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>10/21/2020</u><br>Name & Address:<br>Registrars PAC Local 58 IBEW<br>1358 Abbott St<br>Detroit, MI 48226                                                                      | 200<br>\$ | 200<br>\$                                                                       |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |           |                                                                                 |
| Click Here for Memo Itemization                                                                                                                                                                                                                                                       |           |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2020</u><br>Name & Address:<br>Twila Morgan<br>20011 Winston<br>Detroit, MI 48219                                                                                                 | 10<br>\$  | 10<br>\$                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |           |                                                                                 |
| Click Here for Memo Itemization                                                                                                                                                                                                                                                       |           |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/30/2020</u><br>Name & Address:<br>Roni Lloyd-Portis<br>3649 Wooded Twigs Dr<br>Fort Gratiot, MI 48059                                                                                | 50<br>\$  | 50<br>\$                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |           |                                                                                 |
| Click Here for Memo Itemization                                                                                                                                                                                                                                                       |           |                                                                                 |

Page Subtotal **\$282.00**

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

**\$282.00**

Enter this total on  
line 3a 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                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------|
| <b>Expenditure #1</b><br>Name <b>Campaign Catalyst</b><br><br>Address<br><b>5171 Blackbeak Dr</b><br><b>Saginaw, MI 48604</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>Mailers</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                       | <u>10/20/20</u><br>Date | \$ <u>579.82</u><br><br><a href="#">Click Here for Memo Itemization Type</a> |
| <b>Expenditure #2</b><br>Name <b>A+G Digital</b><br><br>Address<br><b>177 W 26th</b><br><b>New York, NY 10001</b><br><br><input type="checkbox"/> Fund Raiser             | Purpose: <u>voter outreach software</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                       | <u>10/23/20</u><br>Date | \$ <u>100</u><br><br><a href="#">Click Here for Memo Itemization Type</a>    |
| <b>Expenditure #3</b><br>Name <b>Facebook</b><br><br>Address<br><b>1 Hacker Way</b><br><b>Menlo Park, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>Facebook ads</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                  | <u>10/24/20</u><br>Date | \$ <u>75</u><br><br><a href="#">Click Here for Memo Itemization Type</a>     |
| <b>Expenditure #4</b><br>Name <b>Facebook</b><br><br>Address<br><b>1 Hacker Way</b><br><b>Menlo Park, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>Facebook ads</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                  | <u>10/25/20</u><br>Date | \$ <u>12.76</u><br><br><a href="#">Click Here for Memo Itemization Type</a>  |
| <b>Expenditure #5</b><br>Name <b>Rhonda Warner</b><br><br>Address<br><b>24110 Donaldson</b><br><b>Harrison Twp, MI 48045</b><br><br><input type="checkbox"/> Fund Raiser  | Purpose: <u>campaign debt repay + \$5 bank fee</u><br><br><input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/18/20</u><br>Date | \$ <u>667.63</u><br><br><a href="#">Click Here for Memo Itemization Type</a> |

Subtotal this page **\$1,435.21**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$1,435.21**

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. <input checked="" type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee OR b. <input type="checkbox"/> Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee.<br>(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.<br><br>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)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>Rhonda Warner</b><br><b>24110 Donaldson</b><br><b>Harrison Twp, MI 48045</b>                                                                                                                              | 4. Type: <u>loan to campaign</u><br>5. <u>Date Debt Was Incurred:</u><br><u>varies</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 662.63</u> | <u>4/17/20 \$ 250</u><br><u>4/22/20 \$ 150</u><br><u>4/24/20 \$ 110.35</u><br><u>6/15/20 \$ 87.70</u><br><u>7/3/20 \$ 64.58</u> | <u>\$ 662.63</u>                      | <u>\$ 0</u><br><input type="checkbox"/> FORGIVEN                     |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                                                                                                                 |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                 | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u> _____<br>6. <u>Original Amount of Debt:</u> _____<br>\$ _____                                | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____                                                                        | \$ _____                              | \$ _____<br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                                                                                                                 |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                 | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u> _____<br>6. <u>Original Amount of Debt:</u> _____<br>\$ _____                                | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____                                                                        | \$ _____                              | \$ _____<br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                  |                                                                                                                                 |                                       |                                                                      |
| Page Subtotal (Outstanding debt)                                                                                                                                                                                                                                             |                                                                                                                                                  |                                                                                                                                 |                                       | 0                                                                    |
| Grand Total of all Schedules 1E                                                                                                                                                                                                                                              |                                                                                                                                                  |                                                                                                                                 |                                       | 0                                                                    |

(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.