



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED 2023 SEP 5 AM 7:56
MACOMB COUNTY CLERK

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 139783		3. This Statement covers From: 07/24/23 to 08/28/23	
2. Committee Name CTE Angela Rogensues		4. Candidate Last Name First Name M.I. Rogensues Angela J 4a. Office Sought Including District # or Community Served (If applicable) Warren - council at large 4b. County of Residence MACOMB	
5. Committee's Mailing Address 13254 Common Warren, MI 48088 Area Code and Phone 7734999935 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 Mary K. Birmingham 784 Knollwood Ct Saline, MI Area Code & Phone 7343200777	
7. Treasurer's Business Address n/a Area Code and Phone		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) n/a Area Code and Phone	
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 08/08/23		Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement () Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Mary K. Birmingham Type or Print Name		Signature Date 09/03/23	
Candidate Angela Rogensues Type or Print Name		Signature Date 09/03/23	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139783

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Angela Rogensues

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,375.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$3,375.00</u>	(18.) \$ <u>\$101,568.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$335.79</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$3,375.00</u>	(20.) \$ <u>\$101,903.79</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$3,221.90</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>\$13,558.51</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>\$13,558.51</u>	(23.) \$ <u>\$82,484.44</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>\$833.81</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$28,861.67</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$3,375.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$32,236.67</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$13,558.51</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$18,678.16</u> *	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/30/23</u> Name & Address: Mataczynski, Mary 28572 Aspen Warren, MI 48093		\$ <u>25.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>07/29/23</u> Name & Address: Realtors Political Action Committee of Michigan 720 N Washington Ave Lansing, MI 48906		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>07/30/23</u> Name & Address: Registars PAC Local 58, IBEW 1358 Abbott St Detroit, MI 48226		\$ <u>500.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/23</u> Name & Address: Alcodray, Abe 21731 Beechcrest St. Dearborn Heights, MI 48127		\$ <u>250.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$1,275.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/26/23</u> Name & Address: Moffatt, Bryan 14243 Adams Ave. Warren, MI 48088		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/23</u> Name & Address: Botther, Erik 412 West 24th Street 3i New York, NY 10011		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/01/23</u> Name & Address: Ong, David 524 Overbrook Road Bloomfield Hills, MI 48302		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>hotel investor</u> Employer <u>Acquest Realty Advisors</u> Business Address <u>524 Overbrook Road, Bloomfield Hills, MI 48302</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>08/03/23</u> Name & Address: Dennings, Teri 25198 Independence Trail Warren, MI 48089		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>lawyer</u> Employer <u>Consumers Energy</u> Business Address <u>1 Energy Plaza, Jackson, MI 49201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$275.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/09/23</u> Name & Address: Lyle, Austin 910 Silber Rd Apt D16 Houston, TX 77024		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>campaign manager</u> Employer <u>John Whitmire for mayor</u> Business Address <u>2111 Washington Ave, Houston, TX 77007</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>08/10/23</u> Name & Address: Klinefelt, Veronica 16143 Wilson Ave Eastpointe, MI 48021		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/11/23</u> Name & Address: White, Ruth 736 Lawnview Court Rochester, MI 48307		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>chief of staff</u> Employer <u>Sixteen42 Ventures</u> Business Address <u>736 Lawnview Court, Rochester, MI 48307</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>08/14/23</u> Name & Address: Mellinger, Stephanie 1220 Patapsco Street Baltimore, MI 21230		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$800.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/18/23</u> Name & Address: Mumm, Candace 3521 W. Horizon Ave. Spokane, WA 99208		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/27/23</u> Name & Address: Carr, Michael 28733 Hidden Trail Farmington, MI 48331		\$ <u>1000.00</u>	\$ <u>1250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>sales</u> Employer <u>ACS</u> Business Address <u>6703 Haggerty Rd., Belleville, MI 48111</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 **\$1,025.00**

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

\$3,375.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Act Blue</u> Address <u>online</u> ☐ Fund Raiser	Purpose: <u>July fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/23</u> Date	\$ <u>4.88</u>
Expenditure #2 Name <u>Act Blue</u> Address <u>online</u> ☐ Fund Raiser	Purpose: <u>August fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/28/23</u> Date	\$ <u>30.38</u>
Expenditure #3 Name <u>Allied</u> Address <u>240 N. Fenway Drive</u> <u>Fenton, MI 48430</u> ☐ Fund Raiser	Purpose: <u>postcards/mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/23</u> Date	\$ <u>5052.82</u>
Expenditure #4 Name <u>Allied</u> Address <u>240 N. Fenway Drive</u> <u>Fenton, MI 48430</u> ☐ Fund Raiser	Purpose: <u>printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/23</u> Date	\$ <u>1217.31</u>
Expenditure #5 Name <u>Allied</u> Address <u>240 N. Fenway Drive</u> <u>Fenton, MI 48430</u> ☐ Fund Raiser	Purpose: <u>postcards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/23</u> Date	\$ <u>75.77</u>

Subtotal this page **\$6,381.16**

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

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Amazon</u> Address <u>online</u> ☐ Fund Raiser	Purpose: <u>stick flags</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/15/23</u> Date	\$ <u>48.20</u>
Expenditure #2 Name <u>Blue Path Solutions</u> Address <u>439 3rd St, Apt 10</u> <u>Ann Arbor, MI 48103</u> ☐ Fund Raiser	Purpose: <u>July consulting</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/06/23</u> Date	\$ <u>1500.00</u>
Expenditure #3 Name <u>Caleb Rose</u> Address <u>19 Moross St.</u> <u>Mount Clemons, MI 48043</u> ☐ Fund Raiser	Purpose: <u>campaign field director</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/15/23</u> Date	\$ <u>1000.00</u>
Expenditure #4 Name <u>Danielle Ferguson</u> Address <u>236 S. Latitude Circle</u> <u>Delray Beach, FL 33483</u> ☐ Fund Raiser	Purpose: <u>July assistant</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/23</u> Date	\$ <u>1000.00</u>
Expenditure #5 Name <u>NGP Van, Inc</u> Address <u>655 15th St NW, Suite 650</u> <u>Washington, DC 2005</u> ☐ Fund Raiser	Purpose: <u>donor database fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/23</u> Date	\$ <u>320.00</u>

Subtotal this page **\$3,868.20**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Ale & Eddie's TapHouse</u> Address <u>15015 E Thirteen Mile Rd</u> <u>Warren, MI 48088</u> ☐ Fund Raiser	Purpose: <u>volunteer appreciation meal</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/08/23</u> Date	<u>\$ 165.87</u>
Expenditure #2 Name <u>Meta/Facebook</u> Address <u>online</u> ☐ Fund Raiser	Purpose: <u>digital advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/23</u> Date	<u>\$ 407.63</u>
Expenditure #3 Name <u>Meta/Facebook</u> Address <u>online</u> ☐ Fund Raiser	Purpose: <u>digital advertisement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/26/23</u> Date	<u>\$ 44.00</u>
Expenditure #4 Name <u>Scale to Win</u> Address <u>13742 Harper St.</u> <u>Santa Ana, CA 92703</u> ☐ Fund Raiser	Purpose: <u>text message services</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/23</u> Date	<u>\$ 468.64</u>
Expenditure #5 Name <u>Scale to Win</u> Address <u>13742 Harper St.</u> <u>Santa Ana, CA 9273</u> ☐ Fund Raiser	Purpose: <u>text message services</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/08/23</u> Date	<u>\$ 478.44</u>

Subtotal this page	\$1,564.58
Grand Total of all Schedules 1B (Complete on last page of Schedule)	
Enter this total on line 8a of Summary Page	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Simple Palate</u> Address <u>27380 Van Dyke Ave</u> <u>Warren, MI 48093</u> ☒ Fund Raiser	Purpose: <u>fundraiser deposit</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/21/23</u> Date	\$ <u>100.00</u>
Expenditure #2 Name <u>Stripe</u> Address <u>online</u> ☐ Fund Raiser	Purpose: <u>July fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/23</u> Date	\$ <u>7.84</u>
Expenditure #3 Name <u>Stripe</u> Address <u>online</u> ☐ Fund Raiser	Purpose: <u>August fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/28/23</u> Date	\$ <u>46.39</u>
Expenditure #4 Name <u>The Original Print Shoppe</u> Address <u>270 S. Telegraph Rd</u> <u>Pontiac, MI 48341</u> ☐ Fund Raiser	Purpose: <u>postcards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/23</u> Date	\$ <u>323.30</u>
Expenditure #5 Name <u>The Original Print Shoppe</u> Address <u>270 S. Telegraph Rd</u> <u>Pontiac, MI 48341</u> ☐ Fund Raiser	Purpose: <u>thank you cards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/23</u> Date	\$ <u>33.74</u>

Subtotal this page **\$511.27**

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Warren Economy Hotel Motel 6</u> Address <u>8300 Chicago Rd</u> <u>Warren, MI 48093</u> ☐ Fund Raiser	Purpose: <u>contribution refund</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/14/23</u> Date	\$ <u>400.00</u>
Expenditure #2 Name <u>USPS</u> Address <u>online</u> ☐ Fund Raiser	Purpose: <u>stamps</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/28/23</u> Date	\$ <u>767.30</u>
Expenditure #3 Name <u>CVS</u> Address <u>31111 Schoenherr Rd</u> <u>Warren, MI 48088</u> ☐ Fund Raiser	Purpose: <u>stamps</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/14/23</u> Date	\$ <u>66.00</u>
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	\$1,233.30
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$13,558.51

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139783

2. Committee Name CTE Angela Rogensues

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Angela Rogensues 13254 Common Warren, MI 48088	4. Type: <u>loan for fundraiser</u> 5. <u>Date Debt Was Incurred:</u> <u>06/16/23</u> 6. <u>Original Amount of Debt:</u> \$ <u>754.74</u>	\$ \$ \$ \$ \$	\$	\$ <u>754.74</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Allied 240 N. Fenway Drive Fenton, MI 48430	4. Type: <u>printing/mailling</u> 5. <u>Date Debt Was Incurred:</u> <u>06/23/23</u> 6. <u>Original Amount of Debt:</u> \$ <u>3,537.70</u>	\$ \$ \$ \$ \$	\$	\$ <u>3,537.70</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)

\$4,292.44

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

\$4,292.44

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.