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22 JUL 2025 PM 12:36

MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 01/01/2025 to 07/20/2025

1. Committee I.D. Number

139783

4. Candidate Last Name First Name M.I.

ROGENSUES ANGELA J

2. Committee Name

CTE ANGELA ROGENSUES

4a. Office Sought Including District # or Community Served (If applicable)

COUNCIL AT LARGE, WARREN

4b. County of Residence **MACOMB COUNTY**

5. Committee's Mailing Address

**13254 COMMON
WARREN, MI 48088**

6. Treasurer's Name & Residential Address

**MARY KAY BIRMINGHAM
784 KNOLLWOOD CT.
SALINE, MI 48176**

Area Code and Phone (773) 499-9935
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.

Area Code & Phone (734) 320-0777

7. Treasurer's Business Address

**784 KNOLLWOOD CT.
SALINE, MI 48176**

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

**JANETTE ROGENSUES
39480 BAROQUE
CLINTON TWP, MI 48038**

Area Code and Phone (734) 320-0777

Area Code and Phone (586) 615-6166

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

Required ONLY if candidate is not on the ballot for the current year:

- ☒ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (2025)
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/22/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/22/2025



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>10,445.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>10,445.00</u>	(18.) \$ <u>10,445.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>12.02</u>	(19.) \$ <u>15.17</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>10,457.02</u>	(20.) \$ <u>10,460.17</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>4,106.93</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>42.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>4,148.93</u>	(23.) \$ <u>4,160.93</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>14,738.06</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>10,457.02</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>25,195.08</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4,148.93</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>21,046.15</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>04/08/2025</u> Name & Address: ANDRENA HALE 16370 WESTLAND AVE SOUTHFIELD, MI 48075		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/08/2025</u> Name & Address: PETER TORRICE 32059 UTICA RD FRASER, MI 48026		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF</u> Business Address <u>32059 UTICA RD, FRASER, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/08/2025</u> Name & Address: BRANDON FOURNIER 28311 OAKMONTE CIRCLE WEST NEW HUDSON, MI 48165		\$ <u>200.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>28311 OAKMONTE CIR W, NEW HUDSON, MI 48165</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/09/2025</u> Name & Address: COLLEEN HARVEY 2033 W CHURCHILL ST CHICAGO, IL 60647		\$ <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			

Page Subtotal **560.00**

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

Enter this total on
line 3a of Summary
Page.



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CANDIDATE COMMITTEE**

1. Committee I.D. Number 139783
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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>04/10/2025</u>	
Name & Address: ROXANNE CANESTRELLI 54641 SHELBY RD SHELBY TOWNSHIP, MI 48316		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/11/2025</u>	
Name & Address: LORENZO CAVALIERE 30078 SCHOENHERR RD SUITE 300 WARREN, MI 48088		\$ <u>200.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE DEVELOPER</u> Employer <u>CAVALIERE COMPANIES</u> Business Address <u>30078 SCHOENHERR RD, SUITE 300, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/11/2025</u>	
Name & Address: WILLIAM (BILL) POLLACK 2117 CHICAGO RD WARREN, MI 48092		\$ <u>200.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2025</u>	
Name & Address: JILL ALPER 363 ST CLAIR AVE GROSSE POINTE, MI 48230		\$ <u>200.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ALPER STRATEGIES</u> Business Address <u>363 ST CLAIR AVE, GROSSE POINTE, MI 48230</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 610.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139783
2. Committee Name CTE ANGELA ROGENSUES

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/21/2025</u>	
Name & Address: DIANE YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2025</u>	
Name & Address: KUHU SAHA 2003 BROOKLYN ST APT 211 DETROIT, MI 48226		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>GIVE MERIT</u> Business Address <u>10100 GRAND RIVER AVE, DETROIT, MI 48204</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2025</u>	
Name & Address: MELISA ROY 1408 JOLIET PL DETROIT, MI 48207		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2025</u>	
Name & Address: YAHYA BASHA 30701 WOODWARD AVE SUITE LL ROYAL OAK, MI 48073		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICAN</u> Employer <u>BASHA DIAGNOSTICS</u> Business Address <u>30701 WOODWARD AVE, SUITE LL, ROYAL OAK, MI 48073</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 900.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/22/2025</u> Name & Address: CARMI 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		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/23/2025</u> Name & Address: MICHAEL TOBIN 2638 W LONG LAKE RD WEST BLOOMFIELD TOWNSHIP, MI 48323 5. If over \$100.00 cumulative, please provide: Occupation <u>PROPERTY MANAGEMENT</u> Employer <u>THE TOBIN GROUP</u> Business Address <u>31151 W 10 MILE RD, FARMINGTON HILLS, MI 48336</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>500.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/24/2025</u> Name & Address: ANNE MERVENNE 1316 S MAIN ST ROYAL OAK, MI 48067 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/24/2025</u> Name & Address: CAROL HOGAN 26653 TOM ALLEN DR WARREN, MI 48089 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal **575.00**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/24/2025</u> Name & Address: HOWARD SHIFMAN 31600 TELEGRAPH RD SUITE 100 BINGHAM FARMS, MI 48025 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SHIFMAN FOURNIER</u> Business Address <u>31600 TELEGRAPH RD, SUITE 100, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>450.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/24/2025</u> Name & Address: RUDY HOBBS 23795 RIVERVIEW DR SOUTHFIELD, MI 48034 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/24/2025</u> Name & Address: GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/24/2025</u> Name & Address: JASMINE KALTENBACH 840 MERIDAN ST DEARBORN, MI 48124 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal 450.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2025</u>	
Name & Address: ADAM ROGENSUES 65 S DUVAL RD GROSSE POINTE SHORES, MI 48236		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>JACOBS</u> Business Address <u>65 S DUVAL RD, GROSSE POINTE SHORES, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2025</u>	
Name & Address: JEFFREY SCHRODER 1592 E LINCOLN ST BIRMINGHAM, MI 48009		\$ <u>200.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PLUNKETT COONEY</u> Business Address <u>38505 WOODWARD AVE, SUITE 100, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2025</u>	
Name & Address: DERRICK GERGIS 21445 HOOVER RD #313 WARREN, MI 48089		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>EMERALD BUSINESS PARK</u> Business Address <u>21445 HOOVER RD, #313, WARREN, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2025</u>	
Name & Address: DYLAN YOUSIF 29900 LORRAINE AVE WARREN, MI 48093		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICER</u> Employer <u>KALASHO FAMILY CENTER</u> Business Address <u>29900 LORRAINE AVE, WARREN, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,900.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2025</u>	
Name & Address: JOHN VITALE 27172 WOODWARD AVE ROYAL OAK, MI 48067		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2025</u>	
Name & Address: ROBERT W KIRK 19500 HALL RD #100 CLINTON TOWNSHIP, MI 48038		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>CENTER COURT PROPERTIES LLC</u> Business Address <u>19500 HALL RD, #100, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2025</u>	
Name & Address: ROBERT W KIRK 19500 HALL RD #100 CLINTON TOWNSHIP, MI 48038		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>CENTER COURT PROPERTIES LLC</u> Business Address <u>19500 HALL RD, #100, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2025</u>	
Name & Address: RAECHEL M BADALAMENTI 19500 HALL RD #100 CLINTON TOWNSHIP, MI 48038		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>CENTER COURT PROPERTIES LLC</u> Business Address <u>19500 HALL RD, #100, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 700.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2025</u> Name & Address: ROBERT S HUTH, JR 19500 HALL RD #100 CLINTON TOWNSHIP, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>CENTER COURT PROPERTIES LLC</u> Business Address <u>19500 HALL RD, #100, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>500.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2025</u> Name & Address: DAVID ONG 524 OVERBROOK RD BLOOMFIELD, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>ACQUEST REALTY ADVISORS</u> Business Address <u>40701 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>150.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2025</u> Name & Address: JERRY L BURDEN 26620 BURG RD #309 WARREN, MI 48089 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>50.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2025</u> Name & Address: SHIRLEY CRUMLEY 26560 BURG RD #201 WARREN, MI 48089 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>

Page Subtotal 400.00

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>04/28/2025</u> Name & Address: HASSEN F CHARARA 25135 NEWTON ST DEARBORN, MI 48124		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>WARREN QUICK LUBE INC</u> Business Address <u>20835 VAN DYKE AVE, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2025</u> Name & Address: MARK J ABRAHAM 5291 PARKER RD FORT GRATIOT, MI 48059		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MAC FREIGHT</u> Business Address <u>44241 MACOMB INDUSTRIAL DR, CLINTON TOWNSHIP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>04/28/2025</u> Name & Address: SHES THE FUTURE PAC PO BOX 10043 LANSING, MI 48901		\$ <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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2025</u> Name & Address: MICHAEL W HOLOWATY 12178 TIMKEN AVE WARREN, MI 48089		\$ <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			

Page Subtotal 750.00

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

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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>04/28/2025</u> Name & Address: BIRDIE NASH P.O. BOX 46541 MOUNT CLEMENS, MI 48046		\$ <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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2025</u> Name & Address: KRISTI L KELLY 31416 W STONEWOOD CT FARMINGTON HILLS, MI 48334		\$ <u>250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF STRATEGY OFFICER</u> Employer <u>SOZO CANNIBIS</u> Business Address <u>23751 HOOVER RD, SUITE A, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2025</u> Name & Address: JANETTE M ROGENSUES 39480 BAROQUE BLVD CLINTON TOWNSHIP, MI 48038		\$ <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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2025</u> Name & Address: JOE TRINGALE 21000 VAN DYKE AVE WARREN, MI 48089		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JNT INVESTMENTS LLC</u> Employer <u>OWNER</u> Business Address <u>21000 VAN DYKE AVE, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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>05/07/2025</u> Name & Address: <u>RANDOLPH M WRIGHT, ESQ.</u> <u>255 E BROWN ST</u> <u>SUITE 320</u> <u>BIRMINGHAM, MI 48009</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BERRY MOORMAN PC</u> Business Address <u>255 E BROWN ST, SUITE 320, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>06/11/2025</u> Name & Address: <u>MICHIGAN LABORERS' POLITICAL LEAGUE</u> <u>1118 CENTENNIAL WAY</u> <u>SUITE 100</u> <u>LANSING, MI 48917</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1,500.00</u>	\$ <u>6,500.00</u>
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 2,000.00

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

10,445.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139783

2. Committee Name CTE ANGELA ROGENSUES

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: MSGCU 13602 E 14 MILE RD WARREN, MI 48088	Date of Receipt <u>03/31/2025</u>	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☒ Other (Specify) <u>DIVIDEND</u>	\$ <u>3.09</u>
Receipt #2 Name & Address: MSGCU 13602 E 14 MILE RD WARREN, MI 48088	Date of Receipt <u>06/30/2025</u>	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☒ Other (Specify) <u>DIVIDEND</u>	\$ <u>8.93</u>
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type

Page Subtotal **12.02**

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

12.02

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line 4 of Summary
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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 SKC CONSULTING, LLC Address 20 HARBOR CT GROSSE POINTE FARMS, MI 48236 ☐ Fund Raiser	Purpose: <u>COMMUNICATION CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/02/2025</u> Date	\$ <u>2,000.00</u>
Expenditure #2 Name THE GAZEBO Address 31104 MOUND RD WARREN, MI 48092 ☒ Fund Raiser	Purpose: <u>DEPOSIT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/04/2025</u> Date	\$ <u>250.00</u>
Expenditure #3 Name THE GAZEBO Address 31104 MOUND RD WARREN, MI 48092 ☒ Fund Raiser	Purpose: <u>APPETIZERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/24/2025</u> Date	\$ <u>721.00</u>
Expenditure #4 Name 10TH CONGRESSIONAL DISTRICT DEMOCRATIC PARTY (MI) Address ONLINE ☐ Fund Raiser	Purpose: <u>CONTRIBUTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/2025</u> Date	\$ <u>120.00</u>
Expenditure #5 Name DANIELLE FERGUSON Address 236 S LATITUDE CIR DELRAY BEACH, FL 33483 ☐ Fund Raiser	Purpose: <u>CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2025</u> Date	\$ <u>742.50</u>

Subtotal this page **3,833.50**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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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 ACT BLUE Address ONLINE ☐ Fund Raiser	Purpose: SERVICE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/2025 Date	\$ 91.43
Expenditure #2 Name STRIPE Address ONLINE ☐ Fund Raiser	Purpose: SERVICE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/2025 Date	\$ 139.84
Expenditure #3 Name GO DADDY Address ONLINE ☐ Fund Raiser	Purpose: DOMAIN RENEWAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/06/2025 Date	\$ 42.16
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **273.43**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **4,106.93**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139783
2. Committee Name CTE ANGELA ROGENSUES

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>04/24/2025</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>42</u>	5. Type of Fund Raising Activity <u>APPETIZERS</u>	6. Address and Name (If any) of the place where the activity was held. <u>THE GAZEBO</u> <u>31104 MOUND RD</u> <u>WARREN, MI 48092</u> ☐ Private Residence
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7. Total Contributions 10,445.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 10,445.00
10. Total Cost of Event 971.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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