



FILED

24 OCT 2025 PM 05:31

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**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: 07/21/2025 to 10/19/2025

1. Committee I.D. Number

140581

4. Candidate Last Name

POWELL

First Name

RHONDA

M.I.

2. Committee Name

CTE RHONDA POWELL

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

MAYOR, MOUNT CLEMENS

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

5. Committee's Mailing Address

**P.O. BOX 501
MOUNT CLEMENS, MI 48046**

6. Treasurer's Name & Residential Address

**MICHELLE KELLY
8035 PACKARD AVENUE
WARREN, MI 48089**

Area Code and Phone (586) 221-0959
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 (586) 438-6689

7. Treasurer's Business Address

**8035 PACKARD AVENUE
WARREN, MI 48089**

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

Area Code and Phone (586) 438-6689

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

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.)

Date of Election, Convention or Caucus

11/04/2025

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140581

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE RHONDA POWELL

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8,740.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>8,740.00</u>	(18.) \$ <u>8,740.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>8,740.00</u>	(20.) \$ <u>8,740.00</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>3,902.45</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3,902.45</u>	(23.) \$ <u>3,902.45</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>8,740.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>8,740.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,902.45</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4,837.55</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140581
2. Committee Name CTE RHONDA POWELL

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>07/25/2025</u> Name & Address: RHONDA POWELL 365 CLINTON RIVER DR MT CLEMENS, MI 48043		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>WE THE PEOPLE ACTION FUND</u> Business Address <u>440 BURROUGHS ST, #174, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/08/2025</u> Name & Address: LYNETTE HOLMES 34107 OAKVIEW ST CLINTON TWP, MI 48035		\$ <u>340.00</u>	\$ <u>340.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATION</u> Employer <u>UAW RETIREE MEDICAL BENEFITS TRUST</u> Business Address <u>8000 E JEFFERSON AVE, DETROIT, MI 48214</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/11/2025</u> Name & Address: BRUDER BRUDER 5400 ZIMMER RD WILLIAMSTON, MI 48895		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NONE</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/11/2025</u> Name & Address: CONNIE WITT 4600 ALL SEASONS CIR #304 ANN ARBOR, MI 48105		\$ <u>1.00</u>	\$ <u>1.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NONE</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **411.00**

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 140581
2. Committee Name CTE RHONDA POWELL

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>08/11/2025</u> Name & Address: BRIAN JAYE 1641 DEEPWOOD CIR ROCHESTER, MI 48307		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NONE</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/11/2025</u> Name & Address: STEVE GOLD 26764 YORK RD HUNTINGTON WOODS, MI 48070		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/11/2025</u> Name & Address: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/11/2025</u> Name & Address: PAULETTE BROWN 24111 SUSAN DR FARMINGTON HILLS, MI 48336		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 120.00

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 140581
2. Committee Name CTE RHONDA POWELL

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>08/11/2025</u> Name & Address: LAWRENCE MURPHY 4810 S CHIPPING GLEN RD BLOOMFIELD TWP, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/11/2025</u> Name & Address: DARRYL JEROME WILLIAMS 14410 NE 42ND ST VANCOUVER, WA 98682		\$ <u>3.00</u>	\$ <u>3.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/11/2025</u> Name & Address: DIANA BLEDSOE 4651 BERWICK DR STERLING HEIGHTS, MI 48310		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/11/2025</u> Name & Address: VALERIE KUZNIAR 142 ROBINHOOD DR MONTROSE, MI 48457		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **538.00**

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 140581
2. Committee Name CTE RHONDA POWELL

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>08/11/2025</u> Name & Address: JOCELYN HOWARD 25001 CONSTITUTION BLVD WARREN, MI 48089		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRAINER</u> Employer <u>COPL</u> Business Address <u>25001 CONSTITUTION BLVD, 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>08/12/2025</u> Name & Address: KONZEN KONZEN 450 TREASURE ISLAND DR MATTAWAN, MI 49071		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ESL TEACHER</u> Employer <u>KALAMAZOO LITERACY COUNCIL</u> Business Address <u>450 TREASURE ISLAND DR, MATTAWAN, MI 49071</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/12/2025</u> Name & Address: IONA MEANS 34183 VINITA ST CLINTON TOWNSHIP, MI 48035		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/2025</u> Name & Address: EDDIE MCDONALD 7350 DANBURY DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **335.00**

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140581
2. Committee Name CTE RHONDA POWELL

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>08/15/2025</u> Name & Address: NORMA JOSHUA-LEE 27685 DANIEL CT HARRISON TOWNSHIP, MI 48045		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/18/2025</u> Name & Address: RAYMOND WHITE JR 425 CLINTON RIVER DR MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/21/2025</u> Name & Address: GREG HASSLER 1225 TUSCUMBIA RD COLLIERVILLE, TN 38017		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>UNIVAR SOLUTIONS</u> Business Address <u>1225 TUSCUMBIA RD, COLLIERVILLE, TN 38017</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/22/2025</u> Name & Address: ALTHEA D JACKSON 17324 BENTLER #112 DETROIT, MI 48219		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT</u> Employer <u>CITY OF DETROIT</u> Business Address <u>2 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 245.00

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140581
2. Committee Name CTE RHONDA POWELL

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>08/22/2025</u>	
Name & Address: RHONDA WARNER 24110 DONALDSON ST HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/22/2025</u>	
Name & Address: RASHIDAH HAMMOND 290 CLINTON RIVER DR MT CLEMENS, MI 48043		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM SUPERVISOR</u> Employer <u>COUNTY OF MACOMB</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/22/2025</u>	
Name & Address: TASHAWNA GILL 15114 PONDVILLAGE DR TAYLOR, MI 48180		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/22/2025</u>	
Name & Address: DARNELL BLACKBURN 38335 MAPLE DR CLINTON TWP, MI 48038		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **375.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140581
2. Committee Name CTE RHONDA POWELL

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>08/22/2025</u>	
Name & Address: EDNA CLARK 15032 ORLEANS DR SHELBY TWP, MI 48315		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF ADMIN JUVENILE CT</u> Employer <u>WAYNE COUNTY CIRCUIT COURT</u> Business Address <u>2 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/22/2025</u>	
Name & Address: DAVID JOSEPH 28637 BUCKINGHAMSHIRE DR NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUSTEE</u> Employer <u>CHESTERFIELD TOWNSHIP</u> Business Address <u>47275 SUGARBUSH RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/23/2025</u>	
Name & Address: GEORGE YOUNG 176 NORTHBOUND GRATIOT AVE MT CLEMENS, MI 48043		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PASTOR</u> Employer <u>SELF</u> Business Address <u>176 NORTHBOUND GRATIOT AVE, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/24/2025</u>	
Name & Address: ISHA COGBORN 3611 W CARLA VISTA DR CHANDLER, AZ 85226		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>PLATFORM FOR PURPOSE LLC</u> Business Address <u>28076 MAPLE FOREST BLVD, HARRISON TWP, MI 48045</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **180.00**

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

Enter this total on
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140581
2. Committee Name CTE RHONDA POWELL

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>08/25/2025</u>	
Name & Address: GENNY ALTWER 5550 DARTMOUTH DR SAN JOSE, CA 95118		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>THERAPIST</u> Employer <u>SELF</u> Business Address <u>5550 DARTMOUTH DR, SAN JOSE, CA 95118</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/25/2025</u>	
Name & Address: TIFFANY YOUNG 59452 HARDY LN NEW HAVEN, MI 48048		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLAIMS REP</u> Employer <u>UHG</u> Business Address <u>9700 HEALTH CARE LANE, MINNETONKA, MN 55343</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/27/2025</u>	
Name & Address: STEPHANIE CRIDER 4389 WESTOVER DR WEST BLOOMFIELD, MI 48323		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>CRIDER CONSULTING GROUP LLC</u> Business Address <u>4389 WESTOVER DR, WEST BLOOMFIELD, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/02/2025</u>	
Name & Address: VALERIE ONEAL 35503 RUTHERFORD ST CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **350.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140581
2. Committee Name CTE RHONDA POWELL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/05/2025</u> Name & Address: AISHA FAROOQI 5204 BRYCE CT STERLING HEIGHTS, MI 48310		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/06/2025</u> Name & Address: JAMES ALLEN 4756 FAIRWAY RIDGE S WEST BLOOMFIELD TWP, MI 48323		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>4756 FAIRWAY RIDGE S, WEST BLOOMFIELD TWP, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/06/2025</u> Name & Address: VICTORIA B. EDWARDS 1602 EDISON ST DETROIT, MI 48206		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/06/2025</u> Name & Address: DONYALE STEPHEN-ATARA 30403 BERGHWAY TRAIL WARREN, MI 48092		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **450.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140581
2. Committee Name CTE RHONDA POWELL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/06/2025</u> Name & Address: YOUSEF ALMADRAHI 30389 BRADMORE RD WARREN, MI 48092		\$ <u>1,200.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SCG</u> Business Address <u>44056 MOUND RD, STE 105, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/06/2025</u> Name & Address: KALISHA DAVIS PO BOX 871487 CANTON, MI 48187		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY OUTREACH</u> Employer <u>DETROIT HISTORICAL SOCIETY</u> Business Address <u>5401 WOODWARD AVE, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2025</u> Name & Address: DR SHERMAN COTTINGHAM 17488 CANVASBACK DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/08/2025</u> Name & Address: NABIH AYAD 24059 FOXHOLLOW RUN BROWNSTOWN TWP, MI 48164		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>AYAD LAW, PLLC</u> Business Address <u>645 GRISWOLD ST, STE 2202, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **2,400.00**

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

1. Committee I.D. Number 140581
2. Committee Name CTE RHONDA POWELL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2025</u> Name & Address: CORNELL BATIE 241 MADISON ST #52 DETROIT, MI 48226 5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE</u> Employer <u>WTPAF</u> Business Address <u>440 BURROUGHS ST, #174, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/11/2025</u> Name & Address: STEVE GOLD 26764 YORK RD HUNTINGTON WOODS, MI 48070 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>40.00</u>	\$ <u>80.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/11/2025</u> Name & Address: YVETTE MCELROY ANDERSON 17370 PONTCHARTRAIN BLVD DETROIT, MI 48203 5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATION</u> Employer <u>WCCCD</u> Business Address <u>17669 ANNCHESTER RD, DETROIT, MI 48219</u> 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>09/12/2025</u> Name & Address: STEVE BROOKS 5805 FOREST AVE UNIT 1 UNIT 1 KANSAS CITY, MO 64110 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ <u>20.00</u>

Page Subtotal 210.00

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

1. Committee I.D. Number 140581
2. Committee Name CTE RHONDA POWELL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/13/2025</u> Name & Address: PAULINE NORWOOD 10 INCHES ST MT CLEMENS, MI 48043		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2025</u> Name & Address: NORMA JOSHUA-LEE 27685 DANIEL CT HARRISON TOWNSHIP, MI 48045		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2025</u> Name & Address: AARON MILLER 42858 CORONET DR LANCASTER, CA 93536		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2025</u> Name & Address: IONA MEANS 34183 VINITA ST CLINTON TOWNSHIP, MI 48035		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 700.00

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

1. Committee I.D. Number 140581
2. Committee Name CTE RHONDA POWELL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2025</u> Name & Address: RUTHIE STEVENSON 69 BEYNE ST MT CLEMENS, MI 48043		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2025</u> Name & Address: THERESA MCGARITY 19 INCHES ST MT CLEMENS, MI 48043		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE ASSISTANT</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2025</u> Name & Address: KRYSTAL BANKS 14923 LIRI DR STERLING HEIGHTS, MI 48312		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>14923 LIRI DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2025</u> Name & Address: GEORGE YOUNG 176 NORTHBOUND GRATIOT AVE MT CLEMENS, MI 48043		\$ <u>50.00</u>	\$ <u>90.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PASTOR</u> Employer <u>SELF</u> Business Address <u>176 NORTHBOUND GRATIOT AVE, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 200.00

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

1. Committee I.D. Number 140581
2. Committee Name CTE RHONDA POWELL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2025</u> Name & Address: LADONNA DUNSON 34107 OAKVIEW ST CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2025</u> Name & Address: ESTELLA SHELTON 345 CLINTON RIVER DR MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2025</u> Name & Address: ANTHONY LEWIS 22606 LAKECREST ST ST CLAIR SHORES, MI 48081		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 W ALLEGAN ST, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2025</u> Name & Address: DARIEN BELCHER 19866 VINE DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>QUALITY SUPERVISOR</u> Employer <u>FORD MOTOR CO</u> Business Address <u>19866 VINE DR, MACOMB, MI 48044</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 400.00

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

1. Committee I.D. Number 140581
2. Committee Name CTE RHONDA POWELL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2025</u> Name & Address: HEASTER WHEELER 17394 MUIRLAND ST DETROIT, MI 48221		\$ <u>501.00</u>	\$ <u>501.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2025</u> Name & Address: NANCY QUARLES 43000 12 OAKS CRESCENT DR NOVI, MI 48377		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2025</u> Name & Address: DANNY THACKER 3845 SUMMIT DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2025</u> Name & Address: SAIMA KHALIL 12101 VOLPE DR STERLING HEIGHTS, MI 48312		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 951.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140581
2. Committee Name CTE RHONDA POWELL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2025</u>	
Name & Address: CRYSTAL WRIGHT 18770 ADDISON DR SOUTHFIELD, MI 48075		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAL CODER</u> Employer <u>CORNERSTONE MEDICAL GROUP</u> Business Address <u>43900 GARFIELD RD, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/03/2025</u>	
Name & Address: REOLA HAMMOND 17325 SPRENGER AVE EASTPOINTE, MI 48021		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2025</u>	
Name & Address: RHONDA POWELL 365 CLINTON RIVER DR MT CLEMENS, MI 48043		\$ <u>280.00</u>	\$ <u>340.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>WE THE PEOPLE ACTION FUND</u> Business Address <u>440 BURROUGHS ST, #174, DETROIT, MI 48202</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2025</u>	
Name & Address: BIRDIE NASH 29484 ASHLAND AVE #103 HARRISON TOWNSHIP, MI 48045		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 500.00

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

1. Committee I.D. Number 140581
2. Committee Name CTE RHONDA POWELL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/06/2025</u>	
Name & Address: JANET WILLIAMS 12720 GLENFIELD AVE DETROIT, MI 48213		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SURGICAL EDUCATOR</u> Employer <u>HENRY FORD HEALTH SYSTEMS</u> Business Address <u>12720 GLENFIELD AVE, DETROIT, MI 48213</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2025</u>	
Name & Address: GLORIA BROWN BURNETT 11408 PROSPECT COURT GLENN DALE, MD 20769		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY SECRETARY-DHS</u> Employer <u>STATE OF MARYLAND</u> Business Address <u>25 SOUTH CHARLES ST, BALTIMORE, 21201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2025</u>	
Name & Address: TERENCE STANDIFER 13602 MARTIN RD WARREN, MI 48088		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PASTOR</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2025</u>	
Name & Address: STEVE GOLD 26764 YORK RD HUNTINGTON WOODS, MI 48070		\$ <u>40.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **340.00**

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

1. Committee I.D. Number 140581
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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>10/13/2025</u> Name & Address: KARLA YOUNG 42483 HOWARD ST CLINTON TWP, MI 48036 \$ 35.00 \$ 35.00 5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____ \$ _____ \$ _____ Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____ \$ _____ \$ _____ Click Here for Memo Itemization 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 _____ Name & Address _____ \$ _____ \$ _____ Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140581
2. Committee Name CTE RHONDA POWELL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FREDERICK HARRINGTON Address 108 EUCLID ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>CAMPAIGN T-SHIRTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/11/2025</u> Date	\$ <u>200.00</u>
Expenditure #2 Name DOLLAR TREE Address 80 N GROESBECK HWY MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>LAUNCH EVENT SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/21/2025</u> Date	\$ <u>14.39</u>
Expenditure #3 Name OFFICE MAX Address 33840 GRATIOT AVE CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/21/2025</u> Date	\$ <u>77.87</u>
Expenditure #4 Name XTREME SIGNS Address 34853 GRATIOT AVE CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/2025</u> Date	\$ <u>275.60</u>
Expenditure #5 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE SETUP</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/2025</u> Date	\$ <u>174.00</u>

Subtotal this page **741.86**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140581
2. Committee Name CTE RHONDA POWELL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WANDA DUDLEY Address 480 CLINTON RIVER DR MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>REIMBURSEMENT FOR CAMPAIGN EXPENSES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2025</u> Date	\$ <u>198.67</u>
Expenditure #2 Name FREDERICK HARRINGTON Address 108 EUCLID ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>CAMPAIGN T-SHIRTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/28/2025</u> Date	\$ <u>210.00</u>
Expenditure #3 Name XTREME SIGNS Address 34853 GRATIOT AVE CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/2025</u> Date	\$ <u>212.00</u>
Expenditure #4 Name ACTBLUE, LLC Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ONLINE DONATION SETUP</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/09/2025</u> Date	\$ <u>75.00</u>
Expenditure #5 Name FEDEX OFFICE Address 31980 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>CAMPAIGN PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2025</u> Date	\$ <u>132.50</u>

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828.17

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140581
2. Committee Name CTE RHONDA POWELL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CAMPAIGN VERIFY Address 1215 31ST ST NW WASHINGTON, DC 20007 ☐ Fund Raiser	Purpose: <u>WEB DOMAIN VERIFICATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2025</u> Date	\$ <u>95.00</u>
Expenditure #2 Name GFS Address 34300 GRATIOT AVE CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>SUPPLIES FOR CAMPAIGN EVENTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/2025</u> Date	\$ <u>243.50</u>
Expenditure #3 Name GFS Address 34300 GRATIOT AVE CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>SUPPLIES FOR CAMPAIGN EVENTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2025</u> Date	\$ <u>280.60</u>
Expenditure #4 Name XTREME SIGNS Address 34853 GRATIOT AVE CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/2025</u> Date	\$ <u>106.00</u>
Expenditure #5 Name MEIJER Address 40445 S GROESBECK HWY CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: <u>SUPPLIES AND SNACKS FOR TOWN HALLS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/2025</u> Date	\$ <u>77.76</u>

Subtotal this page **802.86**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140581
2. Committee Name CTE RHONDA POWELL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name XTREME SIGNS Address 34853 GRATIOT AVE CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/2025</u> Date	\$ <u>212.00</u>
Expenditure #2 Name XTREME SIGNS Address 34853 GRATIOT AVE CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/2025</u> Date	\$ <u>106.00</u>
Expenditure #3 Name FEDEX OFFICE Address 31980 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>CAMPAIGN COPIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2025</u> Date	\$ <u>222.59</u>
Expenditure #4 Name ALLPRO COLOR Address 20750 CHESLEY DR FARMINGTON, MI 48336 ☐ Fund Raiser	Purpose: <u>CAMPAIGN PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/2025</u> Date	\$ <u>866.10</u>
Expenditure #5 Name DOLLAR TREE Address 80 N GROESBECK HWY MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>SUPPLIES FOR TOWN HALLS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/2025</u> Date	\$ <u>23.32</u>

Subtotal this page **1,430.01**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140581
2. Committee Name CTE RHONDA POWELL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEIJER Address 40445 S GROESBECK HWY CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: <u>SUPPLIES AND SNACKS FOR TOWN HALLS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2025</u> Date	\$ <u>99.55</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			

Subtotal this page	99.55
Grand Total of all Schedules 1B (Complete on last page of Schedule)	3,902.45

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