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MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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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: 10/20/2025 to 11/24/2025

1. Committee I.D. Number

140581

4. Candidate Last Name First Name M.I.

POWELL RHONDA

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

MAYOR, MOUNT CLEMENS

2. Committee Name

CTE RHONDA POWELL

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 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

12/04/2025

Candidate _____ /

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/04/2025



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>2,900.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,900.00</u>	(18.) \$ <u>11,640.00</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>2,900.00</u>	(20.) \$ <u>11,640.00</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>5,560.89</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>5,560.89</u>	(23.) \$ <u>9,463.34</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>4,837.55</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,900.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>7,737.55</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5,560.89</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,176.66</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>10/24/2025</u>	
Name & Address: BRENDA MIMS 149 MASSACHUSETTS HIGHLAND PARK, MI 48203		\$ <u>50.00</u>	\$ <u>50.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2025</u>	
Name & Address: DONALD JAMES 18851 EUREKA ST DETROIT, MI 48234		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WRITER</u> Employer <u>SELF 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>10/24/2025</u>	
Name & Address: LATONIA YOUNG 35181 NEWPORT DR NEW BALTIMORE, MI 48047		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</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>10/24/2025</u>	
Name & Address: REOLA HAMMOND 17325 SPRENGER AVE EASTPOINTE, MI 48021		\$ <u>100.00</u>	\$ <u>200.00</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 220.00

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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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>10/24/2025</u> Name & Address: GWENDOLYN THOMAS 3854 TAHOE DR WARREN, MI 48091 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>FRESH PERSPECTIVE</u> Business Address <u>535 GRISWOLD ST, DETROIT, MI 48226</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>10/24/2025</u> Name & Address: BROWN PEYTON 9066 NATHALINE AVE REDFORD TWP, MI 48239 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>50.00</u>	\$ <u>50.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2025</u> Name & Address: CATHEY CERRONNE 1280 UNIVERSITY DR PONTIAC, MI 48342 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SELF EMPLOYED</u> Business Address <u>400 RENAISSANCE CENTER, DETROIT, MI 48243</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>10/24/2025</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>

Page Subtotal 300.00

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2025</u> Name & Address: ARLENA BROWNLEE 19 DON ST MT CLEMENS, MI 48043		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>ADVANTAGE HEALTH</u> Business Address <u>100 TALON CENTRE DR, DETROIT, MI 48207</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2025</u> Name & Address: CHARLENA ECHOLS 26140 JOANNE SMITH LN NEW BALTIMORE, MI 48051		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2025</u> Name & Address: PAULETTE BROWN 24111 SUSAN DR FARMINGTON HILLS, MI 48336		\$ <u>100.00</u>	\$ <u>125.00</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>10/24/2025</u> Name & Address: SHARON TAYLOR 22172 LILAC LN CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 350.00

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CANDIDATE COMMITTEE**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/24/2025</u> Name & Address: MICHELLE KELLY 8035 PACKARD AVE WARREN, MI 48089		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PURCHASING MANAGER</u> Employer <u>WTPAF</u> Business Address <u>440 BURROUGHS ST, 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>10/24/2025</u> Name & Address: ROXANNE BROWN 590 CLINTON RIVER DR MT CLEMENS, MI 48043		\$ <u>230.00</u>	\$ <u>230.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EDUCATOR</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/25/2025</u> Name & Address: ASHA MCELROY 21002 DARTMOUTH DR SOUTHFIELD, MI 48076		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIETICIAN</u> Employer <u>COD</u> Business Address <u>21002 DARTMOUTH DR, SOUTHFIELD, MI 48076</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/25/2025</u> Name & Address: EARL RICKMAN 158 CLEMENS ST 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 _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **455.00**

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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140581
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2025</u>	
Name & Address: ANGELA HARNESS 8116 LAMPHERE DETROIT, MI 48239		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>HARNESS CONSULTING</u> Business Address <u>8116 LAMPHERE, DETROIT, MI 48239</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2025</u>	
Name & Address: JERJUAN HOWARD 16609 SORRENTO AVE DETROIT, MI 48235		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>UMOJA DEBATE LEAGUE</u> Business Address <u>16609 SORRENTO AVE, DETROIT, MI 48235</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2025</u>	
Name & Address: PHYLLIS MCELROY 21002 DARTMOUTH DR SOUTHFIELD, MI 48076		\$ <u>50.00</u>	\$ <u>50.00</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>10/29/2025</u>	
Name & Address: LYNDA MCGHEE 20319 MAUER ST ST CLAIR SHORES, MI 48080		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNERY</u> Employer <u>MCLC</u> Business Address <u>20319 MAUER ST, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 275.00

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CANDIDATE COMMITTEE**

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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>10/29/2025</u>	
Name & Address: JOHN JOHNSON 19511 SHREWSBURY RD DETROIT, MI 48221		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>19511 SHREWSBURY RD, DETROIT, MI 48221</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2025</u>	
Name & Address: DAVID MURRAY 14358 ARTESIAN ST DETROIT, MI 48223		\$ <u>100.00</u>	\$ <u>100.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2025</u>	
Name & Address: NIRVA CIVILUS 7743 KENNETT SQUARE WEST BLOOMFIELD, MI 48322		\$ <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>7743 KENNETT SQUARE, MI 48322</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2025</u>	
Name & Address: ADAM HOLLIER 31 ARDEN PARK BLVD DETROIT, MI 48202		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE LIAISON</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/29/2025</u> Name & Address: <u>E V</u> <u>9 BORO</u> <u>WEST BLOOMFIELD, MI 48323</u>		\$ <u>50.00</u>	\$ <u>50.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/29/2025</u> Name & Address: <u>YVETTE MCELROY-ANDERSON</u> <u>17370 PONTCHARTRAIN BLVD</u> <u>DETROIT, MI 48203</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EDUCATION ADMINISTRATOR</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/29/2025</u> Name & Address: <u>EDDIE MCDONALD</u> <u>7350 DANBURY DR</u> <u>WEST BLOOMFIELD TOWNSHIP, MI 48322</u>		\$ <u>250.00</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>10/29/2025</u> Name & Address: <u>RONNARRO CLEVELAND</u> <u>17616 CRILLON DR</u> <u>CLINTON TWP, MI 48038</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 450.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/03/2025</u>	
Name & Address: MELODY MAGEE 25800 TIMBERLINE DR WARREN, MI 48091		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TALENT OFFICER</u> Employer <u>CAREER FOCUS CONSULTING SERVICES LLC</u> Business Address <u>25800 TIMBERLINE DR, WARREN, MI 48091</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/03/2025</u>	
Name & Address: EDWIN WASHINGTON 17204 ALTA VISTA DR SOUTHFIELD, MI 48075		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/04/2025</u>	
Name & Address: KATHY LANCASTER 28841 ASHLAND AVE HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> 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		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **500.00**

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

2,900.00

Enter this total on
line 3a of Summary
Page.



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 WALMART SUPERCENTER Address 18400 HALL RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>SNACKS AND SUPPLIES FOR ELECTION DAY VOLUNTEERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/2025</u> Date	\$ <u>222.30</u>
Expenditure #2 Name MEIJER Address 30800 LITTLE MACK AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>SNACKS AND SUPPLIES FOR ELECTION DAY VOLUNTEERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/2025</u> Date	\$ <u>129.03</u>
Expenditure #3 Name DOLLAR TREE Address 33818 GRATIOT AVE CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>VOLUNTEER BAGS FOR ELECTION DAY</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/2025</u> Date	\$ <u>46.76</u>
Expenditure #4 Name RHONDA POWELL Address 365 CLINTON RIVER DR MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>REIMB FOR MASS MAILERS & TRUNK OR TREAT -OPT CLUB</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/2025</u> Date	\$ <u>1,300.00</u>
Expenditure #5 Name HOME DEPOT Address 20500 13 MILE RD ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>Storage bins for election materials</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/2025</u> Date	\$ <u>46.26</u>

Subtotal this page **1,744.35**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
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Summary Page



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 GUMBO'S Address 53 N WALNUT ST MOUNT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>Watch party food and room reservation</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/06/2025</u> Date	\$ <u>1,081.64</u>
Expenditure #2 Name MACOMB NCNW CHAPTER Address PO BOX 463066 MOUNT CLEMENS, MI 48046 ☐ Fund Raiser	Purpose: <u>CONTRIBUTION TO MACOMB NCNW 50TH ANNIVERSARY CEL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/2025</u> Date	\$ <u>400.00</u>
Expenditure #3 Name JETS PIZZA Address 37525 HARPER AVE CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: <u>FOOD FOR CTERP COMMITTEE MEETING AND REVIEW</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/2025</u> Date	\$ <u>96.68</u>
Expenditure #4 Name SWEETER THAN HONEY BAKERY Address 18850 E 9 MILE RD EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: <u>LUNCH MEETING W/CONSULTANT FOR CAMPAIGN WRAP UP</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/2025</u> Date	\$ <u>38.22</u>
Expenditure #5 Name METRO EQUITY COLLABORATIVE Address 22430 GRATIOT AVE UNIT #10 EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: <u>SUPPORT YOUTH PARTICIPATION IN EMERGING LEADERS EY</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/2025</u> Date	\$ <u>2,000.00</u>

Subtotal this page **3,616.54**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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Summary Page



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 NEW WAY WORKS Address 75 N MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>DONATION FOR YOUTH SCHOLARS AND ATHLETES EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/24/2025</u> Date	\$ <u>200.00</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	200.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	5,560.89

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Summary Page