



FILED

25 JUL 2024 PM 10:44

OAKLAND COUNTY CLERK
PONTIAC, 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: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

96950

2. Committee Name

CTE ANGELA POWELL FOR OAKLAND COUNTY COMMISSIONER

4. Candidate Last Name First Name M.I.

POWELL ANGELA N

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

COUNTY COMMISSIONER, DISTRICT 9, OAKLAND COUNTY

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

5. Committee's Mailing Address

**1044 WILLIAMSON CIR.
PONTIAC, MI 48340**

Area Code and Phone (248) 214-6395
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**ANGELA N POWELL
1044 WILLIAMSON CIR.
PONTIAC, MI 48340**

Area Code & Phone (248) 214-6395

7. Treasurer's Business Address

**1044 WILLIAMSON CIR.
PONTIAC, MI 48340**

Area Code and Phone (248) 214-6395

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

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

08/06/2024

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

07/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 96950

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE ANGELA POWELL FOR OAKLAND COUNTY COMMISSIONER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,000.00</u>	(18.) \$ <u>50,103.13</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>1,000.00</u>	(20.) \$ <u>50,103.13</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>5,758.53</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>6,202.36</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>6,202.36</u>	(23.) \$ <u>54,294.27</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>6,913.99</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>7,913.99</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6,202.36</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,711.63</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 96950
2. Committee Name CTE ANGELA POWELL FOR OAKLAND COUNTY COMMISSIONER

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>06/21/2024</u>	
Name & Address: CHALDEAN CHAMBER PAC 30095 NORTHWESTERN HWY STE. 101 FARMINGTON, MI 48334		\$ <u>1,000.00</u>	\$ <u>1,000.00</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 _____	
Name & Address _____		\$ _____	\$ _____
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 _____		\$ _____	\$ _____
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 _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

1,000.00

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

1,000.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **96950**
2. Committee Name **CTE ANGELA POWELL FOR OAKLAND COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STEDDYS CLEANING Address 117 VERNON DR PONTIAC, MI 48342 ☐ Fund Raiser	Purpose: <u>CLEANING OFFICE/STORAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/08/2024</u> Date	\$ <u>250.00</u>
Expenditure #2 Name MAKAYLA POWELL-MOORE Address 1197 FIELDSTONE DR PONTIAC, MI 48340 ☐ Fund Raiser	Purpose: <u>CAMPAIGN WORK</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/08/2024</u> Date	\$ <u>300.00</u>
Expenditure #3 Name OAKLAND COUNTY DEMOCRATIC CAUCUS Address 5964 WING LAKE RD BLOOMFIELD HILLS, MI 48301 ☐ Fund Raiser	Purpose: <u>CAUCUS DUES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/09/2024</u> Date	\$ <u>500.00</u>
Expenditure #4 Name GREATER PONTIAC COMMUNITY COALITION Address 143 ONEIDA ST PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>MEMBERSHIP DUES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/09/2024</u> Date	\$ <u>300.00</u>
Expenditure #5 Name MBC-LEO Address 1675 GREEN RD ANN ARBOR, MI 48105 ☐ Fund Raiser	Purpose: <u>MEMBERSHIP DUES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/17/2024</u> Date	\$ <u>35.00</u>

Subtotal this page **1,385.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **96950**
2. Committee Name **CTE ANGELA POWELL FOR OAKLAND COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MINERVA BLACK Address 626 KETTERING AVE PONTIAC, MI 48340 ☐ Fund Raiser	Purpose: EVENT DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/22/2024 Date	\$ 75.00
Expenditure #2 Name PONTIAC CHAMBER OF COMMERCE Address 402 TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: EVENT DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/26/2024 Date	\$ 125.00
Expenditure #3 Name VICKI BRENT-TOURAY Address 128 N GLENWOOD AVE PONTIAC, MI 48342 ☐ Fund Raiser	Purpose: EVENT DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/29/2024 Date	\$ 100.00
Expenditure #4 Name PUBLIC STORAGE Address LAPEER RD AUBURN HILLS, MI 48326 ☐ Fund Raiser	Purpose: OFFICE STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/31/2024 Date	\$ 178.00
Expenditure #5 Name P AND Q'S BAKERY AND CAFE Address 526 N TELEGRAPH PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: EVENT DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/07/2024 Date	\$ 150.00

Subtotal this page **628.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **96950**
2. Committee Name **CTE ANGELA POWELL FOR OAKLAND COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name LAKEEDA MALONE Address 29 COLLINGWOOD STREET PONTIAC, MI 48342 ☐ Fund Raiser	Purpose: DONATION FOR GROCERIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/09/2024 Date	\$ 50.00
Expenditure #2 Name OAKLAND COUNTY Address 1200 N TELEGRAPH PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: FILING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/12/2024 Date	\$ 100.00
Expenditure #3 Name CITY OF PONTIAC Address 47450 WOODWARD AVE PONTIAC, MI 48342 ☐ Fund Raiser	Purpose: MEETING ROOM RENTAL FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/26/2024 Date	\$ 50.00
Expenditure #4 Name PAYPAL Address 2211 N FIRST ST SAN JOSE, CA 95131 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/29/2024 Date	\$ 35.00
Expenditure #5 Name KIARA OWENS Address 18018 JAMES COUZENS FWY DETROIT, MI 48235 ☐ Fund Raiser	Purpose: EVENT DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/05/2024 Date	\$ 120.00

Subtotal this page **355.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **96950**
2. Committee Name **CTE ANGELA POWELL FOR OAKLAND COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name I AM THE VILLAGE Address 427 HARVEY AVE PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: EVENT DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/06/2024 Date	\$ 80.00
Expenditure #2 Name SPEEDWAY Address 2100 UNIVERSITY DR AUBURN HILLS, MI 48326 ☐ Fund Raiser	Purpose: GIFT CARDS PURCHASE EVENT DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/08/2024 Date	\$ 141.37
Expenditure #3 Name NEW MOUNT MORIAH CHURCH Address 313 WALTON BLVD. PONTIAC, MI 48340 ☐ Fund Raiser	Purpose: EVENT DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/05/2024 Date	\$ 100.00
Expenditure #4 Name CITY OF PONTIAC Address 47450 WOODWARD AVE PONTIAC, MI 48342 ☐ Fund Raiser	Purpose: EVENT DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/10/2024 Date	\$ 60.00
Expenditure #5 Name QUEST CHEER AND DANCE Address 143 ONEIDA ST PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: EVENT DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/10/2024 Date	\$ 250.00

Subtotal this page **631.37**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **96950**
2. Committee Name **CTE ANGELA POWELL FOR OAKLAND COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ROSA RANDOLPH Address 1103 WILLIAMSON CIR PONTIAC, MI 48340 ☐ Fund Raiser	Purpose: EVENT DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/18/2024 Date	\$ 50.00
Expenditure #2 Name PAYPAL Address 2211 N FIRST ST SAN JOSE, CA 95131 ☐ Fund Raiser	Purpose: EVENT DONATION AND PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/25/2024 Date	\$ 142.99
Expenditure #3 Name BRUCE AND CARROLL TURPIN Address 44 VINEWOOD CT PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: MAY-AUGUST OFFICE RENT PAYMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2024 Date	\$ 2,100.00
Expenditure #4 Name SYLVIA CAMPBELL Address 261 DICK AVE PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: CAMPAIGN WORKER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2024 Date	\$ 170.00
Expenditure #5 Name SYLVIA CAMPBELL Address 261 DICK AVE PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: CAMPAIGN WORKER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/22/2024 Date	\$ 240.00

Subtotal this page **2,702.99**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **96950**
2. Committee Name **CTE ANGELA POWELL FOR OAKLAND COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAKAYLA POWELL-MOORE Address 1197 FIELDSTONE DR PONTIAC, MI 48340 ☐ Fund Raiser	Purpose: CAMPAIGN WORKER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/22/2024 Date	\$ 250.00
Expenditure #2 Name SYLVIA CAMPBELL Address 261 DICK AVE PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: CAMPAIGN WORKER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/13/2024 Date	\$ 250.00
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **500.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **6,202.36**

Enter this total
on line 8a of
Summary Page