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OAKLAND COUNTY CLERK
PONTIAC, 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: 01/21/2025 to 10/19/2025

1. Committee I.D. Number

98691

2. Committee Name

CTE ANGIE SMITH

4. Candidate Last Name

SMITH

First Name

ANGELIA

M.I.

F

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

CITY COUNCIL, FARMINGTON HILLS

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

5. Committee's Mailing Address

**30436 RAMBLEWOOD CLUB #48
FARMINGTON HILLS, MI 48331**

Area Code and Phone (248) 505-1938
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

**ANGELIA F SMITH
30436 RAMBLEWOOD CLUB #48
FARMINGTON HILLS, MI 48331**

Area Code & Phone (248) 505-1938

7. Treasurer's Business Address

**30436 RAMBLEWOOD CLUB #48
FARMINGTON HILLS, MI 48331**

Area Code and Phone (248) 505-1938

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

**ANGELIA F SMITH
30436 RAMBLEWOOD CLUB #48
FARMINGTON HILLS, MI 48331**

Area Code and Phone (248) 505-1938

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

11/04/2025

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

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

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no 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 98691

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE ANGIE SMITH

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6,161.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>6,161.00</u>	(18.) \$ <u>6,161.00</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>6,161.00</u>	(20.) \$ <u>6,161.00</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>6,161.00</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>6,161.00</u>	(23.) \$ <u>6,161.00</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>6,161.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6,161.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6,161.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0.00</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98691
2. Committee Name CTE ANGIE SMITH

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>02/21/2025</u>	
Name & Address: VERONICA GOLDBERG 29995 HIGH VALLEY RD FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/21/2025</u>	
Name & Address: SUNDAY TAYLOR 32455 NOTTINGHAM KNOLLS FARMINGTON HILLS, MI 48334		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/21/2025</u>	
Name & Address: JOHN RANDLE, SR. 21951 BOULDER DR FARMINGTON HILLS, MI 48335		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/21/2025</u>	
Name & Address: CHRISTOPHER HODGE 28651 KENDALLWOOD DR FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 325.00

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 98691
2. Committee Name CTE ANGIE SMITH

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>02/21/2025</u> Name & Address: TASHAWNA GILL 14111 ARCOLA ST LIVONIA, MI 48154		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICAL ACTIVIST</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>14111 ARCOLA ST, LIVONIA, MI 48154</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/21/2025</u> Name & Address: GWEN MARKHAM 45540 VIOLET LN NOVI, MI 48374		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/21/2025</u> Name & Address: RANDAL AND JILL BRUCE 28370 LAKE PARK DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/21/2025</u> Name & Address: NANCY QUARLES 15801 PROVIDENCE DR APT. 11E SOUTHFIELD, MI 48075		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 450.00

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 98691
2. Committee Name CTE ANGIE SMITH

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>02/21/2025</u> Name & Address: CLARK AND CLAUDIA DOUGHTY 33856 HUNTERS POINTE RD FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/21/2025</u> Name & Address: MICHELE AND STEVEN ARTT 28317 FORESTBROOK DR FARMINGTON HILLS, MI 48334		\$ <u>75.00</u>	\$ <u>75.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/21/2025</u> Name & Address: OLIVA BOLEWARE-MOORE 32125 NOTTINGWOOD CT FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/21/2025</u> Name & Address: CTE SAMANTHA STECKLOFF 31178 COUNTRY WAY FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **375.00**

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 98691
2. Committee Name CTE ANGIE SMITH

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>02/22/2025</u> Name & Address: FRED SHARP 7150 PEBBLE PARK DR WEST BLOOMFIELD, TWP, MI 48322		\$ <u>200.00</u>	\$ <u>200.00</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>02/22/2025</u> Name & Address: ROSEMARY BAYER PO BOX 7887 BLOOMFIELD HILLS, MI 48302		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/29/2025</u> Name & Address: RAMONA MAYBERRY 3190 BROOKSHEAR CIR AUBURN HILLS, MI 48326		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE ASSISTANT</u> Employer <u>FARMINGTON PUBLIC SCHOOLS</u> Business Address <u>33000 FREEDOM RD, FARMINGTON, MI 48336</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/13/2025</u> Name & Address: DELANO GLASS 26252 WARNER AVE WARREN, MI 48091		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 525.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 98691
2. Committee Name CTE ANGIE SMITH

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/14/2025</u>	
Name & Address: ERNIE MCCLELLAN, JR. 28160 NEW BEDFORD FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/16/2025</u>	
Name & Address: ANDY LEVIN 6015 DARRAMOOD RD BLOOMFIELD HILLS, MI 48301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/16/2025</u>	
Name & Address: LESTER THOMAS 318 W CRESCENT LN DETROIT, MI 48207		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/23/2025</u>	
Name & Address: SILVA CANNON-BRYANT 5141 ROCK RUN ST WEST BLOOMFIELD TWP, MI 48322		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/23/2025</u>	
Name & Address: DARRYL CONLIFFE 29197 CHESTNUT CT FARMINGTON HILLS, MI 48334		\$ <u>200.00</u>	\$ <u>200.00</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>04/25/2025</u>	
Name & Address: ZACHARY LEE 27448 DOVER AVE WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2025</u>	
Name & Address: ANGELA MOORE 27930 PARKHILL FARMINGTON HILLS, MI 48334		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2025</u>	
Name & Address: JACQUELINE BOLEWARE 29290 STILLWATER FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98691
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2025</u>	
Name & Address: LLOYD BANKS 38056 KLARR DR NORTHVILLE, MI 48167		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>BANKS & COMPANY</u> Business Address <u>2000 TOWN CENTER, SUITE 1900, SOUTHFIELD, MI 48075</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2025</u>	
Name & Address: KELLY BREEN 242 LINHART ST NOVI, MI 48377		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2025</u>	
Name & Address: DONNA SMITH 32475 OAKWOOD FARMINGTON HILLS, MI 48334		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2025</u>	
Name & Address: FREDERICK SHARP 7150 PEBBLE PARK DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>200.00</u>	\$ <u>200.00</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			

Page Subtotal **650.00**

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 98691
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2025</u>	
Name & Address: BOBBY CHRISTIAN 10721 E JEFFERSON AVE DETROIT, MI 48214		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2025</u>	
Name & Address: RANDAL AND JILL BRUCE 28370 LAKE PARK DR FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>200.00</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>04/25/2025</u>	
Name & Address: JOHN RANDLE, SR. 21951 BOULDER DR FARMINGTON HILLS, MI 48335		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LABOR RELATIONS DIRECTOR</u> Employer <u>EMU</u> Business Address <u>301 PIERCE HALL, YPSILANTI, MI 48197</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2025</u>	
Name & Address: TARANJİ GRANT 28370 LAKE PARK DR FARMINGTON HILLS, MI 48331		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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

1. Committee I.D. Number 98691
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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>05/02/2025</u>	
Name & Address: TYRONE CARTER W OUTER DR DETROIT, MI 48217		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>S-585 HOB, LANSING, MI 48909</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2025</u>	
Name & Address: COLLEEN SCRIPTURE 4142 LOCH CT HIGHLAND, MI 48357		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>05/06/2025</u>	
Name & Address: MOSS PAC ID#517893 101 S WASHINGTON SQUARE FLOOR 3 LANSING, MI 48933		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: FUND FOR DEMOCRATIC WOMAN 29271 GLENCASTLE DR FARMINGTON HILLS, MI 48336		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,075.00

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 98691
2. Committee Name CTE ANGIE SMITH

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>07/20/2025</u> Name & Address: EUGENE GREENSTEIN 32433 OLDE FRANKLIN DR FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2025</u> Name & Address: MICHELLE DIMARIA 6125 ST JAMES DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2025</u> Name & Address: THOMAS HULL 25617 SKYE DR FARMINGTON HILLS, MI 48336		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>08/04/2025</u> Name & Address: COMMITTEE TO ELECT MICHAEL BRIDGES OLD TIMBER RD FARMINGTON HILLS, MI 48331		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 325.00

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 98691
2. Committee Name CTE ANGIE SMITH

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>08/13/2025</u> Name & Address: SUE ROSS 31636 ROCKY CREST ST FARMINGTON HILLS, MI 48336		\$ <u>36.00</u>	\$ <u>36.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/2025</u> Name & Address: MICHELLE DIMARIA 6125 ST JAMES DR WEST BLOOMFIELD, MI 48322		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REPORTING ANALYSIT</u> Employer <u>MBFS</u> Business Address <u>22950 CANFIELD AVE, FARMINGTON HILLS, MI 48336</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2025</u> Name & Address: MICHELLE DIMARIA 6125 ST JAMES DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>600.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REPORTING ANALYSIT</u> Employer <u>MBFS</u> Business Address <u>22950 CANFIELD AVE, FARMINGTON HILLS, MI 48336</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/07/2025</u> Name & Address: CLARK AND CLAUDIA DOUGHTY 33856 HUNTERS POINTE RD FARMINGTON HILLS, MI 48331		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>FPS</u> Business Address <u>33856 HUNTERS POINTE RD, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,236.00**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98691
2. Committee Name CTE ANGIE SMITH

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>10/16/2025</u>	
Name & Address: DARYL CONLIFFE 29197 CHESTNUT CT FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
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 **100.00**

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

6,161.00

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line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98691**
2. Committee Name **CTE ANGIE SMITH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NOTHING BUNDT CAKES Address 43280 W 11 MILE RD NOVI, MI 48375 ☒ Fund Raiser	Purpose: <u>CAKE FOR LAUNCH PARTY</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/21/2025</u> Date	\$ <u>90.35</u>
Expenditure #2 Name STUDIO 7 PROMOTIONS Address 31822 WAYBURN ST FARMINGTON HILLS, MI 48334 ☒ Fund Raiser	Purpose: <u>CAMPAIGN T-SHIRTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/21/2025</u> Date	\$ <u>156.14</u>
Expenditure #3 Name CRAFT BREWW CITY Address 27843 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334 ☐ Fund Raiser	Purpose: <u>FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/21/2025</u> Date	\$ <u>97.94</u>
Expenditure #4 Name STUDIO 7 PROMOTIONS Address 31822 WAYBURN ST FARMINGTON HILLS, MI 48334 ☒ Fund Raiser	Purpose: <u>FUNDRAISER INVITATIONS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/18/2025</u> Date	\$ <u>25.00</u>
Expenditure #5 Name CENTRIC PLACE Address 36216 FREEDOM RD FARMINGTON HILLS, MI 48335 ☒ Fund Raiser	Purpose: <u>FUNDRAISER - CAMPAIGN PARTY</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/2025</u> Date	\$ <u>775.00</u>

Subtotal this page

1,144.43

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

1. Committee I. D. Number **98691**
2. Committee Name **CTE ANGIE SMITH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VISIBLES MARKETING (KAESER & BLAIR) Address 4236 GRISSOM DR BATAVIA, OH 45103 ☒ Fund Raiser	Purpose: CAMPAIGN DOOR HANGERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2025 Date	\$ 840.21
Expenditure #2 Name STUDIO 7 PROMOTIONS Address 31822 WAYBURN ST FARMINGTON HILLS, MI 48334 ☒ Fund Raiser	Purpose: BUSINESS CARDS + THANK YOU CARD, AND LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/18/2025 Date	\$ 547.38
Expenditure #3 Name STUDIO 7 PROMOTIONS Address 31822 WAYBURN ST FARMINGTON HILLS, MI 48334 ☐ Fund Raiser	Purpose: THANK YOU CARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/18/2025 Date	\$ 113.29
Expenditure #4 Name C & G PUBLISHING (FARMINGTON PRESS) Address 13650 E 11 MILE RD WARREN, MI 48089 ☒ Fund Raiser	Purpose: AD IN THE FARMINGTON PRESS - CTE ANGIE SMITH ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2025 Date	\$ 210.00
Expenditure #5 Name VISIBLES MARKETING (KAESER & BLAIR) Address 4236 GRISSOM DR BATAVIA, OH 45103 ☒ Fund Raiser	Purpose: CAMPAIGN SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2025 Date	\$ 960.41

Subtotal this page **2,671.29**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98691**
2. Committee Name **CTE ANGIE SMITH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MICHELL LOGIC, LLC Address 27840 INDEPENDENCE ST FARMINGTON HILLS, MI 48336 ☒ Fund Raiser	Purpose: CAMPAIGN VIDEOS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/14/2025 Date	\$ 250.00
Expenditure #2 Name MICHELL LOGIC, LLC Address PO BOX 761 FARMINGTON, MI 48332 ☐ Fund Raiser	Purpose: META ADS, GOOGLE ADWORDS, VIDEO PRODUCTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2025 Date	\$ 560.60
Expenditure #3 Name PMI, INC. Address PO BOX 698 MARIANNA, FL 32447 ☐ Fund Raiser	Purpose: TEXT MESSAGES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/10/2025 Date	\$ 250.00
Expenditure #4 Name OAKLAND COUNTY TIMES Address PO BOX 115 KEEGO HARBOR, MI 48320 ☐ Fund Raiser	Purpose: INTERVIEW ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2025 Date	\$ 75.00
Expenditure #5 Name C & G PUBLISHING Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: ARTICLE INTERVIEW ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2025 Date	\$ 100.00

Subtotal this page **1,235.60**

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 **98691**
2. Committee Name **CTE ANGIE SMITH**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PMI, INC. Address PO BOX 698 MARIANNA, FL 32447 ☐ Fund Raiser	Purpose: <u>POLITICAL MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2025</u> Date	\$ <u>570.56</u>
Expenditure #2 Name PMI, INC. Address PO BOX 698 MARIANNA, FL 32447 ☐ Fund Raiser	Purpose: <u>POLITICAL MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2025</u> Date	\$ <u>539.12</u>
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 **1,109.68**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **6,161.00**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98691
2. Committee Name CTE ANGIE SMITH

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>02/21/2025</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>15</u>	5. Type of Fund Raising Activity <u>FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. CRAFT BREWW CITY 27843 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334 ☐ Private Residence
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7. Total Contributions 1,650.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 1,650.00
10. Total Cost of Event 575.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **98691**
2. Committee Name **CTE ANGIE SMITH**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 04/25/2025	4. Number of Individuals Attending or Participating (whichever is greater) 26	5. Type of Fund Raising Activity FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. CENTRIC PLACE 36216 FREEDOM RD FARMINGTON HILLS, MI 48335 ☐ Private Residence
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7. Total Contributions **4,513.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **4,513.00**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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