

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                         |             |                        |                                                                                                       |                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1. NAME OF COMMITTEE IN FULL<br>ROGERS FOR SENATE                                                                                                                       |             |                        |                                                                                                       |                                                                                                                          |
| ADDRESS (number and street) PO BOX 132                                                                                                                                  |             |                        |                                                                                                       |                                                                                                                          |
| CITY<br>SAINT JOSEPH                                                                                                                                                    |             | STATE<br>MI            |                                                                                                       | ZIP CODE<br>49085                                                                                                        |
| 2. NAME OF CANDIDATE<br>ROGERS, MICHAEL, J, ,                                                                                                                           |             |                        | 3. OFFICE SOUGHT (State and District)<br>Senate MI                                                    |                                                                                                                          |
| 4. FEC IDENTIFICATION NUMBER<br>C00849810                                                                                                                               |             |                        |                                                                                                       |                                                                                                                          |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |             |                        |                                                                                                       |                                                                                                                          |
| A. FULL NAME<br>CREMIEUX, RICHARD, , ,                                                                                                                                  |             |                        |                                                                                                       | Name of Employer<br><br>Transaction ID : TX1061118<br><br>Occupation<br>RETIRED                                          |
| MAILING ADDRESS<br>3 NORMAN CT                                                                                                                                          |             |                        |                                                                                                       |                                                                                                                          |
| CITY<br>BURR RIDGE                                                                                                                                                      | STATE<br>IL | ZIP CODE<br>60527-0304 | Date (month, day, year)<br>10/15/2026                                                                 |                                                                                                                          |
|                                                                                                                                                                         |             |                        | Amount<br>1000.00                                                                                     |                                                                                                                          |
| B. FULL NAME<br>DODS, ROBERT, E., ,                                                                                                                                     |             |                        |                                                                                                       | Name of Employer<br>ROBERT E DODS FAMILY FOUNDATION INC<br><br>Transaction ID : TX1061140<br><br>Occupation<br>PRESIDENT |
| MAILING ADDRESS<br>6011 GOLF OF MEXICO DR                                                                                                                               |             |                        |                                                                                                       |                                                                                                                          |
| CITY<br>LONGBOAT KEY                                                                                                                                                    | STATE<br>FL | ZIP CODE<br>34228-1705 | Date (month, day, year)<br>10/15/2026                                                                 |                                                                                                                          |
|                                                                                                                                                                         |             |                        | Amount<br>1000.00                                                                                     |                                                                                                                          |
| C. FULL NAME<br>ELMASSIAN, KENNETH, , ,                                                                                                                                 |             |                        |                                                                                                       | Name of Employer<br>RETIRED<br><br>Transaction ID : TX1061144<br><br>Occupation<br>RETIRED                               |
| MAILING ADDRESS<br>2399 PINE HOLLOW DR                                                                                                                                  |             |                        |                                                                                                       |                                                                                                                          |
| CITY<br>EAST LANSING                                                                                                                                                    | STATE<br>MI | ZIP CODE<br>48823-     | Date (month, day, year)<br>10/15/2026                                                                 |                                                                                                                          |
|                                                                                                                                                                         |             |                        | Amount<br>1041.02                                                                                     |                                                                                                                          |
| D. FULL NAME<br>EVERETT, JAMES, SLOAN, ,                                                                                                                                |             |                        |                                                                                                       | Name of Employer<br>SELF-EMPLOYED<br><br>Transaction ID : TX1061139<br><br>Occupation<br>RANCHER                         |
| MAILING ADDRESS<br>P.O. BOX 107                                                                                                                                         |             |                        |                                                                                                       |                                                                                                                          |
| CITY<br>BRECKENRIDGE                                                                                                                                                    | STATE<br>TX | ZIP CODE<br>76424-0107 | Date (month, day, year)<br>10/15/2026                                                                 |                                                                                                                          |
|                                                                                                                                                                         |             |                        | Amount<br>5000.00                                                                                     |                                                                                                                          |
| E. FULL NAME<br>FUTROVSKY, MARK, , ,                                                                                                                                    |             |                        |                                                                                                       | Name of Employer<br>RETIRED<br><br>Transaction ID : TX1061147<br><br>Occupation<br>RETIRED                               |
| MAILING ADDRESS<br>825 NE 1ST STREET UNIT C                                                                                                                             |             |                        |                                                                                                       |                                                                                                                          |
| CITY<br>OTHER                                                                                                                                                           | STATE<br>FL | ZIP CODE<br>21658-     | Date (month, day, year)<br>10/15/2026                                                                 |                                                                                                                          |
|                                                                                                                                                                         |             |                        | Amount<br>3500.00                                                                                     |                                                                                                                          |
| SIGNATURE (optional)<br>PEPPE, DANNY, , ,                                                                                                                               |             |                        | DATE<br>10/17/2026                                                                                    |                                                                                                                          |
|                                                                                                                                                                         |             |                        | For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov |                                                                                                                          |

[Electronically Filed]

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 03/2016)

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| 1. NAME OF COMMITTEE IN FULL                                                                                                                                            |  |                                       |                         |
| ROGERS FOR SENATE                                                                                                                                                       |  |                                       |                         |
| ADDRESS (number and street) PO BOX 132                                                                                                                                  |  |                                       |                         |
| CITY, STATE, and ZIP CODE                                                                                                                                               |  |                                       |                         |
| SAINT JOSEPH                                                                                                                                                            |  | MI                                    | 49085                   |
| 2. NAME OF CANDIDATE                                                                                                                                                    |  | 3. OFFICE SOUGHT (State and District) |                         |
| ROGERS, MICHAEL, J, ,                                                                                                                                                   |  | Senate MI                             |                         |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER          |                         |
|                                                                                                                                                                         |  | C00849810                             |                         |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                       |                         |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                       |                         |
| NORSOPH, ELLIS, , ,                                                                                                                                                     |  | Name of Employer                      | Date (month, day, year) |
| 17129 NORTHWAY CIRCLE                                                                                                                                                   |  | RETIRED                               | 10/15/2026              |
| BOCA RATON FL 33496-                                                                                                                                                    |  | Transaction ID : TX1061151            | Amount                  |
|                                                                                                                                                                         |  | Occupation                            | 1000.00                 |
|                                                                                                                                                                         |  | RETIRED                               |                         |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                       |                         |
| RAIZNER, JEFFREY, , ,                                                                                                                                                   |  | Name of Employer                      | Date (month, day, year) |
| 4141 TENNYSON ST.                                                                                                                                                       |  | RAIZNER SLANIA LLP                    | 10/15/2026              |
| HOUSTON TX 77005-2749                                                                                                                                                   |  | Transaction ID : TX1061150            | Amount                  |
|                                                                                                                                                                         |  | Occupation                            | 1000.00                 |
|                                                                                                                                                                         |  | ATTORNEY                              |                         |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                       |                         |
| SCHWARTZ, CYRUS, , ,                                                                                                                                                    |  | Name of Employer                      | Date (month, day, year) |
| 50 RIVERSIDE BLVD , APT 8C                                                                                                                                              |  | DORA'S NATURALS                       | 10/15/2026              |
| NEW YORK NY 10069-                                                                                                                                                      |  | Transaction ID : TX1061149            | Amount                  |
|                                                                                                                                                                         |  | Occupation                            | 1000.00                 |
|                                                                                                                                                                         |  | CEO                                   |                         |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                       |                         |
| VOCCOLA, FREDERICK, J., ,                                                                                                                                               |  | Name of Employer                      | Date (month, day, year) |
| 200 BISCAYNE BOULEVARD WAY APT 530                                                                                                                                      |  | KASEYA                                | 10/15/2026              |
| MIAMI FL 33131-2167                                                                                                                                                     |  | Transaction ID : TX1061146            | Amount                  |
|                                                                                                                                                                         |  | Occupation                            | 2500.00                 |
|                                                                                                                                                                         |  | CEO                                   |                         |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                       |                         |
| WHITE, DENNIS, , ,                                                                                                                                                      |  | Name of Employer                      | Date (month, day, year) |
| 12751 MACDONALD DRIVE                                                                                                                                                   |  | RETIRED                               | 10/15/2026              |
| OJAI CA 93023-                                                                                                                                                          |  | Transaction ID : TX1061145            | Amount                  |
|                                                                                                                                                                         |  | Occupation                            | 1041.02                 |
|                                                                                                                                                                         |  | RETIRED                               |                         |

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| CITY, STATE, and ZIP CODE                                                                                                                                               |  |                                       |                         |
| SAINT JOSEPH                                                                                                                                                            |  | MI                                    | 49085                   |
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| ROGERS, MICHAEL, J, ,                                                                                                                                                   |  | Senate MI                             |                         |
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|                                                                                                                                                                         |  | C00849810                             |                         |
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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                       |                         |
| WICZYK, ROEE, , ,                                                                                                                                                       |  | Name of Employer                      | Date (month, day, year) |
| 9875 GLOUCESTER DRIVE                                                                                                                                                   |  | HERON REAL ESTATE CORP                | 10/15/2026              |
| BEVERLY HILLS CA 90210-                                                                                                                                                 |  | Transaction ID : TX1061148            | Amount                  |
|                                                                                                                                                                         |  | Occupation                            | 1000.00                 |
|                                                                                                                                                                         |  | EXECUTIVE                             |                         |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                       |                         |
|                                                                                                                                                                         |  | Name of Employer                      | Date (month, day, year) |
|                                                                                                                                                                         |  |                                       | Amount                  |
|                                                                                                                                                                         |  | Occupation                            |                         |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                       |                         |
|                                                                                                                                                                         |  | Name of Employer                      | Date (month, day, year) |
|                                                                                                                                                                         |  |                                       | Amount                  |
|                                                                                                                                                                         |  | Occupation                            |                         |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                       |                         |
|                                                                                                                                                                         |  | Name of Employer                      | Date (month, day, year) |
|                                                                                                                                                                         |  |                                       | Amount                  |
|                                                                                                                                                                         |  | Occupation                            |                         |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                       |                         |
|                                                                                                                                                                         |  | Name of Employer                      | Date (month, day, year) |
|                                                                                                                                                                         |  |                                       | Amount                  |
|                                                                                                                                                                         |  | Occupation                            |                         |

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