



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <b>138559-5</b>		3. This Statement covers: from <b>08/26/14</b> to <b>10/19/14</b>	
2. Committee Name <b>Friends of Fred Miller</b>		4. Candidate Last Name <b>Miller</b> First Name <b>Frederick</b> M.I. 4a. Office Sought Including District # or Community Served (If applicable) <b>County Commissioner, 9th District</b> 4b. County of Residence <b>MACOMB</b>	
5. Committee's Mailing Address <b>PO Box 46274 Mount Clemens, MI 48046</b>  Area Code and Phone _____ 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 <b>Michelle DeBeaussaert 39856 Brylor Court Clinton Township, MI 48038</b>  Area Code & Phone <b>(586) 228-3222</b>	
7. Treasurer's Business Address <b>None</b>  Area Code and Phone _____		8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)  <b>FILED OCT 22 PM 1:25 MICHELLE SABAUGH MACOMB COUNTY CLERK MOUNT CLEMENS, MICHIGAN</b>  Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <b>11/04/14</b>		9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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.  Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
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 <b>Michelle DeBeaussaert</b> Type or Print Name		Signature <i>Michelle DeBeaussaert</i> Date <b>10/21/14</b>	
Candidate <b>Frederick Miller</b> Type or Print Name		Signature <i>Frederick Miller</i> Date <b>10/21/14</b>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 1385595

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Friends of Fred Miller

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,985.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,985.00</u>	(18.) \$ <u>\$37,390.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$100.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$1,985.00</u>	(20.) \$ <u>\$37,490.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$1,198.71</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>\$1,801.70</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>\$1,801.70</u>	(23.) \$ <u>\$27,405.14</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>\$1,067.14</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>\$43,437.23</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$1,985.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$45,422.23</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,801.70</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$43,620.53</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5  
2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/31/2014</u> Name: Marilyn Lane Address: 16558 Woodlane Fraser MI 48026 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	30.00	30.00
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/10/2014</u> Name: Andrew Levin Address: 6015 Darramoor Road Bloomfield Hills MI 48301 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/12/2014</u> Name: Mark Brewer Address: 37414 Stonegate Circle Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Goodman &amp; Acker</u> Business Address <u>17000 W. 10 Mile Road</u> <u>Southfield MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	300.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/2014</u> Name: Michael Boyle Address: 23139 E. 13 Mile Road St. Clair Shores MI 48082 5. If over \$100.00 cumulative, please provide: Occupation <u>Commissioner</u> Employer <u>Macomb Co Bd of Comm.</u> Business Address <u>One South Main</u> <u>Mt Clemens MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	200.00
Page Subtotal	255.00	
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 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>5</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/22/2014</u>  Name: Fern Cohen Address: 4260 Old Dominion Drive West Bloomfield MI 48323 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	30.00	30.00
3. Contribution # <u>6</u> PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>09/22/2014</u>  Name: North Macomb PAC Address: PO Box 183047 Shelby Township MI 48317 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/26/2014</u>  Name: Irene Viviano Address: 24019 Pointe Macomb Township MI 48042 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>8</u> PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>09/27/2014</u>  Name: Bricklayers Local 1 MI Pac Address: 21031 Ryan Road Warren MI 48091 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	160.00
Page Subtotal	280.00	
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 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>9</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/29/2014</u> Name: <u>Leo Lalonde</u> Address: <u>24801 Rosalind</u> <u>Eastpointe MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>Retired</u> Business <u>Same as home</u> Address <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	300.00	700.00
3. Contribution # <u>10</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/06/2014</u> Name: <u>Joyce Lalonde</u> Address: <u>24801 Rosalind</u> <u>Eastpointe MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>Retired</u> Business <u>Same as home</u> Address <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	800.00
3. Contribution # <u>11</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/11/2014</u> Name: <u>Sierra Club MI Chap. Pol. Comm</u> Address: <u>109 E. Grand River</u> <u>Lansing MI 48906</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business _____ Address <u>Event on 10/30/14</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	150.00
3. Contribution # <u>12</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/14/2014</u> Name: <u>Friends of Macomb</u> Address: <u>39856 Brylor Court</u> <u>Clinton Township MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business _____ Address <u>Event on 10/30/14</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	1000.00
Page Subtotal	1150.00	
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 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>13</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/2014</u> Name: <u>Judith Payton</u> Address: <u>4732 Barcroft</u> <u>Sterling Heights MI 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business <u>Same as home</u> Address <u>Home MI 00000</u> <i>Event on 10/30/14</i> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	800.00
3. Contribution # <u>14</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/14/2014</u> Name: <u>Sheet Metal Worker's Loc 80</u> Address: <u>17255 W 10 Mile</u> <u>Southfield MI 48075</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business _____ Address _____ <i>Event on 10/30/14</i> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	600.00
Page Subtotal		300.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)		1985.00

Enter this total on  
line 3a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5  
2. Committee Name Friends of Fred Miller

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 1 Name: AT&T Address: 20 Main Mount Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Phone Service</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2014	91.59
Expenditure # 2 Name: Wally Nowinski Address: 2915 John R Detroit MI 48201 <input type="checkbox"/> Fund Raiser	Purpose: <u>Website</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2014	227.76
Expenditure # 3 Name: Postmaster Address: Mount Clemens MPO Mount Clemens MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: <u>Bulk Permit Renewal</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2014	220.00
Expenditure # 4 Name: Practical Political Consulting Address: Main Lansing MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Poll</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2014	500.00
Expenditure # 5 Name: Quill Corporation Address: PO Box 37600 Philadelphia PA 19101 <input checked="" type="checkbox"/> Fund Raiser <u>Event on 10/30/14</u>	Purpose: <u>Paper for 10/30 Fundraiser</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2014	93.86
Subtotal this page			1133.21
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 138559-5

2. Committee Name Friends of Fred Miller

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 6 Name: AT&T Address: 20 Main Mount Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Phone Service</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/22/2014	91.59
Expenditure # 7 Name: Fraser Goodfellows Address: P.O. Box 26223 Fraser MI 48026 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad Book</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/2014	35.00
Expenditure # 8 Name: LCHS Band Boosters Address: 36832 Barr Street Clinton Township MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad Book</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/2014	25.00
Expenditure # 9 Name: Dmarcated Media-Chad Cyrowski Address: 39768 Citation Circle #32102 Farmington Hills MI 48331 <input type="checkbox"/> Fund Raiser	Purpose: <u>Website</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/14/2014	483.00
Expenditure # 10 Name: Pat Belanger Address: 14938 Alma Drive Sterling Heights MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement-Paper</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/2014	33.90

Subtotal this page

668.49

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 138559-5  
2. Committee Name Friends of Fred Miller

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 11  Name: Office Max  Address: 33840 Gratiot Avenue  Clinton Township MI 48035  <input type="checkbox"/> Fund Raiser	Purpose: <u>Paper</u>  Expenditure Code _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/2014   Memo - itemization	(33.90)

Subtotal this page

0.00

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

1801.70

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5  
2. Committee Name Friends of Fred Miller

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>10/30/14</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>0</u>	5. Type of Fund Raising Activity  <u>2014 Coco's Coney Island</u>	6. Address and Name (If any) of the place where the activity was held.  <u>Coco's Coney Island</u> <u>76 N. Main Street</u> <u>Mount Clemens, MI 48043</u> <input type="checkbox"/> Private Residence
-----------------------------------------------	--------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

7. Total Contributions \$950.00  
8. Other Receipts \$0.00  
9. Gross Receipts (Add lines 7 and 8) \$950.00  
10. Total Cost of Event \$93.86  
(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 (1-1K), 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.