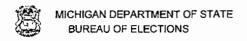


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.		3. This Statement covers From	n: 07/18/16 to 08/22/	16	
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.	
139314		Miller	Candice	S.	
		4a. Office Sought Including DI	strict # or Community Served (If appli	cable)	
2. Committee Name		Macomb County Publi	c Works Commissioner	$\overline{\mathbf{Y}}$	
Candice Miller for Mac	omb	4b. County of Residence MA	COMB 🖳		
5. Committee's Mailing Address PO Box 694		8. Treasurer's Name & Reside	ential Address		
Mt. Clemens, MI 48046		Donald G. Miller			
With Grameria, wa 40040			28840 Old North River Road Harrison Township, MI 48045		
		Tamoon Towns(up)	1111 10010		
Area Code and Phone (301) 654-3220					
If the address in this box is different from the comm	iittee				
mailing address on the Statement of Organization, be sent to this address by the filing official.	mail may	Area Code & Phone (301) 6	54-3220		
7. Treasurer's Business Address			's Name and Malting Address (if the o	ommittée has a	
N/A		Designated Record keeper)			
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT	Pomilmd Oh	ILY if candidate	9a. Dissolution of Candidate Con	unittee	
98. Pre-Election OR 9b. Post-Election	is not on the	ballot for the	By checking this Item I/We certi	ly any outstanding debt	
Pre-Election or Post-Election Statement relates to:	current year.		by the committee to the candidate of by discharged and forgiven, and no the committee. The committee has	ionger collectible from	
⊠ Primary	July Quart	erly	owes no lates fees or has any oustar	no oustanding assets, ading debt,	
_	October Q	uarterly		_	
General		,	Further, if the dissolution cannot be p considered a request for the Reporting	granted, that this be ng Weiver.	
Convention					
Special	9с. ПАплия	(Statement ()	Effective date of dissolution	•	
School		Coverage Year	Energy and of dissolving		
Caucus	gd. Amen (Comp	dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to			
	Indicat	e which Statement is being	Note: The disposition of residual fun Schedule 18 and the Summary Page		
	gineria.	(50,)			
Date of Election, Convention or Caucus					
08/02/16					
	j				
10. Verification: I/We cartify that all reasonable dilige	ence was used i	n the preparation of this stateme	ent and attached schedules (if any) ar	nd to the best of	
my\our knowledge and belief the contents are true,	accurate and co	orpleta 1	. "	, ,	
Current Treasurer or Denald G. Mi	ller	x year	Date 8	129/16	
Type or Print Name		Signature	man a	, /,	
Candidate Candice S. Miller		Candus.	1/1 clu Dato 8/	29/14	
Type or Print Name		Signature			

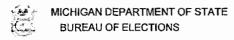


1. Committee I.D. Number 139314

SUMMARY PAGE CANDIDATE COMMITTEE

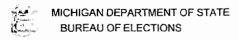
2. Committee Name Candice Miller for Macomb

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 44,755.00	-
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	_
c. Subtotal of "Contributions"	(3c.) \$ \$44,755.00	(18.) \$ \$275,043.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$300,000.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$\\\\$44,755.00	(20.) \$ \$575,043.00
N-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$7,075.26	(21.) \$ \$23,415.04
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
3. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$26,652.10	_
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	_
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$82.92	_
3. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _\$26,735.02	(23.) \$ \$80,282.37
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	_
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	_
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12, Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	_
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	_
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	BALANCE STATEMENT (13.) \$ \$476,740.65 (14.) + \$ \$44,755.00 (15.) = \$ \$521,495.65 (16.) - \$ \$26,735.02 (17.) \$ \$494,760.63	



1. Committee I.D. Number 139314

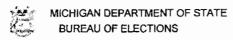
CANDIDATE COMMITTEE 2. Committee Name C	andice Miller for Ma	comb		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC). Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address: Acciavatti, Dan	- 200 00	*200.00		
49839 Miller Court	\$300.00	\$300.00		
Chesterfield, MI 48047				
5. if over \$100.00 cumulative, please provide:				
Occupation Owner Employer Pamar Enterprises, Inc.				
Business Address: 57760 Main Street, New Haven, MI 48048				
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser				
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/26/2016 Name & Address:	-			
Agnello, Michael	+300 00	\$300.00		
15941 Millar	\$300.00	\$300.00		
Clinton Township, MI 48036				
5. if over \$100.00 cumulative, please provide:				
Occupation Jeweler Employer Michael Agnello Jewelers				
Business Address: 31500 Harper, St. Clair Shores, MI 48082				
Type of Contribution: ☐ Direct ☐ Loans from a person ✓ Fund Raiser				
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/26/2016	-			
Name & Address:		•		
Albright, Tamara	\$300.00	\$300.00		
49515 Regatta Street Chesterfield, MI 48047				
5. if over \$100.00 cumulative, please provide:				
Occupation President Employer Mt. Clemens Crane				
Business Address: 42827 Irwin Drive, Harrison Township, MI 48045		1		
Type of Contribution: ☐ Direct ☐ Loans from a person ✓ Fund Raiser				
3. Contribution # PAC Receipt ✓ YES 4. Date of Receipt 7/27/2016 Name & Address:	-	,		
Associated Builders & Contractors of Michigan PAC	* 500.00	\$500.00		
230 North Washington Square, Suite 202	\$500.00	\$300.00		
Lansing, MI 48933				
5. if over \$100.00 cumulative, please provide:				
Occupation Employer		,		
Business Address:				
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser	<u> </u>	1		
Page Subtotal	1,400.00	-		
Grand Total of All Schedules 1A				
(Complete on last page of schedule)	Enter this total on line 3a of Summary	,		



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 139314

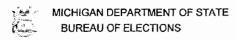
CANDIDATE COMMITTEE 2. Committee Name Candidate Committee Name Candidate Candidate Name Candidat	andice Miller for Mad	comb
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC). Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/12/2016	-	
Name & Address:		
Avsharian, Gregory 8980 Oak Run Drive	\$1,000.00	\$ <u>1,000.00</u>
Shelby Township, MI 48317		
5. if over \$100.00 cumulative, please provide:		
Occupation President Employer CIE USA		
Business Address: 15030 23 Mile Road, Shelby Township, MI 48315		
Type of Contribution:		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016	_	
Name & Address:		
Baker, Brett	\$300.00	\$800.00
13000 Evergreen Romeo, MI 48065		
5. if over \$100.00 cumulative, please provide:		
Occupation General Contractor Employer Dan's Excavating		
Business Address: 12955 23 Mile Road, Shelby Township, MI 48315		
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016		
Name & Address:		
Battani, Victor	\$150.00	\$350.00
49608 Goulette Pointe		
Chesterfield, MI 48044 5. if over \$100.00 cumulative, please provide:		
Occupation Executive Vice President Employer Arthur J. Gallagher		
Business Address: 30150 Telegraph Road, Suite 408, Bingham Farms, MI 48025		
Type of Contribution: ☐ Direct ☐ Loans from a person ✔ Fund Raiser	<u> </u>	
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/26/2016	-	
Name & Address:		
Beals, Kristie	\$150.00	\$150.00
31037 N. River Road Harrison Township, MI 48045	-	
5. if over \$100.00 cumulative, please provide:		
Occupation Homemaker Employer Homemaker		
Business Address:		
Type of Contribution: Direct Loans from a person		
Page Subtotal	1,600.00	
Grand Total of All Schedules 1A		
(Complete on last page of schedule)	Enter this total on	
	line 3a of Summary	



1. Committee I.D. Number _	139314
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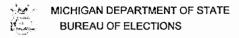
line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name C	andice Miller for Ma	comb
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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016		
Name & Address:		
Becker, Nancy	\$100.00	\$100.00
33310 Jefferson Avenue	<u> 100.00</u>	
St. Clair Shores, MI 48082		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016		
Name & Address:		
Berger, Jesse	\$300.00	\$300.00
26351 Twenty Five Mile Road	-	
Chesterfield, MI 48051 5. If over \$100.00 cumulative, please provide:		
Occupation Owner Employer Berger Dealer Group Business Address: 3031 Wyoming Avenue, Dearborn, MI 48120		
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/21/2016		
Name & Address:		
Binson, James E.	\$600.00	\$3,600.00
26834 Lawrence		
Center Line, MI 48015 5. if over \$100.00 cumulative, please provide:		
Occupation Owner Employer Binson's Medical Equipment & Supplies		
Business Address: 26834 Lawrence , Center Line, MI 48015		
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser		
	· · · · · · · · · · · · · · · · · · ·	
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address:	-	
Borich, Brian		
4521 Ava Lane	\$ <u>150.00</u>	\$ <u>150.00</u>
Clarkston, MI 48348		
5. if over \$100.00 cumulative, please provide:		
Occupation Sales Manager Employer Alax Paving Industries, Inc.		
Business Address: 1957 Crooks Road, Suite A, Troy, MI 48084		
Type of Contribution: Direct Loans from a person		
Page Subtotal	1,150.00	
Grand Total of All Schedules 1A	.,	
(Complete on last page of schedule)	Enter this total on	J
	minor ting total off	



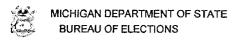
1. Committee I.D. Number 139314

CANDIDATE COMMITTEE 2. Committee Name C	andice Miller for Ma	comb
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)
Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address: Bourdeau, Jeffrey	-	
11100 Chapman Court Romeo, MI 48065	\$250.00	\$250.00
5. if over \$100.00 cumulative, please provide:		
Occupation Contractor Employer J.B. Electrical Co.		
Business Address: 6070 Wall Street, Sterling Heights, MI 48312		
Type of Contribution: Direct Loans from a person		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/25/2016 Name & Address:	-	
Campbell, Thomas	\$300.00	\$300.00
123 E. Bloomfield Royal Oak, MI 48073		
5. if over \$100.00 cumulative, please provide:		
Occupation Owner Employer Campbell Industrial Contractors, Inc.		
Business Address: 123 E. Bloomfield, Royal Oak, MI 48073		
Type of Contribution: Direct Loans from a person		
Contribution # PAC Receipt YES 4. Date of Receipt 8/12/2016 Name & Address:	-	
Carducci, Arduino		. 4 000 00
54338 Scarboro Way	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
Shelby Township, MI 48316		
5. if over \$100.00 cumulative, please provide:		
Occupation President Employer Plastic Service Centers		
Business Address: 21445 Carlo Drive, Clinton Township, MI 48038		
Type of Contribution:		A CONTRACTOR OF THE PARTY OF TH
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/26/2016 Name & Address:	-	
Chojnacki, Bradley	\$150.00	\$150.00
759 Rock Spring Road Bloomfield Hills, MI 48304		
5. if over \$100.00 cumulative, please provide:		
Occupation Handyman Employer The Alan Group		
Business Address: 1800 Brinston, Troy, MI 48083		
Type of Contribution: Direct Loans from a person Fund Raiser	And the state of the second section of the second section is a second section of the second section section is	
Page Subtotal	1,700.00	
Grand Total of All Schedules 1A		
(Complete on last page of schedule)	Enter this total on line 3a of Summary	



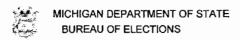
1. Committee I.D. Number 139314

CANDIDATE COMMITTEE 2. Committee Name Candidate Committee Committe	andice Miller for Mad	omb
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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address: Clancy, Christine 52823 Base	\$300.00	\$ <u>300.00</u>
New Baltimore, MI 48064 5. if over \$100.00 cumulative, please provide:		
Occupation Owner Employer Robert Clancy Contracting Inc.		
Business Address: 9342 Marine City Highway, Casco Township, MI 48064		
Type of Contribution: ☐ Direct ☐ Loans from a person ✔ Fund Raiser	Marian Maria	
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address:	-	
Clancy, Robert J.	\$300.00	\$300.00
29950 Little Mack	\$300.00	\$500.00
Roseville, MI 48066 5. if over \$100.00 cumulative, please provide:		
Occupation Concrete Recycling Employer Clancy Excavating Co.		
Business Address: 29950 Little Mack, Roseville, MI 48066		
Type of Contribution: Direct Loans from a person Fund Raiser		
Contribution # PAC Receipt YES 4. Date of Receipt 8/12/2016 Name & Address:	_	
Clavin, Marty	* 450 DO	\$450.00
46869 Hayes Road	\$ <u>450.00</u>	\$450.00
Shelby Township, MI 48315		
5. if over \$100.00 cumulative, please provide:		
Occupation Jeweler Employer Elegant Jewelers Business Address: 46869 Hayes Road, Shelby Township, MI 48315		
Type of Contribution: ☐ Direct ☐ Loans from a person		
3. Contribution # PAC Receipt ✓ YES 4. Date of Receipt 7/27/2016	-	
Name & Address: Committee to Elect Kathy Vosburg		
47395 Sugarbush Road	\$ <u>100.00</u>	s <u>100.00</u>
Chesterfield, MI 48047		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: ☐ Direct ☐ Loans from a person ✔ Fund Raiser		
Page Subtotal	1,150.00	
Grand Total of All Schedules 1A		
(Complete on last page of schedule)	Enter this total on line 3a of Summary	•



1. Committee I.D. Number 139314

	Candice Miller for I	
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
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016 Name & Address: Cottrell, Gerald		
39 Bellview Street	\$ <u>200.00</u>	\$200.00
Mt Clemens, MI 48043		
5. if over \$100.00 cumulative, please provide:		
Occupation Retired Employer Retired		
Business Address:		
Type of Contribution: Direct Loans from a person		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016 Name & Address:		
Country and Honor PAC		
39378 Aynesly Street	\$ <u>100.00</u>	\$ <u>100.00</u>
Clinton Township, MI 48038		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016		
Name & Address:		
Czeiszperger, George	. 50.00	-50.00
	\$ <u>50.00</u>	\$50.00
Czeiszperger, George 125 Belleview Mt. Clemens, MI 48043	\$ <u>50.00</u>	\$ <u>50.00</u>
Czeiszperger, George 125 Belleview Mt. Clemens, MI 48043 5. if over \$100.00 cumulative, please provide:	\$ <u>50</u> .00	\$ <u>50.00</u>
Czeiszperger, George 125 Belleview Mt. Clemens, MI 48043 5. if over \$100.00 cumulative, please provide: Occupation Employer	\$ <u>50.00</u>	\$ <u>50.00</u>
Czeiszperger, George 125 Belleview Mt. Clemens, MI 48043 5. if over \$100.00 cumulative, please provide: Occupation Employer Business Address:	\$ <u>50.00</u>	\$ <u>50.00</u>
Czeiszperger, George 125 Belleview Mt. Clemens, MI 48043 5. if over \$100.00 cumulative, please provide: Occupation Employer	\$ <u>50.00</u>	\$ <u>50.00</u>
Czeiszperger, George 125 Belleview Mt. Clemens, MI 48043 5. if over \$100.00 cumulative, please provide: Occupation Employer Business Address: Type of Contribution:	\$ <u>50.00</u>	\$ <u>50.00</u>
Czeiszperger, George 125 Belleview Mt. Clemens, MI 48043 5. if over \$100.00 cumulative, please provide: Occupation Employer Business Address: Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt YES 4. Date of Receipt 8/12/2016 Name & Address: D'Agostini, Luigi Robert		
Czeiszperger, George 125 Belleview Mt. Clemens, MI 48043 5. if over \$100.00 cumulative, please provide: OccupationEmployer Business Address: Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt YES	\$ <u>50.00</u>	\$ <u>50.00</u> \$ <u>7,000.00</u>
Czeiszperger, George 125 Belleview Mt. Clemens, MI 48043 5. if over \$100.00 cumulative, please provide: Occupation	\$ <u>1,000.00</u>	
Czeiszperger, George 125 Belleview Mt. Clernens, MI 48043 5. if over \$100.00 cumulative, please provide: Occupation Employer Business Address: Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt YES	\$ <u>1,000.00</u>	\$ <u>7,000.00</u>
Czeiszperger, George 125 Belleview Mt. Clemens, MI 48043 5. if over \$100.00 cumulative, please provide: Occupation Employer Business Address:	\$ <u>1,000.00</u>	\$ <u>7,000.00</u>
Czeiszperger, George 125 Belleview Mt. Ciernens, MI 48043 5. if over \$100.00 cumulative, please provide: Occupation Employer Business Address: Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt YES	\$ <u>1,000.00</u>	\$ <u>7,000.00</u>
Czeiszperger, George 125 Belleview Mt. Clemens, MI 48043 5. if over \$100.00 cumulative, please provide: Occupation	= \$ <u>1,000.00</u> E: REFUND OF \$	\$ <u>7,000.00</u>
Czeiszperger, George 125 Belleview Mt. Ciernens, MI 48043 5. if over \$100.00 cumulative, please provide: Occupation Employer Business Address: Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt YES	= \$ <u>1,000.00</u> E: REFUND OF \$	\$ <u>7,000.00</u>
Czeiszperger, George 125 Belleview Mt. Clemens, MI 48043 5. if over \$100.00 cumulative, please provide: Occupation	\$ <u>1,000.00</u> E: REFUND OF \$	\$ <u>7,000.00</u>
Czeiszperger, George 125 Belleview Mt. Clernens, MI 48043 5. if over \$100.00 cumulative, please provide: Occupation Employer	\$ <u>1,000.00</u> E: REFUND OF \$	\$ <u>7,000.00</u> 200 ISSUED ON 9/1/2016

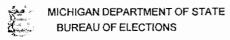


1. Committee I.D. Number _	139314
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CANDIDATE COMMITTEE 2. Committee Name C	andice Miller for M	lacomb
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC). Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/22/2016 Name & Address: DeBuck, Jr., Raymond 48858 Kings Drive Shelby Township, MI 48315	\$ <u>150.00</u>	\$ <u>650.00</u>
5. if over \$100.00 cumulative, please provide:		
Occupation Contractor Employer <u>DuBuck Construction, Inc.</u>		
Business Address: 6226 Auburn Road, Suite 1, Shelby Township, MI 48317		
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/22/2016 Name & Address: DeDecker, Jean 6141 Arden Warren, MI 48092 5. if over \$100.00 cumulative, please provide:	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
Occupation Retired Employer Retired		
Business Address:		
Type of Contribution: ☐ Direct ☐ Loans from a person		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address: Dopke, Paul 21646 Erben Street St. Clair Shores, MI 48081	\$ <u>600.00</u>	\$600.00
if over \$100.00 cumulative, please provide: Occupation Owner Employer Landscaping Services, Inc.		
Occupation Owner Employer Landscaping Services, Inc. Business Address: 22932 Rasch Drive, Clinton Township, MI 48035		
Type of Contribution: ☐ Direct ☐ Loans from a person		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/28/2016 Name & Address: Dudek, Dave	- \$300.00	\$300.00
49729 Nautical Drive		
New Baltimore, MI 48047 5. if over \$100.00 cumulative, please provide:		
Occupation Insurance Agent Employer Dudek Insurance Agency Group		
Business Address: 36120 Green Street, New Baltimore, MI 48047		
Type of Contribution: ☐ Direct ☐ Loans from a person ✓ Fund Raiser		
Page Subtotal	2,050.00	
Grand Total of All Schedules 1A		

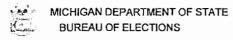
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Enter this total on line 3a of Summary



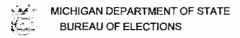
1.	Committee I.D. Number	139314	

CANDIDATE COMMITTEE 2. Committee Name Candidate Committee Name Candidate Committee Name Candidate Candidat	indice willer for war	COMP
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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016		
Name & Address:	•	
Easterbrook, Bob	.000.00	*200.00
32045 Dequindre Road	\$300.00	\$300.00
Madison Heights, MI 48071		
5. if over \$100.00 cumulative, please provide:		
Occupation President Employer East-Lind Heat Treat Inc.		
Business Address: 32045 Dequindre Road, Madison Heights, MI 48071		
Type of Contribution: ☐ Direct ☐ Loans from a person ✓ Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/22/2016		
Name & Address:		
Eisenhardt, Susan	-200.00	\$300.00
68373 Lake Angela Pointe	\$300.00	\$300.00
Richmond, MI 48062		
5. if over \$100.00 cumulative, please provide:		
Occupation Contractor Employer Self-Employed		
Business Address: 9738 Gratiot, Columbus, MI 48063		
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016		
Name & Address:	•	
Ezzo, John	- 000 00	*300.00
2732 Melcombe Circle, # 205	\$300.00	\$300.00
Troy, MI 48084		
5. if over \$100.00 cumulative, please provide:		
Occupation Owner Employer The Maids Home Services		
Business Address: 1405 Combermere Drive, Troy, MI 48083		1
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016		
Name & Address:		1
Fellmy, Robert	*100.00	\$ <u>100.00</u>
173 Smith	\$ <u>100.00</u>	\$ 100.00
Mt. Clemens, MI 48043		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: ☐ Direct ☐ Loans from a person ✓ Fund Raiser		
Page Subtotal	1,000.00	
Grand Total of All Schedules 1A (Complete on last page of schedule)		
(Complete on last page of schedule)	Enter this total on line 3a of Summary	



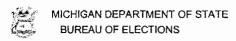
1. Committee I.D. Number 139314

CANDIDATE COMMITTEE 2. Committee Name $\underline{\mathbb{C}}$	andice Miller for Ma	comb
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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016	_	
Name & Address:		
Felstow, Daniel	\$300.00	\$300.00
53713 Applewood Drive Shelby Township, MI 48315		
5. if over \$100.00 cumulative, please provide:		
Occupation Certified Public Accountant Employer UHY Advisors		
Business Address: 12900 Hall Road, Suite 500, Sterling Heights, MI 48313		
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016	_	
Name & Address:		
Femminineo, Jake	\$500.00	\$500.00
110 South Main Street	V <u>000.00</u>	-
Mt. Clemens, MI 48043 5. if over \$100.00 cumulative, please provide:		
Occupation Attomey Employer Fernminineo Attomeys, PLLC		
Business Address: 110 South Main Street, Mt. Clemens, MI 48043		
Type of Contribution: Direct Loans from a person V Fund Raiser		
		7
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016 Name & Address:	-	
Fischer, Gregory		
53207 Azalea Drive	\$ <u>100.00</u>	\$ <u>100.00</u>
Macomb, MI 48042		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: Direct Loans from a person Fund Raiser	Monte of the Control	
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016	_	
Name & Address:		
Flis, Dan	\$300.00	\$300.00
20186 Edgewood Livonia, MI 48152		
5. if over \$100.00 cumulative, please provide:		
Occupation Sales Employer ALTA Equipment		
Business Address: 5105 Lorain, Detroit, MI 48208		
Type of Contribution: Direct Loans from a person Fund Raiser		
Page Subtotal	1,200.00	
Grand Total of All Schedules 1A		
(Complete on last page of schedule)	Enter this total on	J
	line 3a of Summary	



1. Committee I.D. Number 139314

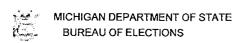
	andice Miller for Ma	COLLIE
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC). Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/5/2016 Name & Address: Factor John	-	
Foster, John 1521 Preservation Lane	\$500.00	\$500.00
St. Clair, MI 48079		
5. if over \$100.00 cumulative, please provide:		
Occupation Owner Employer Foster Blue Water Oil Co.		
Business Address: 36065 Water Street, Richmond, MI 48062		
Type of Contribution: Direct Loans from a person	·	
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/26/2016	_	
Name & Address: Fox, Jim		
6694 Church Road	\$ <u>150.00</u>	\$ <u>150.00</u>
Ira Township, MI 48023		
5. if over \$100.00 cumulative, please provide:		
Occupation Retired Employer Retired		
Business Address:		
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016	_	
Name & Address:		
Name & Address:		
Gaedcke, Cheryl	\$ <u>300.00</u>	\$300.00
Gaedcke, Cheryl 37105 Highview Street	\$300.00	\$300.00
Gaedcke, Cheryl	\$300.00	\$300.00
Gaedcke, Cheryl 37105 Highview Street New Baltimore, MI 48047	\$300.00	\$300.00
Gaedcke, Cheryl 37105 Highview Street New Baltimore, MI 48047 5. if over \$100.00 cumulative, please provide:	\$ <u>300.00</u>	\$300.00
Gaedcke, Cheryl 37105 Highview Street New Baltimore, Mt 48047 5. if over \$100.00 cumulative, please provide: Occupation Teacher Employer Anchor Bay School District	\$ <u>300.00</u>	\$ <u>300.00</u>
Gaedcke, Cheryl 37105 Highview Street New Baltimore, MI 48047 5. if over \$100.00 cumulative, please provide: Occupation Teacher Employer Anchor Bay School District Business Address: 6319 County Line Road, Fair Haven, MI 48023 Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016	\$300.00	\$ <u>300.00</u>
Gaedcke, Cheryl 37105 Highview Street New Baltimore, MI 48047 5. if over \$100.00 cumulative, please provide: Occupation Teacher Employer Anchor Bay School District Business Address: 6319 County Line Road, Fair Haven, MI 48023 Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address:	\$300.00	
Gaedcke, Cheryl 37105 Highview Street New Baltimore, MI 48047 5. if over \$100.00 cumulative, please provide: Occupation Teacher Employer Anchor Bay School District Business Address: 6319 County Line Road, Fair Haven, MI 48023 Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016	\$ <u>300.00</u> \$ <u>150.00</u>	\$300.00 \$150.00
Gaedcke, Cheryl 37105 Highview Street New Baltimore, MI 48047 5. if over \$100.00 cumulative, please provide: Occupation Teacher Employer Anchor Bay School District Business Address: 6319 County Line Road, Fair Haven, MI 48023 Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address: Gendernalik, Gary	·	
Gaedcke, Cheryl 37105 Highview Street New Baltimore, Mt 48047 5. if over \$100.00 cumulative, please provide: Occupation Teacher Employer Anchor Bay School District Business Address: 6319 County Line Road, Fair Haven, Mt 48023 Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address: Gendernalik, Gary 52642 Laurel Oak Lane	·	
Gaedcke, Cheryl 37105 Highview Street New Baltimore, Mt 48047 5. if over \$100.00 cumulative, please provide: Occupation Teacher Employer Anchor Bay School District Business Address: 6319 County Line Road, Fair Haven, Mt 48023 Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address: Gendernalik, Gary 52642 Laurel Oak Lane Chesterfield, Mt 48047	·	
Gaedcke, Cheryl 37105 Highview Street New Baltimore, MI 48047 5. if over \$100.00 cumulative, please provide: Occupation Teacher Employer Anchor Bay School District Business Address: 6319 County Line Road, Fair Haven, MI 48023 Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address: Gendernalik, Gary 52642 Laurel Oak Lane Chesterfield, MI 48047 5. if over \$100.00 cumulative, please provide:	·	
Gaedcke, Cheryl 37105 Highview Street New Baltimore, Mt 48047 5. if over \$100.00 cumulative, please provide: Occupation Teacher Employer Anchor Bay School District Business Address: 6319 County Line Road, Fair Haven, Mt 48023 Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address: Gendernalik, Gary 52642 Laurel Oak Lane Chesterfield, Mt 48047 5. if over \$100.00 cumulative, please provide: Occupation Attorney Employer Musilli Brennan Associates, PLLC	·	
Gaedcke, Cheryl 37105 Highview Street New Baltimore, MI 48047 5. if over \$100.00 cumulative, please provide: Occupation Teacher Employer Anchor Bay School District Business Address: 6319 County Line Road, Fair Haven, MI 48023 Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address: Gendernalik, Gary 52642 Laurel Oak Lane Chesterfield, MI 48047 5. if over \$100.00 cumulative, please provide: Occupation Attorney Employer Musilli Brennan Associates, PLLC Business Address: 24001 Greater Mack Avenue, St. Clair Shores, MI 48080	·	
Gaedcke, Cheryl 37105 Highview Street New Baltimore, MI 48047 5. if over \$100.00 cumulative, please provide: Occupation Teacher Employer Anchor Bay School District Business Address: 6319 County Line Road, Fair Haven, MI 48023 Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address: Gendernalik, Gary 52642 Laurel Oak Lane Chesterfield, MI 48047 5. if over \$100.00 cumulative, please provide: Occupation Attorney Employer Musilli Brennan Associates, PLLC Business Address: 24001 Greater Mack Avenue, St. Clair Shores, MI 48080 Type of Contribution: Direct Loans from a person Fund Raiser	\$ <u>150.00</u>	



1. Committee I.D. Number	139314
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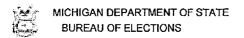
CANDIDATE COMMITTEE 2. Committee Name C	andice Miller for Ma	comb
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC). Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/22/2016	•	
Name & Address:		•
Giannetti, Yvonne 12357 Forest Glen Lane	\$300.00	\$300.00
Shelby Township, MI 48315		
5. if over \$100.00 cumulative, please provide:		
Occupation Owner Employer Fontana Construction, Inc.		
Business Address: 6340 Sims Drive, Sterling Heights, MI 48313		
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/26/2016	•	
Name & Address:		
Grosso Trucking & Supply Company 6740 Swan Creek Road	\$ <u>450.00</u>	\$ <u>450.00</u>
Fair Haven, MI 48023		
5. If over \$100.00 cumulative, please provide:	NOTE: REFUND	SSUED 8/25/2016
Occupation Employer		
Business Address:		
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016		
Name & Address:		
Hamborsky, Douglas	\$150.00	\$550.00
19982 E Clairview Court Grosse Pointe Woods, MI 48236		
5. if over \$100.00 cumulative, please provide:		
Occupation Architect Employer Nextek Power Systems		
Business Address: 19982 East Clairview Court, Grosse Pointe Woods, MI 48236		
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016		
Name & Address:		
Harrington, Steve 49474 Compass Point Drive	\$200.00	\$200.00
New Baltimore, MI 48047		
5. if over \$100.00 cumulative, please provide:		
Occupation Physician Employer Henry Ford Health System		
Business Address: One Ford Place, Detroit, MI 48202		
Type of Contribution: ☐ Direct ☐ Loans from a person ✓ Fund Raiser		
Page Subtotal	1,100.00	
Grand Total of All Schedules 1A		
(Complete on last page of schedule)	Enter this total on	ı



1. Committee I.D. Number 139314

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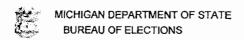
CANDIDATE COMMITTEE 2. Committee Name C	andice Miller for Ma	comb
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC). Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016		
Name & Address:		
Henson, Bill	\$100.00	\$100.00
333 North Canal Street, Apt. 3104 Chicago, IL 60606	· <u></u>	
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: Direct Loans from a person		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/21/2016	_	
Name & Address:		
Holsbeke, Christopher R. 43103 Riverway Drive	\$600.00	\$ <u>600.00</u>
Clinton Township, MI 48038		
5. if over \$100.00 cumulative, please provide:		
Occupation Owner Employer Holsbeke Construction		
Business Address: 325 North Avenue, Mt. Clemens, MI 48043		
Type of Contribution: ☐ Direct ☐ Loans from a person ✓ Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/26/2016		
Name & Address:		
Janusch, Amy	\$600.00	\$600.00
9926 Lorraine	Y	
Casco, MI 48064 5. If over \$100.00 cumulative, please provide:		
Occupation Owner Employer Precision Landscape		
Business Address: 9926 Lorraine, Casco, MI 48064		
Type of Contribution: Direct Loans from a person		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/26/2016		
Name & Address:	_	
Kasmark, James	\$200.00	\$200.00
616 Apalachicola Road	\$200.00	<u> </u>
Venice, FL 48051 5. if over \$100.00 cumulative, please provide:		
Occupation Owner Employer D-Mark, Inc.		
Business Address: 25712 Dhondt Court, Chesterfield, MI 48051		
Type of Contribution: Direct Loans from a person Fund Raiser		
Page Subtotal	1,500.00	
Grand Total of All Schedules 1A	.,000.00	
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1. Committee I.D. Number	139314	

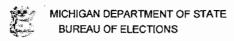
2. Committee Name Candice Miller for Macomb **CANDIDATE COMMITTEE** 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an independent Contributor (Through Committee (PAC). Report all contributions regardless of amount. tate of receipt) 3. Contribution # 4. Date of Receipt 7/27/2016 PAC Receipt YES Name & Address: Kehrig, Cynthia A. \$1,000.00 \$1,000.00 9691 Dixie Highway Fair Haven, MI 48023 5. if over \$100.00 cumulative, please provide: Occupation Co-Owner Employer Kehrig Steel, Inc. Business Address: 9691 Marine City Highway, Ira, MI 48023 Type of Contribution: ✓ Fund Raiser Direct Loans from a person 4. Date of Receipt 7/26/2016 3. Contribution # **PAC** Receipt YES Name & Address: Kemp, Tom \$1,300.00 \$300,00 8459 Tipsico Trail Holly, MI 48442 5. if over \$100.00 cumulative, please provide: Occupation Builder Employer Kemp Company Business Address: 275 W. Girard, Madison Heights, MI 48071 ✓ Fund Raiser Type of Contribution: Direct Loans from a person 3. Contribution # YES 4. Date of Receipt 7/27/2016 PAC Receipt Name & Address: King, Lawrence \$150.00 \$150.00 46100 Sugarbush Chesterfield, MI 48047 5. if over \$100.00 cumulative, please provide: Employer King Investments, LLC Occupation Owner Business Address: 46100 Sugarbush Road, Chesterfield, MI 48047 Type of Contribution: Direct Loans from a person Fund Raiser 3. Contribution # PAC Receipt 4. Date of Receipt 7/21/2016 Name & Address: Kotulski, Michael J. \$500.00 \$500.00 6103 Point Tremble Road Algonac, MI 48001 5. if over \$100.00 cumulative, please provide: Occupation Truck Repair/Sales Employer Kustom Truck & Trailer Business Address: 57905 Rosell, Lenox, MI 48048 Type of Contribution: Fund Raiser Direct Loans from a person

	Page Subtotal	1,950.00
Grand Total of Complete on last p	All Schedules 1A page of schedule)	Enter this total on line 3a of Summan



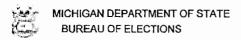
1. Committee I.D. Number 139314

CANDIDATE COMMITTEE 2. Committee Name C	andice Miller for Ma	comb
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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
Contribution # PAC Receipt YES 4. Date of Receipt 8/5/2016 Name & Address: Lavinio, Alexandra	_	
18341 Nardy	\$ <u>150.00</u>	\$ <u>150.00</u>
Clinton Township, MI 48036		
5. if over \$100.00 cumulative, please provide:		
Occupation Homemaker Employer Homemaker Business Address:		
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address:	-	
Lechner, Michael	-450.00	*CE0.00
12269 Emily	\$ <u>150.00</u>	\$650.00
Washington, MI 48094 5. if over \$100.00 cumulative, please provide:		
Occupation Vice President Employer Guy Hurley		
Business Address: 1080 Kirts Boulevard, Suite 500, Troy, MI 48084		
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/12/2016 Name & Address:	-	
Lee, Sarah	. 400.00	-100.00
46530 Romeo Plank Road	\$ <u>100.00</u>	\$ <u>100.00</u>
Macomb, Mi 48044 5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: Direct Loans from a person Fund Raiser		
Contribution # PAC Receipt YES 4. Date of Receipt 8/12/2016 Name & Address:	-	
Lentine, Anthony	• 500 00	¢4 E00 00
39343 Lorien Drive	\$ <u>500.00</u>	\$ <u>1,500.00</u>
Sterling Heights, MI 48313 5. if over \$100.00 cumulative, please provide:		
Occupation Senior Vice President Employer Golden Dental Plans, Inc.		
Business Address: 5671 Trumbull Street, Detroit, MI 48208		
Type of Contribution: ✓ Direct Loans from a person Fund Raiser		
Page Subtotal	900.00	
Grand Total of All Schedules 1A		
(Complete on last page of schedule)	Enter this total on line 3a of Summary	



1. Committee I.D. Number	139314

CANDIDATE COMMITTEE 2. Committee Name C	andice Miller for Mad	comb
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 # PAC Receipt YES 4. Date of Receipt 8/4/2016 Name & Address:	-	
Lizza, Thomas 42452 Hayes Road, #4	\$ <u>100.00</u>	\$100.00
Clinton Township, MI 48038		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016	<u>ن</u>	
Name & Address:		
Madden, Mark 53927 Desano Drive	\$150.00	\$650.00
Shelby Township, MI 48315		
5. if over \$100.00 cumulative, please provide:		
Occupation Vice President Employer Guy Hurley		
Business Address: 1080 Kirts Boulevard, Troy, MI 48084		
Type of Contribution: Direct Loans from a person		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016	_	
Name & Address:		
Malone, Daniel	\$1,000.00	\$1,000.00
2141 Cider Mill Drive East Lansing, MI 48823		
5. if over \$100.00 cumulative, please provide:		
Occupation Sr. Vice President Employer Consumers Energy		
Business Address: One Energy Plaza, Jackson, MI 49201		
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/12/2016	_	
Name & Address:		
Mancini, Anthony 28225 Mound Road	\$1,000.00	\$ <u>1,000.00</u>
Warren, MI 48092		
5. if over \$100.00 cumulative, please provide:		
Occupation Attorney Employer Mancini Schreuder Kline PC		
Business Address: 28225 Mound Road, Warren, MI 48092		
Type of Contribution:		
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Grand Total of All Schedules 1A		
(Complete on last page of schedule)	Enter this total on	
	line 3a of Summary	

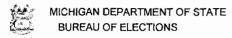


1. Committee I.D. Number 139314

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2. Committee Name Candice Miller for Macomb

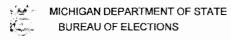
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC). Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/26/2016		
Name & Address: Marino, Steve		
37884 Lakeshore Drive	\$ <u>100.00</u>	\$ <u>100.00</u>
Harrison Township, MI 48045		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution:		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/22/2016		
Name & Address: Mauro, Giovanni		
7241 Vista	\$ <u>600.00</u>	\$ <u>600.00</u>
Shelby Township, MI 48316		
5. if over \$100.00 cumulative, please provide:		
Occupation Civil Engineer Employer Mauro Engineering		
Business Address: 48657 Hayes, Shelby Township, MI 48315		
Type of Contribution: ☐ Direct ☐ Loans from a person ✓ Fund Raiser		***
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/22/2016		
Name & Address:		
Mauro, Simone 57127 Willow Way	\$ <u>500.00</u>	\$ <u>4,000.00</u>
Washington, MI 48094		
5. if over \$100.00 cumulative, please provide:		
Occupation Owner Employer Mauro Engineering		
Business Address: 48657 Hayes, Shelby Township, MI 48315		
Type of Contribution: ☐ Direct ☐ Loans from a person ✓ Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016		
Name & Address:		
McPherson, Ursula 311 Townsend Road	\$200.00	\$200.00
Leonard, MI 48367		
5. if over \$100.00 cumulative, please provide:		
Occupation Homemaker Employer Homemaker		
Business Address:		
Type of Contribution: ☐ Direct ☐ Loans from a person ☑ Fund Raiser		
Page Subtotal	1,400.00	
Grand Total of All Schedules 1A		
(Complete on last page of schedule)	Enter this total on line 3a of Summary	



1. Committee I.D. Number 139314

line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name C	andice Miller for Ma	acomb
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 # PAC Receipt YES 4. Date of Receipt 8/12/2016 Name & Address: Meldrum, David	-	2250.00
38980 Parkway Circle Harrison Township, MI 48045 5. If over \$100.00 cumulative, please provide:	\$ <u>250.00</u>	\$250.00
Occupation Owner Employer Blanchard Agency Inc.		
Business Address: 22955 21 Mile Road, Macomb, MI 48042 Type of Contribution: Direct Loans from a person Fund Raiser		
Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address:	_	
Meldrum, Jeremy 6813 Monticello N	\$300.00	\$300.00
Wasington Township, MI 48095 5. if over \$100.00 cumulative, please provide:		
Occupation Owner Employer Meldrum Landscape Construction Business Address: 6813 Monticello N, Washington Township, MI 48095		
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/26/2016 Name & Address:	-	
Meldrum, John 5795 Gardner Road	\$150.00	\$300.00
Metamora, MI 48455		
5. if over \$100.00 cumulative, please provide: Occupation Financial Advisor Employer UBS		
Business Address: 2301 W. Big Beaver Road, #800, Troy, MI 48084		
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/12/2016 Name & Address: Meli, Paul	-	
48343 Elmwood Drive	\$1,000.00	\$ <u>1,500.00</u>
Shelby Township, MI 48315 5. if over \$100.00 cumulative, please provide:		
Occupation President Employer American Business Consulting Group LLC Business Address: 42524 Hayes Road, Suite 700, Clinton Township, MI 48038		
Type of Contribution: 🗸 Direct Loans from a person 🔲 Fund Raiser		
Page Subtotal	1,700.00	
Grand Total of All Schedules 1A (Complete on last page of schedule)	Enter this total on	



CANDIDATE COMMITTEE

1. Committee I.D. Number 139314

2. Committee Name Candice Miller for Macomb

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/22/2016 Name & Address:	-	
Metry, Dean	\$100.00	\$ <u>100.00</u>
81 N Main Mt Clemens, MI 48043		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: ☐ Direct ☐ Loans from a person ✔ Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/5/2016	_	
Name & Address:		
Miller, Valerie	*200.00	\$200.00
41220 Scarborough Court	\$200.00	\$200.00
Clinton Township, MI 48038		
5. if over \$100.00 cumulative, please provide:		
Occupation Homemaker Employer Homemaker		
Business Address:		
Type of Contribution: Direct Loans from a person		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016	•	
Name & Address:		
Milne, Russ	\$300.00	\$300.00
619 N. Rosedale	\$300.00	\$300.00
Grosse Pointe Woods, MI 48236		
5. if over \$100.00 cumulative, please provide:		
Occupation Ford Dealer Employer Russ Milne Ford Inc.		
Business Address: 24777 Hall Road, Macomb, MI 48042		
Type of Contribution: Direct Loans from a person		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016	-	
Name & Address:		
Mitzel, Kevin		±000 00

Employer Champion Health Club

Loans from a person	n √ Fund Raiser	
	Page Subtotal	900.00
	Grand Total of All Schedules 1A	
	(Complete on last page of schedule)	Enter this total on line 3a of Summary

\$300.00

\$300.00

18897 Johannes Macomb, MI 48042

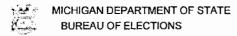
Type of Contribution:

5. if over \$100.00 cumulative, please provide:

Business Address: 33089 23 Mile Road, Chesterfield, MI 48047

Direct

Occupation Health Club Manager

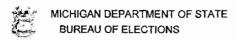


1. Committee I.D. Number	139314	

CANDIDATE COMMITTEE

2. Committee Name Candice Miller for Macomb

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
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/26/2016		
Name & Address:		
Moehn, Earl 100 Belleview	\$200.00	\$200.00
Mt. Clemens, MI 48043		
5. if over \$100.00 cumulative, please provide:		
Occupation Surgeon Employer Self-Employed		
Business Address: 100 Belleview , Mt. Clemens, MI 48043		
Type of Contribution: ☐ Direct ☐ Loans from a person ✔ Fund Raiser		The second secon
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016		
Name & Address:		
Moehn, Earl 100 Belleview	\$100.00	\$300.00
Mt. Clemens, MI 48043		
5. if over \$100.00 cumulative, please provide:		
Occupation Surgeon Employer Self-Employed		
Business Address: 100 Belleview , Mt. Clemens, MI 48043		
Type of Contribution: Direct Loans from a person		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016	•	
Name & Address:		
O'Neill, Charleen 28800 Old N. River Road	\$ <u>150.00</u>	\$ <u>150.00</u>
Harrison Township, MI 48045		
5. if over \$100.00 cumulative, please provide:		
Occupation Attorney Employer Self-Employed		
Business Address: 28800 Old N. River Road, Harrison Township, MI 48045		,
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/22/2016	-	
Name & Address:		
Odell, Donald	\$ <u>25.00</u>	\$25.00
31810 North River Road Harrison Township, MI 48045		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: 🗸 Direct Loans from a person Fund Raiser		
Page Subtotal	475.00	
Grand Total of All Schedules 1A		
(Complete on last page of schedule)	Enter this total on line 3a of Summary	

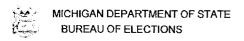


1. Committee I.D. Number	139314

2. Committee Name Candice Miller for Macomb CANDIDATE COMMITTEE 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an independent Contributor (Through Committee (PAC). Report all contributions regardless of amount. 3. Contribution # YES Date of Receipt 7/27/2016 PAC Receipt Name & Address: Olgiati, Dean \$150.00 \$150.00 36691 Jefferson Harrison Township, MI 48045 5. if over \$100.00 cumulative, please provide: Occupation Owner Employer Luigi's Original Business Address: 36691 Jefferson, Harrison Township, MI 48045 Type of Contribution: Direct Loans from a person Fund Raiser 4. Date of Receipt 7/26/2016 3. Contribution # PAC Receipt YES Name & Address: Pittiglio, Michael \$1,900.00 \$900.00 61522 Wagon Wheel Court Washington Township, MI 48094 5. if over \$100.00 cumulative, please provide: Occupation Vice President Employer Florence Cement Co. Business Address: 12583 23 Mile Road, Shelby Township, MI 48094 Type of Contribution: Direct Loans from a person ✓ Fund Raiser 3. Contribution # YES 4. Date of Receipt 8/4/2016 PAC Receipt Name & Address: Rheeder, Rick \$200.00 \$200.00 39723 Duluth Street Harrison Township, MI 48045 5. if over \$100.00 cumulative, please provide: Occupation Owner Employer JM Collision Business Address: 128 South River Road, Clinton Township, MI 48036 ✓ Fund Raiser Type of Contribution: Direct Loans from a person YES 3. Contribution # 4. Date of Receipt 8/4/2016 PAC Receipt Name & Address: Richards, Barbara \$100.00 \$100.00 52301 Base Street New Baltimore, MI 48047 5. if over \$100.00 cumulative, please provide: Occupation Employer . Business Address: ✓ Fund Raiser Type of Contribution: Direct Loans from a person Page Subtotal 1,350.00 Grand Total of All Schedules 1A

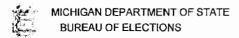
(Complete on last page of schedule)

Enter this total on line 3a of Summary



Committee I.D. Number 139314
 Committee Name Candice Miller for Macomb

CANDIDATE COMMITTEE 2. Committee Name C	andice Miller for Ma	comb
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 all contributions regardless of amount. 6. Amount Flection Contributions regardless of amount.		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/5/2016 Name & Address: Sangster, Jeffrey	-	
34060 Jefferson Avenue	\$ <u>300.00</u>	\$300.00
St. Clair Shores, MI 48082		
5. if over \$100.00 cumulative, please provide:		
Occupation Homemaker Employer Homemaker		
Business Address:		
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/12/2016 Name & Address:	-	
Saph, Jr., Stephen	•	
44 Macomb Place	\$ <u>100.00</u>	\$ <u>100.00</u>
Mt. Clemens, MI 48046		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address: ,		
Type of Contribution: Direct Loans from a person		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016	_	
Name & Address:		
Sattler, Paul	\$ 150.00	\$450.00
5971 Hessen Road Casco, MI 48064	<u> </u>	
5. if over \$100.00 cumulative, please provide:		
Occupation Chief Executive Officer Employer Sattler Inc		
Business Address: 6024 Corporate Drive, Ira Township, MI 48023		
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser		
3. Contribution# PAC Receipt YES 4. Date of Receipt 8/4/2016		
Name & Address:	•	
Schodowski, Michael	.000.00	-000.00
37778 Jefferson	\$200.00	\$ <u>200.00</u>
Harrison Township, MI 48045		
5. if over \$100.00 cumulative, please provide:		
Occupation Owner Employer Shelving.com		
Business Address: 32 South Squirrel Road, Auburn Hills, MI 48326		
Type of Contribution:		
Page Subtotal	750.00	
Grand Total of All Schedules 1A		
(Complete on last page of schedule)	Enter this total on line 3a of Summary	



CANDIDATE COMMITTEE

1. Committee I.D. Number 139314

2. Committee Name Candice Miller for Macomb

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 all contributions regardless of amount.		7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/5/2016 Name & Address: Schoen, Fred	\$50.00	\$50.00
32341 Dover Drive	Ψ <u>00.00</u>	
Warren, MI 48088		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: 🗸 Direct Loans from a person Lund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/26/2016	_	
Name & Address:		
Schulstad, Helen	*DE 00	\$25.00
27020 Jefferson Avenue	\$25.00	, \$23.00
St. Clair Shores, MI 48081		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution:	en company of the Company of the Company	300
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016		
Name & Address:		
Semaan, Thomas	\$100.00	\$100.00
52723 Coulter Court	\$ 100.00	Ψ100.00
New Baltimore, MI 48047		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		

son	Fund Raiser	
	Page Subtotal	180.00
	Grand Total of All Schedules 1A	
(C	omplete on last page of schedule)	Enter this total on line 3a of Summary

\$<u>5.00</u>

\$5.00

✓ Fund Raiser

4. Date of Receipt 7/21/2016

Business Address:

3. Contribution #

Name & Address: Smith, Arzo

Occupation

Business Address: ,

Type of Contribution:

20200 21 Mile Road Macomb, MI 48044 Direct

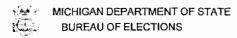
5. if over \$100.00 cumulative, please provide:

PAC Receipt

Loans from a person

Employer .

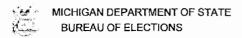
Loans from a per



1. Committee I.D. Number 139314

line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name C	andice Miller for Ma	comb
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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016	_	
Name & Address:		
Stanton, Dorothy	\$100.00	\$100.00
174 S. Wilson Boulevard Mt. Clemens, MI 48043		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: Direct Loans from a person		
Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016	-	
Name & Address:		
Stilson, Earl	\$100.00	\$100.00
30134 S River Road Harrison Township, MI 48045		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: Direct Loans from a person		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/22/2016	_	
Name & Address:		
Syme, Jr., Ronald 38690 Long Street	\$150.00	\$ <u>150.00</u>
Harrison Township, MI 48045		
5. if over \$100.00 cumulative, please provide:		
Occupation Architect Employer Wakely Assoicates, Inc.		
Business Address: 30500 Van Dyke Avenue, Suite M-7, Warren, MI 48093		
Type of Contribution: Direct Loans from a person Fund Raiser	The state of the s	
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/12/2016	_	
Name & Address: Thorpe, Tracy		
138 Meadow Lane	\$ <u>100.00</u>	\$ <u>100.00</u>
Grosse Pointe Farms, MI 48236		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser	1	
Page Subtotal	450.00	
Grand Total of All Schedules 1A		
(Complete on last page of schedule)	Enter this total on	

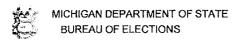


1. Committee I.D. Number	139314
1. Committee I.D. Number	139314

CANDIDATE COMMITTEE

2. Committee Name Candice Miller for Macomb

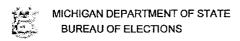
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC). Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016 Name & Address: Turnbull, Charles 53957 Sutherland Court	\$ <u>200.00</u>	\$200.00
Shelby Township, MI 48316		
5. if over \$100.00 cumulative, please provide: Occupation Attorney Employer O'Reilly Rancillio		
Business Address: 12900 Hall Road, Suite 350, Sterling Heights, MI 48313		
Type of Contribution: Direct Loans from a person 🗸 Fund Raiser		
Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016 Name & Address:	•	
Ullrich, James		
23201 Scotch Pine Lane	\$ <u>100.00</u>	\$100.00
Macomb, MI 48042		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: ☐ Direct ☐ Loans from a person ✔ Fund Raiser		The street of th
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/26/2016		
Name & Address:		
Valente, Mark 8382 Fairfax Drive	\$100.00	\$ <u>100.00</u>
Sterling Heights, MI 48312		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:	•	
Type of Contribution:		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016 Name & Address:		
Velardo, Armand		
12382 Forest Glen Lane	\$ <u>100.00</u>	\$ <u>100.00</u>
Shelby Township, MI 48315		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser		
Page Subtotal	500.00	
Grand Total of All Schedules 1A		
(Complete on last page of schedule)	Enter this total on line 3a of Summary	



1. Committee I.D. Number 139314

Enter this total on line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name Candidate Nam	andice Miller for Ma	acomb
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 # PAC Receipt YES 4. Date of Receipt 7/26/2016	-	
Name & Address:		
Vertin, Tom	\$300.00	\$300.00
38070 Murdick		
New Baltimore, MI 48047 5. if over \$100.00 cumulative, please provide:		
Occupation Welding & Machining Employer Accurate Welding		
Business Address: 41301 Production Drive, Harrison Township, MI 48045		
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016		
Name & Address:	-	
Vogel, Victor	4400.00	¢100 00
56559 Scotland	\$ <u>100.00</u>	\$100.00
Shelby Township, MI 48316		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: ☐ Direct ☐ Loans from a person ✓ Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016	_	
Name & Address:		
Vosburg, Kathy	\$50.00	\$50.00
47395 Sugarbush Road Chesterfield, MI 48047		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		ı
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016	-	
Name & Address:		•
Webber, Joan L.	\$6,800.00	\$6,800.00
49536 Goulette Point Drive	<u> </u>	
New Baltimore, MI 48047 5. if over \$100.00 cumulative, please provide:		
Occupation Retired Employer Retired		
Business Address:		
Type of Contribution: Direct Loans from a person Fund Raiser		
Page Subtotal	7,250.00	
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Grand Total of All Schedules 1A (Complete on last page of schedule)	Enter this total on	



1. Committee I.D. Number	139314	
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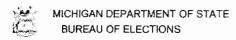
SOURDOLL IA		L	
CANDIDATE COMMITTEE 2. Committee Name Ca	indice Miller for Ma	icomb	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (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 # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address: Webber, Wayne W. 49536 Goulette Point Drive	\$ <u>6,800.00</u>	\$ <u>6,800.00</u>	
New Baltimore, MI 48047 5. if over \$100.00 cumulative, please provide:			
Occupation Owner Employer The Webber Group Business Address: 44170 Morley Drive, Clinton Township, MI 48036			
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser			
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address:			
Weber, Dave 7177 Frampton West	\$ <u>150.00</u>	\$ <u>650.00</u>	
Washington Township, MI 48095			
5. If over \$100.00 cumulative, please provide:			
Occupation Owner Employer Webber Group			
Business Address: 22286 Brantingham Road, Macomb, MI 48044			
Type of Contribution: ☐ Direct ☐ Loans from a person ✔ Fund Raiser			
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/26/2016 Name & Address: Williams, Matthew			
3443 Bald Eagle Lake Road	\$300.00	\$ <u>300.00</u>	
Holly, MI 48442 5. if over \$100.00 cumulative, please provide:			
Occupation Controller Employer LaBelle Electric Services			
Business Address: 24546 21 Mile Road, Macomb, MI 48042			
Type of Contribution: ☐ Direct ☐ Loans from a person ☐ Fund Raiser	ad Duest, for the control of the control		
3. Contribution # PAC Receipt YES 4. Date of Receipt 7/27/2016 Name & Address:			
Woonton, Richard 37300 Hobarth	\$ <u>150.00</u>	\$150.00	
Chesterfield, MI 48047			
5. if over \$100.00 cumulative, please provide:			
Occupation Mortgage Banker Employer Self-Employed Business Address: 37300 Hobarth Road, Chesterfield, MI 48047			
Type of Contribution: ☐ Direct ☐ Loans from a person			

Page Subtotal

Grand Total of All Schedules 1A

(Complete on last page of schedule)

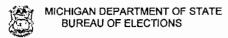
Enter this total on line 3a of Summary



1. Committee I.D. Number 139314

line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name C	andice Miller for Ma	acomb
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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/12/2016 Name & Address: Wright, Richard	_	
8800 23 Mile	\$ <u>500.00</u>	\$500,00
Shelby Township, MI 48316		
5. if over \$100.00 cumulative, please provide:		
Occupation Surveyor Employer Urban Land Consultans, LLC		
Business Address: 8800 23 Mile Road, Shelby Township, MI 48316 Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/5/2016 Name & Address:	-	
Zack, David		-000.00
1842 Michigan Avenue	\$ <u>300.00</u>	\$300.00
Detroit, MI 48216		
5. if over \$100.00 cumulative, please provide: Occupation Lawyer Employer Bievins Sanborn Jezdimir Zack, PLLC		
Business Address: 1842 Michigan Avenue, Detroit, MI 48216		
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/5/2016 Name & Address:	_	
Zuccaro, Albert	\$100.00	\$100.00
21200 Harrington Road Clinton Township, MI 48036		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
Type of Contribution: Direct Loans from a person Fund Raiser		
3. Contribution # PAC Receipt YES 4. Date of Receipt 8/4/2016 Name & Address:	-	
Zuccaro, Mark 20813 Windham Drive	\$100.00	\$ <u>100.00</u>
Macomb Township, MI 48044		
5. if over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address:		
	T	1
Page Subtotal	1,000.00	
Grand Total of All Schedules 1A (Complete on last page of schedule)	44,755.00	
(Complete on last page of scriedule)	Enter this total on	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDIII F 1-IK

1. Committee I. D. Number

13931	4
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Enter this total on line 6 of Summary Page

SCHEDULE 1-In	•	0 " 14"		N. 4	
CANDIDATE COMM	ITTEE 2. Commit	cee Name Candice Miller	rtor	Macomb	
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Reportall in-kind contributions.	Type of In-Kind Contribution Date of Receipt Name & Address of Vendopurchased	on (Check applicable box) or from whom goods or services w	ere	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Robert G. Clancy 9342 Marine City Highway Casco Township, MI 48064	=		*	5584.29	\$ 5584.29
If over \$100.00 cumulative, please provide: Occupation: OWNEr Employer Name & Business Address: Debot Clopey Contracting	Description Fundraiser C 5. Date Of Receipt: 07/27 6. Vendor Name & Address	7/16			
Robert Clancy Contracting 9342 Marine City Highway Casco Township, MI 48064 Fund Raiser Contribution	Holiday Catering 1203 South Main St Royal Oak, MI 4806	reet	Click	k Here for Memo II	emization
Contribution # 2 PAC Receipt? Yes Name & Address Robert Leslie 140 South Wilson Mt. Clemens MI 48043	Goods or Services Purc	rantee of Bank Loan ed Services Donated hased by Candidate or Others hased by Candidate or Others-LO		336.72	1336.72
If over \$100.00 cumulative, please provide: Occupation: Certified Public Accountant Employer Name & Address: Carabell, Leslie & Co. 83 Macomb Place	Description Fundraiser 5. Date Of Receipt: 08/04 6. Vendor Name & Addres Wahl Tents	Equipment 1/16 ss:		k Here for Memo I	temízation
Mt Clemens MI 48043 Fund Raiser Contribution	44550 North Groesb Clinton Township, M	•			
Contribution #3 PAC Receipt? Yes Name & Address:		Guarantee of Bank Loan ed Services Donated	_{\$} 94	.00	1430.72
Robert Leslie 140 South Wilson Mt. Clemens Ml 48043		ased by Candidate or Others ased by Candidate or Others- LO	AN		·
If over \$100.00 cumulative, please provide: Occupation: Certified Public Accountant Employer Name & Address:	Description Fundraiser 5. Date Of Receipt: 08/04 6. Vendor Name & Address	/16			
Carabell, Leslie & Co. 83 Macomb Place Mt Clemens MI 48043	US Postal Service 155 South Main Stre Mt. Clemens, Ml 480	eet	Clic	k Here for Memo I	temization
✓ Fund Raiser Contribution					
		Page Su	btotal	\$7,015.01	
		Grand Total of all Schedule (Complete on last page of Sch			

Page 1 of 2



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139314

1. Committee 1. D. Nu	miger
2. Committee Name	Candice Miller for Macomb

CANDIDATE COMM	IIIIEE 2. Communico Name		
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Robert Leslie 140 South Wilson Mt. Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: Occ	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN ☐ Description Fundraiser Dining Supplies	45.43	1476.15
Occupation: Certified Public Accountant Employer Name & Business Address: Carabell, Leslie & Co. 83 Macomb Place Mt. Clemens, MI 48043 Fund Raiser Contribution	5. Date Of Receipt: 08/04/16 6. Vendor Name & Address: Meijer 40445 South Groesbeck Highway Clinton Township, MI 48036	ck Here for Memo It	emization
Contribution # 2 PAC Receipt? Yes Name & Address Robert Leslie 140 South Wilson Mt. Clemens, MI 48043	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN	14.82 s	1490.97
If over \$100.00 cumulative, please provide: Occupation: Certified Public Accountant Employer Name & Address: Carabell, Leslie & Co. 83 Macomb Place Mt. Clemens, MI 48043 Fund Raiser Contribution	Description Fundraiser Invitation Supplies 5. Date Of Receipt: 08/04/16 6. Vendor Name & Address: Office Depot Click 33840 South Gratiot Avenue Clinton Township, MI 48035	ck Here for Memo It	emization
Contribution #3 PAC Receipt? Yes Name & Address:	4.	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address: Climate Control Con	ick Here for Memo It	emization
Fund Raiser Contribution	Page Subtotal	\$60.25	
	Grand Total of all Schedules 1-lk (Complete on last page of Schedule)	\$7,075,26	

Enter this total on line 6 of Summary Page



ammittee I. D. Number 139314

00/////////	· · · · · · · · · · · · · · · · · · ·	
2. Committee Name	Candice Miller for Macomb	

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		07/40/40	
Name Anedot		07/18/16	\$ 8.10
Address	Purpose: E-Merchant Fees	Date	
PO Box 84314	Click H	lere for Memo I	temization Type
Baton Rouge, LA 70884	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Amazon.com		07/19/16	\$ 215.84
Address	Purpose: General Office Supplies	Date	
410 Terry Avenue North	Click F	lere for Memo I	temization Type
Seattle, WA 98109	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name US Postal Service		07/20/16	\$ 6.45
Address	Purpose: Postage	Date	
7755 22 Mile Road	Click F	lere for Memo i	temization Type
Shelby Township, MI 48317	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Sawicki & Son		07/21/16	. 4000 00
Address	Purpose: Banners & Signs	Date	\$ <u>1293.20</u>
Address	Purpose:		
1521 West Lafayette Detroit, MI 48216	Click F	lere for Memo I	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Amazon.com		07/22/16	* 00 00
Address	Purpose: General Office Supplies	Date	\$ 23.30
410 Terry Avenue North	Click I	tere for Memo l	temization Type
Seattle, WA 98109	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	\$1,546.89
	Grand Total of all (Complete on last page		
	(Complete on last page	or defication)	F-14-1

Enter this total on line 8a of Summary Page

Page ____ of ___



1. Committee I. D. Number	139314
	dice Miller for Macomb
Z. Committee Traine	

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		77/22/46	
Name US Postal Service	-	07/22/16	\$ 22.95
Address	Purpose: Postage	Date	
7755 22 Mile Road	Click H	ere for Memo I	temization Type
Shelby Township, MI 48317	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Amazon.com		07/25/16	\$ 72.37
Address	Purpose: General Office Supplies	Date	
410 Terry Avenue North	Click H	ere for Memo I	temization Type
Seattle, WA 98109	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name American Thermographers		07/25/16	\$ 547.00
Address	Purpose: Fundraiser Printing	Date	0,11,00
291 East 12 Mile Road	Click H	ere for Memo i	temization Type
South Madison Heights, MI 48071	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		***************************************
Expenditure #4			
Name Anedot		07/25/16	\$ 97.20
Address	Purpose: E-Merchant Fees	Date	V 01.20
PO Box 84314	Click H	ere for Memo l	temization Type
Baton Rouge, LA 70884		, J. J. Maine I	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name Comcast Cable		07/25/16	. 0 / 0 -
	Purpose: Internet Service	Date	\$ 84.90
PO Box 7500		lana da- ka	Itamination Tons
Southeastern, PA 19398	Click F	nere for Memo	Itemization Type
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	\$824.42
	Grand Total of all ((Complete on last page		
	(20)	,	Enter this total

on line 8a of Summary Page

Page _____of ____



2. Committee Name Candice Miller for Macomb

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount	
Expenditure #1				
Name Lasercom, LLC		07/25/16	\$ 464.07	
Address	Purpose: Printing	Date		
2230 Elliott		Here for Memo	itemization Type	
Troy, MI 48083	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #2				
Name US Postal Service		07/26/16	\$ 423.00	
Address	Purpose: Postage	Date		
7755 22 Mile Road	Click t	Here for Memo I	temization Type	
Shelby Township, MI 48317	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #3				
Name US Postal Service		07/27/16	\$ 22. 9 5	
Address	Purpose: Postage	Date		
7755 22 Mile Road	Click I	lere for Memo I	Itemization Type	
Shelby Township, MI 48317	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #4				
Name Sawicki & Son		07/28/16	\$ 3254.20	
Address	Purpose: Lawn Signs	Date	\$ JZJ4.ZU	
1521 West Lafayette Boulevard	rui pose.			
Detroit, MI 48216	Click F	lere for Memo I	temization Type	
	Check box if this expenditure is payment of debt or obligation reported on previous			
Fund Raiser	statement			
Expenditure #5				
Name US Postal Service		07/29/16	¢ 20.75	
Address	Purpose: Postage	Date	\$ 29.75	
7755 22 Mile Road	Click	Here for Memo	Itemization Type	
Shelby Township, MI 48317	Check box if this expenditure is payment of		.,,	
Fund Raiser	debt or obligation reported on previous statement	-		
	Subto	otal this page	\$4,193.97	
	Grand Total of all (Complete on last pag			
	(Complete on last pag	2 3. 00.100010)		

Enter this total on line 8a of Summary Page

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SCHEDULE 1B CANDIDATE COMMITTEE

2. Committee Name	Candice Miller	r for Macomb	

Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		00/04/40	
^{Name} Anedot		08/01/16	\$ 160.65
Address	Purpose: E-Merchant Fees	Date	
PO Box 84314	Click I	lere for Memo i	temization Type
Baton Rouge, LA 70884	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Grand River Strategies		08/01/16	\$ 5000.00
Address	Purpose: Strategic Campaign Consulting	Date	
2420 Mulberry Court	Click H	lere for Memo l	temization Type
Ann Arbor, MI 48104	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Webber Development, LLC		08/01/16	\$ 200.00
Address	Purpose: Fundraiser Facility Rental	Date	
44170 Morley Drive	Click H	lere for Memo I	temization Type
Clinton Township, MI 48036	Check box if this expenditure is payment of		
√ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Anedot		08/01/16	00.00
	F-Merchant Fees	Date	\$ 36.00
Address	Purpose: E-Merchant Fees		
PO Box 84314	Click I	lere for Memo I	temization Type
Baton Rouge, LA 70884	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Sawicki & Son		08/02/16	c 4447 06
Address	Purpose: Lawn Signs	Date	\$ <u>1447.96</u>
1521 West Lafayette Boulevard	Click I	Here for Memo	Itemization Type
Detroit, MI 48216	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		<u> </u>
	Subto	otal this page	\$6,844.61
	Grand Total of all		
	(Complete on last page	e or scriedule)	

Enter this total on line 8a of Summary Page

Page ____ of ___



1. Committee I. D. Number 139314 2. Committee Name Candice Miller for Macomb

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name AT&T Mobility		08/03/16	\$ 241.43
Address	Purpose: Telephone Service	Date	
PO Box 6463	Click	Here for Memo	temization Type
Carol Stream, IL 60197			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Menards		08/04/16	s 2548.12
Address	Purpose: Sign Supplies	Date	
45500 Marketplace Boulevard	Click	Here for Memo	temization Type
Chesterfield Township, MI 48051	Check box if this expenditure is payment of	•	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name US Postal Service		08/08/16	\$ 6.45
Address	Purpose: Postage	Date	
7755 22 Mile Road	Click	Here for Memo	temization Type
Shelby Township, MI 48317	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement	******	
Expenditure #4			
Name American Thermographers		08/09/16	\$ 601.00
Address	Purpose: Fundraiser Printing	Date	\$ 001.00
291 East 12 Mile Road	Click	Here for Memo	Itemization Type
South Madison Heights, MI 48071	Check box if this expenditure is payment o		
✓ Fund Raiser	debt or obligation reported on previous statement	•	_
Expenditure #5			
Name Gusto Payroll		08/09/16	. 076 27
Address	Purpose: Payroll Taxes	Date	\$ <u>370.87</u>
500 Third Street, Suite 405		Here for Memo	Itemization Type
San Francisco, CA 94107	Check box if this expenditure is payment o		
Fund Raiser	debt or obligation reported on previous statement		
	Sub	total this page	\$3,767.87
	Grand Total of a (Complete on last pa		
	(44	/	

Enter this total on line 8a of Summary Page



SCHEDULE 1B CANDIDATE COMMITTEE

139314

1. Committee I. D. No	umber
2. Committee Name	Candice Miller for Macomb
Z. Committee Harris	

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Gusto Payroll		08/09/16	\$ 870.09
Address	Purpose: SEE MEMO ITEM	Date	
500 Third Street, Suite 405) Itemization Bel	D W
San Francisco, CA 94107			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Anthony Lewis		08/09/16	\$ (870.09)
	Purpose: Payroll	Date	<u>`</u>
Address	Purpose:		
25610 Sun Sail Court	(Mem	o Itemization)	
Harrison charter Township, MI 48045	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Gusto Payroll		08/10/16	. 007.00
Gusto Fayron	SEE MEMO ITEM	Date	\$ 337.89
Address	Purpose: SEE MEMO ITEM	24.0	
500 Third Street, Suite 405	Memo	temization Bel	ow
San Francisco, CA 94107	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Anthony Lewis		08/10/16	(007.00)
Althony como	Dovroll	Date	\$ <u>(337.89)</u>
Address	Purpose: Payroll		
25610 Sun Sail Court	(Mem	no Itemization)	
Harrison charter Township, MI 48045	Check box if this expenditure is payment or	f	
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Gusto Payroll	Davis II Tarras	08/10/16	\$ 101.60
Address	Purpose: Payroll Taxes	Date	
500 Third Street, Suite 405	Click	Here for Memo	Itemization Type
San Francisco, CA 94107	Check box if this expenditure is payment o	f	
Fund Raiser	debt or obligation reported on previous statement		
	Sub	total this page	\$1,309.58
	Grand Total of al	I Schedules 1B	
	(Complete on last pa		

Enter this total on line 8a of Summary Page

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1. Committee I. D. Number

2. Committee Name	Candice Miller for Macomb
Z. Committee Harris	· · · · · · · · · · · · · · · · · · ·

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		00/44/40	
Name Anedot		08/11/16	\$ 20.10
Address	Purpose: E-Merchant Fees	Date	
PO Box 84314	Click F	lere for Memo I	temization Type
Baton Rouge, LA 70884	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Sawicki & Son		08/15/16	\$ 3314.62
Address	Purpose: Banners & Signs	Date	
1521 West Lafayette Boulevard	Click H	lere for Memo I	temization Type
Detroit, MI 48216	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name US Postal Service		08/15/16	s <u>6.45</u>
Address	Purpose: Postage	Date	
7755 22 Mile Road	Click H	lere for Memo I	temization Type
Shelby Township, MI 48317	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Campaign Financial Services		08/16/16	s 1550.00
Address	Purpose: SEE MEMO ITEMS	Date	1000.00
	Pulpose.		
PO Box 30844 Bethesda, MD 20824	Memo	Itemization Bel	ow
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Campaign Financial Services		08/16/16	\$ (1500.00)
Address	Purpose: Compliance Consulting	Date	¥ (1000.00)
PO Box 30844	(Mem	o Itemization)	
Bethesda, MD 20824	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subt	otal this page	\$4,891.17
	Grand Total of all		
	(Complete on last pag	e of Schedule)	

Enter this total on line 8a of Summary Page

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1. Committee I. D. Number 139314

CANDIDATE COMMITTEE	2. Committee Name Candice Miller for Macomb		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date	6. Amount	
Expenditure #1 Name Campaign Financial Services Address PO Box 30844 Bethesda, MD 20824 Fund Raiser	Purpose: General Office Supplies O8/16/16 (Memo Itemization) Check box if this expenditure is payment of debt or obligation reported on previous statement	\$ <u>(50.00)</u>	
Expenditure #2 Name CloudTech1 Address PO Box 70777 Rochester Hills, MI 48307 Fund Raiser	Purpose: Telephone Service Click Here for Memo Check box if this expenditure is payment of debt or obligation reported on previous statement	\$ 1003.15	
Expenditure #3 Name Gusto Payroll Address 500 Third Street, Suite 405 San Francisco, CA 94107 Fund Raiser	Purpose: SEE MEMO ITEM Date	\$ <u>1154.90</u> ow	
Expenditure #4 Name Anthony Lewis Address 25610 Sun Sail Court Harrison charter Township, MI 48045 Fund Raiser	Purpose: Payroll (Memo Itemization) Check box if this expenditure is payment of debt or obligation reported on previous statement	\$ <u>(1154.90)</u>	
Expenditure #5 Name Gusto Payroll Address 500 Third Street, Suite 405 San Francisco, CA 94107 Fund Raiser	Purpose: Payroll Taxes Click Here for Memo I Check box if this expenditure is payment of debt or obligation reported on previous statement	\$ 525.55 temization Type	
	Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$2,683.60	

on line 8a of Summary Page



1. Committee I. D. Number ______

2. Committee Name Candice Miller for Macomb

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name United States Postal Service		08/16/16	\$ 470.00
Address	Purpose: Postage	Date	-
7755 22 Mile Road		ere for Memo I	temization Type
Shelby Township, MI 48317			,,
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name B&H Photo		08/19/16	\$ 1 19.99
Address	Purpose: Office Equipment	Date	
420 9th Avenue	Click H	ere for Memo l	temization Type
New York, NY 10001	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name			\$
Address	Purpose:	Date	
		ere for Memo II	temization Type
	Check box if this expenditure is payment of	S, G (OF INDITION)	
Fund Raiser	debt or obligation reported on previous		
Expenditure #4			
Name			
		Date	\$
Address	Purpose:		
	Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Surress.	Date	\$
Address	Purpose:		
	<u> </u>	lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	\$589.99
	Grand Total of all ((Complete on last page		\$26,652.10
	, .		Enter this total

Enter this total on line 8a of Summary Page

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FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

CANDIDATE CO	ITTIMMC	EE 2. Com	mittee Name Candice Mille	er for Macomb	
	- USE /	A SEPARATE SH	EET FOR EACH EVENT	-	
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)		5. Type of Fund Raising Activity	Address and Name (If any) of place where the activity was held Webber Wildlife Museum	
07/27/16		80	Reception	44170 Morley Drive Clinton Township, MI 4803 Private Residence	
7. Total Contributions		\$41,184.29			
3. Other Receipts 9. Gross Receipts (Add lines 7 and 8)		\$0.00			
		\$41,184.29			
10. Total Cost of Event Total Cost includes In-Kind Coi	ntributions	\$6,331.29 and All Expenditures	Made For the Event)		
11. Check if event was a joi	int fund ra	iser and complete the	following:		
Co-Sponsor(s)		Contribution S (%)	plit	Expenditure Split (%)	
-ingress - increase -			***************************************		
Article of the Control of the Contro	•				
	-				
An annual control of the control of					

- 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.

Page	1	of 2	
1 agc		01	_



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

139314

2. Committee Name	Candice	Miller	for	Macomb	

	- USE	A SEPARATE SH	EET FOR EACH EVENT	•
3. Date Event Was Held		er of Individuals Attending pating (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
08/04/16	groutory	44	Reception	Residence of Robert Leslie 140 South Wilson Mt. Clemens, MI 48064 Private Residence
7. Total Contributions		\$8,140.97		
8. Other Receipts9. Gross Receipts (Add lines 7 and 8)10. Total Cost of Event (Total Cost includes In-Kind Contributions)		\$0.00 \$8,140.97		
		\$2,091.97	Made For the Event	
11. Check if event was a join		·		
Co-Sponsor(s)		Contribution Split (%)		Expenditure Split (%)
		<u> </u>	·····	
				
				·

 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.

Page 2 of 2