



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 139314		3. This Statement covers From: 07/18/16 to 08/22/16	
2. Committee Name Candice Miller for Macomb		4. Candidate Last Name Miller First Name Candice M.I. S. 4a. Office Sought Including District # or Community Served (If applicable) Macomb County Public Works Commissioner <input checked="" type="checkbox"/> 4b. County of Residence MACOMB <input checked="" type="checkbox"/>	
5. Committee's Mailing Address PO Box 694 Mt. Clemens, MI 48046 Area Code and Phone (301) 654-3220 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address Donald G. Miller 28840 Old North River Road Harrison Township, MI 48045 Area Code & Phone (301) 654-3220	
7. Treasurer's Business Address N/A Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 08/02/16		9a. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper Donald G. Miller Signature Date 8/29/16 Candidate Candice S. Miller Signature Date 8/29/16			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139314

2. Committee Name Candice Miller for Macomb

**SUMMARY PAGE
CANDIDATE COMMITTEE**

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



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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 <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 <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u>			
Name & Address: Acciavatti, Dan 49839 Miller Court Chesterfield, MI 48047		\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Pamar Enterprises, Inc.</u> Business Address: <u>57760 Main Street, New Haven, MI 48048</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/26/2016</u>			
Name & Address: Agnello, Michael 15941 Millar Clinton Township, MI 48036		\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Jeweler</u> Employer <u>Michael Agnello Jewelers</u> Business Address: <u>31500 Harper, St. Clair Shores, MI 48082</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/26/2016</u>			
Name & Address: Albright, Tamara 49515 Regatta Street Chesterfield, MI 48047		\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Mt. Clemens Crane</u> Business Address: <u>42827 Irwin Drive, Harrison Township, MI 48045</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u>			
Name & Address: Associated Builders & Contractors of Michigan PAC 230 North Washington Square, Suite 202 Lansing, MI 48933		\$500.00	\$500.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> 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
Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

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3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>8/12/2016</u>	
Name & Address: Avsharian, Gregory 8980 Oak Run Drive Shelby Township, MI 48317		\$1,000.00	\$1,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>CIE USA</u> Business Address: <u>15030 23 Mile Road, Shelby Township, MI 48315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/27/2016</u>	
Name & Address: Baker, Brett 13000 Evergreen Romeo, MI 48065		\$300.00	\$800.00
5. if over \$100.00 cumulative, please provide: Occupation <u>General Contractor</u> Employer <u>Dan's Excavating</u> Business Address: <u>12955 23 Mile Road, Shelby Township, MI 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/27/2016</u>	
Name & Address: Battani, Victor 49608 Goulette Pointe Chesterfield, MI 48044		\$150.00	\$350.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Executive Vice President</u> Employer <u>Arthur J. Gallagher</u> Business Address: <u>30150 Telegraph Road, Suite 408, Bingham Farms, MI 48025</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/26/2016</u>	
Name & Address: Beals, Kristie 31037 N. River Road Harrison Township, MI 48045		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>Homemaker</u> Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 1,600.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139314

2. Committee Name Candice Miller for Macomb

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3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>8/4/2016</u>	
Name & Address: Becker, Nancy 33310 Jefferson Avenue St. Clair Shores, MI 48082		\$100.00	\$100.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/27/2016</u>	
Name & Address: Berger, Jesse 26351 Twenty Five Mile Road Chesterfield, MI 48051		\$300.00	\$300.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Berger Dealer Group</u> Business Address: <u>3031 Wyoming Avenue, Dearborn, MI 48120</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/21/2016</u>	
Name & Address: Binson, James E. 26834 Lawrence Center Line, MI 48015		\$600.00	\$3,600.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Binson's Medical Equipment & Supplies</u> Business Address: <u>26834 Lawrence, Center Line, MI 48015</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/27/2016</u>	
Name & Address: Borich, Brian 4521 Ava Lane Clarkston, MI 48348		\$150.00	\$150.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales Manager</u> Employer <u>Alax Paving Industries, Inc.</u> Business Address: <u>1957 Crooks Road, Suite A, Troy, MI 48064</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 1,150.00

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

2. Committee Name Candice Miller for Macomb

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<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u></p> <p>Name & Address: Bourdeau, Jeffrey 11100 Chapman Court Romeo, MI 48065</p> <p>5. if over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>J.B. Electrical Co.</u> Business Address: <u>6070 Wall Street, Sterling Heights, MI 48312</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$250.00	\$250.00
<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/25/2016</u></p> <p>Name & Address: Campbell, Thomas 123 E. Bloomfield Royal Oak, MI 48073</p> <p>5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Campbell Industrial Contractors, Inc.</u> Business Address: <u>123 E. Bloomfield, Royal Oak, MI 48073</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$300.00	\$300.00
<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/12/2016</u></p> <p>Name & Address: Carducci, Arduino 54338 Scarboro Way Shelby Township, MI 48316</p> <p>5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Plastic Service Centers</u> Business Address: <u>21445 Carlo Drive, Clinton Township, MI 48038</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser</p>		\$1,000.00	\$1,000.00
<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/26/2016</u></p> <p>Name & Address: Chojnacki, Bradley 759 Rock Spring Road Bloomfield Hills, MI 48304</p> <p>5. if over \$100.00 cumulative, please provide: Occupation <u>Handyman</u> Employer <u>The Alan Group</u> Business Address: <u>1800 Brinston, Troy, MI 48083</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$150.00	\$150.00

Page Subtotal 1,700.00

Grand Total of All Schedules 1A
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Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

1. Committee I.D. Number 139314

CANDIDATE COMMITTEE

2. Committee Name Candice Miller for Macomb

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3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u>			
Name & Address: Clancy, Christine 52823 Base New Baltimore, MI 48064		\$300.00	\$300.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Robert Clancy Contracting Inc.</u> Business Address: <u>9342 Marine City Highway, Casco Township, MI 48064</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u>			
Name & Address: Clancy, Robert J. 29950 Little Mack Roseville, MI 48066		\$300.00	\$300.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Concrete Recycling</u> Employer <u>Clancy Excavating Co.</u> Business Address: <u>29950 Little Mack, Roseville, MI 48066</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/12/2016</u>			
Name & Address: Clavin, Marty 46869 Hayes Road Shelby Township, MI 48315		\$450.00	\$450.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Jeweler</u> Employer <u>Elegant Jewelers</u> Business Address: <u>46869 Hayes Road, Shelby Township, MI 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # <u> </u> PAC Receipt <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u>			
Name & Address: Committee to Elect Kathy Vosburg 47395 Sugarbush Road Chesterfield, MI 48047		\$100.00	\$100.00
5. If over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address: <u> </u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

1,150.00

Grand Total of All Schedules 1A
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CANDIDATE COMMITTEE

1. Committee I.D. Number 139314

2. Committee Name Candice Miller for Macomb

Page Subtotal

1,350.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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 date of receipt)
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>8/22/2016</u>	
Name & Address: DeBuck, Jr., Raymond 48858 Kings Drive Shelby Township, MI 48315		\$150.00	\$650.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>DuBuck Construction, Inc.</u> Business Address: <u>6226 Auburn Road, Suite 1, Shelby Township, MI 48317</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>8/22/2016</u>	
Name & Address: DeDecker, Jean 6141 Arden Warren, MI 48092		\$1,000.00	\$1,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/27/2016</u>	
Name & Address: Dopke, Paul 21646 Erben Street St. Clair Shores, MI 48081		\$600.00	\$600.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Landscaping Services, Inc.</u> Business Address: <u>22932 Rasch Drive, Clinton Township, MI 48035</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/28/2016</u>	
Name & Address: Dudek, Dave 49729 Nautical Drive New Baltimore, MI 48047		\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Insurance Agent</u> Employer <u>Dudek Insurance Agency Group</u> Business Address: <u>36120 Green Street, New Baltimore, MI 48047</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 2,050.00

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ITEMIZED CONTRIBUTIONS
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3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/27/2016</u>		
Name & Address: Easterbrook, Bob 32045 Dequindre Road Madison Heights, MI 48071			\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>East-Lind Heat Treat Inc.</u> Business Address: <u>32045 Dequindre Road, Madison Heights, MI 48071</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser				
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>8/22/2016</u>		
Name & Address: Eisenhardt, Susan 68373 Lake Angela Pointe Richmond, MI 48062			\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>Self-Employed</u> Business Address: <u>9738 Gratiot, Columbus, MI 48063</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser				
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/27/2016</u>		
Name & Address: Ezzo, John 2732 Melcombe Circle, # 205 Troy, MI 48084			\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>The Maids Home Services</u> Business Address: <u>1405 Combermere Drive, Troy, MI 48083</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser				
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/27/2016</u>		
Name & Address: Fellmy, Robert 173 Smith Mt. Clemens, MI 48043			\$100.00	\$100.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser				

Page Subtotal 1,000.00

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3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/27/2016</u>	
Name & Address: Felstow, Daniel 53713 Applewood Drive Shelby Township, MI 48315		\$300.00	\$300.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Certified Public Accountant</u> Employer <u>UHY Advisors</u> Business Address: <u>12900 Hall Road, Suite 500, Sterling Heights, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>8/4/2016</u>	
Name & Address: Femminineo, Jake 110 South Main Street Mt. Clemens, MI 48043		\$500.00	\$500.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Femminineo Attorneys, PLLC</u> Business Address: <u>110 South Main Street, Mt. Clemens, MI 48043</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>8/4/2016</u>	
Name & Address: Fischer, Gregory 53207 Azalea Drive Macomb, MI 48042		\$100.00	\$100.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/27/2016</u>	
Name & Address: Flis, Dan 20186 Edgewood Livonia, MI 48152		\$300.00	\$300.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>ALTA Equipment</u> Business Address: <u>5105 Lorain, Detroit, MI 48208</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 1,200.00

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

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line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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 date of receipt)
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/5/2016</u>			
Name & Address: Foster, John 1521 Preservation Lane St. Clair, MI 48079		\$500.00	\$500.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Foster Blue Water Oil Co.</u> Business Address: <u>36065 Water Street, Richmond, MI 48062</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/26/2016</u>			
Name & Address: Fox, Jim 6694 Church Road Ira Township, MI 48023		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u>			
Name & Address: Gaedcke, Cheryl 37105 Highview Street New Baltimore, MI 48047		\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Anchor Bay School District</u> Business Address: <u>6319 County Line Road, Fair Haven, MI 48023</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u>			
Name & Address: Gendernalik, Gary 52642 Laurel Oak Lane Chesterfield, MI 48047		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Musilli Brennan Associates, PLLC</u> Business Address: <u>24001 Greater Mack Avenue, St. Clair Shores, MI 48080</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 1,100.00

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

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line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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 date of receipt)
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>8/22/2016</u>	
Name & Address: Giannetti, Yvonne 12357 Forest Glen Lane Shelby Township, MI 48315		\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Fontana Construction, Inc.</u> Business Address: <u>6340 Sims Drive, Sterling Heights, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/26/2016</u>	
Name & Address: Grosso Trucking & Supply Company 6740 Swan Creek Road Fair Haven, MI 48023		\$450.00	\$450.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		NOTE: REFUND ISSUED 8/25/2016	
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/27/2016</u>	
Name & Address: Hamborsky, Douglas 19982 E Clairview Court Grosse Pointe Woods, MI 48236		\$150.00	\$550.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Architect</u> Employer <u>Nextek Power Systems</u> Business Address: <u>19982 East Clairview Court, Grosse Pointe Woods, MI 48236</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>8/4/2016</u>	
Name & Address: Harrington, Steve 49474 Compass Point Drive New Baltimore, MI 48047		\$200.00	\$200.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Henry Ford Health System</u> Business Address: <u>One Ford Place, Detroit, MI 48202</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 1,100.00

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

1. Committee I.D. Number 139314

CANDIDATE COMMITTEE

2. Committee Name Candice Miller for Macomb

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3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/4/2016</u> Name & Address: Henson, Bill 333 North Canal Street, Apt. 3104 Chicago, IL 60606 5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$100.00	\$100.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/21/2016</u> Name & Address: Holsbeke, Christopher R. 43103 Riverway Drive Clinton Township, MI 48038 5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Holsbeke Construction</u> Business Address: <u>325 North Avenue, Mt. Clemens, MI 48043</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$600.00	\$600.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/26/2016</u> Name & Address: Janusch, Amy 9926 Lorraine Casco, MI 48064 5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Precision Landscape</u> Business Address: <u>9926 Lorraine, Casco, MI 48064</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$600.00	\$600.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/26/2016</u> Name & Address: Kasmak, James 616 Apalachicola Road Venice, FL 48051 5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>D-Mark, Inc.</u> Business Address: <u>25712 Dhondt Court, Chesterfield, MI 48051</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$200.00	\$200.00

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1,500.00

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

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 date of receipt)
<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u></p> <p>Name & Address: Kehrig, Cynthia A. 9691 Dixie Highway Fair Haven, MI 48023</p> <p>5. if over \$100.00 cumulative, please provide: Occupation <u>Co-Owner</u> Employer <u>Kehrig Steel, Inc.</u> Business Address: <u>9691 Marine City Highway, Ira, MI 48023</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$1,000.00	\$1,000.00
<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/26/2016</u></p> <p>Name & Address: Kemp, Tom 8459 Tipsico Trail Holly, MI 48442</p> <p>5. if over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Kemp Company</u> Business Address: <u>275 W. Girard, Madison Heights, MI 48071</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$300.00	\$1,300.00
<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u></p> <p>Name & Address: King, Lawrence 46100 Sugarbush Chesterfield, MI 48047</p> <p>5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>King Investments, LLC</u> Business Address: <u>46100 Sugarbush Road, Chesterfield, MI 48047</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$150.00	\$150.00
<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/21/2016</u></p> <p>Name & Address: Kotulski, Michael J. 6103 Point Tremble Road Algonac, MI 48001</p> <p>5. if over \$100.00 cumulative, please provide: Occupation <u>Truck Repair/Sales</u> Employer <u>Kustom Truck & Trailer</u> Business Address: <u>57905 Rosell, Lenox, MI 48048</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$500.00	\$500.00

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1,950.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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 <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 <input type="checkbox"/> YES 4. Date of Receipt <u>8/5/2016</u>			
Name & Address: Lavinio, Alexandra 18341 Nardy Clinton Township, MI 48036		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>Homemaker</u> Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u>			
Name & Address: Lechner, Michael 12269 Emily Washington, MI 48094		\$150.00	\$650.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Vice President</u> Employer <u>Guy Hurley</u> Business Address: <u>1080 Kirts Boulevard, Suite 500, Troy, MI 48084</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/12/2016</u>			
Name & Address: Lee, Sarah 46530 Romeo Plank Road Macomb, MI 48044		\$100.00	\$100.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/12/2016</u>			
Name & Address: Lentine, Anthony 39343 Lorian Drive Sterling Heights, MI 48313		\$500.00	\$1,500.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Senior Vice President</u> Employer <u>Golden Dental Plans, Inc.</u> Business Address: <u>5671 Trumbull Street, Detroit, MI 48208</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 900.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

1. Committee I.D. Number 139314

CANDIDATE COMMITTEE

2. Committee Name Candice Miller for Macomb

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3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Lizza, Thomas 42452 Hayes Road, #4 Clinton Township, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>8/4/2016</u>	\$100.00	\$100.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Madden, Mark 53927 Desano Drive Shelby Township, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation <u>Vice President</u> Employer <u>Guy Hurley</u> Business Address: <u>1080 Kirts Boulevard, Troy, MI 48084</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>7/27/2016</u>	\$150.00	\$650.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Malone, Daniel 2141 Cider Mill Drive East Lansing, MI 48823 5. If over \$100.00 cumulative, please provide: Occupation <u>Sr. Vice President</u> Employer <u>Consumers Energy</u> Business Address: <u>One Energy Plaza, Jackson, MI 49201</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>7/27/2016</u>	\$1,000.00	\$1,000.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Mancini, Anthony 28225 Mound Road Warren, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Mancini Schreuder Kline PC</u> Business Address: <u>28225 Mound Road, Warren, MI 48092</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>8/12/2016</u>	\$1,000.00	\$1,000.00

Page Subtotal 2,250.00

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 139314

2. Committee Name Candice Miller for Macomb

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3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/26/2016</u>	
Name & Address: Marino, Steve 37884 Lakeshore Drive Harrison Township, MI 48045		\$100.00	\$100.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>8/22/2016</u>	
Name & Address: Mauro, Giovanni 7241 Vista Shelby Township, MI 48316		\$600.00	\$600.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Civil Engineer</u> Employer <u>Mauro Engineering</u> Business Address: <u>48657 Hayes, Shelby Township, MI 48315</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>8/22/2016</u>	
Name & Address: Mauro, Simone 57127 Willow Way Washington, MI 48094		\$500.00	\$4,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Mauro Engineering</u> Business Address: <u>48657 Hayes, Shelby Township, MI 48315</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>7/27/2016</u>	
Name & Address: McPherson, Ursula 311 Townsend Road Leonard, MI 48367		\$200.00	\$200.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>Homemaker</u> Business Address: _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 1,400.00

Grand Total of All Schedules 1A
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139314

2. Committee Name Candice Miller for Macomb

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<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/12/2016</u></p> <p>Name & Address: Meldrum, David 38980 Parkway Circle Harrison Township, MI 48045</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Blanchard Agency Inc.</u> Business Address: <u>22955 21 Mile Road, Macomb, MI 48042</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$250.00	\$250.00
<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u></p> <p>Name & Address: Meldrum, Jeremy 6813 Monticello N Wasington Township, MI 48095</p> <p>5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Meldrum Landscape Construction</u> Business Address: <u>6813 Monticello N, Washington Township, MI 48095</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$300.00	\$300.00
<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/26/2016</u></p> <p>Name & Address: Meldrum, John 5795 Gardner Road Metamora, MI 48455</p> <p>5. if over \$100.00 cumulative, please provide: Occupation <u>Financial Advisor</u> Employer <u>UBS</u> Business Address: <u>2301 W. Big Beaver Road, #800, Troy, MI 48064</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$150.00	\$300.00
<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/12/2016</u></p> <p>Name & Address: Meli, Paul 48343 Elmwood Drive Shelby Township, MI 48315</p> <p>5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>American Business Consulting Group LLC</u> Business Address: <u>42524 Hayes Road, Suite 700, Clinton Township, MI 48038</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser</p>		\$1,000.00	\$1,500.00

Page Subtotal 1,700.00

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 139314

2. Committee Name Candice Miller for Macomb

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3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/22/2016</u>			
Name & Address: Metry, Dean 81 N Main Mt Clemens, MI 48043		\$100.00	\$100.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/5/2016</u>			
Name & Address: Miller, Valerie 41220 Scarborough Court Clinton Township, MI 48038		\$200.00	\$200.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>Homemaker</u> Business Address: _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u>			
Name & Address: Milne, Russ 619 N. Rosedale Grosse Pointe Woods, MI 48236		\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Ford Dealer</u> Employer <u>Russ Milne Ford Inc.</u> Business Address: <u>24777 Hall Road, Macomb, MI 48042</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u>			
Name & Address: Mitzel, Kevin 18897 Johannes Macomb, MI 48042		\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Health Club Manager</u> Employer <u>Champion Health Club</u> Business Address: <u>33089 23 Mile Road, Chesterfield, MI 48047</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 900.00

Grand Total of All Schedules 1A
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

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3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/26/2016</u>			
Name & Address: Moehn, Earl 100 Belleview Mt. Clemens, MI 48043		\$200.00	\$200.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Surgeon</u> Employer <u>Self-Employed</u> Business Address: <u>100 Belleview, Mt. Clemens, MI 48043</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/4/2016</u>			
Name & Address: Moehn, Earl 100 Belleview Mt. Clemens, MI 48043		\$100.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Surgeon</u> Employer <u>Self-Employed</u> Business Address: <u>100 Belleview, Mt. Clemens, MI 48043</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u>			
Name & Address: O'Neill, Charleen 28800 Old N. River Road Harrison Township, MI 48045		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-Employed</u> Business Address: <u>28800 Old N. River Road, Harrison Township, MI 48045</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/22/2016</u>			
Name & Address: Odell, Donald 31810 North River Road Harrison Township, MI 48045		\$25.00	\$25.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> 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
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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 all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Olgiati, Dean 36691 Jefferson Harrison Township, MI 48045 5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Luigi's Original</u> Business Address: <u>36691 Jefferson, Harrison Township, MI 48045</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>7/27/2016</u>	\$150.00	\$150.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Pittiglio, Michael 61522 Wagon Wheel Court Washington Township, MI 48094 5. if over \$100.00 cumulative, please provide: Occupation <u>Vice President</u> Employer <u>Florence Cement Co.</u> Business Address: <u>12583 23 Mile Road, Shelby Township, MI 48094</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>7/26/2016</u>	\$900.00	\$1,900.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Rheeder, Rick 39723 Duluth Street Harrison Township, MI 48045 5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>JM Collision</u> Business Address: <u>128 South River Road, Clinton Township, MI 48036</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>8/4/2016</u>	\$200.00	\$200.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Richards, Barbara 52301 Base Street New Baltimore, MI 48047 5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>8/4/2016</u>	\$100.00	\$100.00

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
Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 date of receipt)
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/5/2016</u>			
Name & Address: Sangster, Jeffrey 34060 Jefferson Avenue St. Clair Shores, MI 48082		\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>Homemaker</u> Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/12/2016</u>			
Name & Address: Saph, Jr., Stephen 44 Macomb Place Mt. Clemens, MI 48046		\$100.00	\$100.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u>			
Name & Address: Sattler, Paul 5971 Hessen Road Casco, MI 48064		\$150.00	\$450.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Chief Executive Officer</u> Employer <u>Sattler Inc</u> Business Address: <u>6024 Corporate Drive, Ira Township, MI 48023</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/4/2016</u>			
Name & Address: Schodowski, Michael 37778 Jefferson Harrison Township, MI 48045		\$200.00	\$200.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Shelving.com</u> Business Address: <u>32 South Squirrel Road, Auburn Hills, MI 48326</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

750.00

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

Enter this total on
line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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 date of receipt)
3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/5/2016</u>			
Name & Address: Schoen, Fred 32341 Dover Drive Warren, MI 48088		\$50.00	\$50.00
5. if over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address: <u> </u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/26/2016</u>			
Name & Address: Schulstad, Helen 27020 Jefferson Avenue St. Clair Shores, MI 48081		\$25.00	\$25.00
5. if over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address: <u> </u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/4/2016</u>			
Name & Address: Semaan, Thomas 52723 Coulter Court New Baltimore, MI 48047		\$100.00	\$100.00
5. if over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address: <u> </u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/21/2016</u>			
Name & Address: Smith, Arzo 20200 21 Mile Road Macomb, MI 48044		\$5.00	\$5.00
5. if over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address: <u> </u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 180.00

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

Enter this total on
line 3a of Summary
Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 <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 <input type="checkbox"/> YES 4. Date of Receipt <u>8/4/2016</u>			
Name & Address: Stanton, Dorothy 174 S. Wilson Boulevard Mt. Clemens, MI 48043		\$100.00	\$100.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/4/2016</u>			
Name & Address: Stilson, Earl 30134 S River Road Harrison Township, MI 48045		\$100.00	\$100.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/22/2016</u>			
Name & Address: Syme, Jr., Ronald 38690 Long Street Harrison Township, MI 48045		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Architect</u> Employer <u>Wakely Assoicates, Inc.</u> Business Address: <u>30500 Van Dyke Avenue, Suite M-7, Warren, MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/12/2016</u>			
Name & Address: Thorpe, Tracy 138 Meadow Lane Grosse Pointe Farms, MI 48236		\$100.00	\$100.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 450.00

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

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line 3a of Summary
Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <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 <input type="checkbox"/> YES 4. Date of Receipt <u>8/4/2016</u> Name & Address: Turnbull, Charles 53957 Sutherland Court Shelby Township, MI 48316 5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>O'Reilly Rancillio</u> Business Address: <u>12900 Hall Road, Suite 350, Sterling Heights, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$200.00	\$200.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/4/2016</u> Name & Address: Ullrich, James 23201 Scotch Pine Lane Macomb, MI 48042 5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$100.00	\$100.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/26/2016</u> Name & Address: Valente, Mark 8382 Fairfax Drive Sterling Heights, MI 48312 5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		\$100.00	\$100.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/4/2016</u> Name & Address: Velardo, Armand 12382 Forest Glen Lane Shelby Township, MI 48315 5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$100.00	\$100.00

Page Subtotal 500.00

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

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line 3a of Summary
Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 date of receipt)
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/26/2016</u>			
Name & Address: Vertin, Tom 38070 Murdick New Baltimore, MI 48047		\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Welding & Machining</u> Employer <u>Accurate Welding</u> Business Address: <u>41301 Production Drive, Harrison Township, MI 48045</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/4/2016</u>			
Name & Address: Vogel, Victor 56559 Scotland Shelby Township, MI 48316		\$100.00	\$100.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u>			
Name & Address: Vosburg, Kathy 47395 Sugarbush Road Chesterfield, MI 48047		\$50.00	\$50.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u>			
Name & Address: Webber, Joan L. 49536 Goulette Point Drive New Baltimore, MI 48047		\$6,800.00	\$6,800.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 7,250.00

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 date of receipt)
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u> Name & Address: Webber, Wayne W. 49536 Goulette Point Drive New Baltimore, MI 48047 5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>The Webber Group</u> Business Address: <u>44170 Morley Drive, Clinton Township, MI 48036</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$6,800.00	\$6,800.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u> Name & Address: Weber, Dave 7177 Frampton West Washington Township, MI 48095 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Webber Group</u> Business Address: <u>22286 Brantingham Road, Macomb, MI 48044</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$150.00	\$650.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/26/2016</u> Name & Address: Williams, Matthew 3443 Bald Eagle Lake Road Holly, MI 48442 5. if over \$100.00 cumulative, please provide: Occupation <u>Controller</u> Employer <u>LaBelle Electric Services</u> Business Address: <u>24546 21 Mile Road, Macomb, MI 48042</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$300.00	\$300.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2016</u> Name & Address: Woonton, Richard 37300 Hobarth Chesterfield, MI 48047 5. if over \$100.00 cumulative, please provide: Occupation <u>Mortgage Banker</u> Employer <u>Self-Employed</u> Business Address: <u>37300 Hobarth Road, Chesterfield, MI 48047</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$150.00	\$150.00

Page Subtotal 7,400.00

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

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line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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 <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 <input type="checkbox"/> YES Name & Address: Wright, Richard 8800 23 Mile Shelby Township, MI 48316 5. if over \$100.00 cumulative, please provide: Occupation <u>Surveyor</u> Employer <u>Urban Land Consultants, LLC</u> Business Address: <u>8800 23 Mile Road, Shelby Township, MI 48316</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>8/12/2016</u>	\$500.00	\$500.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Zack, David 1842 Michigan Avenue Detroit, MI 48216 5. if over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Blevins Sanborn Jezdimir Zack, PLLC</u> Business Address: <u>1842 Michigan Avenue, Detroit, MI 48216</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>8/5/2016</u>	\$300.00	\$300.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Zuccaro, Albert 21200 Harrington Road Clinton Township, MI 48036 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>8/5/2016</u>	\$100.00	\$100.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Zuccaro, Mark 20813 Windham Drive Macomb Township, MI 48044 5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>8/4/2016</u>	\$100.00	\$100.00

Page Subtotal 1,000.00

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

44,755.00

Enter this total on
line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139314

CANDIDATE COMMITTEE

2. Committee Name Candice Miller for 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). 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? <input type="checkbox"/> Yes Name & Address: Robert G. Clancy 9342 Marine City Highway Casco Township, MI 48064 If over \$100.00 cumulative, please provide: Occupation: <u>Owner</u> Employer Name & Business Address: Robert Clancy Contracting 9342 Marine City Highway Casco Township, MI 48064 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Catering</u> 5. Date Of Receipt: <u>07/27/16</u> 6. Vendor Name & Address: Holiday Catering 1203 South Main Street Royal Oak, MI 48067 Click Here for Memo Itemization	\$ <u>5584.29</u>	\$ <u>5584.29</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Robert Leslie 140 South Wilson Mt. Clemens MI 48043 If over \$100.00 cumulative, please provide: Occupation: <u>Certified Public Accountant</u> Employer Name & Address: Carabell, Leslie & Co. 83 Macomb Place Mt Clemens MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Equipment</u> 5. Date Of Receipt: <u>08/04/16</u> 6. Vendor Name & Address: Wahl Tents 44550 North Groesbeck Highway Clinton Township, MI 48036 Click Here for Memo Itemization	\$ <u>1336.72</u>	\$ <u>1336.72</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Robert Leslie 140 South Wilson Mt. Clemens MI 48043 If over \$100.00 cumulative, please provide: Occupation: <u>Certified Public Accountant</u> Employer Name & Address: Carabell, Leslie & Co. 83 Macomb Place Mt Clemens MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Postage</u> 5. Date Of Receipt: <u>08/04/16</u> 6. Vendor Name & Address: US Postal Service 155 South Main Street Mt. Clemens, MI 48046 Click Here for Memo Itemization	\$ <u>94.00</u>	\$ <u>1430.72</u>
Page Subtotal		\$ <u>7,015.01</u>	

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

Enter this total
on line 6 of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139314

2. Committee Name Candice Miller for Macomb

CANDIDATE COMMITTEE

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 <u>all</u> 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? <input type="checkbox"/> Yes Name & Address: Robert Leslie 140 South Wilson Mt. Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: <u>Certified Public Accountant</u> Employer Name & Business Address: Carabell, Leslie & Co. 83 Macomb Place Mt. Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Dining Supplies</u> 5. Date Of Receipt: <u>08/04/16</u> 6. Vendor Name & Address: Meijer 40445 South Groesbeck Highway Clinton Township, MI 48036 Click Here for Memo Itemization	\$ <u>45.43</u>	\$ <u>1476.15</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Robert Leslie 140 South Wilson Mt. Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: <u>Certified Public Accountant</u> Employer Name & Address: Carabell, Leslie & Co. 83 Macomb Place Mt. Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Invitation Supplies</u> 5. Date Of Receipt: <u>08/04/16</u> 6. Vendor Name & Address: Office Depot 33840 South Gratiot Avenue Clinton Township, MI 48035 Click Here for Memo Itemization	\$ <u>14.82</u>	\$ <u>1490.97</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal **\$60.25**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$7,075.26**

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139314
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 <u>Anedot</u> Address <u>PO Box 84314</u> <u>Baton Rouge, LA 70884</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>E-Merchant Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/18/16</u> Date	<u>\$ 8.10</u>
Expenditure #2 Name <u>Amazon.com</u> Address <u>410 Terry Avenue North</u> <u>Seattle, WA 98109</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>General Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/16</u> Date	<u>\$ 215.84</u>
Expenditure #3 Name <u>US Postal Service</u> Address <u>7755 22 Mile Road</u> <u>Shelby Township, MI 48317</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/16</u> Date	<u>\$ 6.45</u>
Expenditure #4 Name <u>Sawicki & Son</u> Address <u>1521 West Lafayette</u> <u>Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Banners & Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/16</u> Date	<u>\$ 1293.20</u>
Expenditure #5 Name <u>Amazon.com</u> Address <u>410 Terry Avenue North</u> <u>Seattle, WA 98109</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>General Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/22/16</u> Date	<u>\$ 23.30</u>

Subtotal this page	\$1,546.89
Grand Total of all Schedules 1B (Complete on last page of Schedule)	
Enter this total on line 8a of Summary Page	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139314
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 <u>US Postal Service</u> Address <u>7755 22 Mile Road</u> <u>Shelby Township, MI 48317</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/22/16</u> Date	<u>\$ 22.95</u>
Expenditure #2 Name <u>Amazon.com</u> Address <u>410 Terry Avenue North</u> <u>Seattle, WA 98109</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>General Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/16</u> Date	<u>\$ 72.37</u>
Expenditure #3 Name <u>American Thermographers</u> Address <u>291 East 12 Mile Road</u> <u>South Madison Heights, MI 48071</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/16</u> Date	<u>\$ 547.00</u>
Expenditure #4 Name <u>Anedot</u> Address <u>PO Box 84314</u> <u>Baton Rouge, LA 70884</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>E-Merchant Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/16</u> Date	<u>\$ 97.20</u>
Expenditure #5 Name <u>Comcast Cable</u> Address <u>PO Box 7500</u> <u>Southeastern, PA 19398</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Internet Service</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/16</u> Date	<u>\$ 84.90</u>

Subtotal this page **\$824.42**

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

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139314
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 <u>Lasercom, LLC</u> Address <u>2230 Elliott</u> <u>Troy, MI 48083</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/16</u> Date	<u>\$ 464.07</u>
Expenditure #2 Name <u>US Postal Service</u> Address <u>7755 22 Mile Road</u> <u>Shelby Township, MI 48317</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/26/16</u> Date	<u>\$ 423.00</u>
Expenditure #3 Name <u>US Postal Service</u> Address <u>7755 22 Mile Road</u> <u>Shelby Township, MI 48317</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/27/16</u> Date	<u>\$ 22.95</u>
Expenditure #4 Name <u>Sawicki & Son</u> Address <u>1521 West Lafayette Boulevard</u> <u>Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Lawn Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/28/16</u> Date	<u>\$ 3254.20</u>
Expenditure #5 Name <u>US Postal Service</u> Address <u>7755 22 Mile Road</u> <u>Shelby Township, MI 48317</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/16</u> Date	<u>\$ 29.75</u>

Subtotal this page \$4,193.97
Grand Total of all Schedules 1B
(Complete on last page of Schedule)
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139314
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 <u>Anedot</u> Address <u>PO Box 84314</u> <u>Baton Rouge, LA 70884</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>E-Merchant Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/16</u> Date	\$ <u>160.65</u>
Expenditure #2 Name <u>Grand River Strategies</u> Address <u>2420 Mulberry Court</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Strategic Campaign Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/16</u> Date	\$ <u>5000.00</u>
Expenditure #3 Name <u>Webber Development, LLC</u> Address <u>44170 Morley Drive</u> <u>Clinton Township, MI 48036</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Facility Rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/16</u> Date	\$ <u>200.00</u>
Expenditure #4 Name <u>Anedot</u> Address <u>PO Box 84314</u> <u>Baton Rouge, LA 70884</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>E-Merchant Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/16</u> Date	\$ <u>36.00</u>
Expenditure #5 Name <u>Sawicki & Son</u> Address <u>1521 West Lafayette Boulevard</u> <u>Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Lawn Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/16</u> Date	\$ <u>1447.96</u>
Subtotal this page			\$ <u>6,844.61</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139314
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 <u>AT&T Mobility</u> Address <u>PO Box 6463</u> <u>Carol Stream, IL 60197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Telephone Service</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/03/16</u> Date	<u>\$ 241.43</u>
Expenditure #2 Name <u>Menards</u> Address <u>45500 Marketplace Boulevard</u> <u>Chesterfield Township, MI 48051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/04/16</u> Date	<u>\$ 2548.12</u>
Expenditure #3 Name <u>US Postal Service</u> Address <u>7755 22 Mile Road</u> <u>Shelby Township, MI 48317</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/08/16</u> Date	<u>\$ 6.45</u>
Expenditure #4 Name <u>American Thermographers</u> Address <u>291 East 12 Mile Road</u> <u>South Madison Heights, MI 48071</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/09/16</u> Date	<u>\$ 601.00</u>
Expenditure #5 Name <u>Gusto Payroll</u> Address <u>500 Third Street, Suite 405</u> <u>San Francisco, CA 94107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Payroll Taxes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/09/16</u> Date	<u>\$ 370.87</u>

Subtotal this page **\$3,767.87**

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

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139314
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 <u>Gusto Payroll</u> Address <u>500 Third Street, Suite 405</u> <u>San Francisco, CA 94107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SEE MEMO ITEM</u> Memo Itemization Below <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/09/16</u> Date	\$ <u>870.09</u>
Expenditure #2 Name <u>Anthony Lewis</u> Address <u>25610 Sun Sail Court</u> <u>Harrison charter Township, MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Payroll</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/09/16</u> Date	\$ <u>(870.09)</u>
Expenditure #3 Name <u>Gusto Payroll</u> Address <u>500 Third Street, Suite 405</u> <u>San Francisco, CA 94107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SEE MEMO ITEM</u> Memo Itemization Below <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/16</u> Date	\$ <u>337.89</u>
Expenditure #4 Name <u>Anthony Lewis</u> Address <u>25610 Sun Sail Court</u> <u>Harrison charter Township, MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Payroll</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/16</u> Date	\$ <u>(337.89)</u>
Expenditure #5 Name <u>Gusto Payroll</u> Address <u>500 Third Street, Suite 405</u> <u>San Francisco, CA 94107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Payroll Taxes</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/16</u> Date	\$ <u>101.60</u>

Subtotal this page **\$1,309.58**

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

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139314
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 <u>Anedot</u> Address <u>PO Box 84314</u> <u>Baton Rouge, LA 70884</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>E-Merchant Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/11/16</u> Date	<u>\$ 20.10</u>
Expenditure #2 Name <u>Sawicki & Son</u> Address <u>1521 West Lafayette Boulevard</u> <u>Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Banners & Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/15/16</u> Date	<u>\$ 3314.62</u>
Expenditure #3 Name <u>US Postal Service</u> Address <u>7755 22 Mile Road</u> <u>Shelby Township, MI 48317</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/15/16</u> Date	<u>\$ 6.45</u>
Expenditure #4 Name <u>Campaign Financial Services</u> Address <u>PO Box 30844</u> <u>Bethesda, MD 20824</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SEE MEMO ITEMS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/16/16</u> Date	<u>\$ 1550.00</u>
Expenditure #5 Name <u>Campaign Financial Services</u> Address <u>PO Box 30844</u> <u>Bethesda, MD 20824</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Compliance Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/16/16</u> Date	<u>\$ (1500.00)</u>

Subtotal this page **\$4,891.17**

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

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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139314
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 <u>Campaign Financial Services</u> Address <u>PO Box 30844</u> <u>Bethesda, MD 20824</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>General Office Supplies</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/16/16</u> Date	\$ <u>(50.00)</u>
Expenditure #2 Name <u>CloudTech1</u> Address <u>PO Box 70777</u> <u>Rochester Hills, MI 48307</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Telephone Service</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/16/16</u> Date	\$ <u>1003.15</u>
Expenditure #3 Name <u>Gusto Payroll</u> Address <u>500 Third Street, Suite 405</u> <u>San Francisco, CA 94107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SEE MEMO ITEM</u> Memo Itemization Below <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/16/16</u> Date	\$ <u>1154.90</u>
Expenditure #4 Name <u>Anthony Lewis</u> Address <u>25610 Sun Sail Court</u> <u>Harrison charter Township, MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Payroll</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/16/16</u> Date	\$ <u>(1154.90)</u>
Expenditure #5 Name <u>Gusto Payroll</u> Address <u>500 Third Street, Suite 405</u> <u>San Francisco, CA 94107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Payroll Taxes</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/16/16</u> Date	\$ <u>525.55</u>
Subtotal this page			\$ <u>2,683.60</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139314
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 <u>United States Postal Service</u> Address <u>7755 22 Mile Road</u> <u>Shelby Township, MI 48317</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/16/16</u> Date	<u>\$ 470.00</u>
Expenditure #2 Name <u>B&H Photo</u> Address <u>420 9th Avenue</u> <u>New York, NY 10001</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Equipment</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/19/16</u> Date	<u>\$ 119.99</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	\$589.99
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$26,652.10

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Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>07/27/16</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>80</u>	5. Type of Fund Raising Activity <u>Reception</u>	6. Address and Name (If any) of the place where the activity was held. <u>Webber Wildlife Museum</u> <u>44170 Morley Drive</u> <u>Clinton Township, MI 48036</u> <input type="checkbox"/> Private Residence
-----------------------------------------------	---------------------------------------------------------------------------------------------------	----------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

7. Total Contributions \$41,184.29
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$41,184.29
10. Total Cost of Event \$6,331.29
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

- 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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>08/04/16</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>44</u>	5. Type of Fund Raising Activity <u>Reception</u>	6. Address and Name (If any) of the place where the activity was held. Residence of Robert Leslie 140 South Wilson Mt. Clemens, MI 48064 <input checked="" type="checkbox"/> Private Residence
-----------------------------------------------	---------------------------------------------------------------------------------------------------	----------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

7. Total Contributions \$8,140.97
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$8,140.97
10. Total Cost of Event \$2,091.97
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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