



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 08/23/16 to 10/23/16

1. Committee I.D. Number
139314

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

4b. County of Residence **MACOMB**

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 _____

FILED
16 OCT 28 PM 4:00
 CABELLA S. BIRCH
 CLERK
 MACOMB COUNTY
 HILL CLEMENS, MICHIGAN

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus
11/08/16

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

July Quarterly
 October Quarterly

9c. Annual Statement (_____) Coverage Year

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

9e. Dissolution of Candidate Committee

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is 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 [Signature] Date 10/26/16

Candidate Candice S. Miller Signature [Signature] Date 10/26/16



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>121,176.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$121,176.00</u>	(18.) \$ <u>\$396,219.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$200,000.00</u>	(19.) \$ <u>\$500,000.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$321,176.00</u>	(20.) \$ <u>\$896,219.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$8,664.93</u>	(21.) \$ <u>\$32,079.97</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>\$588,631.31</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>\$141.23</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$588,772.54</u>	(23.) \$ <u>\$669,054.91</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>\$494,760.63</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$321,176.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$815,936.63</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$588,772.54</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$227,164.09</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>10/19/2016</u>	
Name & Address: Abbo, Saad 2350 Walnut Lake Rd. West Bloomfield, MI 48323		\$1,000.00	\$1,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>U.S. Ice</u> Business Address: <u>2350 Walnut Lake Rd., West Bloomfield, MI 48323</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>10/19/2016</u>	
Name & Address: Akash, Nowfal 932 Southdown Road Bloomfield Hills, MI 48304		\$500.00	\$500.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Founder</u> Employer <u>MediaHolics</u> Business Address: <u>932 Southdown Rd, Bloomfield Hills, MI 48304</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>9/2/2016</u>	
Name & Address: Alexander, Melvynn 1803 Stewart Street Harsens Island, MI 48028		\$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>9/19/2016</u>	
Name & Address: Alongi, Thomas 1748 Lexington Drive Troy, MI 48084		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Certified Public Accountant</u> Employer <u>UHY LLP</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			

Page Subtotal	1,750.00
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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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>9/2/2016</u>	
Name & Address: Apple, Bill 3662 Byrd Drive Sterling Heights, MI 48313		\$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>9/15/2016</u>	
Name & Address: Appleby, Andrew 400 Water Street, Suite 250 Rochester, MI 48307		\$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>10/14/2016</u>	
Name & Address: Ashley, Arthur 915 East Drayton Ferndale, MI 48220		\$500.00	\$2,500.00
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Ferndale Electric Co.</u> Business Address: <u>915 East Drayton, Ferndale, MI 48220</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>8/23/2016</u>	
Name & Address: Atiyeh, Aboud 6154 Golden Lane West Bloomfield, MI 48322		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>SOLE</u> Business Address: <u>5940 Commerce Drive, Westland, MI 48185</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **850.00**

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

Enter this total on
line 3a of Summary
Page



**ITEMIZED CONTRIBUTIONS
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3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>9/15/2016</u>	
Name & Address: Avery, Susy 11829 Greenbriar Drive Jerome, MI 49249		\$500.00	\$500.00
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>10/7/2016</u>	
Name & Address: Avsharian, Gregory 8980 Oak Run Drive Shelby Township, MI 48317		\$1,000.00	\$2,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Century Plastic</u> Business Address: <u>50413 Utica Dr, 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>9/15/2016</u>	
Name & Address: Bain, Daniel 3392 Morrow Lane Milford, MI 48381		\$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>8/23/2016</u>	
Name & Address: Beckers, Rick 110 Fontainbleau Rochester Hills, MI 48307		\$1,000.00	\$1,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Cloudtech 1</u> Business Address: <u>905 South Boulevard, East, Rochester Hills, MI 48307</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal	2,600.00
Grand Total of All Schedules 1A (Complete on last page of schedule)	Enter this total on line 3a of Summary Page



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SCHEDULE 1A**

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3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>9/16/2016</u>	
Name & Address: Bell, James 71 Crescent Avenue Lake Orion, MI 48362		\$500.00	\$500.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Bell Equipment Company</u> Business Address: <u>78 Northpointe Drive, Lake Orion, MI 48359</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>9/21/2016</u>	
Name & Address: Bellanca, Joseph 54496 Flamingo Drive Shelby Township, MI 48315		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Sr. Account Executive</u> Employer <u>WJR AM 760</u> Business Address: <u>3011 West Grand Blvd, Detroit, MI 48202</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>10/7/2016</u>	
Name & Address: Benedettini, Steve 2250 Avon Lake Lane Rochester Hills, MI 48307		\$2,000.00	\$6,760.60
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Spalding De Decker Associates</u> Business Address: <u>905 South Boulevard, Rochester Hills, MI 48307</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>9/15/2016</u>	
Name & Address: Benedettini, Steve 2250 Avon Lake Lane Rochester Hills, MI 48307		\$2,000.00	\$4,760.60
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Spalding De Decker Associates</u> Business Address: <u>905 South Boulevard, East, Rochester Hills, MI 48307</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal	4,650.00
Grand Total of All Schedules 1A (Complete on last page of schedule)	
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3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Berger, Michael 3016 Bloomfield Park Drive West Bloomfield, MI 48323 5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Berger Realty Group, Inc.</u> Business Address: <u>29201 Telegraph, Suite 510, Southfield, MI 48034</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>9/15/2016</u>	\$1,000.00	\$1,000.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Binson, Nick 3608 E Lake Drive Metamora, MI 48455 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>9/15/2016</u>	\$100.00	\$100.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Bird, Charles 16341 Gordon Fraser, MI 48026 5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Vinyl Graphix Inc.</u> Business Address: <u>24731 Harper, 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	4. Date of Receipt <u>8/31/2016</u>	\$200.00	\$200.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Boike, Gary 14139 Lowe Drive Warren, MI 48088 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>9/21/2016</u>	\$100.00	\$100.00

Page Subtotal 1,400.00

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3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: Boll, Gregory 19400 Apple Blossom Northville, MI 48167 5. if over \$100.00 cumulative, please provide: Occupation <u>Chief Executive Officer</u> Employer <u>Navigant Oak LLC.</u> Business Address: <u>107 N. Center Street, Ste B, Northville, MI 48167</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$2,500.00	\$2,500.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/13/2016</u> Name & Address: Boll, John 100 Maple Park Blvd, # 118 St. Clair Shores, MI 48081 5. if over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		\$500.00	\$1,500.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/18/2016</u> Name & Address: Boll, John 100 Maple Park Blvd, # 118 St. Clair Shores, MI 48081 5. if over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		\$500.00	\$2,000.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/19/2016</u> Name & Address: Boll, John 100 Maple Park Blvd, # 188 St. Clair Shores, MI 48081 5. if over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		\$500.00	\$2,500.00

Page Subtotal 4,000.00

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3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/13/2016</u> Name & Address: Boll, Marlene 100 Maple Park Blvd, # 118 St. Clair Shores, MI 48081 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		\$500.00	\$500.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/18/2016</u> Name & Address: Boll, Marlene 100 Maple Park Blvd, # 118 St. Clair Shores, MI 48081 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		\$500.00	\$1,000.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: Bosley, Lauren 3601 Jennings Drive Troy, MI 48083 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Adaptech Inc.</u> Business Address: <u>1465 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		\$200.00	\$200.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: Broad, Gary 20850 Moxon Road Clinton Twp., MI 48036 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Midwest Steel Inc.</u> Business Address: <u>2525 E. Grand Blvd., Detroit, MI 48211</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$100.00	\$4,150.00

Page Subtotal 1,300.00

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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CANDIDATE COMMITTEE

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3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>10/7/2016</u>	
Name & Address: Broad, Gary 20850 Moxon Rd Clinton Twp, MI 48036		\$150.00	\$4,300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Midwest Steel Inc.</u> Business Address: <u>2525 E. Grand Blvd., Detroit, MI 48211</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>9/12/2016</u>	
Name & Address: Broad, Gary 20850 Moxon Road Clinton Township, MI 48036		\$250.00	\$4,050.00
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Midwest Steel Inc.</u> Business Address: <u>2525 E. Grand Boulevard, Detroit, MI 48211</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>9/15/2016</u>	
Name & Address: Brugnoni, Rosanne 22537 Saint Clair Drive St. Clair Shores, MI 48081		\$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>10/14/2016</u>	
Name & Address: Bryson, Susan 105 Hazel Court PO Box 28006 Harsens Island, MI 48028		\$200.00	\$200.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Tashmoo Marina Inc</u> Business Address: <u>3272 S Channel Dr, Harsens Island, MI 48028</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 700.00

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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 <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: Burns, Richard 6121 Winahs Drive Brighton, MI 48116 5. if over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>NTH Consultants, LTD</u> Business Address: <u>41780 Six Mile Rd, Northville, MI 48168</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>9/16/2016</u>	\$250.00	\$250.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Caramagno, Molly 17441 Merriman Road Livonia, MI 48152 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>9/12/2016</u>	\$250.00	\$250.00
NOTE: Contribution Refunded 10/20/16			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Caramagno, Ron PO Box 530267 Livonia, MI 48153 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>9/12/2016</u>	\$250.00	\$250.00
NOTE: Contribution Refunded 10/26/16			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Caron, John 21700 Chalon St. Clair Shores, MI 48080 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>9/2/2016</u>	\$100.00	\$100.00

Page Subtotal	850.00
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>10/19/2016</u>	
Name & Address: Chirco, Michael 46600 Romeo Plank Rd, Ste 5 Macomb, MI 48044		\$250.00	\$1,400.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Real Estate Developer</u> Employer <u>MJC Companies</u> Business Address: <u>46600 Romeo Plank Rd, Ste 5, Macomb, MI 48044</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>10/7/2016</u>	
Name & Address: Chirco, Michael 46600 Romeo Plank Rd, Ste 5 Macomb, MI 48044		\$150.00	\$1,150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>MJC Homes</u> Business Address: <u>46600 Romeo Plank Rd, Ste 5, Macomb, MI 48044</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>9/21/2016</u>	
Name & Address: Colasuonno, Ralph 401 Wedington Court Rochester, MI 48307		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Warner Norcross & Judd</u> Business Address: <u>45000 River Ridge Drive, Ste 300, Clinton Township, MI 48038</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>10/19/2016</u>	
Name & Address: Cox, Mike 17430 Lauel Park Dr. N Ste.120 E Livonia, MI 48152		\$1,000.00	\$1,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>The Mike Cox Law Firm, PLLC</u> Business Address: <u>17430 Lauel Park Dr. N Ste.120 E, Livonia, MI 48152</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 1,550.00

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
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>9/15/2016</u>	
Name & Address: Cunnington, Thomas 36700 Woodward Ave, Ste 101 Bloomfield Hills, MI 48304		\$1,000.00	\$1,000.00
5. if over \$100.00 cumulative, please provide:			
Occupation <u>Owner</u> Employer <u>Cunningham & Cunningham</u>			
Business Address: <u>36700 Woodward Ave, Ste 101, Bloomfield Hills, MI 48304</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>10/19/2016</u>	
Name & Address: Dallo, Julius 12790 Blue Lakes Circle Shelby Twp., MI 48315		\$250.00	\$250.00
5. if over \$100.00 cumulative, please provide:			
Occupation <u>President</u> Employer <u>JD Insurance Agency, LLC</u>			
Business Address: <u>12790 Blue Lakes Circle, Shelby Twp., 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>8/23/2016</u>	
Name & Address: DeDecker, Catherine 29218 Cotton Road Chesterfield, MI 48047		\$1,000.00	\$4,000.00
5. if over \$100.00 cumulative, please provide:			
Occupation <u>Marketing Manager</u> Employer <u>Spaulding DeDecker</u>			
Business Address: <u>905 South Boulevard, East, Rochester Hills, MI 48307</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>8/23/2016</u>	
Name & Address: DeDecker, Mike 34356 Amsterdam Sterling Heights, MI 48312		\$500.00	\$500.00
5. if over \$100.00 cumulative, please provide:			
Occupation <u>Land Surveyor</u> Employer <u>Spaulding DeDecker</u>			
Business Address: <u>905 South Boulevard, East, Rochester Hills, MI 48307</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 2,750.00

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>9/8/2016</u>	
Name & Address: Del Giudice, Gregory 401 Bristol St South Almont, MI 48003		\$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>10/19/2016</u>	
Name & Address: Denha, Kevin 40700 Woodward Ave., Ste. 250 Bloomfield Hills, MI 48304		\$1,000.00	\$1,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Real Estate Developer</u> Employer <u>Denha Properties</u> Business Address: <u>40700 Woodward Ave., Ste. 250, Bloomfield Hills, MI 48304</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>9/12/2016</u>	
Name & Address: Desimone, Glen 2397 Old Kent Warren, MI 48091		\$250.00	\$250.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Architect</u> Employer <u>Prime Design Systems, Inc.</u> Business Address: <u>2397 Old Kent, Warren, MI 48091</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>9/15/2016</u>	
Name & Address: Dickstein, Donnie 35898 Tamarack Court New Baltimore, MI 48047		\$200.00	\$200.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>Northwood, Inc.</u> Business Address: <u>7277 Bernice Street, Detroit, MI 48015</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal	1,550.00
Grand Total of All Schedules 1A (Complete on last page of schedule)	

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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>9/15/2016</u> Name & Address: Dresner, Linda 970 Shirley Road Birmingham, MI 48009 5. if over \$100.00 cumulative, please provide: Occupation <u>Retail Merchant</u> Employer <u>Self-Employed</u> Business Address: <u>299 W. Maple Road, Birmingham, MI 48009</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>9/15/2016</u> Name & Address: Dutkiewicz, Susan 46812 Fox Run Drive Macomb, 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		\$100.00	\$100.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: Easterbrook, Bob 32045 Dequindre Road Madison Heights, MI 48071 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 Rd, Madison Heights, MI 48071</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		\$600.00	\$900.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: Eberhard, David 28790 Coleridge Street Harrison Township, MI 48045 5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Warner Norcross & Judd</u> Business Address: <u>45000 River Ridge Drive, Ste 300, Clinton Township, MI 48038</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

Page Subtotal 7,800.00

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

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line 3a of Summary
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**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>10/19/2016</u>	
Name & Address: Elias, Mike 39051 Garfield Clinton Twp, MI 48038		\$200.00	\$200.00
5. if over \$100.00 cumulative, please provide:			
Occupation <u>Owner</u>		Employer <u>Anthony B's Party Market</u>	
Business Address: <u>3968 Fawn Dr., Rochester, MI 48306</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>10/7/2016</u>	
Name & Address: Espino, Fern 49238 Fox Drive N Plymouth, MI 48170		\$200.00	\$200.00
5. if over \$100.00 cumulative, please provide:			
Occupation <u>Consultant</u>		Employer <u>Espino Enterprises, Inc.</u>	
Business Address: <u>49238 Fox Drive N, Plymouth, MI 48170</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>9/15/2016</u>	
Name & Address: Fasse, Kathryn 61741 Cotswood Drive Washington, MI 48094		\$200.00	\$200.00
5. if over \$100.00 cumulative, please provide:			
Occupation <u>Executive Vice President</u>		Employer <u>Binsons</u>	
Business Address: <u>26834 Lawrence, Centerline, 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>9/12/2016</u>	
Name & Address: Ferrantino, Michael 48000 Ann Arbor Road Plymouth, MI 48170		\$1,000.00	\$1,000.00
5. if over \$100.00 cumulative, please provide:			
Occupation <u>Investor</u>		Employer <u>F5 Management Inc.</u>	
Business Address: <u>101 N Main Street, Suite 350, Ann Arbor, MI 48104</u>			
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
(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

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3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/23/2016</u> Name & Address: Fox, F. Norman 48153 Mallard Drive Chesterfield, MI 48047 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	\$150.00	\$150.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/21/2016</u> Name & Address: Frabotta, Anthony 12900 Hall Rd, Suite 500 Sterling Heights, MI 48313 5. if over \$100.00 cumulative, please provide: Occupation <u>Certified Public Accountant</u> Employer <u>UHY Advisors MI, Inc.</u> Business Address: <u>12900 Hall Road, Ste. 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	\$750.00	\$750.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/2016</u> Name & Address: Garman, Daniel 3145 N. Irish Road Davison, MI 48423 5. if over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>Reward for Recycling, LLC</u> Business Address: <u>1133 S. State Road, Suite 3, Davison, MI 48423</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	\$250.00	\$250.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/21/2016</u> Name & Address: Garton, Arthur 38550 Garfield Rd, Ste A Clinton Township, MI 48038 5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Garton & Voigt PC</u> Business Address: <u>38550 Garfield Rd, Ste A, Clinton Township, MI 48038</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 1,300.00

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

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line 3a of Summary
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**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>8/31/2016</u> Name & Address: Gerback, Jennifer 300 Park Street Birmingham, MI 48009 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	\$200.00	\$200.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/26/2016</u> Name & Address: Girodat, David 37301 Willow Lane Clinton Township, MI 48036 5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Fifth Third Bank</u> Business Address: <u>1 Woodward, Detroit, MI 48226</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
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/21/2016</u> Name & Address: Glantz, Paul 303 Gray Woods Lane Lake Angelus, MI 48326 5. if over \$100.00 cumulative, please provide: Occupation <u>Chief Executive Officer</u> Employer <u>Emagine Entertainment</u> Business Address: <u>39535 Ford Road, Canton, MI 48187</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	\$500.00	\$500.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: Gooley, Don 30670 N River Road Harrison Township, MI 48045 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 **950.00**

Grand Total of All Schedules 1A
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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

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3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/23/2016</u> Name & Address: Gregory, Cheryl 3220 Pinecrest Way Auburn Hills, MI 48326 5. if over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Spaulding DeDecker</u> Business Address: <u>905 South Boulevard, East, Rochester Hills, MI 48307</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	\$500.00	\$500.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: Gregory, Joyce 29564 Old North River Road Harrison Township, MI 48045 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	\$150.00	\$150.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: Grider, Robert 16320 Erin Fraser, MI 48026 5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser	\$50.00	\$50.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: Haag, Rolf 37455 Lakeville Street Harrison Township, MI 48045 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 800.00

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

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>9/15/2016</u>	
Name & Address: Hajdas, Henry 19730 Westchester Drive Clinton Township, MI 48038		\$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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/7/2016</u>	
Name & Address: Hamilton, Terence 5622 Springbrook Drive Troy, MI 48098		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Hospital Administrator</u> Employer <u>St. John Macomb-Oakland Hospital</u> Business Address: <u>11900 E. Twelve Mile Rd, Ste 315, 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>10/7/2016</u>	
Name & Address: Hecker, Sarah 1315 Harvard Grosse Pointe, MI 48230		\$150.00	\$250.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Self-Employed</u> Business Address: <u>1315 Harvard, Grosse Pointe, MI 48230</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>9/12/2016</u>	
Name & Address: Hicks, Derrick 3795 Quarton Road Bloomfield Hills, MI 48302		\$500.00	\$500.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>ASAP Services Inc</u> Business Address: <u>8531 W. 9 Mile Road, Oak Park, MI 48237</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 950.00

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

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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>9/12/2016</u> Name & Address: Hoover, Edwin 9661 Dixie Highway Fair Haven, MI 48023 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	\$250.00	\$250.00 NOTE: Contribution Refunded 10/17/16
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: Hunter, Connie 524 Hill Street Rochester, MI 48307 5. if over \$100.00 cumulative, please provide: Occupation <u>Technology Consultant</u> Employer <u>ARC Document Solutions</u> Business Address: <u>1009 West Maple Road, Clawson, MI 48017</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
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: lafrate, Angelo 69659 Riverbend Lane Armada, MI 48005 5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Self-Employed</u> Business Address: <u>26300 Sherwood Avenue, Warren, MI 48091</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	\$2,500.00	\$2,500.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/2016</u> Name & Address: Ives, Richard 4200 W Utica Rd, Apt 302 Shelby Township, MI 48317 5. if over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser	\$500.00	\$500.00

Page Subtotal	3,400.00
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

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: Jacobs, Jim 14500 12 Mile Road Warren, MI 48088 4. Date of Receipt <u>9/15/2016</u> 5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Macomb Community College</u> Business Address: <u>14500 E 12 Mile Road, Warren, MI 48088</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
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Jansen, Karen 36 Wellesley Drive Pleasant Ridge, MI 48069 4. Date of Receipt <u>9/12/2016</u> 5. if over \$100.00 cumulative, please provide: Occupation <u>VP Financial Operations</u> Employer <u>Rizzo Environmental Services</u> Business Address: <u>6200 Elmridge, 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		\$250.00	\$250.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Jordan, Alfred 47091 Grand Cypress Macomb, MI 48044 4. Date of Receipt <u>9/12/2016</u> 5. if over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Rizzo Environmental Services</u> Business Address: <u>6200 Elmridge, 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		\$250.00	\$250.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Jubinski, Chester 50728 E. Shamrock Street Chesterfield, MI 48047 4. Date of Receipt <u>10/15/2016</u> 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		\$3.00	\$3.00

NOTE: Contribution Refunded 10/17/16

NOTE: Contribution Refunded 10/17/16

Page Subtotal 653.00

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

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3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>9/15/2016</u>	
Name & Address: Kalas, Tom 3324 Kenwood Drive Rochester Hills, MI 48309		\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kalas Kadian PLC</u> Business Address: <u>31350 Telegraph Rd, 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>10/19/2016</u>	
Name & Address: Kallabat, Kareem 3811 Mystic Valley Dr. Bloomfield Hills, MI 48302		\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Co-Founder</u> Employer <u>Allied Liquor Stores</u> Business Address: <u>3811 Mystic Valley Dr., Bloomfield Hills, MI 48302</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>9/15/2016</u>	
Name & Address: Kaplansky, John 4528 Forest Edge Lane West Bloomfield, MI 48323		\$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>9/15/2016</u>	
Name & Address: Kashef, Kaveh 576 Lake Shore Lane Grosse Pointe Woods, MI 48236		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Clark Hill</u> Business Address: <u>151 S. Old Woodward, Suite 200, Birmingham, MI 48009</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 850.00

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>8/23/2016</u> Name & Address: Kashinsky, Victoria 41531 Belvidere Harrison Township, MI 48045 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		\$150.00	\$150.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/2/2016</u> Name & Address: Kojaian, C. Michael 39400 Woodward Avenue, Suite 250 Bloomfield Hills, MI 48304 5. if over \$100.00 cumulative, please provide: Occupation <u>Investor</u> Employer <u>Kojaian Companies</u> Business Address: <u>39400 Woodward Avenue, Suite 250, Bloomfield Hills, MI 48304</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
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/2/2016</u> Name & Address: Kojaian, Mike 39400 Woodward Avenue, Suite 250 Bloomfield Hills, MI 48304 5. if over \$100.00 cumulative, please provide: Occupation <u>Investor</u> Employer <u>Kojaian Companies</u> Business Address: <u>39401 Woodward Avenue, Suite 250, Bloomfield Hills, MI 48304</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
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/2016</u> Name & Address: Kotlarz, Kimberly 57155 Willow Way Washington, MI 48094 5. if over \$100.00 cumulative, please provide: Occupation <u>Bookkeeper</u> Employer <u>Peacocks Inc</u> Business Address: <u>33626 Schoenherr, Sterling Heights, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$250.00	\$250.00

Page Subtotal 700.00

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 Name & Address: Kozak, Henry PO Box 55 Dexter, MI 48130 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>9/15/2016</u>	\$100.00	\$100.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Kozanas, Constantina 5502 Teak Court Alexandria, VA 22309 5. if over \$100.00 cumulative, please provide: Occupation <u>Counselor</u> Employer <u>Privacy and Civil Liberties Oversight</u> Business Address: <u>2100 K Street NW, Suite 500, Washington, DC 20427</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>10/19/2016</u>	\$200.00	\$200.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Krall Cytacki, Alicia 225 Marion PO Box 18247 River Rouge, MI 48218 5. if over \$100.00 cumulative, please provide: Occupation <u>Vice President</u> Employer <u>Michigan Marine Terminal</u> Business Address: <u>225 Marion PO Box 18247, River Rouge, MI 48218</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>10/5/2016</u>	\$1,000.00	\$1,000.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Kurtz, Harry 1040 Lake Shore Road Grosse Pointe Park, MI 48236 5. if over \$100.00 cumulative, please provide: Occupation <u>Executive</u> Employer <u>Mobility Resource Associates</u> Business Address: <u>20 North Duval Road, Grosse Pointe Shores, MI 48236</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>9/21/2016</u>	\$150.00	\$1,850.00

Page Subtotal 1,450.00

Grand Total of All Schedules 1A
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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

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3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: Kurtz, Harry 1040 Lake Shore Road Grosse Pointe Woods, MI 48236 5. if over \$100.00 cumulative, please provide: Occupation <u>Executive</u> Employer <u>Mobility Resource Associates</u> Business Address: <u>20 North Duval Road, Grosse Pointe Shores, MI 48236</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$200.00	\$1,700.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/21/2016</u> Name & Address: LaHood, Mary Anne 20 Stillmeadow Lane Grosse Pointe Shores, MI 48236 5. if over \$100.00 cumulative, please provide: Occupation <u>Writer</u> Employer <u>Self-Employed</u> Business Address: <u>20 Stillmeadow Lane, Grosse Pointe Shores, MI 48236</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		\$100.00	\$300.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/19/2016</u> Name & Address: Lambdin, Robert 22725 Orchard Lake Road Farmington, MI 48336 5. if over \$100.00 cumulative, please provide: Occupation <u>Environmental Engineer</u> Employer <u>AKT Peerless</u> Business Address: <u>22725 Orchard Lake Road, Farmington, MI 48336</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
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: LaPorte, Dennis 3234 Kenwood Rochester Hills, MI 48309 5. if over \$100.00 cumulative, please provide: Occupation <u>Certified Public Accountant</u> Employer <u>UHY LLP</u> Business Address: <u>12900 Hall Road, Ste. 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		\$150.00	\$150.00

Page Subtotal **600.00**

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

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3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/7/2016</u> Name & Address: Lauzon, Sally 28740 Jefferson Ave St. Clair Shores, MI 48081 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	\$500.00	\$500.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: Lefief, Jenelle 521 Middlesex Road Grosse Pointe Park, MI 48230 5. if over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>Johnson & Johnson</u> Business Address: <u>1000 US Highway 202, Reritan, NJ 08869</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	\$250.00	\$250.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: Levy, Jr., Edward 970 Shirley Road Birmingham, MI 48009 5. if over \$100.00 cumulative, please provide: Occupation <u>Executive</u> Employer <u>Edw. C. Levy Co.</u> Business Address: <u>8800 Dix Avenue, Detroit, MI 48209</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	\$3,800.00	\$6,800.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>8/23/2016</u> Name & Address: Liposky, Gregory 5919 Miller Way E West Bloomfield, MI 48301 5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Creative Benefit Solutions, Inc.</u> Business Address: <u>5435 Corporate Drive, #260, Troy, MI 48098</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	\$250.00	\$250.00

Page Subtotal	4,800.00
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

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3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>10/7/2016</u>	
Name & Address: Logan, Michael 909 Ridgefield Dr Brighton, MI 48114		\$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>9/27/2016</u>	
Name & Address: Lope, Ray 8459 Hall Road Utica, MI 48317		\$300.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Funeral Director</u> Employer <u>WM Sullivan & Sons Funeral Home</u> Business Address: <u>8459 Hall Rd, Utica, 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>9/15/2016</u>	
Name & Address: Lueck, Michael 144 South Wilson Mount Clemens, MI 48043		\$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>9/27/2016</u>	
Name & Address: MacDonald, David 32958 Whispering Lane Chesterfield, MI 48047		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Warner Norcross & Judd</u> Business Address: <u>45000 River Ridge Drive, Ste 300, Clinton Township, MI 48038</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 650.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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>8/23/2016</u> Name & Address: MacLeish, Daniel 650 E Big Beaver, #F Troy, MI 48083 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>9/21/2016</u> Name & Address: Maher, James 30101 Northwestern Hwy, Ste 120 Farmington Hills, MI 48334 5. if over \$100.00 cumulative, please provide: Occupation <u>Financial Advisor</u> Employer <u>Maier Financial Group</u> Business Address: <u>30101 Northwestern Hwy, Ste 120, Farmington Hills, MI 48334</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
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/2016</u> Name & Address: Mamou, Habib 313 East Hudson Avenue Royal Oak, MI 48067 5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Royal Oak Recycling</u> Business Address: <u>414 E. Hudson, Royal Oak, MI 48067</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$250.00	\$250.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/2016</u> Name & Address: Manczak, Richard 3785 Fox Hunt Drive Ann Arbor, MI 48105 5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Vanum LLP</u> Business Address: <u>39500 High Pointe Boulevard, Suite 350, Novi, MI 48375</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$250.00	\$250.00

Page Subtotal 750.00

Grand Total of All Schedules 1A
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line 3a of Summary
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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>10/19/2016</u>	
Name & Address: Manio, Norm 766 Passive Rochester Hills, MI 48306		\$250.00	\$250.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Co-Founder</u> Employer <u>Allied Liquor Stores</u> Business Address: <u>766 Passive, Rochester Hills, MI 48306</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>9/2/2016</u>	
Name & Address: Markey, Daniel 12900 Hall Road, Suite 500 Sterling Heights, MI 48313		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Certified Public Accountant</u> Employer <u>UHY LLP</u> Business Address: <u>12900 Hall Road Ste. 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>9/27/2016</u>	
Name & Address: Maxwell, Dean 28820 Old North 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 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>8/23/2016</u>	
Name & Address: Meadows, Theodore 42583 Hammill Lane Plymouth, MI 48170		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Construction Manager</u> Employer <u>Spaulding DeDecker</u> Business Address: <u>905 South Boulevard, East, Rochester Hills, MI 48307</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 650.00

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

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: <u>Mersino, Karen</u> <u>4491 Jordyn Drive</u> <u>Lapeer, MI 48446</u> 4. Date of Receipt <u>10/19/2016</u>		\$1,000.00	\$1,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>Mersino Management, LLC</u> Business Address: <u>600 West Dryden Road, Metamora, MI 48455</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 Name & Address: <u>Mikolajczyk, Bradley</u> <u>12259 Dentanview Drive</u> <u>Fenton, MI 48430</u> 4. Date of Receipt <u>9/16/2016</u>		\$250.00	\$250.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Wealth Advisor</u> Employer <u>Merrill Lynch</u> Business Address: <u>2600 West Big Beaver, Suite. 110, 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 Name & Address: <u>Motyka, John</u> <u>29800 Lorraine Boulevard</u> <u>Warren, MI 48093</u> 4. Date of Receipt <u>9/16/2016</u>		\$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 Name & Address: <u>Mullins, Timothy</u> <u>22836 Canterbury Street</u> <u>St. Clair Shores, MI 48080</u> 4. Date of Receipt <u>9/21/2016</u>		\$150.00	\$650.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Giarmarco, Mullins & Horton P.C.</u> Business Address: <u>101 W Big Beaver, 10th Fl, Troy, MI 48084</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 1,500.00

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>8/23/2016</u>	
Name & Address: Nestor, Anthony 1071 Thorn Ridge Drive Howell, MI 48843		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Contech Engineered Solutions, LLC</u> Business Address: <u>9025 Centre Point Drive, West Chester, OH 45069</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>10/14/2016</u>	
Name & Address: Newman, Andrea 101 N. Main #1007 Ann Arbor, MI 48104		\$1,000.00	\$1,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Senior Vice President</u> Employer <u>Delta Air Lines, Inc.</u> Business Address: <u>1212 New York Ave NW, Ste 200, Washington, DC 2005</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>10/14/2016</u>	
Name & Address: Nicholson, Ann 10922 Harper Ave Detroit, MI 48213		\$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 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>10/14/2016</u>	
Name & Address: Nicholson, James 10922 Harper Ave Detroit, MI 48213		\$6,800.00	\$7,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>PVS Chemicals, Inc.</u> Business Address: <u>10900 Harper Ave, Detroit, MI 48213</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 14,750.00

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

Enter this total on
line 3a of Summary
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**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>9/15/2016</u>	
Name & Address: Nini, Richard 6320 Highland Road Waterford, MI 48327		\$1,000.00	\$1,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Corporate Eagle</u> Business Address: <u>6320 Highland Road, Waterford, MI 48327</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>9/15/2016</u>	
Name & Address: Olen, Ann 39449 W Archer 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 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>9/15/2016</u>	
Name & Address: Olen, Paul 11332 Briardliff Drive Warren, MI 48093		\$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>9/21/2016</u>	
Name & Address: Ott, Lyndsay 53588 Oak Grove Shelby Township, MI 48315		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Warner Norcross & Judd</u> Business Address: <u>45000 River Ridge Drive, Ste 300, Clinton Township, MI 48038</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

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
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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 Name & Address: Owens, Joseph 17861 Troon Trail Macomb, MI 48042 5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Warner Norcross & Judd</u> Business Address: <u>45000 River Ridge Drive, Ste 300, Clinton Township, MI 48038</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>9/21/2016</u>	\$150.00	\$150.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Padalino, Robert 1470 Torrey Grosse Pointe Woods, MI 48236 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>9/15/2016</u>	\$100.00	\$100.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Papa, Albert 400 W. Forth Street, Suite 300 Royal Oak, MI 48067 5. if over \$100.00 cumulative, please provide: Occupation <u>Financial Advisor</u> Employer <u>Cambridge Consulting Group</u> Business Address: <u>400 W. Forth Street, Suite 300, Royal Oak, MI 48067</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>9/2/2016</u>	\$150.00	\$150.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Parker, Francine 22700 Gordon Switch Street St. Clair Shores, MI 48081 5. if over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>UAW Retiree Medical Benefits Trust</u> Business Address: <u>200 Walker, Detroit, MI 48221</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>10/20/2016</u>	\$500.00	\$1,000.00

Page Subtotal 900.00

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

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>9/2/2016</u>	
Name & Address: Petri, Dennis 2005 Clearwood Court Shelby Township, MI 48136		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Certified Public Accountant</u> Employer <u>UHY LLP</u> Business Address: <u>12900 Hall Road Ste. 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>9/15/2016</u>	
Name & Address: Pflaum, Andrew 596 Hawthorne Grosse Pointe Woods, MI 48236		\$250.00	\$250.00
5. if over \$100.00 cumulative, please provide: Occupation <u>General Contractor</u> Employer <u>Apcor Construction</u> Business Address: <u>22316 Harper, 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			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>9/19/2016</u>	
Name & Address: Pierson, Timothy 49514 Regatta Street Chesterfield, MI 48047		\$200.00	\$200.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Quality Lumber & Building Wholesalers</u> Business Address: <u>8706 Gratiot, 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>8/23/2016</u>	
Name & Address: Platz, George 785 Letts Road Oakland, MI 48363		\$500.00	\$500.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Land Surveyor</u> Employer <u>Spaulding DeDecker</u> Business Address: <u>905 South Boulevard, East, Rochester Hills, MI 48307</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

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>10/7/2016</u> Name & Address: Ponder, Daniel 961 McDonald Dr Northville, MI 48167 5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Franco Public Relations Group</u> Business Address: <u>400 RenGen, Ste 1000, Detroit, MI 48243</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$500.00	\$500.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/7/2016</u> Name & Address: Prechter, Waltraud 19013 Parke Lake Grosse Isle, MI 48138 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		\$150.00	\$150.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/21/2016</u> Name & Address: Rancilio, Racheal 54886 Pelican Lane Shelby Township, MI 48315 5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Fischer, Garon, Hoyumpa & Rancilio</u> Business Address: <u>48 Market 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		\$300.00	\$300.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/2016</u> Name & Address: Rasmusson, Paul 7310 Salisbury Road Maumee, OH 43537 5. if over \$100.00 cumulative, please provide: Occupation <u>Financial Analyst</u> Employer <u>Rizzo Environmental Services</u> Business Address: <u>6200 Elmridge, 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		\$250.00	\$250.00

NOTE: Contribution Refunded 10/17/16

Page Subtotal 1,200.00
 Grand Total of All Schedules 1A
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 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 Name & Address: Rasor, Philip 4265 Reedbury Lane Columbus, OH 43220 5. if over \$100.00 cumulative, please provide: Occupation <u>Civil Engineer</u> Employer <u>Spaulding DeDecker</u> Business Address: <u>905 South Boulevard, East, Rochester Hills, MI 48307</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>8/23/2016</u>	\$500.00	\$1,000.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Reichenbach, Roger 23232 Marter Road St. Clair Shores, MI 48080 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>9/15/2016</u>	\$100.00	\$100.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Richmond, Dave 201 1st Street Fenton, MI 48430 5. if over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Spaulding DeDecker</u> Business Address: <u>905 South Boulevard, East, Rochester Hills, MI 48430</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>8/23/2016</u>	\$150.00	\$150.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Ritchie, Ann 1455 S Eton Street Birmingham, MI 48009 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>9/15/2016</u>	\$25.00	\$25.00

Page Subtotal 775.00

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

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>9/12/2016</u> Name & Address: Romanelli, Rita 22249 River Pines Road Farmington Hills, MI 48335 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	\$250.00	\$250.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/2/2016</u> Name & Address: Roncelli, Sharon 69900 Hicks Rd Armada, MI 48005 5. if over \$100.00 cumulative, please provide: Occupation <u>HR Coordinator</u> Employer <u>Roncelli Inc.</u> Business Address: <u>6471 Metro Parkway, Sterling Heights, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser	\$500.00	\$3,000.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/21/2016</u> Name & Address: Rossman, Barbara 54311 Queensborough Drive Shelby Township, MI 48315 5. if over \$100.00 cumulative, please provide: Occupation <u>Chief Executive Officer</u> Employer <u>HFHS Macomb</u> Business Address: <u>15855 19 Mile Rd, Clinton Township, MI 48038</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
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/19/2016</u> Name & Address: Sakwa, Jeffrey 280 Harmon #290 Birmingham, MI 48009 5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Nobel Realty</u> Business Address: <u>32255 Northwestern Hwy, #125, Farmington Hills, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser	\$1,000.00	\$1,000.00

Page Subtotal 1,900.00

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

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>10/14/2016</u>	
Name & Address: Samona, Mazin 1100 W Maple Road Troy, MI 48084		\$1,000.00	\$1,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Smokers Outlet Management</u> Business Address: <u>1100 W Maple Road, 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>9/15/2016</u>	
Name & Address: Sanborn, Kenneth 16971 Crystal Drive Macomb, MI 48042		\$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>9/15/2016</u>	
Name & Address: Schaefer, William 762 S Renaud Road Grosse Pointe Woods, MI 48236		\$100.00	\$850.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Driggers, Schultz & Herbst</u> Business Address: <u>2600 West Big Beaver Road, 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>9/2/2016</u>	
Name & Address: Schneider, Jim 415 West Harrison Royal Oak, MI 48067		\$200.00	\$200.00
6. if over \$100.00 cumulative, please provide: Occupation <u>Architect</u> Employer <u>Schneider + Smith Architects</u> Business Address: <u>833 S. Center Street, Royal Oak, MI 48067</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 1,450.00

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

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line 3a of Summary
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**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: Schwartz, Jay 17711 Stonebrook Drive Northville, MI 48168 5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Schwartz Law Firm</u> Business Address: <u>37887 W. Twelve Mile Rd, Farmington Hills, MI 48133</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>9/12/2016</u>	\$500.00	\$500.00
NOTE: Contribution Refunded 10/17/16			
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Silamianos Sherman, Maria 56 Oxford Dr Grosse Pointe Shores, MI 48236 5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Omega</u> Business Address: <u>45000 River Ridge Dr, Ste 110, Clinton Township, MI 48038</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>9/19/2016</u>	\$750.00	\$1,750.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Simon, Lawrence 46 Oxford Road Grosse Pointe Shores, MI 48236 5. if over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Doeren Mayhew</u> Business Address: <u>305 W. Big Beaver Road, 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>9/15/2016</u>	\$2,500.00	\$2,500.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Simon, Nada 150 Lone Pine Road Bloomfield Hills, MI 48304 5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Atlas Oil</u> Business Address: <u>24501 Ecorse Road, Taylor, MI 48180</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>9/15/2016</u>	\$2,500.00	\$2,500.00

Page Subtotal 6,250.00

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

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: <u>Snethkamp, Mark</u> <u>26300 Harbour Pointe Dr South</u> <u>Harrison Township, MI 48045</u> 5. if over \$100.00 cumulative, please provide: Occupation <u>Auto Dealer</u> Employer <u>Snethkamp Chrysler Dodge Jeep Ram</u> Business Address: <u>11600 Telegraph Rd, Redford, MI 48239</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>10/14/2016</u>	\$500.00	\$500.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: <u>Sovel, Tom</u> <u>2549 Foxgrove Drive</u> <u>Highland, MI 48356</u> 5. if over \$100.00 cumulative, please provide: Occupation <u>Civil Engineer</u> Employer <u>Spaulding DeDecker</u> Business Address: <u>905 South Boulevard, East, Rochester Hills, MI 48307</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>8/23/2016</u>	\$500.00	\$500.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: <u>Spicer, Sr., S. Gary</u> <u>16845 Kercheval</u> <u>Grosse Pointe, MI 48230</u> 5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-Employed</u> Business Address: <u>16845 Kercheval, Grosse Pointe, MI 48230</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>9/16/2016</u>	\$400.00	\$1,200.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: <u>Stevenson, Wade</u> <u>1427 Woodbridge</u> <u>Wixom, MI 48393</u> 5. if over \$100.00 cumulative, please provide: Occupation <u>Chief Financial Officer</u> Employer <u>Rizzo Environmental Services</u> Business Address: <u>6200 Elmridge, 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	4. Date of Receipt <u>9/12/2016</u>	\$250.00	\$250.00

NOTE: Contribution Refunded 10/17/16

Page Subtotal	1,650.00
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 Name & Address: Taddonio, John 11505 Pleasant Shore Drive Manchester, MI 48158 5. if over \$100.00 cumulative, please provide: Occupation <u>Executive</u> Employer <u>Rocky Ridge Development, LLC</u> Business Address: <u>11505 Pleasant Shore Drive, Manchester, MI 48158</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>9/12/2016</u>	\$250.00	\$250.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Timmermans, Thomas 424 Port Sheldon Road SW Grandville, MI 49418 5. if over \$100.00 cumulative, please provide: Occupation <u>Sr. Project Manager</u> Employer <u>SES Environmental</u> Business Address: <u>4455 Chicago Drive SW, Grandville, MI 49418</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>9/16/2016</u>	\$1,000.00	\$1,000.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Tinsley, Thomas 42999 E. Huron River Drive Belleville, MI 48111 5. if over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Contract Welding & Fabricating, Inc.</u> Business Address: <u>PO Box 68, Belleville, MI 48112</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>9/16/2016</u>	\$1,000.00	\$1,000.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: Tobin, Michael 3199 Interlaken Street West Bloomfield, MI 48323 5. if over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>The Tobin Group</u> Business Address: <u>31500 W 10 Mile, Farmington Hills, MI 48336</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>10/19/2016</u>	\$1,000.00	\$1,000.00

Page Subtotal 3,250.00

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>9/21/2016</u> Name & Address: Toma, Stavros 38900 Van Dyke, Ste 101 Sterling Heights, MI 48312 5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>American Wireless</u> Business Address: <u>38900 Van Dyke, Ste 101, Sterling Heights, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$125.00	\$125.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/21/2016</u> Name & Address: Toma, Stavros 38900 Van Dyke, Ste 101 Sterling Heights, MI 48312 5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>American Wireless</u> Business Address: <u>38900 Van Dyke, Ste 101, Sterling Heights, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$125.00	\$250.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/19/2016</u> Name & Address: Torre, Frank 1450 Quarton Rd. Bloomfield, MI 48304 5. if over \$100.00 cumulative, please provide: Occupation <u>Chief Executive Officer</u> Employer <u>Signal Restoration Services</u> Business Address: <u>1450 Quarton Rd., Bloomfield, MI 48304</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser		\$1,000.00	\$1,000.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>9/19/2016</u> Name & Address: Tully, Patrick 6 Hanover Pleasant Ridge, MI 48064 5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Warner Norcross & Judd</u> Business Address: <u>45000 River Ridge Drive, Ste 300, Clinton Township, MI 48038</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 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**

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>9/16/2016</u>	
Name & Address: Tuscan, Robert 925 Beck Road Galion, OH 44833		\$500.00	\$500.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Regional Sales Manager</u> Employer <u>G-S Products</u> Business Address: <u>322 Lavensville Road, Somerset, PA 15501</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>9/15/2016</u>	
Name & Address: Tweddle, Andrew 24700 Maplehurst Drive Clinton Township, MI 48036		\$2,500.00	\$2,500.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Investor</u> Employer <u>Self-Employed</u> Business Address: <u>24700 Maplehurst 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			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>8/23/2016</u>	
Name & Address: Velardo, Armand 12382 Forest Glen Lane Shelby Township, MI 48315		\$150.00	\$250.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Ruggirello, Velardo, Novara & Ver Beek,</u> Business Address: <u>65 Southbound Gratiot, 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>9/21/2016</u>	
Name & Address: Velardo, Armand 12382 Forest Glen Lane Shelby Township, MI 48315		\$150.00	\$400.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Ruggirello, Velardo, Novara & Ver Beek,</u> Business Address: <u>65 Southbound Gratiot, 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			

Page Subtotal	3,300.00
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>8/23/2016</u>	
Name & Address: Victor, Cindy 24605 Riverwood Drive Franklin, MI 48025		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kus Ryan PLLC</u> Business Address: <u>2851 High Meadow Circle Suite 120, 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			
3. Contribution #	PAC Receipt <input type="checkbox"/> YES	4. Date of Receipt <u>8/23/2016</u>	
Name & Address: Viviano, Anthony 4751 Lockwood Washington, MI 48094		\$150.00	\$650.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Auto Dealer</u> Employer <u>Sterling Heights Dodge CJR</u> Business Address: <u>40111 Van Dyke, 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>10/18/2016</u>	
Name & Address: Weiser, Ronald PO Box 8649 Ann Arbor, MI 48107		\$2,500.00	\$2,500.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Founder</u> Employer <u>McKinley Associates Inc.</u> Business Address: <u>320 North Main Street, Suite 200, Ann Arbor, MI 48104</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>9/21/2016</u>	
Name & Address: Westrick, William 5250 West Road Washington, MI 48094		\$150.00	\$1,650.00
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 2,950.00

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>8/23/2016</u>	
Name & Address: Westrick, William 5250 West Road Washington, MI 48094		\$1,000.00	\$1,500.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Anderson, Eckstein & Westrick</u> Business Address: <u>51301 Schoenherr, 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>9/15/2016</u>	
Name & Address: Willhite, Ann 376 Ferndale Birmingham, MI 48009		\$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>10/7/2016</u>	
Name & Address: Williams, John 1421 Stanley Blvd Birmingham, MI 48009		\$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>9/21/2016</u>	
Name & Address: Young, Rodger 27725 Stanbury Blvd, Ste 125 Farmington Hills, MI 48334		\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Young & Associates</u> Business Address: <u>27725 Stansbury Blvd. Ste 125, Farmington Hills, MI 48334</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>9/15/2016</u>	
Name & Address: Atlas Oil PAC 24501 Ecorse Road Taylor, MI 48180		\$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			
3. Contribution #	PAC Receipt <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>9/15/2016</u>	
Name & Address: Atlas Oil PAC 24501 Ecorse Road Taylor, MI 48180		\$500.00	\$1,000.00
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>9/15/2016</u>	
Name & Address: Zausmer, Mark 2298 Locklin Street West Bloomfield, MI 48324		\$1,000.00	\$1,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Zausmer Law Firm</u> Business Address: <u>31700 Middlebelt, Farmington Hills, MI 48334</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>10/19/2016</u>	
Name & Address: Zetouna, Bashar 48901 Villa Dioro Circle Shelby Twp., MI 48315		\$250.00	\$250.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Co-Founder</u> Employer <u>Allied Liquor Stores</u> Business Address: <u>48901 Villa Dioro Circle, Shelby Twp., MI 48315</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 2,250.00

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 checked="" type="checkbox"/> YES Name & Address: Blue Cross Blue Shield of Michigan PAC 232 S. Capitol Ave., MC L10A Lansing, MI 48933 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>10/7/2016</u>	\$500.00	\$500.00
3. Contribution # _____ PAC Receipt <input checked="" type="checkbox"/> YES Name & Address: Brady for Congress PO Box 8277 The Woodlands, TX 77387 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>10/7/2016</u>	\$499.00	\$499.00
3. Contribution # _____ PAC Receipt <input checked="" type="checkbox"/> YES Name & Address: Brandenburg Liberty PAC 37596 Huron Pointe Drive Harrison Township, MI 48045 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>9/21/2016</u>	\$1,000.00	\$1,000.00
3. Contribution # _____ PAC Receipt <input checked="" type="checkbox"/> YES Name & Address: Chaldean Chamber PAC 30850 Telegraph Road, Suite 200 Bingham Farms, MI 48025 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>10/19/2016</u>	\$2,000.00	\$2,000.00

Page Subtotal 3,999.00

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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>9/15/2016</u>	
Name & Address: Clark Hill PAC 500 Woodward Avenue, Suite 35000 Detroit, MI 48226		\$250.00	\$250.00
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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/7/2016</u>	
Name & Address: CMS Energy PAC One Energy Plaza Detroit, MI 48226		\$1,000.00	\$1,000.00
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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>9/15/2016</u>	
Name & Address: Committee to Elect Robert Binson 7356 Voerner Avenue Centerline, MI 48015		\$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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>9/21/2016</u>	
Name & Address: DTE Energy Company PAC - State One Energy Plaza Detroit, MI 48226		\$500.00	\$3,000.00
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 1,850.00

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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/19/2016</u>	
Name & Address: Fifth Third Bancorp Pac 545 E Town Street Columbus, OH 43215		\$500.00	\$500.00
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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/7/2016</u>	
Name & Address: GLM PAC 1000 Woodbridge Street Detroit, MI 48207		\$300.00	\$300.00
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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/7/2016</u>	
Name & Address: Lucido For A Brighter Tomorrow PAC 6303 26 Mile Rd, Ste 203 Washington, MI 48094		\$150.00	\$150.00
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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>9/21/2016</u>	
Name & Address: Making America Prosperous PAC PO Box 2485 Springfield, VA 22152		\$499.00	\$499.00
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 **1,449.00**

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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>9/21/2016</u> Name & Address: Plunkett Cooney PAC 38505 Woodward Ave, Ste 2000 Bloomfield Hills, MI 48304 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	\$1,000.00	\$2,000.00
3. Contribution # _____ PAC Receipt <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/7/2016</u> Name & Address: Public Affairs Associates Better Government PAC 120 N Washington Sq, Ste 1050 Lansing, MI 48933 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	\$500.00	\$500.00
3. Contribution # _____ PAC Receipt <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/7/2016</u> Name & Address: Relentless Positive Action Michigan State PAC 300 North Fifth Avenue, Suite 140 Ann Arbor, MI 48104 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	\$1,000.00	\$1,000.00
3. Contribution # _____ PAC Receipt <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>9/12/2016</u> Name & Address: Rizzo Environmental Services PAC 6200 Elmridge Sterling Heights, MI 48313 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	\$12,000.00	\$12,000.00 NOTE: Contribution Refunded 10/17/16

Page Subtotal **14,500.00**

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 checked="" type="checkbox"/> YES Name & Address: Waste Management Employees Better Government Fund of MI 48797 Alpha Drive, Suite 100 Wixom, MI 48393 4. Date of Receipt <u>10/14/2016</u> 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		\$200.00	\$200.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: _____ 4. Date of Receipt _____ 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 type="checkbox"/> Fund Raiser		\$ _____	\$ _____
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: _____ 4. Date of Receipt _____ 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 type="checkbox"/> Fund Raiser		\$ _____	\$ _____
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES Name & Address: _____ 4. Date of Receipt _____ 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 type="checkbox"/> Fund Raiser		\$ _____	\$ _____

Page Subtotal	200.00
Grand Total of All Schedules 1A (Complete on last page of schedule)	121,176.00
Enter this total on line 3a of Summary Page	



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139314

2. Committee Name Candice Miller for Macomb

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Candice Miller for Congress PO Box 182152 Shelby Township, MI 48318	Date of Receipt <u>09/21/16</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type Lump- sum, unitemized, partial transfer (FIFO)</small> <input checked="" type="checkbox"/> Other (Specify) <u>from federal committee of the same candidate</u>	\$ <u>150,000.00</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #2 Name & Address: Candice Miller for Congress PO Box 182152 Shelby Township, MI 48318	Date of Receipt <u>10/06/16</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type Lump- sum, unitemized, partial transfer (FIFO)</small> <input checked="" type="checkbox"/> Other (Specify) <u>from federal committee of the same candidate</u>	\$ <u>50,000.00</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		

Page Subtotal **\$200,000.00**

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) **\$200,000.00**

Enter this total on
line 4 of Summary
Page



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: Steve Benedettini 2250 Avon Lake Lane Rochester Hills, MI 48307 If over \$100.00 cumulative, please provide: Occupation: <u>President</u> Employer Name & Business Address: Spaulding DeDecker 905 South Boulevard, East Rochester Hills MI 48307 <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 Facility Rental & Catering</u> 5. Date Of Receipt: <u>08/23/16</u> 6. Vendor Name & Address: General Sports Baseball 400 Water Street, Suite 250 Rochester, MI 48307 Click Here for Memo Itemization	\$ <u>1760.60</u>	\$ <u>2760.60</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: James E. Binson 25834 Lawrence Center Line, MI 48015 If over \$100.00 cumulative, please provide: Occupation: <u>Owner</u> Employer Name & Address: Binson's Medical Equipment & Supplies 26834 Lawrence Centerline, MI 48015 <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>Food, Beverages, Dining Supplies</u> 5. Date Of Receipt: <u>08/31/16</u> 6. Vendor Name & Address: Meijer 30800 Little Mack Road Roseville, MI 48066 Click Here for Memo Itemization	\$ <u>19.08</u>	\$ <u>3619.08</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: James E. Binson 25834 Lawrence Center Line, MI 48015 If over \$100.00 cumulative, please provide: Occupation: <u>Owner</u> Employer Name & Address: Binson's Medical Equipment & Supplies 26834 Lawrence Centerline, MI 48015 <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>Beverages & Bar Staff</u> 5. Date Of Receipt: <u>08/31/16</u> 6. Vendor Name & Address: Franks Jefferson Prime Meats & Deli 25300 Jefferson Avenue St. Clair Shores, MI 48081 Click Here for Memo Itemization	\$ <u>500.00</u>	\$ <u>4119.08</u>

Page Subtotal **\$2,279.68**

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

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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 <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: James E. Binson 25834 Lawrence Center Line, MI 48015 If over \$100.00 cumulative, please provide: Occupation: <u>Owner</u> Employer Name & Business Address: Binson's Medical Equipment & Supplies 26834 Lawrence Centerline, MI 48015 <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 Valet Services</u> 5. Date Of Receipt: <u>08/31/16</u> 6. Vendor Name & Address: First Class Valet, Inc. 2795 East Maple Troy, MI 48083 Click Here for Memo Itemization	\$ <u>300.00</u>	\$ <u>4419.08</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Sam Simon 150 Lone Pine Road Bloomfield Hills, MI 48304 If over \$100.00 cumulative, please provide: Occupation: <u>Owner</u> Employer Name & Address: Atlas Oil 24501 Ecorse Road Taylor, MI 48180 <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>09/01/16</u> 6. Vendor Name & Address: Simon Group Holdings 24501 Ecorse Road Taylor, MI 48180 Click Here for Memo Itemization	\$ <u>3442.91</u>	\$ <u>3442.91</u>
Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: Warner Norcross and Judd PAC 120 N Washington Square, Suite 410 Lansing, MI 48933 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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>09/19/16</u> 6. Vendor Name & Address: Dominic's Catering 20580 Hall Road Charter Township, MI 48038 Click Here for Memo Itemization	\$ <u>1745.00</u>	\$ <u>1745.00</u>

Page Subtotal **\$5,487.91**

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

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on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139314

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 checked="" type="checkbox"/> Yes Name & Address: Detroit Regional Chamber PAC 1 Woodward Avenue, Suite 1900 Detroit, MI 48226 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	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>10/05/16</u> 6. Vendor Name & Address: Culinary Associates 20504 Livernois Detroit, MI 48221 <input checked="" type="checkbox"/> Fund Raiser Contribution	\$ <u>765.00</u>	\$ <u>765.00</u>
Contribution # 2 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: Chaldean Chamber PAC 30850 Telegraph Road, Suite 200 Bingham Farms, 48025 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 <u>Fundraiser Catering</u> 5. Date Of Receipt: <u>10/13/16</u> 6. Vendor Name & Address: Jay Jay's Bistro 2995 E Long Lake Troy, MI 48085 <input checked="" type="checkbox"/> Fund Raiser Contribution	\$ <u>132.34</u>	\$ <u>132.34</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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:	\$ _____	\$ _____

Page Subtotal **\$897.34**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$8,664.93**

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on line 6 of Summary
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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 United States Postal Service Address 7755 22 Mile Road Shelby Township, MI 48317 <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>08/23/16</u> Date	<u>\$ 188.00</u>
Expenditure #2 Name United States Postal Service Address 7755 22 Mile Road Shelby Township, MI 48317 <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>08/23/16</u> Date	<u>\$ 22.95</u>
Expenditure #3 Name Anedot Address PO Box 84314 Baton Rouge, LA 70884 <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>08/25/16</u> Date	<u>\$ 88.95</u>
Expenditure #4 Name Grosso Trucking & Supply Company Address 10015 Marine City Highway Fair Haven, MI 48023 <input type="checkbox"/> Fund Raiser	Purpose: <u>Contribution Refund</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/16</u> Date	<u>\$ 450.00</u>
Expenditure #5 Name McClaren Macomb Healthcare Foundation Address 1000 Harrington Boulevard Mt. Clemens, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Program Expense- Tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/16</u> Date	<u>\$ 100.00</u>
Subtotal this page			\$849.90
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>Speedway</u> Address <u>18665 15 Mile Road</u> <u>Clinton Township, MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Gas Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/29/16</u> Date	<u>\$ 350.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Enterprise Rent A Car</u> Address <u>20650 Hall Road</u> <u>Clinton Township, MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Car Rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/30/16</u> Date	<u>\$ 999.16</u> Click Here for Memo Itemization Type
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> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/30/16</u> Date	<u>\$ 421.45</u> Memo Itemization Below
Expenditure #4 Name <u>Anthony Lewis</u> Address <u>25610 Sun Sail Court</u> <u>Harrison Township, MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Payroll</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/30/16</u> Date	<u>\$ (421.45)</u> (Memo Itemization)
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>08/30/16</u> Date	<u>\$ 139.35</u> Click Here for Memo Itemization Type

Subtotal this page \$1,909.96
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>Luigi Robert D'Agostini</u> Address <u>2281 Pond Vallee Drive</u> <u>Oakland, MI 48363</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Contribution Refund</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/01/16</u> Date	<u>\$ 200.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Richmond Good Old Days</u> Address <u>PO Box 271</u> <u>Richmond, MI 48062</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Parade Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/01/16</u> Date	<u>\$ 200.00</u> Click Here for Memo Itemization Type
Expenditure #3 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>09/01/16</u> Date	<u>\$ 6.45</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>American Thermographers</u> Address <u>291 East 12 Mile Road</u> <u>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>09/02/16</u> Date	<u>\$ 1930.00</u> Click Here for Memo Itemization Type
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>09/02/16</u> Date	<u>\$ 84.90</u> Click Here for Memo Itemization Type

Subtotal this page **\$2,421.35**
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 AT&T Mobility Address PO Box 6463 Carol Stream, IL 60197 <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>09/06/16</u> Date	<u>\$ 241.43</u>
Expenditure #2 Name Speedway Address 11325 23 Mile Road Utica, MI 48316 <input type="checkbox"/> Fund Raiser	Purpose: <u>Fuel</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/16</u> Date	<u>\$ 51.43</u>
Expenditure #3 Name Anthony Giannetti Address 1200 N. Veitch Street, Apt. 701 Arlington, VA 22201 <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursed- Mileage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/07/16</u> Date	<u>\$ 127.93</u>
Expenditure #4 Name Emily Engelmann Address 40858 Supreme Court Sterling Heights, MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursed- Mileage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/07/16</u> Date	<u>\$ 237.60</u>
Expenditure #5 Name United States Postal Service Address 7755 22 Mile Road Shelby Township, MI 48317 <input type="checkbox"/> Fund Raiser	Purpose: <u>PO Box Renewal</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/07/16</u> Date	<u>\$ 82.00</u>

Subtotal this page **\$740.39**
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>09/08/16</u> Date	<u>\$ 86.25</u>
Expenditure #2 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>09/12/16</u> Date	<u>\$ 4.20</u>
Expenditure #3 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>09/12/16</u> Date	<u>\$ 1550.00</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>Compliance Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/16</u> Date (Memo Itemization)	<u>\$ (1500.00)</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>General Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/16</u> Date (Memo Itemization)	<u>\$ (50.00)</u>

Subtotal this page **\$1,640.45**
 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 Wells Fargo Bank Address S938 US Highway 41 Stephenson, MI 49887 <input type="checkbox"/> Fund Raiser	Purpose: <u>Banking Service Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/16</u> Date	<u>\$ 26.92</u> Click Here for Memo Itemization Type
Expenditure #2 Name Gusto Payroll Address 500 Third Street, Suite 405 San Francisco, CA 94107 <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>09/14/16</u> Date	<u>\$ 139.35</u> Click Here for Memo Itemization Type
Expenditure #3 Name Gusto Payroll Address 500 Third Street, Suite 405 San Francisco, CA 94107 <input type="checkbox"/> Fund Raiser	Purpose: <u>SEE MEMO ITEM</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/16</u> Date	<u>\$ 421.45</u> Memo Itemization Below
Expenditure #4 Name Anthony Lewis Address 25610 Sun Sail Court Harrison Township, MI 48045 <input type="checkbox"/> Fund Raiser	Purpose: <u>Payroll</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/16</u> Date	<u>\$ (421.45)</u> (Memo Itemization)
Expenditure #5 Name Phil Kraft Address 31877 Breezeway Chesterfield, MI 48047 <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursed- Mileage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/16</u> Date	<u>\$ 295.38</u> Click Here for Memo Itemization Type

Subtotal this page **\$883.10**
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 Sawicki & Son Address 1521 West Lafayette Boulevard Detroit, MI 48216 <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>09/15/16</u> Date	<u>\$ 1571.45</u> Click Here for Memo Itemization Type
Expenditure #2 Name United States Postal Service Address 7755 22 Mile Road Shelby Township, MI 48317 <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>09/15/16</u> Date	<u>\$ 7.75</u> Click Here for Memo Itemization Type
Expenditure #3 Name Grand River Strategies Address 2420 Mulberry Court Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Direct Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/16</u> Date	<u>\$ 126,913.05</u> Click Here for Memo Itemization Type
Expenditure #4 Name Strategic Media Placement Address 7669 Stagers Loop Delaware, OH 43015 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/16</u> Date	<u>\$ 36,000.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name American Thermographers Address 291 E. 12 Mile Road Madison Heights, MI 48071 <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>09/20/16</u> Date	<u>\$ 374.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$164,866.25**
Grand Total of all Schedules 1B
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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>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>09/22/16</u> Date	<u>\$ 254.40</u>
Expenditure #2 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>09/22/16</u> Date	<u>\$ 6.45</u>
Expenditure #3 Name <u>American Thermographers</u> Address <u>291 E. 12 Mile Road</u> <u>Madison Heights, MI 48071</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>09/23/16</u> Date	<u>\$ 150.00</u>
Expenditure #4 Name <u>Combat Data, Inc.</u> Address <u>13262 Blaisdell</u> <u>DeWitt, MI 48820</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Software Service</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/16</u> Date	<u>\$ 2000.00</u>
Expenditure #5 Name <u>The Italian Tribune</u> Address <u>PO Box 380407</u> <u>Clinton Township, MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/16</u> Date	<u>\$ 924.00</u>
Subtotal this page			\$3,334.85
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>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>09/26/16</u> Date	<u>\$ 56.32</u> Click Here for Memo Itemization Type
Expenditure #2 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>09/26/16</u> Date	<u>\$ 4.20</u> Click Here for Memo Itemization Type
Expenditure #3 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>09/26/16</u> Date	<u>\$ 10,000.00</u> Click Here for Memo Itemization Type
Expenditure #4 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>09/26/16</u> Date	<u>\$ 666.57</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Strategic Media Placement</u> Address <u>7669 Stagers Loop</u> <u>Delaware, OH 43015</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/26/16</u> Date	<u>\$ 36,000.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$46,727.09**
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 Sawicki & Son Address 1521 West Lafayette Boulevard Detroit, MI 48216 <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>09/28/16</u> Date	<u>\$ 1571.45</u> Click Here for Memo Itemization Type
Expenditure #2 Name Anedot Address PO Box 84314 Baton Rouge, LA 70884 <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>09/29/16</u> Date	<u>\$ 28.50</u> Click Here for Memo Itemization Type
Expenditure #3 Name Gusto Payroll Address 500 Third Street, Suite 405 San Francisco, CA 94107 <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>09/29/16</u> Date	<u>\$ 139.35</u> Click Here for Memo Itemization Type
Expenditure #4 Name Gusto Payroll Address 500 Third Street, Suite 405 San Francisco, CA 94107 <input type="checkbox"/> Fund Raiser	Purpose: <u>SEE MEMO ITEM</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/16</u> Date	<u>\$ 421.45</u> Memo Itemization Below
Expenditure #5 Name Anthony Lewis Address 25610 Sun Sail Court Harrison Township, MI 48045 <input type="checkbox"/> Fund Raiser	Purpose: <u>Payroll</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/16</u> Date (Memo Itemization)	<u>\$ (421.45)</u>
Subtotal this page			<u>\$2,160.75</u>
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>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>10/03/16</u> Date	<u>\$ 241.43</u>
Expenditure #2 Name <u>Strategic Media Placement</u> Address <u>7669 Stagers Loop</u> <u>Delaware, OH 43015</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/16</u> Date	<u>\$ 36,000.00</u>
Expenditure #3 Name <u>The Italian Tribune</u> Address <u>PO Box 380407</u> <u>Clinton Township, MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/16</u> Date	<u>\$ 924.00</u>
Expenditure #4 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 Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/16</u> Date	<u>\$ 3.90</u>
Expenditure #5 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>10/11/16</u> Date	<u>\$ 39.30</u>

Subtotal this page **\$37,208.63**
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 Clinton Township Goodfellows Address 33544 Ashton Sterling Heights, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable Event Sponsorship</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/16</u> Date	<u>\$ 168.00</u>
Expenditure #2 Name Strategic Media Placement Address 7669 Stagers Loop Delaware, OH 43015 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/16</u> Date	<u>\$ 143,500.00</u>
Expenditure #3 Name United States Postal Service Address 7755 22 Mile Road Shelby Township, MI 48317 <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>10/11/16</u> Date	<u>\$ 6.45</u>
Expenditure #4 Name United States Postal Service Address 7755 22 Mile Road Shelby Township, MI 48317 <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>10/11/16</u> Date	<u>\$ 470.00</u>
Expenditure #5 Name Wells Fargo Bank Address S938 US Highway 41 Stephenson, MI 49887 <input type="checkbox"/> Fund Raiser	Purpose: <u>Banking Service Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/16</u> Date	<u>\$ 113.47</u>

Subtotal this page **\$144,257.92**
Grand Total of all Schedules 1B
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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 Gusto Payroll Address 500 Third Street, Suite 405 San Francisco, CA 94107 <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>10/13/16</u> Date	<u>\$ 139.35</u> Click Here for Memo Itemization Type
Expenditure #2 Name Gusto Payroll Address 500 Third Street, Suite 405 San Francisco, CA 94107 <input type="checkbox"/> Fund Raiser	Purpose: <u>SEE MEMO ITEM</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/16</u> Date	<u>\$ 421.45</u> Memo Itemization Below
Expenditure #3 Name Anthony Lewis Address 25610 Sun Sail Court Harrison Township, MI 48045 <input type="checkbox"/> Fund Raiser	Purpose: <u>Payroll</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/16</u> Date	<u>\$ (421.45)</u> (Memo Itemization)
Expenditure #4 Name Anedot Address PO Box 84314 Baton Rouge, LA 70884 <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>10/14/16</u> Date	<u>\$ 14.25</u> Click Here for Memo Itemization Type
Expenditure #5 Name Macomb County Rotating Emergency Shelter Team (MCREST) Address 20415 Erin Roseville, MI 48066 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable Contribution</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/16</u> Date	<u>\$ 151.50</u> Click Here for Memo Itemization Type
Subtotal this page			\$726.55
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 Edwin T. Hoover Address 9661 Dixie Highway Fair Haven, MI 48023 <input type="checkbox"/> Fund Raiser	Purpose: <u>Contribution Refund</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/16</u> Date	<u>\$ 250.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Paul M. Rasmusson Address 7310 Salisbury Road Maumee, OH 43537 <input type="checkbox"/> Fund Raiser	Purpose: <u>Contribution Refund</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/16</u> Date	<u>\$ 250.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Alfred Jordan Address 47091 Grand Cypress Court Macomb Township, MI 48044 <input type="checkbox"/> Fund Raiser	Purpose: <u>Contribution Refund</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/16</u> Date	<u>\$ 250.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Rizzo Environmental Services PAC Address 6200 Elmridge Sterling Heights, MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>Contribution Refund</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/16</u> Date	<u>\$ 12,000.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name Wade Stevenson Address 1427 Woodbridge Wixom, MI 48393 <input type="checkbox"/> Fund Raiser	Purpose: <u>Contribution Refund</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/16</u> Date	<u>\$ 250.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$13,000.00**
Grand Total of all Schedules 1B
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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 Jay Schwartz Address 17711 Stonebrook Drive Northville, MI 48168 <input type="checkbox"/> Fund Raiser	Purpose: <u>Contribution Refund</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/16</u> Date	<u>\$ 500.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Karen Jansen Address 36 Wellesley Drive Pleasant Ridge, MI 48069 <input type="checkbox"/> Fund Raiser	Purpose: <u>Contribution Refund</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/16</u> Date	<u>\$ 250.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name United States Postal Service Address 7755 22 Mile Road Shelby Township, MI 48317 <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>10/17/16</u> Date	<u>\$ 6.45</u> Click Here for Memo Itemization Type
Expenditure #4 Name Anedot Address PO Box 84314 Baton Rouge, LA 70884 <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>10/18/16</u> Date	<u>\$ 39.60</u> Click Here for Memo Itemization Type
Expenditure #5 Name Strategic Media Placement Address 7669 Stagers Loop Delaware, OH 43015 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/16</u> Date	<u>\$ 150,000.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$150,796.05**
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 Campaign Financial Services Address PO Box 30844 Bethesda, MD 20824 <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>10/18/16</u> Date	<u>\$ 1550.00</u> Memo Itemization Below
Expenditure #2 Name Campaign Financial Services Address PO Box 30844 Bethesda, MD 20824 <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>10/18/16</u> Date	<u>\$ (1500.00)</u> (Memo Itemization)
Expenditure #3 Name Campaign Financial Services Address PO Box 30844 Bethesda, MD 20824 <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>10/18/16</u> Date	<u>\$ (50.00)</u> (Memo Itemization)
Expenditure #4 Name Anedot Address PO Box 84314 Baton Rouge, LA 70884 <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>10/18/16</u> Date	<u>\$ 0.41</u> Click Here for Memo Itemization Type
Expenditure #5 Name Comcast Cable Address PO Box 7500 Southeastern, PA 19398 <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>10/19/16</u> Date	<u>\$ 188.80</u> Click Here for Memo Itemization Type

Subtotal this page **\$1,739.21**

Grand Total of all Schedules 1B
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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 M.J. Chirco Family I, LLC Address 48312 Van Dyke Utica, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Rent</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/16</u> Date	<u>\$ 500.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Anedot Address PO Box 84314 Baton Rouge, LA 70884 <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>10/20/16</u> Date	<u>\$ 137.40</u> Click Here for Memo Itemization Type
Expenditure #3 Name Molly Caramagno Address 17441 Merriman Road Livonia, MI 48152 <input type="checkbox"/> Fund Raiser	Purpose: <u>Contribution Refund</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/16</u> Date	<u>\$ 250.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Office Max Address 45320 Utica Park Boulevard Utica, MI 48315 <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>10/21/16</u> Date	<u>\$ 159.51</u> Click Here for Memo Itemization Type
Expenditure #5 Name Steward Media Address 6476 Orchard Lake Road, Suite A West Bloomfield, MI 48322 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraising Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/16</u> Date	<u>\$ 875.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$1,921.91**
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 The Italian Tribune Address PO Box 380407 Clinton Township, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/16</u> Date	<u>\$ 924.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name United States Postal Service Address 7755 22 Mile Road Shelby Township, MI 48317 <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>10/21/16</u> Date	<u>\$ 22.95</u> Click Here for Memo Itemization Type
Expenditure #3 Name Victory Enterprises Address 5200 30th Street SW Davenport, IA 52802 <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>10/21/16</u> Date	<u>\$ 12,500.00</u> Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page	\$13,446.95
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$588,631.31
Enter this total on line 8a of Summary Page	



**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>08/23/16</u>	4. Number of Individuals Attending or Participating (whichever is greater) 28	5. Type of Fund Raising Activity Baseball Reception	6. Address and Name (If any) of the place where the activity was held. Jimmy John's Field 7171 Auburn Road Utica, MI 48317 <input type="checkbox"/> Private Residence
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7. Total Contributions \$12,110.60

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$12,110.60

10. Total Cost of Event \$2,361.60
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**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>08/31/16</u>	4. Number of Individuals Attending or Participating (whichever is greater) <p style="text-align: center;">35</p>	5. Type of Fund Raising Activity <p style="text-align: center;">Reception</p>	6. Address and Name (if any) of the place where the activity was held. <p style="text-align: center;">22534 Statler St. Clair Shores, MI 48081</p> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions \$5,894.08

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$5,894.08

10. Total Cost of Event \$1,332.08
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/01/16</u>	4. Number of Individuals Attending or Participating (whichever is greater) <p style="text-align: center;">13</p>	5. Type of Fund Raising Activity <p style="text-align: center;">Reception</p>	6. Address and Name (If any) of the place where the activity was held. <p style="text-align: center;">159 Pierce Street Birmingham, MI 48009</p> <input type="checkbox"/> Private Residence
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7. Total Contributions \$21,942.91

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$21,942.91

10. Total Cost of Event \$4,859.91
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/12/16</u>	4. Number of Individuals Attending or Participating (whichever is greater) 26	5. Type of Fund Raising Activity Reception	6. Address and Name (If any) of the place where the activity was held. 414 E. Hudson Royal Oak, MI 48067 <input type="checkbox"/> Private Residence
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7. Total Contributions \$21,350.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$21,350.00

10. Total Cost of Event \$374.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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**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>09/19/16</u>	4. Number of Individuals Attending or Participating (whichever is greater) 49	5. Type of Fund Raising Activity Reception	6. Address and Name (If any) of the place where the activity was held. 45000 River Ridge Road Clinton Township, MI 48038 <input type="checkbox"/> Private Residence
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7. Total Contributions \$14,944.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$14,944.00

10. Total Cost of Event \$3,162.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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**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>10/05/16</u>	4. Number of Individuals Attending or Participating (whichever is greater) 20	5. Type of Fund Raising Activity Reception	6. Address and Name (If any) of the place where the activity was held. 1 Woodward Avenue Suite 1900 Detroit, MI 48226 <input type="checkbox"/> Private Residence
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7. Total Contributions \$19,265.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$19,265.00

10. Total Cost of Event \$765.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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**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>10/13/16</u>	4. Number of Individuals Attending or Participating (whichever is greater) <p style="text-align: center;">14</p>	5. Type of Fund Raising Activity <p style="text-align: center;">Reception</p>	6. Address and Name (if any) of the place where the activity was held. 3601 15 Mile Road Sterling Heights, MI 48310 <input type="checkbox"/> Private Residence
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7. Total Contributions \$10,132.34

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$10,132.34

10. Total Cost of Event \$1,132.34
(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 (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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