



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 139314		3. This Statement covers From: 10/24/16 to 11/28/16	
2. Committee Name Candice Miller for Macomb		4. Candidate Last Name Miller First Name Candice M.I. S. 4a. Office Sought Including District # or Community Served (if applicable) Macomb County Public Works Commissioner	
5. Committee's Mailing Address PO Box 894 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.		4b. County of Residence MACOMB 6. Treasurer's Name & Residential Address Donald G. Miller 28840 Old North River Road Harrison Township, MI 48045 Area Code & Phone (301) 654-3220	
7. Treasurer's Business Address N/A Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record Keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 11/08/16		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/we certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no taxes 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 Type or Print Name		Signature <i>[Signature]</i> Date 12/5/16	
Candidate Candice S. Miller Type or Print Name		Signature <i>[Signature]</i> Date 12/5/16	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139314

2. Committee Name Candice Miller for Macomb

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>58,845.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>58,845.00</u>	(18.) \$ <u>\$455,064.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$500,000.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$58,845.00</u>	(20.) \$ <u>\$955,064.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</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>\$271,459.40</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>\$59.66</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$271,519.06</u>	(23.) \$ <u>\$940,573.97</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>\$227,164.09</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$58,845.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$286,009.09</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$271,519.06</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$14,490.03</u>	*



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>11/3/2016</u>	
Name & Address: Alandt, Paul 635 Lake Shore Road Grosse Pointe Shores, MI 48236		<u>\$1,000.00</u>	<u>\$2,000.00</u>
5. if over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Owner</u> Employer <u>Crest Automotive Group</u>			
Business Address: <u>20790 Harper, Harper Woods, MI 48225</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>11/7/2016</u>	
Name & Address: Aloia, Benjamin 48 Main Street Mt. Clemens, MI 48043		<u>\$700.00</u>	<u>\$700.00</u>
5. if over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Attorney</u> Employer <u>Aloia & Associates, PC</u>			
Business Address: <u>413 S. Main Street, #3, Mt. Clemens, MI 48043</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>11/4/2016</u>	
Name & Address: Anderson, Patricia 950 Lake Shore Road Grosse Pointe Shores, MI 48236		<u>\$6,800.00</u>	<u>\$6,800.00</u>
5. if over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
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>10/28/2016</u>	
Name & Address: Ashley, Arthur 915 East Drayton Ferndale, MI 48220		<u>\$1,000.00</u>	<u>\$3,500.00</u>
5. if over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>President</u> Employer <u>Ferndale Electric Co.</u>			
Business Address: <u>915 East Drayton, Ferndale, MI 48220</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal	9,500.00
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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>10/28/2016</u> Name & Address: Belle Maer Associates Limited Partnership 41700 Conger Bay Drive Harrison Township, MI 48045 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 Click Here for Memo Itemization
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2016</u> Name & Address: Beauregard, Peter 60 Belle Meade Street Grosse Pointe, MI 48236 5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Colony Marine</u> Business Address: <u>24530 Jefferson Avenue, Saint Clair Shores, MI 48080</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		\$2,000.00	\$2,200.00 Click Here for Memo Itemization
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>11/1/2016</u> Name & Address: Beznos, Harold 31731 Northwestern Highway, #250W Farmington Hills, MI 48334 5. if over \$100.00 cumulative, please provide: Occupation <u>Real Estate Developer</u> Employer <u>Self-Employed</u> Business Address: <u>31731 Northwestern Highway, #250W, 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 Click Here for Memo Itemization
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>11/7/2016</u> Name & Address: Boike, Gary 14139 Lowe Drive Warren, MI 48088 5. if over \$100.00 cumulative, please provide: Occupation <u>District Supervisor</u> Employer <u>Walden Security</u> Business Address: <u>231 West Lafayette, Detroit, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		\$100.00	\$200.00 Click Here for Memo Itemization

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

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>10/26/2016</u>			
Name & Address: Bradway, Dolores 50 Crestwood Drive Grosse Pointe Shores, MI 48236		\$30.00	\$55.00
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		Click Here for Memo Itemization	
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2016</u>			
Name & Address: Bright, Betty 6257 Telegraph Road, # 230 Bloomfield Hills, MI 48301		\$50.00	\$50.00
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		Click Here for Memo Itemization	
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/2016</u>			
Name & Address: Broad, Gary 20850 Moxon Drive Clinton Township, MI 48036		\$2,000.00	\$6,300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Midwest Steel, Inc.</u> Business Address: <u>2525 E. Grand Boulevard, Detroit, MI 48211</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>11/7/2016</u>			
Name & Address: Brownell, Stephen 306 Provencal Road Grosse Pointe, MI 48236		\$1,000.00	\$2,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Vice President</u> Employer <u>The Kirlin Company</u> Business Address: <u>3401 E. Jefferson Avenue, Detroit, MI 48207</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 3,080.00

Grand Total of All Schedules 1A
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Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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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>10/24/2016</u> Name & Address: Buck, Margaret 27468 Shackett Warren, MI 48093		\$250.00	\$650.00
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		Click Here for Memo Itemization	
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/2016</u> Name & Address: Bullock, Eddy 933 East Robert Hazel Park, MI 48030		\$50.00	\$50.00
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		Click Here for Memo Itemization	
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/2016</u> Name & Address: Callert, Peter 15017 Covington Drive Shelby Township, MI 48315		\$50.00	\$50.00
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		Click Here for Memo Itemization	
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/2016</u> Name & Address: Camden, Byna 2575 Woodstock Drive Detroit, MI 48203		\$50.00	\$50.00
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		Click Here for Memo Itemization	

Page Subtotal 400.00

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

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line 3a of Summary
Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139314

2. Committee Name Candice Miller for Macomb

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3. Contribution # <u> </u> PAC Receipt <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/28/2016</u>			
Name & Address: Clark Hill PAC 500 Woodward Avenue, Suite 3500 Detroit, MI 48226		\$1,000.00	\$1,250.00
5. if over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address: <u> </u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/2016</u>			
Name & Address: Caron, John 21700 Chalon Street Saint Clair Shores, MI 48080		\$200.00	\$300.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>General Motors</u> Business Address: <u>30001 Van Dyke, Warren, MI 48090</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>11/6/2016</u>			
Name & Address: Childs, Greg 30247 Lund Warren, MI 48093		\$50.00	\$50.00
5. if over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address: <u> </u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/2016</u>			
Name & Address: Cortis, Daniel 5710 Jankow Road Algonac, MI 48001		\$500.00	\$1,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Cortis Bros.</u> Business Address: <u>6502 Starville Road, Marine City, MI 48039</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 1,750.00

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

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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>10/28/2016</u> Name & Address: Duffy's Landing Gas & Supplies 2, Inc. 41700 Conger Bay Drive Harrison Township, MI 48045 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		\$300.00	\$300.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/2016</u> Name & Address: Cox, Mike 17430 Laurel Park Drive North, #120E Livonia, MI 48152 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 Laurel Park Drive North, #120E, Livonia, MI 48125</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		\$1,250.00	\$2,250.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/2016</u> Name & Address: DiLorenzo, A. Luisa 1393 Fairfax Street Birmingham, MI 48009 5. if over \$100.00 cumulative, please provide: Occupation <u>Ophthalmologist</u> Employer <u>Somerset Ophthalmology</u> Business Address: <u>2877 Crooks Road, Suite B, Troy, MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		\$1,000.00	\$2,000.00
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/2016</u> Name & Address: DiMercurio, Susanne 5540 Brookside Lane Washington, MI 48094 5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		\$100.00	\$100.00

Page Subtotal 2,650.00

Grand Total of All Schedules 1A
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ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE

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3. Contribution # _____ PAC Receipt <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/26/2016</u>			
Name & Address: Dykema Gossett State PAC 201 Townsend Street, #900 Lansing, MI 48933		\$100.00	\$100.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____		Click Here for Memo Itemization	
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>11/08/2016</u>			
Name & Address: Ford Motor Company Civic Action Fund - Michigan PAC The American Road Dearborn, MI 48121		\$10,000.00	\$12,000.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____		Click Here for Memo Itemization	
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>10/31/2016</u>			
Name & Address: Duke, Jonathan 302 Equinox Lane Louisville, KY 40243		\$15.00	\$15.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____		Click Here for Memo Itemization	
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>10/28/2016</u>			
Name & Address: Forner, Frank 41699 Windmill Street Harrison Township, MI 48045		\$100.00	\$100.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 10,215.00

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>10/28/2016</u>			
Name & Address: Foster, Eric 41700 Conger Bay Drive Harrison Township, MI 48045		\$200.00	\$200.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Belle Maer Marina</u> Business Address: <u>41700 Conger Bay Drive, Harrison Township, MI 48045</u>		Click Here for Memo Itemization	
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>10/31/2016</u>			
Name & Address: Garavaglia, Michael 18958 Aspen Drive Livonia, MI 48152		\$750.00	\$750.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Capitol Relations</u> Business Address: <u>28470 13 Mile Road, Suite 220, Farmington Hills, MI 48334</u>		Click Here for Memo Itemization	
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>10/24/2016</u>			
Name & Address: Gendernalik, Gary 52624 Laurel Oak Lane Chesterfield, MI 48047		\$50.00	\$200.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Musilli Brennan Associates, PLLC</u> Business Address: <u>24001 Greater Mack Avenue, St. Clair Shores, MI 48080</u>		Click Here for Memo Itemization	
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>10/26/2016</u>			
Name & Address: Glantz, Paul 303 Gray Woods Lane Lake Angelus, MI 48326		\$250.00	\$750.00
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Proctor Financial, Inc.</u> Business Address: <u>5225 Crooks Road, Troy, MI 48098</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 1,250.00

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 type="checkbox"/> YES 4. Date of Receipt <u>10/24/2016</u> Name & Address: Glime, Raymond 37119 Tall Oak Drive Clinton Township, MI 48036 5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self Employed</u> Business Address: <u>37119 Tall Oak Drive, Clinton Township, MI 48036</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 Click Here for Memo Itemization
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/2016</u> Name & Address: Grider, Robert 16320 Erin Fraser, MI 48026 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		\$100.00	\$150.00 Click Here for Memo Itemization
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/31/2016</u> Name & Address: Hajdas, Henry 19730 Westchester Drive Clinton Township, MI 48038 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		\$50.00	\$200.00 Click Here for Memo Itemization
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>11/08/2016</u> Name & Address: Howard, Phyllis 34452 Jefferson Avenue, 38C Harrison Township, MI 48045 5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		\$100.00	\$100.00 Click Here for Memo Itemization

Page Subtotal 350.00

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

Enter this total on
line 3a of Summary
Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

1. Committee I.D. Number 139314

CANDIDATE COMMITTEE

2. Committee Name Candice Miller for Macomb

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC). Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/2016</u>			
Name & Address: Hoy, Shirley 21620 Statler Street Saint Clair Shores, MI 48081		\$50.00	\$50.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____		Click Here for Memo Itemization	
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>10/28/2016</u>			
Name & Address: Kansier, Earl 80 Lake Shore Lane Grosse Pointe Shores, MI 48236		\$200.00	\$200.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Vice President</u> Employer <u>Thyssenkrupp</u> Business Address: <u>3331 West Big Beaver, #300, Troy, MI 48084</u>		Click Here for Memo Itemization	
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>10/24/2016</u>			
Name & Address: Kasler, Barbara 50414 Hunters Creek Trail Shelby Township, MI 48317		\$50.00	\$50.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____		Click Here for Memo Itemization	
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>11/4/2016</u>			
Name & Address: Kasmak, James 616 Apalachicola Road Venice, FL 34285		\$250.00	\$450.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive</u> Employer <u>D. Mark, Inc.</u> Business Address: <u>25712 Dhondt Court, Chesterfield, MI 48051</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 550.00

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 # <u>PAC Receipt</u> <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/2016</u>			
Name & Address: Keating, Peter 1393 Fairfax Street Birmingham, MI 48009		\$2,000.00	\$3,000.00
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		Click Here for Memo Itemization	
3. Contribution # <u>PAC Receipt</u> <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2016</u>			
Name & Address: Koehs, Cheryl 47211 Mission Valley East Macomb, 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		Click Here for Memo Itemization	
3. Contribution # <u>PAC Receipt</u> <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2016</u>			
Name & Address: Kurtz, Harry 1040 Lake Shore Road Grosse Pointe Shores, MI 48236		\$500.00	\$2,350.00
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 checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # <u>PAC Receipt</u> <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2016</u>			
Name & Address: Lauzon, Thomas 28740 Jefferson Avenue Saint Clair Shores, MI 48081		\$5,300.00	\$6,800.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Executive Vice President</u> Employer <u>Meridian Health Plan & Meridian RX</u> Business Address: <u>1 Campus Martius, #700, Detroit, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

7,900.00

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

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line 3a of Summary
Page



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>11/3/2016</u>			
Name & Address: Lavinio, Alexandra 18341 Nardy Clinton Township, MI 48036		\$100.00	\$250.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>Homemaker</u> Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/27/2016</u>			
Name & Address: Liggett, Robert 625 Lake Shore Road Grosse Pointe Shores, MI 48236		\$1,000.00	\$2,000.00
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		Click Here for Memo Itemization	
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/2016</u>			
Name & Address: MacArthur, Gail 40 W. Breitmeyer Place Mt. Clemens, MI 48043		\$250.00	\$250.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>Homemaker</u> Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/2016</u>			
Name & Address: MacArthur, John 40 W. Breitmeyer Place Mt. Clemens, MI 48043		\$250.00	\$450.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Nunneley, Hirt & MacArthur</u> Business Address: <u>2 Crocker Boulevard, # 202, Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal	1,600.00
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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 # <u>PAC Receipt</u> <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/16/2016</u>			
Name & Address: Macomb County Republican Party PO Box 380962 Clinton Township, MI 48038		\$1,000.00	\$1,000.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u>PAC Receipt</u> <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/2016</u>			
Name & Address: Mauro, Simone 48657 Hayes Shelby Township, MI 48315		\$1,000.00	\$5,000.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Mauro Engineering</u> Business Address: <u>48657 Hayes, Shelby Township, MI 48315</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u>PAC Receipt</u> <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2016</u>			
Name & Address: McCarthy, Sheila 1277 Henrietta Street Birmingham, MI 48009		\$100.00	\$100.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u>PAC Receipt</u> <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/2016</u>			
Name & Address: Meldrum, Rocky 50642 Brady Street New Baltimore, MI 48047		\$100.00	\$250.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address: _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 2,200.00

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)
<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>11/3/2016</u></p> <p>Name & Address: Metry, Dean 81 N Main Mt. Clemens, MI 48043</p> <p>5. if over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Metry & Metry Attorneys at Law</u> Business Address: <u>81 N Main, Mt Clemens, MI 48043</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser</p>		\$50.00	\$150.00
		Click Here for Memo Itemization	
<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/27/2016</u></p> <p>Name & Address: Mitchell III, Paul 4068 Hough Road Dryden, MI 48428</p> <p>5. if over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address: _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser</p>		\$6,800.00	\$6,800.00
		Click Here for Memo Itemization	
<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/2016</u></p> <p>Name & Address: Moehn, Earl 100 Belle View Boulevard Mt. Clemens, MI 48043</p> <p>5. if over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Self-Employed</u> Business Address: <u>100 Belle View Boulevard, Mt. Clemens, MI 48043</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser</p>		\$50.00	\$350.00
		Click Here for Memo Itemization	
<p>3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/2016</u></p> <p>Name & Address: Moran, Deborah 26421 Harbour Pointe Drive Harrison Township, MI 48045</p> <p>5. if over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>Homemaker</u> Business Address: _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser</p>		\$250.00	\$250.00
		Click Here for Memo Itemization	

Page Subtotal 7,150.00

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

Enter this total on
line 3a of Summary
Page



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>10/26/2016</u>		
Name & Address: Moran, Patrick 26421 Harbour Pointe Drive Harrison Township, MI 48045			\$250.00	\$550.00
5. if over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation <u>Auto Dealer</u> Employer <u>Moran Automotive</u>				
Business Address: <u>35500 Gratiot Avenue, Clinton Township, MI 48035</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>10/24/2016</u>		
Name & Address: Olen, Ann 39449 West Archer Drive Harrison Township, MI 48045			\$100.00	\$200.00
5. if over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation <u>Homemaker</u> Employer <u>Homemaker</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>10/25/2016</u>		
Name & Address: Pellecchia, Mark 43233 Hillcrest Drive Sterling Heights, MI 48313			\$150.00	\$150.00
5. if over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation <u>Attorney</u> Employer <u>Macomb County</u>				
Business Address: <u>380 North Rose Street, Mt. Clemens, MI 48043</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>10/28/2016</u>		
Name & Address: Petitpren, Dean 415 Lake Shore Road Grosse Pointe Farms, MI 48236			\$1,000.00	\$1,400.00
5. if over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation <u>President</u> Employer <u>Petitpren, Inc.</u>				
Business Address: <u>415 Lake Shore Road, Grosse Pointe Farms, MI 48236</u>				
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser				

Page Subtotal	1,500.00
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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 # <u>PAC Receipt</u> <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/7/2016</u>			
Name & Address: Relentless Positive Action Michigan State PAC 300 N. Fifth Avenue, #140 Ann Arbor, MI 48104		\$2,500.00	\$3,500.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u>PAC Receipt</u> <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2016</u>			
Name & Address: Polan, Monique 8651 Newport Drive White Lake, MI 48386		\$200.00	\$200.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>Michigan Boating Industries Association</u> Business Address: <u>32398 5 Mile Road, Livonia, MI 48154</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u>PAC Receipt</u> <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2016</u>			
Name & Address: Raguso, Francis 27050 Hickory Drive Harrison Township, MI 48045		\$500.00	\$500.00
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Sun Sport Marine</u> Business Address: <u>27050 Hickory Drive, Harrison Township, MI 48045</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u>PAC Receipt</u> <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2016</u>			
Name & Address: Remias, Stephen 52503 Royal Forest Drive Shelby Township, MI 48315		\$200.00	\$200.00
5. if over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>MacRay Harbor Marina</u> Business Address: <u>30675 North River Road, Harrison Township, MI 48045</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			

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 4. Date of Receipt <u>10/28/2016</u>			
Name & Address: Richner, Andrew 718 Berkshire Road Grosse Pointe Park, MI 48230		\$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		Click Here for Memo Itemization	
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>11/3/2016</u>			
Name & Address: Riehl, Krista 18249 Tara Drive Clinton Township, MI 48036		\$250.00	\$250.00
5. if over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>Homemaker</u> Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2016</u>			
Name & Address: Sandler, Stuart 2420 Mulberry Court Ann Arbor, MI 48104		\$25.00	\$25.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # _____ PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/2016</u>			
Name & Address: Schuitmaker, Tonya 29924 60th Avenue Lawton, MI 49065		\$25.00	\$25.00
5. if over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 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 # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>11/3/2016</u>			
Name & Address: Urban Land Consultants, LLC 8800 23 Mile Road Shelby Township, MI 48316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. if over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address: <u> </u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/2016</u>			
Name & Address: Schulstad, Helen 27020 Jefferson Avenue Saint Clair Shores, MI 48081		\$ <u>25.00</u>	\$ <u>50.00</u>
5. if over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address: <u> </u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>11/3/2016</u>			
Name & Address: Seidl, Robert 12744 Independence Avenue Shelby Township, MI 48315		\$ <u>25.00</u>	\$ <u>45.00</u>
5. if over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address: <u> </u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2016</u>			
Name & Address: Torp, Linda 38870 Ryan Court Harrison Township, MI 48045		\$ <u>200.00</u>	\$ <u>200.00</u>
5. if over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address: <u> </u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 450.00

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 # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/2016</u>			
Name & Address: Vance, Donna 1131 E. Jarvis Avenue Hazel Park, MI 48030		\$50.00	\$50.00
5. if over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address: <u> </u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/31/2016</u>			
Name & Address: Velardo, Armand 12382 Forest Glen Lane Shelby Township, MI 48315		\$1,000.00	\$1,400.00
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>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2016</u>			
Name & Address: Williams, Neil 37895 De Prez Court Harrison Township, MI 48045		\$100.00	\$100.00
5. if over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address: <u> </u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # <u> </u> PAC Receipt <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/2016</u>			
Name & Address: Zagar, Irene 23400 Hazelwood Avenue Hazel Park, MI 48030		\$50.00	\$50.00
5. if over \$100.00 cumulative, please provide: Occupation <u> </u> Employer <u> </u> Business Address: <u> </u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loans from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 1,200.00

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

58,845.00

Enter this total on
line 3a of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Anedot</u> Address <u>PO Box 84314</u> <u>Baton Rouge, LA 70884</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>E-Merchant Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/16</u> Date	<u>\$ 59.10</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>10/25/16</u> Date	<u>\$ 43.50</u>
Expenditure #3 Name <u>Steward Media</u> Address <u>6476 Orchard Lake Road, Suite A</u> <u>West Bloomfield, MI 48322</u> <input checked="" type="checkbox"/> Fund Raiser	NOTE: Expense included in Total Cost of Event of Schedule 1F for 10/13 event reported with the Pre-General Report Purpose: <u>Fundraising Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/16</u> Date	<u>\$ 125.00</u>
Expenditure #4 Name <u>Ron Caramagno</u> Address <u>PO Box 530267</u> <u>Livonia, MI 48153</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>10/26/16</u> Date	<u>\$ 250.00</u>
Expenditure #5 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>10/26/16</u> Date	<u>\$ 22.95</u>

Subtotal this page **\$500.55**

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>American Thermographers</u> Address <u>291 East 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>10/27/16</u> Date	<u>\$ 130.00</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 Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/16</u> Date	<u>\$ 84.45</u>
Expenditure #3 Name <u>James Nicholson</u> Address <u>10922 Harper Avenue</u> <u>Detroit, MI 48213</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>10/27/16</u> Date	<u>\$ 200.00</u>
Expenditure #4 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 (In-House)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/16</u> Date	<u>\$ 150,000.00</u>
Expenditure #5 Name <u>Gusto Payroll</u> Address <u>500 Third Street, Suite 405</u> <u>San Francisco, CA 94107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SEE MEMO ITEM</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/16</u> Date	<u>\$ 421.45</u>

Subtotal this page \$150,835.90
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>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> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/16</u> Date	\$ <u>(421.45)</u>
Expenditure #2 Name <u>Gusto Payroll</u> Address <u>500 Third Street, Suite 405</u> <u>San Francisco, CA 94107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Payroll Taxes</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/16</u> Date	\$ <u>139.35</u>
Expenditure #3 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 (In-House)</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/16</u> Date	\$ <u>40,000.00</u>
Expenditure #4 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> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/16</u> Date	\$ <u>22.95</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 Fee</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/16</u> Date	\$ <u>171.45</u>
Subtotal this page			\$40,333.75
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>Grand River Strategies</u> Address <u>2420 Mulberry Court</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SEE MEMO ITEMS</u> Memo Itemization Below <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/16</u> Date	\$ <u>11,300.00</u>
Expenditure #2 Name <u>Grand River Strategies</u> Address <u>2420 Mulberry Court</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Polling (In-House)</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/16</u> Date	\$ <u>(6,300.00)</u>
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 (in-House)</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/16</u> Date	\$ <u>(5000.00)</u>
Expenditure #4 Name <u>Strategic Media Placement</u> Address <u>7669 Stagers Loop</u> <u>Delaware, OH 43015</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad Production (In-House)</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/16</u> Date	\$ <u>20,000.00</u>
Expenditure #5 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> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/16</u> Date	\$ <u>22.95</u>

Subtotal this page **\$31,322.95**

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>Anedot</u> Address <u>PO Box 84314</u> <u>Baton Rouge, LA 70884</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>E-Merchant Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/16</u> Date	<u>\$ 1.27</u>
Expenditure #2 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>11/01/16</u> Date	<u>\$ 40.50</u>
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>11/01/16</u> Date	<u>\$ 22.95</u>
Expenditure #4 Name <u>Anedot</u> Address <u>PO Box 84314</u> <u>Baton Rouge, LA 70884</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>E-Merchant Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/16</u> Date	<u>\$ 69.73</u>
Expenditure #5 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>11/03/16</u> Date	<u>\$ 241.31</u>

Subtotal this page **\$375.76**

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>Office Max</u> Address <u>45320 Utica Park Boulevard</u> <u>Utica, MI 48315</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>11/04/16</u> Date	<u>\$ 193.93</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>11/04/16</u> Date	<u>\$ 22.95</u>
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>11/07/16</u> Date	<u>\$ 22.95</u>
Expenditure #4 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>Direct Mailing (In-House)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/08/16</u> Date	<u>\$ 25,709.28</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>11/08/16</u> Date	<u>\$ 924.00</u>

Subtotal this page **\$26,873.11**

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>Anedot</u> Address <u>PO Box 84314</u> <u>Baton Rouge, LA 70884</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>E-Merchant Fee</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/09/16</u> Date	<u>\$ 2.25</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 Fee</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/16</u> Date	<u>\$ 43.50</u>
Expenditure #3 Name <u>Harbor Restaurant Enterprises</u> Address <u>42000 SeaRay Boulevard</u> <u>Harrison Township, MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Night Catering</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/16</u> Date	<u>\$ 3441.81</u>
Expenditure #4 Name <u>Crossvoter</u> Address <u>335 East Maple Road</u> <u>Birmingham, MI 48009</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SEE MEMO ITEM</u> Memo Itemization Below <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/16</u> Date	<u>\$ 10,000.00</u>
Expenditure #5 Name <u>Facebook</u> Address <u>1 Hacker Way</u> <u>Menlo Par, CA 94025</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/16</u> Date	<u>\$ (10,000.00)</u>

Subtotal this page \$13,487.56

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>Gusto Payroll</u> Address <u>500 Third Street, Suite 405</u> <u>San Francisco, CA 94107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SEE MEMO ITEM</u> Memo Itemization Below <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/16</u> Date	\$ <u>421.45</u>
Expenditure #2 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> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/16</u> Date	\$ <u>(421.45)</u>
Expenditure #3 Name <u>Gusto Payroll</u> Address <u>500 Third Street, Suite 405</u> <u>San Francisco, CA 94107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Payroll Taxes</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/16</u> Date	\$ <u>139.35</u>
Expenditure #4 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> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/16</u> Date	\$ <u>35.45</u>
Expenditure #5 Name <u>Wells Fargo Bank</u> Address <u>S938 US Highway 41</u> <u>Stephenson, MI 49887</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Banking Service Fees</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/16</u> Date	\$ <u>191.16</u>

Subtotal this page **\$787.41**

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>Enterprise Rent A Car</u> Address <u>36633 S. Gratiot Avenue</u> <u>Charter Township, MI 48035</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>11/15/16</u> Date	\$ <u>741.59</u>
Expenditure #2 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>SEE MEMO ITEMS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/16</u> Date	\$ <u>686.53</u>
Expenditure #3 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>Reimbursed- Mileage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/16</u> Date	\$ <u>(217.28)</u>
Expenditure #4 Name <u>Enterprise Rent A Car</u> Address <u>36633 S. Gratiot Avenue</u> <u>Charter Township, MI 48035</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>11/17/16</u> Date	\$ <u>(376.86)</u>
Expenditure #5 Name <u>Speedway</u> Address <u>36475 Jefferson</u> <u>Harrison Township, MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food & Beverage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/16</u> Date	\$ <u>(12.59)</u>
Subtotal this page			\$ <u>1,428.12</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>Tractor Supply Co.</u> Address <u>57155 Gratiot Avenue</u> <u>New Haven, MI 48048</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign Supplies</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/16</u> Date	<u>\$ (79.80)</u>
Expenditure #2 Name <u>CloudTech1</u> Address <u>PO Box 7077</u> <u>Rochester Hills, MI 48307</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Computer Maintenance</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/16</u> Date	<u>\$ 995.79</u>
Expenditure #3 Name <u>Emily Engelmann</u> Address <u>40858 Supreme Court</u> <u>Sterling Heights, MI 48313</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursed- Mileage</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/16</u> Date	<u>\$ 84.78</u>
Expenditure #4 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> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/16</u> Date	<u>\$ 6.45</u>
Expenditure #5 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>Reimbursed- Mileage</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/18/16</u> Date	<u>\$ 307.80</u>

Subtotal this page **\$1,394.82**

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>Comcast Cable</u> Address <u>48649 Van Dyke Avenue</u> <u>Utica, MI 48317</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>11/21/16</u> Date	<u>\$ 84.90</u>
Expenditure #2 Name <u>Emily Engelmann</u> Address <u>40858 Supreme Court</u> <u>Sterling Heights, MI 48313</u> <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>11/21/16</u> Date	<u>\$ 43.20</u>
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>11/21/16</u> Date	<u>\$ 470.00</u>
Expenditure #4 Name <u>Ed Smith</u> Address <u>6687 Lakeshore Road</u> <u>Lexington, MI 48450</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Wages</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/22/16</u> Date	<u>\$ 1827.00</u>
Expenditure #5 Name <u>Ring Central</u> Address <u>20 Davis Drive</u> <u>Belmont, CA 94002</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>11/23/16</u> Date	<u>\$ 89.59</u>

Subtotal this page \$2,514.69

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 Campaign Financial Services Address PO Box 30844 Bethesda, MD 20824 <input type="checkbox"/> Fund Raiser	Purpose: <u>SEE MEMO ITEMS</u> Memo Itemization Below <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/28/16</u> Date	\$ <u>1581.83</u>
Expenditure #2 Name Campaign Financial Services Address PO Box 30844 Bethesda, MD 20824 <input type="checkbox"/> Fund Raiser	Purpose: <u>Compliance Consulting (In-House)</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/28/16</u> Date	\$ <u>(1500.00)</u>
Expenditure #3 Name Campaign Financial Services Address PO Box 30844 Bethesda, MD 20824 <input type="checkbox"/> Fund Raiser	Purpose: <u>General Office Supplies</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/28/16</u> Date	\$ <u>(50.00)</u>
Expenditure #4 Name Federal Express Address PO Box 371741 Pittsburgh, PA 15250 <input type="checkbox"/> Fund Raiser	Purpose: <u>Express Shipping</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/28/16</u> Date	\$ <u>(31.83)</u>
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$1,581.83**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$271,459.40**

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on line 8a of
Summary Page