

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: 10/21/15 to 07/20/16		
1. Committee I.D. Number		4. Candidate Last Name First Name M.I.		
69550		Rice	Steve	
O Committee Name		4a. Office Sought Including District # or Community Served (If applicable)		
2. Committee Name		Council, city		
Friends Of Steve Rice		4b. County of Residence MACOMB		
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address		
5427 Southlawn		Stephen Rice		5 ≥
Sterling Hts. MI 48310		same		
		OCT OCT		
Asso Code and Phone (586) 939-6726		FILE		
Area Code and Phone (586) 939-6726 If the address in this box is different from the committee		A P M		
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone (586) 939-6726		
7. Treasurer's Business Address		8. Designated Record keeper's Name and Mailing Address (If Committee has a Designated Record keeper)		
N/A				
				5.
Area Code and Phone		Area Code and Phone		
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Con	nmittee
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the current year:		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here	
Pre-Election or Post-Election Statement relates to:	IVI tulu Ouert	a who	by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,	
Primary	July Quart	епу	owes no lates fees or has any oustar	nding debt.
General	October Quarterly		Further, if the dissolution cannot be granted, that this be	
Convention			considered a request for the Reportii	ng Waiver.
Special	9c. 🗖 .			
School	Annual Statement () Coverage Year		Effective date of dissolution	
	9d. X Amendment to Campaign Statement			_
Caucus	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being		Note: The disposition of residual funds must be reported on	
	amend		Schedule 1B and the Summary Page.	
Date of Election, Convention or Caucus				
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 Stephen Rice 10-4-2016				
Designated Record keeper Type or Print Name		Signature	Date	
			/ch.	
Candidate Steve Rice / Wee 10-4-2016				
Type or Print Name Signature				