



**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: 10/21/16 to 07/20/17

1. Committee I.D. Number  
**69133-50**

2. Committee Name  
**Friends of Steve Rice**

4. Candidate Last Name **Rice** First Name **Steve** M.I.  
4a. Office Sought Including District # or Community Served (If applicable)  
**City council**

4b. County of Residence **MACOMB**

5. Committee's Mailing Address  
**5427 Southlawn  
Sterling Heights MI 48310**

Area Code and Phone (586) 939-6726  
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  
**Steve Rice**

**Same**

Area Code & Phone (586) 939-6726

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.  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  
\_\_\_\_\_

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.) **SEE ATTACHED**

**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 here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates 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 Stephen Rice Signature [Signature] Date 8-10-2017  
Type or Print Name

Candidate Steve Rice Signature [Signature] Date 8-10-2017  
Type or Print Name