



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.

3. This Statement covers From: 07/20/20 to 08/24/20

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

12900 Hall Road, Suite 500
Sterling Heights, MI 48313

Area Code and Phone 586-254-1040

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

Harold J. Burns
1460 Kinney
Memphis, MI 48041

Area Code & Phone 586-206-8110

7. Treasurer's Business Address

12900 Hall Road, Suite 500
Sterling Heights, MI 48313

Area Code and Phone 586-254-1040

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

08/04/20

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 here by 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 Harold J. Burns

Type or Print Name

Signature

Date 8/27/2020

Candidate Candice S. Miller

Type or Print Name

Signature

Date August 28, 2020



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139314

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Candice Miller for Macomb

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>14,100.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$14,100.00</u>	(18.) \$ <u>\$298,004.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$671.65</u>	(19.) \$ <u>\$41,144.47</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$14,771.65</u>	(20.) \$ <u>\$339,148.47</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>478.80</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>\$14,221.11</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></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$14,221.11</u>	(23.) \$ <u>\$115,461.75</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$237,626.21</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$14,771.65</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$252,397.86</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$14,221.11</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$238,176.75</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 # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/20/20</u> Name & Address: Gebran S. Anton 1 Sycamore Lane Grosse Pointe MI 48230		\$ <u>100.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Broker</u> Employer <u>Self-Employed</u> Business Address <u>79 Macomb Place Mt. Clemens MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/15/20</u> Name & Address: Betty Bright 6257 Telegraph Road #230 Bloomfield Hills MI 48301		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/13/20</u> Name & Address: Thomas Brisse 5400 Great Fosters Dr. Oakland Twp. MI 48306		\$ <u>250.00</u>	\$ <u>900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Hospital Administrator</u> Employer <u>McLaren Macomb Hospital</u> Business Address <u>1000 Harrington Blvd. Mt. Clemens MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/20</u> Name & Address: Gary R. Broad 20850 Moxon Drive Clinton Township MI 48036		\$ <u>2,500.00</u>	\$ <u>6,300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Chairman</u> Employer <u>Midwest Steel, Inc.</u> Business Address <u>2525 E. Grand Blvd. Detroit MI 48211</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$2,900.00**

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/19/20

Name & Address:

James F. Burton
13368 Banbury Cr.
Shelby Twp. MI 48315

\$ 250.00

\$ 1,550.00

5. If over \$100.00 cumulative, please provide:

Occupation Engineer Employer Hubbell, Roth and Clark

[Click Here for Memo Itemization](#)

Business Address 555 Hulet Drive Bloomfield Hills MI 48302

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/20/20

Name & Address:

Vincent Crispignani
37135 Woodpointe Dr.
Clinton Twp. MI 48036

\$ 150.00

\$ 750.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Real Estate Developer Employer Accord Ent. L.L.C.

Business Address 44250 Garfield Rd., Ste. 164 Clinton Twp. MI 48038

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/17/20

Name & Address:

A. Luisa DiLorenzo
1393 Fairfax St.
Birmingham MI 48009

\$ 1,000.00

\$ 2,800.00

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation Physician - Ophthalmologist Employer Somerset Ophthalmology

Business Address 2877 Crooks Rd. Ste. B Troy MI 48084

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/14/20

Name & Address:

Lidia Jurkiw-Gulawsky
5706 Ortman Dr.
Sterling Heights MI 48314

\$ 500.00

\$ 1,650.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Contract Admin Employer North American Controls, Inc.

Business Address 13955 Teresa Dr. Shelby Twp. MI 48315

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

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 # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/20/20</u> Name & Address: Charles E. Hart 16336 Forestview Dr. Clinton Twp. MI 48036		\$ <u>250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Civil Engineer/Vice President</u> Employer <u>Hubbell, Roth & Clark, Inc.</u> Business Address <u>555 Hulet Dr. Bloomfield Hills MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/17/20</u> Name & Address: David Hutchinson 28842 Old North River Rd. Harrison Twp. MI 48045		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/20/20</u> Name & Address: Robert Huth 19500 Hall Road, Ste. 100 Clinton Twp. MI 48038		\$ <u>100.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk, Huth, Lange & Badalamenti PLLC</u> Business Address <u>19500 Hall Road, Ste. 100 Clinton Twp. MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/17/20</u> Name & Address: George G. Jerome, Jr. 284 Moross Rd. Grosse Pointe Farms MI 48236		\$ <u>250.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Civil Engineer/Land Surveyor</u> Employer <u>George Jerome & Co.</u> Business Address <u>28304 Hayes Rd. Roseville MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$700.00

Grand Total of All Schedules 1A
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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/14/20

Name & Address:

James W. Kasmak, Jr.
616 Apalachicola Rd.
Venice FL 34285

\$ 250.00

\$ 1,150.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/20

Name & Address

Harry Kurtz
1040 Lakeshore Rd.
Grosse Pointe Shores MI 48236

\$ 1,000.00

\$ 2,050.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Executive Employer Triune Specialty Trailers

Business Address 28332 Hayes Rd. Roseville MI 48066

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/13/20

Name & Address:

Mary Anne LaHood
20 Stillmeadow Lane
Grosse Pointe Shores MI 48236-1118

\$ 100.00

\$ 550.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Bowling Center Employer Lakeshore Lanes

Business Address 31025 Jefferson, St. Clair Shores, MI 48082

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/19/20

Name & Address

Anthony Lombardo
56075 Ken Charles Drive, Ste. 200
Shelby Township MI 48316

\$ 2,500.00

\$ 4,800.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Builder/Developer Employer Lombardo Homes

Business Address 13001 23 Mile Road, Suite 200 Shelby Township MI 48315

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal **\$3,850.00**

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

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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 139314
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/16/20</u> Name & Address: Albert L. Lorenzo 37281 Woodside Ln. Clinton Twp. MI 48036 5. If over \$100.00 cumulative, please provide: Occupation <u>Deputy County Executive</u> Employer <u>Macomb County</u> Business Address <u>1 South Main Mt. Clemens MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>1,350.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/13/20</u> Name & Address: Simone Mauro 5841 Cusick Lake Dr. Washington Twp. MI 48095 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Mauro Engineering</u> Business Address <u>48657 Hayes Shelby Twp. MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>700.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/13/20</u> Name & Address: Karen Mersino 4491 Jordyn Dr. Lapeer MI 48446 5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>Mersino Management</u> Business Address <u>10162 E. Coldwater Rd. Davison MI 48423</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>2,750.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/17/20</u> Name & Address: Russell G. Milne 619 North Rosedale Ct. Grosse Pointe Woods MI 48236 5. If over \$100.00 cumulative, please provide: Occupation <u>Automotive Dealer</u> Employer <u>Russ Milne Ford, Inc.</u> Business Address <u>24777 Hall Road Macomb MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1,600.00</u>

Page Subtotal **\$2,250.00**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/13/20</u> Name & Address: Timothy J. Mullins 22836 Canterbury St. St. Clair Shores MI 48080		\$ <u>300.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Giarmarco Mullins & Horton</u> Business Address <u>101 W. Big Beaver Rd. 10th Floor Troy MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/20</u> Name & Address: Carl Munaco 48635 Van Dyke Utica MI 48317		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Builder/Developer</u> Employer <u>Self-Employed</u> Business Address <u>48635 Van Dyke Utica MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/20</u> Name & Address: Francine Parker 22700 Gordon Switch Street St. Clair Shores MI 48081		\$ <u>300.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Director-Executive</u> Employer <u>UAW Retiree Medical Benefits Trust</u> Business Address <u>200 Walker Street Detroit MI 48207</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/20</u> Name & Address: Dean S. Petitpren 34 Waverly Lane Grosse Pointe Farms MI 48236		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive</u> Employer <u>Petitpren, Inc.</u> Business Address <u>44500 N. Groesbeck Hwy. Clinton Twp. MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$1,850.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/13/20</u> Name & Address: Henry Salvatore, Jr. 40956 Ruggero Clinton Twp. MI 48038		\$ <u>300.00</u>	\$ <u>1,350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>Salvatore Excavating Co., Inc.</u> Business Address <u>29850 Little Mack Roseville MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/14/20</u> Name & Address: Stephen R. Saph, Jr. 68 Clinton St. Mt. Clemens MI 48043		\$ <u>250.00</u>	\$ <u>1,450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance Sales</u> Employer <u>Nickel & Saph, Inc.</u> Business Address <u>44 Macomb Place Mt. Clemens MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/20</u> Name & Address: James C. Stevens 32988 Thorndyke Ct. Farmington Hills MI 48334		\$ <u>100.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>OHM Advisors</u> Business Address <u>2365 Pontiac Rd., Ste. 201 Auburn Hills MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: 		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$650.00**

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

\$14,100.00

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: Wells Fargo S938 US Highway 41 Stephenson, MI 49887	Date of Receipt <u>07/24/20</u>	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☒ Other (Specify) <u>Bank credit for fraudulent GoDaddy.com charges reported on previous report.</u>	\$ <u>671.65</u>
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____

Page Subtotal **\$671.65**

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) **\$671.65**

Enter this total on
line 4 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 Online application ☐ Fund Raiser	Purpose: <u>Campaign sign supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/06/20</u> Date	<u>\$ 70.45</u>
Expenditure #2 Name <u>Amazon.com</u> Address Online application ☐ Fund Raiser	Purpose: <u>Campaign sign supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/06/20</u> Date	<u>\$ 52.80</u>
Expenditure #3 Name <u>Public Storage</u> Address 36260 Van Dyke Ave. Sterling Heights, MI 48312 ☐ Fund Raiser	Purpose: <u>Storage Unit for 2020 Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/07/20</u> Date	<u>\$ 129.19</u>
Expenditure #4 Name <u>Michigan Custom Signs</u> Address 1675 W. Hamlin Rd. Rochester Hills, MI 48309 ☐ Fund Raiser	Purpose: <u>1100 Campaign signs - Deposit</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/20</u> Date	<u>\$ 2,500.00</u>
Expenditure #5 Name <u>AT&T Mobility</u> Address PO Box 6463 Carol Stream, IL 60197-6463 ☐ Fund Raiser	Purpose: <u>Candidate Cell Phone 6/16/20 - 7/15/20</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/20</u> Date	<u>\$ 351.83</u>

Subtotal this page **\$3,104.27**

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>Michigan Custom Signs</u> Address <u>1675 W. Hamlin Rd.</u> <u>Rochester Hills, MI 48309</u> ☐ Fund Raiser	Purpose: <u>1100 Campaign signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/11/20</u> Date	<u>\$ 7,870.00</u>
Expenditure #2 Name <u>Tractor Supply</u> Address <u>66143 Van Dyke Rd.</u> <u>Washington, MI 48095</u> ☐ Fund Raiser	Purpose: <u>Sign posts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/18/20</u> Date	<u>\$ 2,703.41</u>
Expenditure #3 Name <u>Tractor Supply</u> Address <u>66143 Van Dyke Rd.</u> <u>Washington, MI 48095</u> ☐ Fund Raiser	Purpose: <u>Sign post supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/18/20</u> Date	<u>\$ 63.58</u>
Expenditure #4 Name <u>Anedot</u> Address <u>P.O. Box 84314</u> <u>Baton Rouge, LA 70884</u> ☒ Fund Raiser	Purpose: <u>E-Merchant Fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/24/20</u> Date	<u>\$ 404.85</u>
Expenditure #5 Name <u>Soar Beyond Productions LLC</u> Address <u>2570 Waldheim Drive</u> <u>Port Huron, MI 48060</u> ☐ Fund Raiser	Purpose: <u>Video editing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/24/20</u> Date	<u>\$ 75.00</u>

Subtotal this page **\$11,116.84**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$14,221.11**

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>08/13/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>27</u>	5. Type of Fund Raising Activity <u>Online</u>	6. Address and Name (If any) of the place where the activity was held. <u>Online only due to</u> <u>COVID-19</u> ☐ Private Residence
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7. Total Contributions \$14,100.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$14,100.00
10. Total Cost of Event \$404.85
(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.