

## CANDIDATE COMMITTEE COVER PAGE

## FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	07/21/20 to	12/31/20	
1. Committee I.D. Number		4. Candidate Last Name	First Name		M.I.
699333		Rice	Steve		
2. Committee Name		4a. Office Sought Including Dis	trict # or Community Serve	d (If applicable)	
Friends Of Steve Rice		4b. County of Residence MACOMB			
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address			
Area Code and Phone 586 939-6726 If the address in this box is different from the commi mailing address on the Statement of Organization, in be sent to this address by the filing official.	ittee nail may	Area Code & Phone		MACUHB	21 JAN
7. Treasurer's Business Address		Designated Record keeper's Designated Record keeper)	s Name and Mailing Addres	ss (If the Committee Commi	has LED PH 2: 14
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT	Required Oh	NLY if candidate	9e. Dissolution of Cand	idate Committe	ве
9a. Pre-Election OR 9b. Post-Election  Pre-Election or Post-Election Statement relates to:	Pre-Election OR 9b. Post-Election is not on 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 by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,		
Primary	July Quart	erly	owes no lates fees or has any oustanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.		
General	October Q	•			
Convention			COnsidered a request for tr	ne reporting wa	MVer.
Special	9c. XAnnua	al Statement (2020 ) Coverage Year	Effective date of	f dissolution	
	9d. Amen	dment to Campaign Statement			
Caucus	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus					
<ol> <li>Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a</li> </ol>			ent and attached schedules	s (if any) and to	the best of
Current Treasurer or Designated Record keeper  Stephen Rice	<b>)</b>	100	Date	,	-28.2/
Type or Print Name		Signature		,	/
Steve Rice	~	-5/1/ c		· 1-2	8-21
CandidateType or Print Name		Signature	Date	a	<del>-0 ~/</del>



1. Committee I.D. Number 699333

## SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Friends Of Steve Rice

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$0.00	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _\$0.00	(19.) \$ _\$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _\$0.00	(20.)\$ \$0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-iK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ .\$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$0.00	(23.) \$ \$0.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements     a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	_
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS	(11.) \$ \$0.00	(24.) \$ \$0.00
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$_\$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	_
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(13.) \$ \$0.00 (14.) + \$ \$0.00 (15.) = \$ \$0.00 (16.) - \$ \$0.00 (17.) \$ \$0.00	