



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.

<b>1. Committee I.D. Number</b> 69133		<b>3. This Statement covers From:</b> 10/21/20 to 12/31/20	
<b>2. Committee Name</b> Friends Of Steve Rice		<b>4. Candidate Last Name</b> Rice <b>First Name</b> Steve <b>M.I.</b> <b>4a. Office Sought Including District # or Community Served (If applicable)</b> <b>4b. County of Residence</b> MACOMB	
<b>5. Committee's Mailing Address</b>  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.		<b>6. Treasurer's Name &amp; Residential Address</b>  Area Code & Phone	
<b>7. Treasurer's Business Address</b>  Area Code and Phone		<b>8. Designated Record keeper's Name and Mailing Address (If the committee has Designated Record keeper)</b>  Area Code and Phone	
<b>9. TYPE OF STATEMENT</b> 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input 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		<b>9c. Dissolution of Candidate Committee</b> <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 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.	
<b>9d. Required ONLY if candidate is not on the ballot for the current year:</b> <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input checked="" type="checkbox"/> Annual Statement (2020) Coverage Year 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)			
<b>10. Verification:</b> 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	
Type or Print Name		Signature	
Candidate		Steve Rice	
Type or Print Name		Signature	
		Date 2-8-21	
		Date 2-8-21	

FILED  
21 FEB 18 PM 3:15  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN