



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

* I received a reporting waiver after the 2017 Election. I lost my waiver during the reporting period. This report represents all activity from the date of my last filed report to close of books for the 2021 primary.
FOR OFFICIAL USE ONLY

1. Committee I.D. Number 138484		3. This Statement covers From: 11-28-17 to 7-18-21	
2. Committee Name CTE CANDICE B. RUSIE		4. Candidate Last Name RUSIE First Name Candice M.I. B. 4a. Office Sought Including District # or Community Served (If applicable) St. Clair Shores City Council 4b. County of Residence Macomb	
5. Committee's Mailing Address 23149 N. Rosedale Cr. St. Clair Shores, MI 48080 Area Code and Phone 586-612-3098 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 NORMA RUSIE 21036 St. Gertrude St. Clair Shores, MI 48081 Area Code & Phone 586-777-3164 / 586-612-3460	
7. Treasurer's Business Address 27320 Harper St. Clair Shores, MI 48081 Area Code and Phone -		8. Designated Record Keeper's Name and 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 AUGUST 3, 2021		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 hereby 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 NORMA J. RUSIE Type or Print Name		<i>Norma J. Rusie</i> Signature Date 7-23-21	
Candidate Candice B. Rusie Type or Print Name		<i>Candice B. Rusie</i> Signature Date 7-23-21	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number

138484

2. Committee Name

CTE CANDICE B. RUSE

Column II

Cumulative this election cycle

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$

965-

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$

NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$

965-

4. Other Receipts (Schedule 1A-1, Column 6)

(4.) \$

-

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$

965-

(18.) \$

965-

(19.) \$

-

(20.) \$

965-

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$

2261.25

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$

-

(21.) \$

2261.25

(22.) \$

-

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$

-

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$

-

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$

-

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$

-

(23.) \$

-

**INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)**

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$

-

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$

-

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$

-

(24.) \$

-

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$

2186.25

b. Owed to the Committee (Schedule 1E)

(12b.) \$

-

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$

121.30

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$

965.00

15. SUBTOTAL Add lines 13 and 14

(15.) = \$

1,086.30

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$

-

17. ENDING BALANCE
(Subtract line 16 from line 15)

(17.) \$

1,086.30

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 1384184
2. Committee Name CTE CANDICE B. RUSIE

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.

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 7-2-18

Name & Address:
Candice Rusie
23149 N. Rosedale Ct
St. Clair Shores, MI 48080

6. Amount \$ 5- 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 5-

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

Occupation ATTORNEY Employer KLDiscavery (Strategic Legal Solutions)
Business Address 39555 Orchard Hill Pl, Novi MI 48375

Click Here for Memo Itemization

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 7-1-19

Name & Address:
Candice Rusie
23149 N. Rosedale Ct
St. Clair Shores, MI 48080

\$ 5- \$ 10-

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

Occupation ATTORNEY Employer KLDiscavery (Strategic Legal Solutions)
Business Address 39555 Orchard Hill Pl, Novi MI 48375

Click Here for Memo Itemization

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 12-31-20

Name & Address:
Candice Rusie
23149 N. Rosedale Ct
St. Clair Shores, MI 48080

\$ 5- \$ 15-

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

Occupation ATTORNEY Employer KLDiscavery
Business Address 39555 Orchard Hill Pl, Novi MI 48375 (remote) (HQ - 8201 Greenbush Drive Ste 300 McLean, VA 22102)

Click Here for Memo Itemization

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 6-20-21

Name & Address:
Brackley F. Templeman
23149 N. Rosedale Ct
St. Clair Shores, MI 48080

\$ 250- \$ 250-

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

Occupation ATTORNEY Employer KLDiscavery
Business Address 39555 Orchard Hill Pl, Novi MI 48375 (remote) (HQ - 8201 Greenbush Drive Ste 300 McLean, VA 22102)

Click Here for Memo Itemization

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

Page Subtotal \$ 265

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 138484
2. Committee Name CTE CANDICE B. RUSIE

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 <u>6-20-21</u> Name & Address: <u>Daniel J. Rusie</u> <u>21036 St. Gertrude</u> <u>St. Clair Shores, MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Aerospace Inspector</u> Employer <u>BMT Aerospace</u> Business Address <u>18559 Malyn Rd Farm MI 48026</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>350-</u>	\$ <u>350-</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>6-20-21</u> Name & Address: <u>Cassandra J. Rusie</u> <u>21036 St. Gertrude</u> <u>St. Clair Shores, MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant director</u> Employer <u>Fusion Education Group</u> Business Address <u>72 Monroe Center St Ann Arbor, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>350-</u>	\$ <u>350-</u>
		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

\$ 700

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

\$ 965

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK

1. Committee I. D. Number 138484

2. Committee Name CIG CANDICE B. RUSIE

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: <u>Candice Rusie</u> <u>23149 N. Rosedale Ct</u> <u>St. Clair Shores, MI 48080</u> If over \$100.00 cumulative, please provide: Occupation: <u>ATTORNEY</u> Employer Name & Business Address: <u>KLDI Discovery</u> <u>39555 Orchard Hill Pl</u> <u>Novi, MI 48375 (Runde)</u> ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by <u>Candidate</u> or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>SIGN DISPLAY @ event</u> 5. Date Of Receipt: <u>5-1-21</u> 6. Vendor Name & Address: <u>Lac Ste. Claire Kmart</u> <u>PO Box 806125</u> <u>St. Clair Shores, MI 48080</u>	\$ <u>75-</u>	\$ <u>90-</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: <u>Candice Rusie</u> <u>23149 N. Rosedale Ct</u> <u>St. Clair Shores, MI 48080</u> If over \$100.00 cumulative, please provide: Occupation: <u>ATTORNEY</u> Employer Name & Address: <u>KLDI Discovery</u> <u>39555 Orchard Hill Pl</u> <u>Novi, MI 48375 (Runde)</u> ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by <u>Candidate</u> or Others- <u>LOAN</u> Description <u>Signs + wiring</u> 5. Date Of Receipt: <u>6-4-21</u> 6. Vendor Name & Address: <u>SS Graphics / Sign with letter</u> <u>4176 6th Street</u> <u>Wyandotte, MI 48192</u>	\$ <u>1060-</u>	\$ <u>1150-</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: <u>Candice Rusie</u> <u>23149 N. Rosedale Ct</u> <u>St. Clair Shores, MI 48080</u> If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer Name & Address: <u>KLDI Discovery</u> <u>39555 Orchard Hill Pl</u> <u>Novi, MI 48375 (Runde)</u> ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by <u>Candidate</u> or Others- <u>LOAN</u> Description <u>Signs + wiring</u> 5. Date Of Receipt: <u>6-23-21</u> 6. Vendor Name & Address: <u>SS Graphics / Sign with letter</u> <u>1176 6th Street</u> <u>Wyandotte, MI 48192</u>	\$ <u>1126.25</u>	\$ <u>2276.25</u>

Page Subtotal

2261.25

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

2261.25

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

138484

2. Committee Name

CTE Candice B. Rosie

This Schedule itemizes:

- a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Candice Rosie 23149 N. Rosedale Cr St. Clair Shores MI 48080	4. Type: <u>cash</u> 5. <u>Date Debt Was Incurred:</u> <u>9-30-09</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1500.00</u>	11-21-09 \$ 800.00 \$ \$ \$ \$	\$ 800.00	\$ <u>Ø</u> ☒ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Corp? ☐ Yes Owed to or by: Candice Rosie 23149 N. Rosedale Cr St. Clair Shores MI 48080	4. Type: <u>payment - signs</u> 5. <u>Date Debt Was Incurred:</u> <u>7-19-13</u> 6. <u>Original Amount of Debt:</u> <u>\$ 232.14</u>	\$ - \$ \$ \$ \$	\$ -	\$ <u>Ø</u> ☒ FORGIVEN
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If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Corp? ☐ Yes Owed to or by: Candice Rosie 23149 N. Rosedale Cr St. Clair Shores MI 48080	4. Type: <u>payment - signs</u> 5. <u>Date Debt Was Incurred:</u> <u>6-4-21</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1060.00</u>	\$ - \$ \$ \$ \$	\$ -	\$ <u>1060.00</u> ☐ FORGIVEN
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If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

1,060.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138484

2. Committee Name CTE Candice B. Rusie

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: ☐ Corp? ☐ Yes <u>Candice Rusie</u> <u>23149 N. Rosedale St</u> <u>S. Warburg MI 48080</u>	4. Type <u>payment signs</u> 5. Date Debt Was Incurred: <u>6-23-21</u> 6. Original Amount of Debt: <u>\$1,126.25</u>	<u>-</u> \$ <u>-</u> \$ \$ \$ \$	\$ <u>-</u>	\$ <u>1,126.25</u> ☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Owed to or by: ☐ Corp? ☐ Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
---	---	----------------------------	----------	---

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Owed to or by: ☐ Corp? ☐ Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

1,126.25

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

2186.25

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.