



**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: 8-23-21 to 10-17-21

1. Committee I.D. Number

138454

2. Committee Name

CTE Candice B Rusie

5. Committee's Mailing Address

23149 N Rosedale G
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.

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

6. Treasurer's Name & Residential Address

Noema Rusie
21036 St. Germaine
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

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

11-2-21

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

Noema Rusie

Type or Print Name

Noema Rusie

Signature

Date

10-22-21

Candidate

Candice B. Rusie

Type or Print Name

Candice B. Rusie

Signature

Date

10-22-21



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138484

2. Committee Name CTE Candice B Rusie

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>-</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>-</u>	(18.) \$ <u>965-</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>-</u>	(19.) \$ <u>-</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>-</u>	(20.) \$ <u>965-</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>131.43</u>	(21.) \$ <u>2770.30</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>-</u>	(22.) \$ <u>-</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>-</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>-</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>-</u>	(23.) \$ <u>-</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>-</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>-</u>	(24.) \$ <u>-</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>2186.25</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>-</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1086.30</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>-</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1086.30</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>-</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1086.30</u>	



ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1 Committee I. D. Number

138484

2. Committee Name

CTE Candice B. RUSK

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: Candice Rusk 22149 N. Roselle Ct St. Clair Shores, MI 48080 If over \$100.00 cumulative, please provide: Occupation: Attorney Employer Name & Business Address: KL Discovery HQ 8201 39555 Orchard Hill Dr Greenhills Novi, MI 48325 Ste 300 (remote) McLean VA ☐ Fund Raiser Contribution 22102	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 Candidate or Others- LOAN Description: office supplies 5. Date Of Receipt: 9-6-21 6. Vendor Name & Address: Target 33860 S. Gortant Ave Clinton Twp, MI 48035-6115	\$ 6.43	\$ 2660.30
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Candice Rusk 23149 N. Roselle Ct St. Clair Shores, MI 48080 If over \$100.00 cumulative, please provide: Occupation: Attorney Employer Name & Address: KL Discovery HQ 8201 39555 Orchard Hill Dr Greenhills Dr. Novi, MI 48325 Ste 300 (remote) McLean VA ☐ Fund Raiser Contribution 22102	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 Candidate or Others- LOAN Description: Sign display/sponsorship - event 5. Date Of Receipt: 9-22-21 6. Vendor Name & Address: Lac Ste Claire Kinross PO Box 806125 St. Clair Shores, MI 48080	\$ 125	\$ 2785.30
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ 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 Candidate or Others- LOAN Description: 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$

Page Subtotal

131.43

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

131.43

Enter this total
on line 6 of Summary
Page



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number

138484

2. Committee Name

CITE 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 endorsers 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 Rusie 23149 N Rydell Ct. St. Clair Shores MI 48080	4. Type: <u>payroll sign</u> 5. <u>Date Debt Was Incurred:</u> <u>6-4-21</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1060</u>	\$ \$ \$ \$ \$	\$ -	\$ <u>1060</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by: Candice Rusie 23149 N Rydell Ct. St. Clair Shores MI 48080	4. Type: <u>payroll sign</u> 5. <u>Date Debt Was Incurred:</u> <u>6-23-21</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1126.25</u>	\$ \$ \$ \$ \$	\$ -	\$ <u>1126.25</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

2186.25

Grand Total of all Schedules 1E

2186.25

(Complete on last page of Schedule showing amounts owed by or to the committee)

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.

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