



**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: 10-18-21 to 11-22-21

1. Committee I.D. Number

138484

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 Ct.
St. Clair Shores, MI 48080

Area Code and Phone

586 612 3095

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

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

NORMA RUSIE

Type or Print Name

Norma Rusie

Signature

Date

12-2-21

Candidate

Candice B. Rusie

Type or Print Name

Candice B. Rusie

Signature

Date

12-2-21



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

138484

2. Committee Name

CTE Candice B. Ruste

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ -

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

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ -

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

(4.) \$ -

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

(5.) \$ -

IN-KIND CONTRIBUTIONS & EXPENDITURES

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

(6.) \$ 146.12

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

(7.) \$ -

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 900⁰⁰

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.) \$ 900⁰⁰

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.) \$ -

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 0

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.) \$ 1086³⁰

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

(14.) + \$ -

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 1086³⁰

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

(16.) - \$ 900⁰⁰

17. ENDING BALANCE

(Subtract line 16 from line 15)

(17.) \$ 186.30

Column I
This Period

Column II
Cumulative this election cycle

(18.) \$

(19.) \$

(20.) \$

(21.) \$

(22.) \$

(23.) \$

(24.) \$



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 138484
2. Committee Name CTE Candide B Rorie

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.

Contribution # 1 PAC Receipt? ☐ Yes

Name & Address:
Noma Rusie
21036 St. Germain
St. Clair Shores, MI 48081

If over \$100.00 cumulative, please provide:
Occupation: —

Employer Name & Business Address:
—

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)

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 deposit/pre pay victory party

5. Date Of Receipt: 10-18-21

6. Vendor Name & Address:

Gilbert's Lodge
22335 Harper
St. Clair Shores, MI 48080

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:
John Caron
21700 Chalm
St. Clair Shores, MI 48080

If over \$100.00 cumulative, please provide:
Occupation: —

Employer Name & Address:
—

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 remainder of post election party

5. Date Of Receipt: 11-2-21

6. Vendor Name & Address:

Gilbert's Lodge
22335 Harper
St. Clair Shores MI 48080

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:
Candice Rusie
23114 N. Roselle Cr.
St. Clair Shores, MI 48080

If over \$100.00 cumulative, please provide:

Occupation: Attorney

Employer Name & Address:

KLDiscoversy
39555 Orchard Hill Place
Novi, MI 48325
(female)
HQ
8201 Greenbush Dr.
Suite 300
Macle, VA
22102

☐ 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 Notary-post election compliance

5. Date Of Receipt: 11-10-21

6. Vendor Name & Address:

City of St. Clair Shores
2760 Jefferson
St. Clair Shores, MI 48081

Click Here for Memo Itemization

Page Subtotal

128.06 —

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

—

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 123456-7

CANDIDATE COMMITTEE

2. Committee Name Committee To Elect John Smith

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>Pamela Ruge</u> <u>23144 N Roselle 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>K & SCOVERY</u> <u>112 8201 Glenhurst</u> <u>34555 Oak Hill Rd.</u> <u>Sec 300</u> <u>Ann Arbor MI 48106</u> <u>McLaren Vh 22102</u> (rank) ☐ 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 <u>loan repayment for portion of victory party</u> 5. Date Of Receipt: <u>11-21-21</u> 6. Vendor Name & Address: <u>Jim Caron</u> <u>21700 Chalmers</u> <u>St. Clair Shores, MI 48080</u>	\$ <u>18.06</u>	\$ <u>2513.36</u>
Contribution # 2 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:	\$	\$
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

18.06

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

146.12

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

138484

2. Committee Name

CTE Candice B. Rusie

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Candice Rusie</u> Address <u>23149 N. Rosedale Ct.</u> <u>St Clair Shores, MI 48080</u> ☐ Fund Raiser	Purpose: <u>loan - repayment</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-8-21</u> Date Click Here for Memo Itemization Type	<u>\$ 900⁰⁰</u>
Expenditure #2 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____
Expenditure #3 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$ 900⁰⁰
\$ 900⁰⁰

Enter this total
on line 8a 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. 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 Corp? ☐ Yes Owed to or by: Candice Rusie 23149 N. Rosedale G St. Clair Shores, MI 48080	4. Type: <u>payroll - sign</u> 5. Date Debt Was Incurred: <u>6-4-21</u> 6. Original Amount of Debt: <u>\$1060.00</u>	11-8-21 \$900.00 - \$ - - \$ - - \$ - - \$ -	\$900.00	\$160.00 ☒ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by: Candice Rusie 23149 N. Rosedale G St. Clair Shores, MI 48080	4. Type: <u>payroll - sign</u> 5. Date Debt Was Incurred: <u>6-23-21</u> 6. Original Amount of Debt: <u>\$1126.25</u>	- \$ - - \$ - - \$ - - \$ - - \$ -	\$0	\$1126.25 ☒ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by: John Caron 21700 Chalon St. Clair Shores, MI 48080	4. Type: <u>payroll - union</u> 5. Date Debt Was Incurred: <u>11-2-21</u> 6. Original Amount of Debt: <u>\$18.06</u>	11-21-21 \$18.06 - \$ - - \$ - - \$ - - \$ -	\$18.06	\$0 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(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