



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

28 OCT 2022 PM 01:59

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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: 08/23/2022 to 10/23/2022

1. Committee I.D. Number

139814

4. Candidate Last Name First Name M.I.

XIONG MAI H

4a. Office Sought Including District # or Community Served (If applicable)

11 COUNTY COMMISSIONER, MACOMB COUNTY

4b. County of Residence **MACOMB COUNTY**

2. Committee Name

MAI XIONG FOR COUNTY COMMISSIONER

5. Committee's Mailing Address

**P.O. BOX 5385
WARREN, MI 48090**

6. Treasurer's Name & Residential Address

**MAI XIONG
32820 NEWCASTLE DRIVE
WARREN, MI 48093**

Area Code and Phone (586) 782-2298
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.

Area Code & Phone (586) 782-2298

7. Treasurer's Business Address

**32820 NEWCASTLE DRIVE
WARREN, MI 48093**

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone (586) 782-2298

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

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.)

Date of Election, Convention or Caucus

11/08/2022

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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/28/2022

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/28/2022



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139814

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8,015.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>8,015.00</u>	(18.) \$ <u>25,867.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>8,015.00</u>	(20.) \$ <u>25,867.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>5,908.51</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>5,908.51</u>	(23.) \$ <u>23,461.33</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>890.02</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>8,015.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>8,905.02</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5,908.51</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,996.51</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

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 <u>all</u> 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>08/24/2022</u>	
Name & Address: LAWANDA TURNER 29218 JANE ST ST CLAIR SHORES, MI 48081		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/01/2022</u>	
Name & Address: LORI STONE 27582 EVELYN AVE WARREN, MI 48093		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 N. CAPITOL, N-792, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2022</u>	
Name & Address: HUWAIDA ARRAF 45836 EDEN DR. MACOMB, MI 48044		\$ <u>25.00</u>	\$ <u>25.00</u>
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 <u>09/15/2022</u>	
Name & Address: MELANIE STEELE 29273 CHESTNUT CT Farmington, MI 48334		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>STATELINE</u> Business Address <u>1135 BEAUFAIT ST, DETROIT, MI 48207</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 460.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

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 <u>all</u> 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>09/16/2022</u>	
Name & Address: PATRICIA DIB 33269 EDGE GROVE RD FRASER, MI 48026		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2022</u>	
Name & Address: MAYKAO LY TONG PAO 2825 S HADLEY RD BRANDON TWP, MI 48462		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: KENNETH KRONNER 30340 MERRICK AVE WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>25.00</u>
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 <u>09/22/2022</u>	
Name & Address: JAN SULLIVAN 27370 CRESTWOOD DR WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>THE SULLIVAN LAW FIRM PLLC</u> Business Address <u>27370 CRESTWOOD DRIVE, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 275.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

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 <u>all</u> 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>09/22/2022</u>	
Name & Address: SOUA KUE 15175 MARCO CT STERLING HEIGHTS, MI 48313		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2022</u>	
Name & Address: VONGAVONE RICHARDSON 27601 GAIL DR WARREN, MI 48093		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/23/2022</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS 11687 AMERICAN ST SUITE 200 DETROIT, MI 48204		\$ <u>5,000.00</u>	\$ <u>6,000.00</u>
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 <u>09/26/2022</u>	
Name & Address: JAY KUE 13237 BALFOUR DR WARREN, MI 48088		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **5,105.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

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 <u>all</u> 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>09/30/2022</u>	
Name & Address: KA YANG 2427 FRAZHO RD		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2022</u>	
Name & Address: MARY SWAN 31720 LEXINGTON ST WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/03/2022</u>	
Name & Address: KHOUA YANG 27756 NEWPORT DR WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>100.00</u>
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 <u>10/04/2022</u>	
Name & Address: TRAYCEE KUE 34465 MACDONALD DR STERLING HEIGHTS, MI 48310		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HUMAN RESOURCES RECRUITER</u> Employer <u>AREA AGENCY ON AGING</u> Business Address <u>29100 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **450.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

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 <u>all</u> 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>10/06/2022</u>	
Name & Address: KUMAR PALEPU 377 HILLCREST GROSSE POINTE, MI 48236		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MOUNT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/06/2022</u>	
Name & Address: UAW MICHIGAN V-PAC 8000 E JEFFERSON DETROIT, MI 48214		\$ <u>1,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2022</u>	
Name & Address: HUWAIDA ARRAF 45836 EDEN DR MACOMB, MI 48044		\$ <u>25.00</u>	\$ <u>50.00</u>
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 <u>10/21/2022</u>	
Name & Address: IQBAL SINGH PO BOX 1281 STERLING HEIGHTS, MI 48311		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,725.00**

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

8,015.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139814**
2. Committee Name **MAI XIONG FOR COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ROBERT MIJAC FOR COUNTY COMMISSIONER Address 43710 VIA ANTONIO DR STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: FUNDRAISER DINNER TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/29/2022 Date	\$ 50.00
Expenditure #2 Name ACT BLUE Address PO BOX 441146 SOMMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2022 Date	\$ 13.45
Expenditure #3 Name USPS Address 1555 S MAIN ST Mount Clemens, MI 48046 ☐ Fund Raiser	Purpose: POSTAGE STAMPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2022 Date	\$ 22.88
Expenditure #4 Name VANTIV Address 8500 GOVERNORS HILL DR SYMMES TOWNSHIP, OH 45249 ☐ Fund Raiser	Purpose: ACTBLUE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/09/2022 Date	\$ 23.33
Expenditure #5 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/17/2022 Date	\$ 890.40

Subtotal this page

1,000.06

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139814**
2. Committee Name **MAI XIONG FOR COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MICHAELS Address 6601 S WESTNEDGE AVE PORTAGE, MI 49002 ☐ Fund Raiser	Purpose: CERTIFICATE FRAME ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2022 Date	\$ 19.49
Expenditure #2 Name OFFICE DEPOT Address 6272 S WESTNEDGE AVE PORTAGE, MI 49002 ☐ Fund Raiser	Purpose: LABELS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2022 Date	\$ 10.06
Expenditure #3 Name USPS Address 28401 MOUND RD WARREN, MI 48090 ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2022 Date	\$ 1,094.10
Expenditure #4 Name COMMUNITY CHOICE CREDIT UNION Address 7415 CHICAGO RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: TEMPORARY CHECKS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/23/2022 Date	\$ 2.00
Expenditure #5 Name MAI XIONG Address 32820 NEWCASTLE DRIVE Warren, MI 48093 ☐ Fund Raiser	Purpose: DEBT REPAYMENT ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2022 Date	\$ 500.00

Subtotal this page **1,625.65**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139814**
2. Committee Name **MAI XIONG FOR COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name RASENEE YANG Address 8209 CARPENTER RD YPSILANTI, MI 48197 ☐ Fund Raiser	Purpose: <u>CUPCAKES FOR COMMUNITY EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2022</u> Date	\$ <u>100.00</u>
Expenditure #2 Name ELK LODGE 2292 Address 25950 SCHOENHERR RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>HALL RENTAL FOR COMMUNITY EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2022</u> Date	\$ <u>1,340.00</u>
Expenditure #3 Name THAI SMILE Address 28742 VAN DYKE AVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: <u>FOOD FOR VOLUNTEERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2022</u> Date	\$ <u>445.90</u>
Expenditure #4 Name ALAN TEPE Address 2839 N WILLIAMS LAKE RD WATERFORD TWP, MI 48329 ☐ Fund Raiser	Purpose: <u>PHOTOGRAPHY</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/2022</u> Date	\$ <u>500.00</u>
Expenditure #5 Name YEE LENG VUE Address 13224 BALFOUR DR WARREN, MI 48088 ☐ Fund Raiser	Purpose: <u>EVENT SPONSORSHIP</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/2022</u> Date	\$ <u>150.00</u>

Subtotal this page **2,535.90**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACT BLUE Address PO BOX 441146 SOMMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2022</u> Date	\$ <u>12.09</u>
Expenditure #2 Name PARTY CITY Address 32469 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>DECORATIONS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/2022</u> Date	\$ <u>85.33</u>
Expenditure #3 Name CATTLEMAN'S CENTER Address 25225 VAN DYKE AVE CENTER LINE, MI 48015 ☐ Fund Raiser	Purpose: <u>CIDER AND DONUTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/2022</u> Date	\$ <u>50.81</u>
Expenditure #4 Name VANTIV Address 8500 GOVERNORS HILL DR SYMMES TOWNSHIP, OH 45249 ☐ Fund Raiser	Purpose: <u>ACT BLUE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/2022</u> Date	\$ <u>15.68</u>
Expenditure #5 Name COMMITTEE TO RETAIN JUDGE TERI LYNN DENNINGS Address PO BOX 46528 MOUNT CLEMENS, MI 48046 ☐ Fund Raiser	Purpose: <u>FUNDRAISER DINNER TICKET</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/2022</u> Date	\$ <u>100.00</u>

Subtotal this page

263.91

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139814**
2. Committee Name **MAI XIONG FOR COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USP4GG Address 11922 TAHITI DR STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: CONGRATULATORY PROGRAM AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/2022 Date	\$ 150.00
Expenditure #2 Name TARGET Address 32001 JOHN R RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: HALLOWEEN CANDY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2022 Date	\$ 302.99
Expenditure #3 Name MICHIGAN DEMOCRATIC PARTY Address 606 TOWNSEND ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: MEMBERSHIP FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2022 Date	\$ 30.00
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **482.99**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **5,908.51**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139814
2. Committee Name MAI XIONG FOR COUNTY COMMISSIONER

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: MAI XIONG 32820 NEWCASTLE DRIVE WARREN, MI 48093	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>06/17/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>3,260.00</u>	07/11/22 \$ <u>260.00</u> 07/17/22 \$ <u>500.00</u> 07/14/22 \$ <u>500.00</u> 07/20/22 \$ <u>1,500.00</u> 09/27/22 \$ <u>500.00</u>	\$ <u>3,260.00</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 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: \$ _____				
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)

0.00

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

0.00

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.