



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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MACOMB COUNTY CLERK

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: 10/24/2022 to 11/28/2022

1. Committee I.D. Number

140162

2. Committee Name

Committee to Elect Susan Hier

5. Committee's Mailing Address

61625 Glenwood Trail
Washington, Michigan 48094

Area Code and Phone (586) 945-4395

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

Hier

First Name

Susan

M.I.

M

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

Board Members - Local Washington Township

4b. County of Residence MACOMB

6. Treasurer's Name & Residential Address

Phyllis Zimmerman
8541 Stanford North, Apt A
Washington, Michigan 48094

Area Code & Phone (586) 915-8946

7. Treasurer's Business Address

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

Area Code and Phone

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

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.)

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ Special

☐ School

☐ Caucus

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

12/06/2022

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: Phyllis Zimmerman

Type or Print Name

Signature

Date

12/06/22

Candidate

Susan M. Hier

Type or Print Name

Signature

Date

12/06/22



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140162

2. Committee Name Committee to Elect Susan Hier

**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>721.56</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>721.56</u>	(18.) \$ <u>\$4,166.24</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>721.56</u>	(20.) \$ <u>\$4,166.24</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$163.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$163.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>785.71</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>785.71</u>	(23.) \$ <u>\$4,166.24</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></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></u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$64.15</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>721.56</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>785.71</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>785.71</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$0.00</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140162
2. Committee Name Committee To Elect Susan Hier

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 Name & Address: <u>Daniel O'Leary</u> <u>4254 Washington Crescent Drive</u> <u>Troy MI 48085</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
PAC Receipt? ☐ YES 4. Date of Receipt <u>10/25/2022</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Deputy Supervisor</u> Employer <u>Clinton Township</u> Business Address <u>40700 Romeo Plank Rd., Clinton Twp MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Mona DeQuis</u> <u>417 Prospect, #208</u> <u>Romeo, MI 48065</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
PAC Receipt? ☐ YES 4. Date of Receipt <u>11/04/2022</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Susan M. Hier</u> <u>61625 Glenwood Trail</u>		\$ <u>121.56</u>	\$ <u>121.56</u>
PAC Receipt? ☐ YES 4. Date of Receipt <u>11/19/2022</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address:		\$ _____	\$ _____
PAC Receipt? ☐ YES 4. Date of Receipt _____			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$721.56

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

\$721.56

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 140162
2. Committee Name Committee To Elect Susan Hier

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Apple Orchard Inn Restaurant</u> Address <u>62840 Van Dyke</u> <u>Washington, Michigan 48094</u> ☐ Fund Raiser	Purpose: <u>Post Election Party</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/19/2022</u> Date	\$ <u>485.71</u>
Expenditure #2 Name <u>The Corner Office, LLC</u> Address <u>8541 Stanford North, Apt A</u> <u>Washington, Michigan 48094</u> ☐ Fund Raiser	Purpose: <u>Design and Printing Services</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2022</u> Date	\$ <u>300.00</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			\$ <u>785.71</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$ <u>785.71</u>

Enter this total
on line 8a of
Summary Page