



FILED

24 JUL 2023 AM 11:37

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**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: 11/29/2022 to 07/20/2023

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 (2023)
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

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 lates 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

07/24/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2023



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>602.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>602.00</u>	(18.) \$ <u>852.00</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>602.00</u>	(20.) \$ <u>852.00</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>1,565.76</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>1,565.76</u>	(23.) \$ <u>3,746.56</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>1,065.71</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>602.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,667.71</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,565.76</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>101.95</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>12/18/2022</u>	
Name & Address: LORIE BARNWELL 30130 GRUENBURG DR 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/18/2022</u>	
Name & Address: LORI STONE 27582 EVELYN AVE WARREN, MI 48093		\$ <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>12/18/2022</u>	
Name & Address: KEN DEBEAUSSAERT 39856 BRYLOR CT CLINTON TWP, MI 48038		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/19/2022</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>38.00</u>	\$ <u>38.00</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 288.00

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>12/19/2022</u>	
Name & Address: SHANIA CHEHAB 45787 KENSINGTON ST UTICA, MI 48317		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/19/2022</u>	
Name & Address: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <u>38.00</u>	\$ <u>38.00</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>12/19/2022</u>	
Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>38.00</u>	\$ <u>38.00</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>12/19/2022</u>	
Name & Address: SIMA PATEL 3138 HARVARD RD ROYAL OAK, MI 48073		\$ <u>38.00</u>	\$ <u>38.00</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 **139.00**

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>12/19/2022</u>	
Name & Address: JEANNE HUNTON 8831 INDEPENDENCE DR 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>12/28/2022</u>	
Name & Address: STEPHEN FINN 32631 DESMOND DR WARREN, MI 48093		\$ <u>75.00</u>	\$ <u>75.00</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>01/18/2023</u>	
Name & Address: SOH SUZUKI 4224 KENSINGTON AVE DETROIT, MI 48224		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address: _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **175.00**

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

602.00

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 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	11/30/2022 Date	\$ 120.00
Expenditure #2 Name VANTIV Address 8500 GOVERNORS HILL DR SYMMES TOWNSHIP, OH 45249 ☐ Fund Raiser	Purpose: ACTBLUE PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/09/2022 Date	\$ 0.50
Expenditure #3 Name USPS Address 155 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/14/2022 Date	\$ 360.00
Expenditure #4 Name OFFICE MAX Address 33840 GRATIOT AVE CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: PAPER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/14/2022 Date	\$ 36.45
Expenditure #5 Name LIMELIGHT Address 30200 VAN DYKE AVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: FOOD FOR VOLUNTEERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/20/2022 Date	\$ 295.66

Subtotal this page

812.61

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 VANTIV Address 8500 GOVERNORS HILL DR SYMMES TOWNSHIP, OH 45249 ☐ Fund Raiser	Purpose: <u>ACTBLUE PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/10/2023</u> Date	\$ <u>10.41</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/13/2023</u> Date	\$ <u>7.16</u>
Expenditure #3 Name VANTIV Address 8500 GOVERNORS HILL DR SYMMES TOWNSHIP, OH 45249 ☐ Fund Raiser	Purpose: <u>ACTBLUE PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/09/2023</u> Date	\$ <u>0.50</u>
Expenditure #4 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>POSTCARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/2023</u> Date	\$ <u>125.08</u>
Expenditure #5 Name MICHIGAN POLITICAL LEADERSHIP PROGRAM Address 509 E CIRCLE DR EAST LANSING, MI 48824 ☐ Fund Raiser	Purpose: <u>DINNER TICKET</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/2023</u> Date	\$ <u>100.00</u>

Subtotal this page

243.15

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 HMONG FAMILY ASSOCIATION Address PO BOX 93 POTTERVILLE, MI 48876 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/25/2023 Date	\$ 500.00
Expenditure #2 Name COMMUNITY CHOICE CREDIT UNION Address 7415 CHICAGO RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2023 Date	\$ 5.00
Expenditure #3 Name COMMUNITY CHOICE CREDIT UNION Address 7415 CHICAGO RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2023 Date	\$ 5.00
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 **510.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **1,565.76**

Enter this total
on line 8a of
Summary Page