



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

21 AUG 2023 PM 05:34

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: 04/21/2023 to 07/23/2023

1. Committee I.D. Number

**140295**

4. Candidate Last Name

**XIONG**

First Name

**SENG**

M.I.

2. Committee Name

**SENG XIONG FOR CITY COUNCIL**

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

**COUNCIL DISTRICT 4, WARREN**

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

5. Committee's Mailing Address

**13493 LOWE DRIVE  
WARREN, MI 48088**

6. Treasurer's Name & Residential Address

**SENG XIONG  
13493 LOWE DRIVE  
WARREN, MI 48088**

Area Code and Phone (586) 871-3476

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) 871-3476

7. Treasurer's Business Address

**13493 LOWE DRIVE  
WARREN, MI 48088**

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

Area Code and Phone (586) 871-3476

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

08/08/2023

**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

08/21/2023

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

08/21/2023



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140295  
2. Committee Name SENG XIONG FOR CITY COUNCIL

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/18/2023</u> |                                                                                 |
| Name & Address:<br><b>SENG XIONG</b><br><b>13493 LOWE DRIVE</b><br><b>WARREN, MI 48088</b>                                                                                                                                                                                                                                                      |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NURSING ASSISTANT</u> Employer <u>BEAUMONT HOSPITAL</u><br>Business Address <u>3601 W 13 MILE RD, ROYAL OAK, MI 48073</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/22/2023</u> |                                                                                 |
| Name & Address:<br><b>SENG XIONG</b><br><b>13493 LOWE DRIVE</b><br><b>WARREN, MI 48088</b>                                                                                                                                                                                                                                                      |                                           | \$ <u>600.00</u>                     | \$ <u>600.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NURSING ASSISTANT</u> Employer <u>BEAUMOND HOSPITAL</u><br>Business Address <u>3601 W 13 MILE RD, ROYAL OAK, MI 48073</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/27/2023</u> |                                                                                 |
| Name & Address:<br><b>MAI XIONG</b><br><b>32820 NEWCASTLE DR</b><br><b>WARREN, MI 48093</b>                                                                                                                                                                                                                                                     |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                               |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/27/2023</u> |                                                                                 |
| Name & Address:<br><b>OLIVIA MENZER</b><br><b>3403 MAIDSTONE ST</b><br><b>TRENTON, MI 48183</b>                                                                                                                                                                                                                                                 |                                           | \$ <u>25.00</u>                      | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                               |                                           |                                      |                                                                                 |

Page Subtotal **1,725.00**

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 140295  
2. Committee Name SENG XIONG FOR CITY COUNCIL

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/27/2023</u> |                                                                                 |
| Name & Address:<br><b>KAO HMONG THAO</b><br><b>1709 N 22ND ST</b><br><b>SHEBOYGAN, WI 53081</b>                                                                                                                                                                                                                                                 |                                           | \$ <u>25.00</u>                      | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                               |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/27/2023</u> |                                                                                 |
| Name & Address:<br><b>SENG XIONG</b><br><b>13493 LOWE DR</b><br><b>WARREN, MI 48088</b>                                                                                                                                                                                                                                                         |                                           | \$ <u>10.00</u>                      | \$ <u>10.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NURSING ASSISTANT</u> Employer <u>BEAUMOND HOSPITAL</u><br>Business Address <u>3601 W 13 MILE RD, ROYAL OAK, MI 48073</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/28/2023</u> |                                                                                 |
| Name & Address:<br><b>LOVE XIONG</b><br><b>22805 HILLOCK AVE</b><br><b>WARREN, MI 48089</b>                                                                                                                                                                                                                                                     |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                               |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/28/2023</u> |                                                                                 |
| Name & Address:<br><b>CATHERINE THAO</b><br><b>3209 POWERS AVE</b><br><b>CLOVIS, CA 93619</b>                                                                                                                                                                                                                                                   |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                               |                                           |                                      |                                                                                 |

Page Subtotal **235.00**

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 140295  
2. Committee Name SENG XIONG FOR CITY COUNCIL

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/13/2023</u> |                                                                                 |
| Name & Address:<br><b>LIACHOUA LEE</b><br><b>2477 EMPIRE CT</b><br><b>ROCHESTER HILLS, MI 48309</b>                                                                                                                                                                                   |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation <u>RESTAURANT OWNER</u> Employer <u>SY THAI</u>                                                                                                                                                                                                                            |                                           |                                      |                                                                                 |
| Business Address <u>315 HAMILTON ROW, BIRMINGHAM, MI 48009</u>                                                                                                                                                                                                                        |                                           |                                      |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt                   |                                                                                 |
| Name & Address                                                                                                                                                                                                                                                                        |                                           |                                      |                                                                                 |
|                                                                                                                                                                                                                                                                                       |                                           | \$                                   | \$                                                                              |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation Employer                                                                                                                                                                                                                                                                   |                                           |                                      |                                                                                 |
| Business Address                                                                                                                                                                                                                                                                      |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt                   |                                                                                 |
| Name & Address:                                                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
|                                                                                                                                                                                                                                                                                       |                                           | \$                                   | \$                                                                              |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation Employer                                                                                                                                                                                                                                                                   |                                           |                                      |                                                                                 |
| Business Address                                                                                                                                                                                                                                                                      |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt                   |                                                                                 |
| Name & Address                                                                                                                                                                                                                                                                        |                                           |                                      |                                                                                 |
|                                                                                                                                                                                                                                                                                       |                                           | \$                                   | \$                                                                              |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation Employer                                                                                                                                                                                                                                                                   |                                           |                                      |                                                                                 |
| Business Address                                                                                                                                                                                                                                                                      |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                                |                                           |                                      |                                                                                 |

Page Subtotal **250.00**

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

**2,210.00**

Enter this total on  
line 3a of Summary  
Page.