



FILED

25 JUL 2024 PM 01:42

MACOMB COUNTY CLERK
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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: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

139314

4. Candidate Last Name First Name M.I.

MILLER CANDICE S

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

PUBLIC WORKS COMMISSIONER, MACOMB COUNTY

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

2. Committee Name

CANDICE MILLER FOR MACOMB

5. Committee's Mailing Address

**P.O. BOX 694
MT. CLEMENS, MI 48046**

6. Treasurer's Name & Residential Address

**WENDY CARMACK
26845 CAMPAU LANE
HARRISON TOWNSHIP, MI 48045**

Area Code and Phone (586) 909-6245
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) 909-6245

7. Treasurer's Business Address

**26845 CAMPAU LANE
HARRISON TOWNSHIP, MI 48045**

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

**APRIL WILSON
19510 COOPER STREET
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 909-6245

Area Code and Phone (989) 390-1231

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

08/06/2024

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

07/25/2024

Candidate _____
Type or Print Name Signature

Submitted electronically,
signature on file

Date

07/25/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139314

2. Committee Name CANDICE MILLER FOR MACOMB

**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>170,812.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>170,812.00</u>	(18.) \$ <u>579,957.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>10.72</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>170,812.00</u>	(20.) \$ <u>579,967.72</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>93,259.52</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>17.94</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>93,277.46</u>	(23.) \$ <u>262,402.56</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>321,403.49</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>170,812.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>492,215.49</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>93,277.46</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>398,938.03</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>01/24/2024</u>	
Name & Address: GARY SAKWA 5130 DEEP WOOD RD BLOOMFIELD HILLS, MI 48302		\$ <u>2,000.00</u>	\$ <u>5,650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING PARTNER</u> Employer <u>GRAND SAKWA PROPERTIES LLC</u> Business Address <u>28470 W 13 MILE RD, STE. 220, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/29/2024</u>	
Name & Address: TONY J GALLO 6303 26 MILE RD STE. 200 WASHINGTON, MI 48094		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER/DEVELOPER</u> Employer <u>GALLO COMPANIES</u> Business Address <u>6303 26 MILE RD, STE. 200, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/01/2024</u>	
Name & Address: KAREN CZERNEL 5400 BRIDGE TRAIL E COMMERCE TWP, MI 48382		\$ <u>2.00</u>	\$ <u>2.00</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>02/02/2024</u>	
Name & Address: A. LUISA DILORENZO 1393 FAIRFAX ST BIRMINGHAM, MI 48009		\$ <u>2,000.00</u>	\$ <u>3,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OPHTHALMOLOGIST</u> Employer <u>SOMERSET OPHTHALMOLOGY</u> Business Address <u>2877 CROOKS RD, STE. B, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 6,002.00

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

Enter this total on
line 3a of Summary
Page.



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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>02/02/2024</u>	
Name & Address: FRANCINE PARKER 22700 GORDON SWITCH ST ST CLAIR SHORES, MI 48081		\$ <u>2,000.00</u>	\$ <u>7,000.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/04/2024</u>	
Name & Address: JAMES F BURTON 1373 SUNVIEW CT ROCHESTER, MI 48307		\$ <u>1,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>HUBBELL, ROTH & CLARK</u> Business Address <u>555 HULET DR, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/05/2024</u>	
Name & Address: NANCY FAUGHT 4411 AMHERST RD ROYAL OAK, MI 48073		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>HUBBELL, ROTH & CLARK, INC.</u> Business Address <u>555 HULET DR, PO BOX 824, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/05/2024</u>	
Name & Address: THOMAS GUASTELLO 34120 WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CENTER MANAGEMENT</u> Business Address <u>34120 WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 6,000.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/05/2024</u>	
Name & Address: CHARLES HART 16336 FORESTVIEW DR CLINTON TWP, MI 48036		\$ <u>1,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>HUBBELL ROTH & CLARK INC</u> Business Address <u>555 HULET DR, PO BOX 824, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/05/2024</u>	
Name & Address: MARY LAMPARTER 12 WINDEMERE PL GROSSE POINTE FARMS, MI 48236		\$ <u>1,000.00</u>	\$ <u>1,000.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/05/2024</u>	
Name & Address: RONALD C LAMPARTER 12 WINDEMERE PL GROSSE POINTE FARMS, MI 48236		\$ <u>1,000.00</u>	\$ <u>4,500.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/05/2024</u>	
Name & Address: RUSSELL G MILNE 619 N ROSEDALE CT GROSSE POINTE WOODS, MI 48236		\$ <u>2,500.00</u>	\$ <u>7,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTOMOTIVE DEALER</u> Employer <u>RUSS MILNE FORD, INC.</u> Business Address <u>24777 HALL RD, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/06/2024</u>	
Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>500.00</u>	\$ <u>1,800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK, INC</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/06/2024</u>	
Name & Address: PAUL MUSCAT 6643 PALMS RD IRA, MI 48023		\$ <u>1,000.00</u>	\$ <u>3,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CORTIS BROS TRUCKING & EXCAVATING</u> Business Address <u>6052 STARVILLE RD, MARINE CITY, MI 48039</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/06/2024</u>	
Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON VLG, MI 48348		\$ <u>500.00</u>	\$ <u>1,800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK, INC</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/06/2024</u>	
Name & Address: JESSE VANDECREEK 15822 LAKEVIEW CT GROSSE POINTE PARK, MI 48230		\$ <u>1,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>HUBBELL, ROTH & CLARK, INC.</u> Business Address <u>555 HULET DR, PO BOX 824, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/08/2024</u> Name & Address: MICHAEL VIGNERON 8797 IRA RD FAIR HAVEN, MI 48023		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK, INC</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>02/08/2024</u> Name & Address: CITIZENS FOR HONEST GOVERNMENT 12955 23 MILE RD SHELBY TWP, MI 48315		\$ <u>4,000.00</u>	\$ <u>7,500.00</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>02/10/2024</u> Name & Address: JASON ARLOW 5709 ARNOLD RD MARINE CITY, MI 48039		\$ <u>500.00</u>	\$ <u>1,800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK, INC.</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/13/2024</u> Name & Address: HANI MANSOUR 330 HAMILTON ROW STE. 300 BIRMINGHAM, MI 48009		\$ <u>2,000.00</u>	\$ <u>5,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>330 HAMILTON ROW, STE. 300, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/14/2024</u>	
Name & Address: STEVEN M MANCINI 37532 HIDDEN VALLEY CT CLINTON TWP, MI 48036		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>RIC-MAN CONSTRUCTION</u> Business Address <u>41500 MOUND RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/19/2024</u>	
Name & Address: KEVIN HOPPE 35222 PLEASANT VALLEY CT FARMINGTON HILLS, MI 48331		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>NTH CONSULTANTS, LTD</u> Business Address <u>41780 SIX MILE RD, NORTHVILLE, MI 48168</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/19/2024</u>	
Name & Address: JEFFREY JAROS 1401 SETTLERS HILL DR LANSING, MI 48917		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>NTH CONSULTANTS, LTD</u> Business Address <u>41780 SIX MILE RD, NORTHVILLE, MI 48168</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/19/2024</u>	
Name & Address: CHARLES ROARTY 1101 BEACONSFIELD AVE GROSSE POINTE PARK, MI 48230		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GEOTECHNICAL ENGINEER</u> Employer <u>NTH CONSULTANTS, LTD</u> Business Address <u>2990 W GRAND BLVD, STE. M-10, DETROIT, MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 3,500.00

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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>02/19/2024</u>	
Name & Address: CLARK HILL PAC 500 WOODWARD AVE STE. 3500 DETROIT, MI 48226		\$ <u>2,000.00</u>	\$ <u>5,000.00</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 #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>02/20/2024</u>	
Name & Address: FRIENDS OF MCLAREN PAC 1731 BLUE GRASS RD LANSING, MI 48906		\$ <u>2,000.00</u>	\$ <u>4,000.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/21/2024</u>	
Name & Address: JASON KENYON 10305 JEWELL RD GAINES, MI 48436		\$ <u>500.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>WADE TRIM ASSOCIATES, INC</u> Business Address <u>25251 NORTHLINE RD, TAYLOR, MI 48180</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/21/2024</u>	
Name & Address: LISA PRIDNIA 8777 LARNED RD PO BOX 300 PORT AUSTIN, MI 48467		\$ <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			

Page Subtotal 4,600.00

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1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>02/22/2024</u>	
Name & Address: ANTHONY P FRABOTTA 12900 HALL RD STE. 500 STERLING HEIGHTS, MI 48313		\$ <u>1,000.00</u>	\$ <u>5,500.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>CPA</u> Employer <u>UHY ADVISORS, INC.</u>			
Business Address <u>12900 HALL RD, STE. 500, STERLING HEIGHTS, MI 48313</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/23/2024</u>	
Name & Address: BENJAMIN ALOIA 54439 WHITE SPRUCE LN SHELBY TWP, MI 48315		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>ATTORNEY</u> Employer <u>ALOIA & ASSOCIATES, PC</u>			
Business Address <u>48 S MAIN ST, MT CLEMENS, MI 48043</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/23/2024</u>	
Name & Address: JOHN ARVAI IV 5294 VILLAGE RD SALINE, MI 48176		\$ <u>500.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>CIVIL ENGINEER</u> Employer <u>WADE TRIM ASSOCIATES, INC.</u>			
Business Address <u>25251 NORTHLINE RD, TAYLOR, MI 48180</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/23/2024</u>	
Name & Address: TIM COLEMAN 2433 BERKSHIRE AVE AVON, OH 44011		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>VICE PRESIDENT</u> Employer <u>WADE TRIM ASSOCIATES, INC</u>			
Business Address <u>25251 NORTHLINE RD, TAYLOR, MI 48180</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,000.00

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 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>02/24/2024</u> Name & Address: SHAWN W KEOUGH 8222 WEBSTER DR DEXTER, MI 48130		\$ <u>500.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>WADE TRIM ASSOCIATES, INC</u> Business Address <u>25251 NORTHLINE RD, TAYLOR, MI 48180</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/26/2024</u> Name & Address: FRANK S ARAGONA 37020 GARFIELD RD STE. T-1 CLINTON TWP, MI 48036		\$ <u>800.00</u>	\$ <u>4,450.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/27/2024</u> Name & Address: CARL J MUNACO 14634 BREZA DR SHELBY TWP, MI 48315		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER/DEVELOPER</u> Employer <u>CHIRCO COMPANIES</u> Business Address <u>48635 VAN DYKE AVE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/27/2024</u> Name & Address: BRIAN M RUBEL 2883 TICKNOR CT ANN ARBOR, MI 48104		\$ <u>2,000.00</u>	\$ <u>4,600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTING ENGINEER</u> Employer <u>TETRA TECH</u> Business Address <u>1663 OAK VALLEY DR, ANN ARBOR, MI 48108</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 5,300.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>02/29/2024</u>	
Name & Address: ARTHUR ASHLEY 48744 POINT LAKEVIEW ST NEW BALTIMORE, MI 48047		\$ <u>1,000.00</u>	\$ <u>7,500.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/29/2024</u>	
Name & Address: MARY ASHLEY 48744 POINT LAKEVIEW ST NEW BALTIMORE, MI 48047		\$ <u>1,000.00</u>	\$ <u>3,000.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/29/2024</u>	
Name & Address: RANDAL B PAGEL 37420 LAKEVILLE ST HARRISON TWP, MI 48045		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>BUMLER MECHANICAL</u> Business Address <u>6260 18 1/2 MILE RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/01/2024</u>	
Name & Address: THOMAS V ALONGI 1748 LEXINGTON DR TROY, MI 48084		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>UHY LLP</u> Business Address <u>12900 HALL RD, SUITE 500, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,200.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/01/2024</u>	
Name & Address: BRIAN BATKINS 27825 LAUREN ST E HARRISON TWP, MI 48045		\$ <u>400.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNT EXECUTIVE</u> Employer <u>LEE MACHINERY MOVERS</u> Business Address <u>675 CESAR E CHAVEZ AVE, PONTIAC, MI 48340</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/01/2024</u>	
Name & Address: VINCENT CRISPIGNANI 529 CHASE LN BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE DEVELOPER</u> Employer <u>J.V.C. DEVELOPMENT LLC</u> Business Address <u>44250 GARFIELD RD, STE. 164, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/01/2024</u>	
Name & Address: JOANNE KRAUSE 41314 CONGER BAY DR HARRISON TWP, MI 48045		\$ <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>03/01/2024</u>	
Name & Address: RONALD MICHALS 35311 EVANSTON AVE STERLING HEIGHTS, MI 48312		\$ <u>25.00</u>	\$ <u>125.00</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			

Page Subtotal 725.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/01/2024</u>	
Name & Address: JOHN MICHALSKI 3033 PHEASANT RUN E DR WIXOM, MI 48393		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>APPLIED SCIENCE, INC.</u> Business Address <u>21455 MELROSE AVE, SOUTHFIELD, MI 48075</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/01/2024</u>	
Name & Address: BENEDETTO SORRENTINO 14633 BREZA DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>400.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/02/2024</u>	
Name & Address: JOHN H BOLOGNA, JR. 19135 SAXON DR BEVERLY HILLS, MI 48025		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE DEVELOPER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>19135 SAXON DR, BEVERLY HILLS, MI 48025</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/02/2024</u>	
Name & Address: MICHAEL D'AGOSTINI 17565 AUGUSTA DR MACOMB, MI 48042		\$ <u>2,000.00</u>	\$ <u>5,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>L. D'AGOSTINI & SONS INC</u> Business Address <u>15801 23 MILE RD, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,400.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/02/2024</u>	
Name & Address: TOM KALAS 15 PINE GATE DR BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KALAS KADIAN PLC</u> Business Address <u>31350 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/03/2024</u>	
Name & Address: ROBERT G CLANCY 52823 BASE ST NEW BALTIMORE, MI 48047		\$ <u>2,000.00</u>	\$ <u>4,450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED CONTRACTOR</u> Employer <u>ROBERT CLANCY CONTRACTING, INC.</u> Business Address <u>9342 MARINE CITY HWY, CASCO, MI 48064</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/03/2024</u>	
Name & Address: GUIDO FUCINARI, JR. 20920 ERBEN ST ST CLAIR SHORES, MI 48081		\$ <u>35.00</u>	\$ <u>85.00</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>03/03/2024</u>	
Name & Address: MARY ANNE LAHOOD 20 STILLMEADOW LN GROSSE POINTE SHORES, MI 48236		\$ <u>200.00</u>	\$ <u>550.00</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			

Page Subtotal 2,435.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/04/2024</u> Name & Address: <u>GEORGE JEROME, JR.</u> <u>28304 HAYES RD</u> <u>ROSEVILLE, MI 48066</u>		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER / SURVEYOR</u> Employer <u>GEORGE JEROME & CO</u> Business Address <u>28304 HAYES RD, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/04/2024</u> Name & Address: <u>JAMES NICHOLSON</u> <u>222 CLOVERLY RD</u> <u>GROSSE POINTE FARMS, MI 48236</u>		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>PVS CHEMICALS, INC.</u> Business Address <u>10900 HARPER AVE, DETROIT, MI 48213</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/04/2024</u> Name & Address: <u>GARY WHITMORE</u> <u>26760 S RIVER RD</u> <u>HARRISON TWP, MI 48045</u>		\$ <u>200.00</u>	\$ <u>200.00</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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/05/2024</u> Name & Address: <u>WILLIAM B FORREST, III</u> <u>630 HALF MOON RD</u> <u>BLOOMFIELD HILLS, MI 48301</u>		\$ <u>666.66</u>	\$ <u>2,208.33</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KEINBAUM, HARDY, VIVIANO, PELTON & FORREST PLC</u> Business Address <u>280 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 3,066.66

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/05/2024</u> Name & Address: JAMES GERLACH 31700 N RIVER RD HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>150.00</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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/05/2024</u> Name & Address: CHERYL S KOEHS 47211 MISSION VALLEY DR N MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>130.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/05/2024</u> Name & Address: HARRY KURTZ 2120 AUTUMN HILL DR ANN ARBOR, MI 48103		\$ <u>2,000.00</u>	\$ <u>7,000.00</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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/05/2024</u> Name & Address: ERIC J PELTON 3260 KERNWAY CT BLOOMFIELD HILLS, MI 48304		\$ <u>666.67</u>	\$ <u>2,208.34</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIENBAUM HARDY VIVIANO PELTON & FORREST PLC</u> Business Address <u>280 N OLD WOODWARD AVE, STE. 400, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,816.67

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/05/2024</u>	
Name & Address: JOSEPH E VIVIANO 11826 FOREST GLEN LN SHELBY TWP, MI 48315		\$ <u>666.67</u>	\$ <u>2,208.33</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIENBAUM HARDY VIVIANO PELTON & FORREST PLC</u> Business Address <u>280 N OLD WOODWARD AVE, STE. 400, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: RINALDO G ACCIAVATTI 6321 GRATIOT AVE ST CLAIR, MI 48079		\$ <u>400.00</u>	\$ <u>1,400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>PAMAR ENTERPRISES INC</u> Business Address <u>31604 PAMAR CT, NEW HAVEN, MI 48048</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: FAUSTO DELELLIS 52675 TUSCANY GROVE SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>700.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: ROBERT HUTH 19500 HALL RD STE. 100 CLINTON TWP, MI 48038		\$ <u>1,000.00</u>	\$ <u>2,400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK, HUTH, LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, STE. 100, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,266.67

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/06/2024</u>	
Name & Address: ROBERT KIRK 19500 HALL RD STE. 100 CLINTON TWP, MI 48038		\$ <u>1,000.00</u>	\$ <u>2,400.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALEMENTI PLC</u>			
Business Address <u>19500 HALL RD, STE. 100, CLINTON TWP, MI 48038</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: MANOJ SETHI 6154 GRAEBEAR TRAIL EAST LANSING, MI 48823		\$ <u>200.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>ENGINEER</u> Employer <u>DLZ MICHIGAN, INC.</u>			
Business Address <u>1425 KEYSTONE AVE, 911, LANSING, MI 48911</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/07/2024</u>	
Name & Address: MICHAEL DEFINIS 9870 OAK VALLEY DR VILLAGE OF CLARKSTON, MI 48348		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>PRESIDENT</u> Employer <u>ANGELO IAFRATE CONSTRUCTION</u>			
Business Address <u>26300 SHERWOOD AVE, WARREN, MI 48091</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/07/2024</u>	
Name & Address: THOMAS GRAY 5160 TWINGING DRIVE MERIDIAN TWP, MI 48864		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>CIVIL ENGINEER</u> Employer <u>FISHBECK</u>			
Business Address <u>5913 EXECUTIVE DR, LANSING, MI 48911</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 5,200.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/07/2024</u>	
Name & Address: MARK SNETHKAMP 26300 HARBOUR POINTE DR S HARRISON TWP, MI 48045		\$ <u>400.00</u>	\$ <u>1,600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTOMOTIVE DEALER</u> Employer <u>SNETHKAMP AUTOMOTIVE FAMILY</u> Business Address <u>16400 WOODWARD AVE, HIGHLAND PARK, MI 48203</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/08/2024</u>	
Name & Address: KEITH RENGERT 34080 ARMADA RIDGE RD RICHMOND, MI 48062		\$ <u>50.00</u>	\$ <u>165.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/09/2024</u>	
Name & Address: JOSEPH R CARABELL 53604 WELLINGTON DR SHELBY TWP, MI 48315		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/10/2024</u>	
Name & Address: LUTHER CLYBURN 9000 GALE RD WHITE LAKE TWP, MI 48386		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SHIP CAPTAIN</u> Employer <u>SELF EMPLOYED</u> Business Address <u>9000 GALE RD, WHITE LAKE TWP, MI 48386</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 725.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/11/2024</u>	
Name & Address: CAROLYN DORIAN 35900 GRATIOT AVE CLINTON TWP, MI 48035		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTOMOTIVE DEALER</u> Employer <u>DORIAN FORD</u> Business Address <u>35900 GRATIOT AVE, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/11/2024</u>	
Name & Address: ANTHONY M LOCHIRCO 2001 CRYSTAL LAKE DR SHELBY TWP, MI 48316		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APARTMENT RENTAL/DEVELOPER</u> Employer <u>CRYSTAL LAKE APARTMENTS</u> Business Address <u>2001 CRYSTAL LAKE DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/12/2024</u>	
Name & Address: CAROL THURBER 2496 CANOE CIR DR ORION TWP, MI 48360		\$ <u>400.00</u>	\$ <u>1,700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>NOWAK & FRAUS ENGINEERS</u> Business Address <u>48680 VAN DYKE AVE, STE. 200, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/12/2024</u>	
Name & Address: MICHAEL TOBIN 2638 W LONG LAKE RD WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>500.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>THE TOBIN GROUP</u> Business Address <u>31151 W 10 MILE RD, FARMINGTON HILLS, MI 48336</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

1,800.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/14/2024</u>	
Name & Address: ANGELO LANNI 7040 VALLEY GREEN WASHINGTON, MI 48094		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FLORENCE CEMENT CO.</u> Business Address <u>51515 CORRIDOR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/14/2024</u>	
Name & Address: MADHUKAR MAHAJAN 3251 BENNINGTON DR WIXOM, MI 48393		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>FAIRWAY ENGINEERING, LLC</u> Business Address <u>28525 BECK RD, #114, WIXOM, MI 48393</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/14/2024</u>	
Name & Address: GAETANO RIZZO 65 MACOMB PL STE. F MT CLEMENS, MI 48043		\$ <u>400.00</u>	\$ <u>1,750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GTR COMPANIES, LLC</u> Business Address <u>65 MACOMB PL, STE. F, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>03/14/2024</u>	
Name & Address: MILLER CANFIELD PAC 150 W JEFFERSON AVE STE. 2500 DETROIT, MI 48226		\$ <u>200.00</u>	\$ <u>650.00</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 2,800.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/15/2024</u>	
Name & Address: JOHN R AXE 481 KERCHEVAL AVE GROSSE POINTE FARMS, MI 48236		\$ <u>400.00</u>	\$ <u>1,800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CLARK HILL</u> Business Address <u>500 WOODWARD AVE, SUITE 3500, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/15/2024</u>	
Name & Address: SUSAN BLANCHARD 42661 MAYHEW DR STERLING HEIGHTS, MI 48314		\$ <u>25.00</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>03/15/2024</u>	
Name & Address: GERALD COTTRELL 39 BELLEVIEW ST MT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>550.00</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			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>03/15/2024</u>	
Name & Address: CHALDEAN CHAMBER PAC 30095 NORTHWESTERN HWY STE. 101 FARMINGTON HILLS, MI 48334		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,625.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/17/2024</u>	
Name & Address: JAMES KASMARK, JR. 616 APALACHICOLA RD VENICE, FL 34285		\$ <u>200.00</u>	\$ <u>550.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/17/2024</u>	
Name & Address: RALPH MACCARONE III 13921 BASILISCO CHASE DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF DEPUTY TREASURER</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, 2ND FLOOR, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/18/2024</u>	
Name & Address: JAMES GEORGE 19634 WESTCHESTER DR CLINTON TWP, MI 48038		\$ <u>2,000.00</u>	\$ <u>7,000.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/18/2024</u>	
Name & Address: PAUL SHAMO 32600 N RIVER RD HARRISON TWP, MI 48045		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTOMOTIVE DEALER</u> Employer <u>TAYLOR FORD</u> Business Address <u>13500 TELEGRAPH RD, TAYLOR, MI 48180</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,400.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/18/2024</u> Name & Address: JACOBS PAC 30800 TELEGRAPH RD BINGHAM FARMS, MI 48025		\$ <u>2,000.00</u>	\$ <u>7,000.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/19/2024</u> Name & Address: JAMES BREWER 1294 BLAIRMoor CT GROSSE POINTE WOODS, MI 48236		\$ <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>03/19/2024</u> Name & Address: THOMAS BROAD 37980 CHARTIER ST HARRISON TWP, MI 48045		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT & CEO</u> Employer <u>MIDWEST STEEL INC</u> Business Address <u>2525 E GRAND BLVD, DETROIT, MI 48211</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/19/2024</u> Name & Address: SALVATORE D'ANNA 1055 E SOUTH BLVD STE. 200 ROCHESTER HILLS, MI 48307		\$ <u>400.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>D'ANNA ASSOCIATES</u> Business Address <u>1055 E SOUTH BLVD, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,450.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/19/2024</u>	
Name & Address: JOSEPH R HENNINGER III 34600 JEFFERSON AVE HARRISON TWP, MI 48045		\$ <u>500.00</u>	\$ <u>900.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>RESTAURANT OWNER</u> Employer <u>CABANA BLUE LAKEFRONT</u>			
Business Address <u>7317 DYKE RD, CLAY TOWNSHIP, MI 48001</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2024</u>	
Name & Address: ROBERT J SEIBERT 19500 HALL RD STE. 101 CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>850.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>ATTORNEY</u> Employer <u>SEIBERT AND DLOSKI, PLLC</u>			
Business Address <u>19500 HALL RD, STE. 101, CLINTON TWP, MI 48038</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: PETER BEAUREGARD 60 BELLE MEADE RD GROSSE POINTE SHORES, MI 48236		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>OWNER & PRESIDENT</u> Employer <u>COLONY MARINE SALES & SERVICE, INC.</u>			
Business Address <u>24530 JEFFERSON AVE, ST CLAIR SHORES, MI 48080</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: JAMES BURG 5748 BROOKSIDE LN WASHINGTON, MI 48094		\$ <u>2,000.00</u>	\$ <u>4,500.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>PRESIDENT/CEO</u> Employer <u>JBTC TRUCKING</u>			
Business Address <u>27275 MOUND RD, WARREN, MI 48092</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,700.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: ROBERT A LEONETTI 29528 N SEAWAY CT HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>47 CROCKER BLVD, MT 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>03/20/2024</u>	
Name & Address: JOSEPH PALUZZI, III 399 FISHER RD GROSSE POINTE, MI 48230		\$ <u>200.00</u>	\$ <u>3,700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESIDENTIAL/COMMERCIAL REAL ESTATE</u> Employer <u>SELF EMPLOYED</u> Business Address <u>399 FISHER RD, GROSSE POINTE, MI 48230</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2024</u>	
Name & Address: JOHN BEBES 49465 VILLA DR NOVI, MI 48374		\$ <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>03/21/2024</u>	
Name & Address: SCOTT EILER 21627 CLOVER LN NOVI, MI 48375		\$ <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			

Page Subtotal 600.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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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>03/21/2024</u> Name & Address: JOHN LESSER 2706 TURTLE LAKE DR. BLOOMFIELD HILLS, MI 48302		\$ <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>03/21/2024</u> Name & Address: DAVID MORELLI 22756 MACOMB INDUSTRIAL DR CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>MORELLI CUSTOM HOMES</u> Business Address <u>22756 MACOMB INDUSTRIAL DR, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2024</u> Name & Address: ROBERT SHENTON 6000 WHITTINGHAM DR DUBLIN, OH 43017		\$ <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>03/21/2024</u> Name & Address: GCSI 21ST CENTURY PAC 3711 BEECH TREE LN MERIDIAN TWP, MI 48864		\$ <u>200.00</u>	\$ <u>350.00</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 600.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/22/2024</u> Name & Address: DEBRA CATENACCI 57338 COPPER CREEK DR WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LA FEMINA TRUCKING</u> Business Address <u>51500 NAPI DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/22/2024</u> Name & Address: JOHN R FENN 13288 LILLIAN LN STERLING HEIGHTS, MI 48313		\$ <u>200.00</u>	\$ <u>900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAND SURVEYOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>13288 LILLIAN LN, SHELBY HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/22/2024</u> Name & Address: PATRICIA LESLIE 8955 COLONY DR CLAY TOWNSHIP, MI 48001		\$ <u>2,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>CBA HOLDINGS, INC.</u> Business Address <u>41600 EXECUTIVE DR, HARRISON TWP, MI 48045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/22/2024</u> Name & Address: ROBERT W LINDH 8800 23 MILE RD SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>URBAN LAND CONSULTANTS, LLC</u> Business Address <u>8800 23 MILE RD, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,400.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/22/2024</u>	
Name & Address: JEREMY NORRIS 8800 23 MILE RD SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>URBAN LAND CONSULTANTS, LLC</u> Business Address <u>8800 23 MILE RD, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/22/2024</u>	
Name & Address: PETER SNYDER 8800 23 MILE RD SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>1,850.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>URBAN LAND CONSULTANTS, LLC</u> Business Address <u>8800 23 MILE RD, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/23/2024</u>	
Name & Address: MARK W SMOLINSKI 3773 N DARLINGTON RD BLOOMFIELD HILLS, MI 48301		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>G2 CONSULTING GROUP LLC</u> Business Address <u>1866 WOODSLEE AVE, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/25/2024</u>	
Name & Address: EUGENE A GARGARO, JR. 20630 HARPER AVE STE. 118 HARPER WOODS, MI 48225		\$ <u>500.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>DETROIT INSTITUTE OF ARTS</u> Business Address <u>5200 WOODWARD AVE, DETROIT, MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,100.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/25/2024</u>	
Name & Address: RODNEY MERSINO 7436 FOXBURG CT VILLAGE OF CLARKSTON, MI 48348		\$ <u>2,000.00</u>	\$ <u>3,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MERSINO</u> Business Address <u>900 N SQUIRREL RD, STE. 900, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/25/2024</u>	
Name & Address: JOE SCHOTTHOEFER 21221 MULLIN AVE WARREN, MI 48089		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>DOETSCH ENVIRONMENTAL SERVICES</u> Business Address <u>21221 MULLIN AVE, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/26/2024</u>	
Name & Address: PAUL GLANTZ 303 GRAY WOODS LANE LAKE ANGELUS, MI 48326		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>303 MANAGEMENT INC</u> Business Address <u>303 GRAY WOODS LANE, LAKE ANGELUS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/26/2024</u>	
Name & Address: SEBASTIAN PREVITI 61614 COTSWOLD DR WASHINGTON, MI 48094		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>WASHINGTON TOWNSHIP</u> Business Address <u>57900 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 6,250.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/27/2024</u>	
Name & Address: ANTOINETTE DILORENZO 14192 LAKESIDE BLVD N SHELBY TWP, MI 48315		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FAMJ INVESTMENT CO.</u> Business Address <u>45343 MARKET ST, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2024</u>	
Name & Address: PHYLLIS I HOWARD 34452 JEFFERSON AVE 38C HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>700.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2024</u>	
Name & Address: KEVIN LIVINGSTON 39753 MAZUCHET DR HARRISON TWP, MI 48045		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>HESCO</u> Business Address <u>29770 HUDSON DR, NOVI, MI 48377</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2024</u>	
Name & Address: LORENZO CAVALIERE 30078 SCHOENHERR RD STE. 300 WARREN, MI 48088		\$ <u>200.00</u>	\$ <u>850.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE DEVELOPER</u> Employer <u>CAVALIERE COMPANIES</u> Business Address <u>30078 SCHOENHERR RD, STE. 300, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,800.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>03/29/2024</u>	
Name & Address: CRAIG DASHNER 30510 FORTUNE TRAIL MILFORD, MI 48381		\$ <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>03/29/2024</u>	
Name & Address: RANDY DEPREZ 79672 TORY CIR ROMEO, MI 48065		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEBUILDER/DEVELOPER</u> Employer <u>DEPREZ COMPANIES</u> Business Address <u>79672 TORY CIR, ROMEO, MI 48065</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/30/2024</u>	
Name & Address: KEVIN RINKE 6805 COLBY LN BLOOMFIELD HILLS, MI 48301		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF EMPLOYED</u> Business Address <u>6805 COLBY LN, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/01/2024</u>	
Name & Address: CATHERINE DEDECKER 29218 COTTON RD NEW BALTIMORE, MI 48047		\$ <u>800.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BD MANAGER</u> Employer <u>SPALDING DEDECKER ASSOCIATES</u> Business Address <u>905 E SOUTH BLVD, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,100.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/01/2024</u>	
Name & Address: JOHN JAMES 54339 RIDGEVIEW DR SHELBY TWP, MI 48316		\$ <u>2,000.00</u>	\$ <u>5,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>U.S. CONGRESSMAN (MI-10)</u> Employer <u>U.S. HOUSE OF REPRESENTATIVES</u> Business Address <u>1309 LONGWORTH HOUSE OFFICE BUILDING, WASHINGTON, DC 20515</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/02/2024</u>	
Name & Address: KENT EARLY 11928 APPLETREE DR PLYMOUTH, MI 48170		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ORCHARD, HILTZ & MCCLIMENT, INC</u> Business Address <u>34000 PLYMOUTH RD, LIVONIA, MI 48150</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/02/2024</u>	
Name & Address: KIMBERLY O'REAR 3701 BARKER RD WHITMORE LAKE, MI 48189		\$ <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>04/02/2024</u>	
Name & Address: SAJU SACHIDANANDAN 47148 N POINTE DR CANTON, MI 48187		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SR. VICE PRESIDENT</u> Employer <u>NTH CONSULTANTS, LTD</u> Business Address <u>41780 SIX MILE RD, NORTHVILLE, MI 48168</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,900.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>04/03/2024</u>	
Name & Address: DOMENICO BELCASTRO 11427 HEATHERWOOD CT SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>THE PALAZZO GRANDE BANQUET & E</u> Business Address <u>54660 VAN DYKE AVE, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/03/2024</u>	
Name & Address: FERNANDO D CASASANTA 7211 VENTURI DR WASHINGTON, MI 48094		\$ <u>400.00</u>	\$ <u>1,550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>C & P CONSTRUCTION CO INC</u> Business Address <u>13249 W STAR DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/03/2024</u>	
Name & Address: DEBRA CATENACCI 57338 COPPER CREEK DR WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LA FEMINA TRUCKING</u> Business Address <u>51500 NAPI DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/03/2024</u>	
Name & Address: CHRISTOPHER HOLSBEKE II 66340 OMO RD LENOX, MI 48050		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>HOLSBEKE CONSTRUCTION</u> Business Address <u>239 N RIVER RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,200.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/03/2024</u>	
Name & Address: ALBERT LORENZO 37281 WOODSIDE LN CLINTON TWP, MI 48036		\$ <u>400.00</u>	\$ <u>900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY ADMINISTRATOR</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT 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>04/03/2024</u>	
Name & Address: SIMONE MAURO 5841 CUSICK LAKE DR WASHINGTON, MI 48095		\$ <u>2,000.00</u>	\$ <u>3,800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>MAURO ENGINEERING</u> Business Address <u>48657 HAYES RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/03/2024</u>	
Name & Address: JOSEPH MULVILLE 9676 DORNOCH TR BRIGHTON, MI 48114		\$ <u>1,000.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL MANAGER</u> Employer <u>WEISS CONSTRUCTION CO LLC</u> Business Address <u>41001 GRAND RIVER AVE, NOVI, MI 48375</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/03/2024</u>	
Name & Address: GREG PIEPRZAK 6201 ST CLAIR HWY EAST CHINA, MI 48054		\$ <u>2,000.00</u>	\$ <u>2,350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>T R PIEPRZAK COMPANY</u> Business Address <u>6267 ST CLAIR HWY, EAST CHINA, MI 48054</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 5,400.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>04/03/2024</u> Name & Address: TIM PIERSON 49514 REGATTA ST NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>QUALITY LUMBER</u> Business Address <u>8706 GRATIOT AVE, RICHMOND, MI 48062</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/03/2024</u> Name & Address: DR. JAMES SAWYER 45810 PRIVATE SHORE DR NEW BALTIMORE, MI 48047		\$ <u>400.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>MACOMB COMMUNITY COLLEGE</u> Business Address <u>14500 TWELVE MILE RD, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/03/2024</u> Name & Address: BERNARD C TELTOW 9297 LINDSEY RD CASCO, MI 48064		\$ <u>400.00</u>	\$ <u>1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT/OWNER</u> Employer <u>TELTOW CONTRACTING, INC.</u> Business Address <u>4678 MELDRUM RD, CASCO, MI 48064</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/03/2024</u> Name & Address: RAJARAM VIJAYENDRAN 30 WEBBY PL. GROSSE POINTE, MI 48236		\$ <u>1,000.00</u>	\$ <u>4,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>METRO SERVICES, INC.</u> Business Address <u>12835 STEPHENS RD, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,000.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>04/03/2024</u> Name & Address: THOMAS WASHABAUGH 232 ATHLONE BEACH BAY CITY, MI 48706 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE VICE PRESIDENT</u> Employer <u>NORTHERN CONCRETE PIPE, INC.</u> Business Address <u>401 KELTON ST, BAY CITY, MI 48706</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/03/2024</u> Name & Address: BLAKE ZAPCZYNSKI 62534 POND DR WASHINGTON, MI 48094 5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>Z CONTRACTORS, INC.</u> Business Address <u>50500 DESIGN LN, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>2,000.00</u>	\$ <u>2,500.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/04/2024</u> Name & Address: ONORIO D'AGOSTINI 13425 19 MILE RD STE. 800 STERLING HEIGHTS, MI 48313 5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER/DEVELOPER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>13425 19 MILE RD, STE. 800, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>400.00</u>	\$ <u>600.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/04/2024</u> Name & Address: FRANK DIPONIO 6831 23 MILE RD SHELBY TWP, MI 48316 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DIPONIO CONTRACTING</u> Business Address <u>6831 23 MILE RD, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>1,000.00</u>

Page Subtotal 4,600.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>04/04/2024</u> Name & Address: <u>JOHN T DIPONIO</u> <u>23711 PRESCOTT LN E</u> <u>SOUTH LYON, MI 48178</u>		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>JAY DEE CONTRACTORS, INC.</u> Business Address <u>38777 SCHOOLCRAFT RD, LIVONIA, MI 48150</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/04/2024</u> Name & Address: <u>JASON EMERINE</u> <u>720 BENNAVILLE AVE</u> <u>BIRMINGHAM, MI 48009</u>		\$ <u>1,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSIONAL ENGINEER</u> Employer <u>SEIBER KEAST LEHNER</u> Business Address <u>17001 19 MILE RD, STE. 3, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/04/2024</u> Name & Address: <u>DIMITRIOS PAPAS</u> <u>1216 BEAUBIEN BLVD</u> <u>DETROIT, MI 48226</u>		\$ <u>1,000.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1216 BEAUBIEN BLVD, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/04/2024</u> Name & Address: <u>STEPHEN R SAPH, JR.</u> <u>68 CLINTON ST.</u> <u>MOUNT CLEMENS, MI 48043</u>		\$ <u>2,000.00</u>	\$ <u>6,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>NICKEL & SAPH, INC.</u> Business Address <u>44 MACOMB PL, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 6,000.00

Grand Total of All Schedules 1A
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1. Committee I.D. Number 139314
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3. Contribution # 1 PAC Receipt? ☒ YES 4. Date of Receipt <u>04/04/2024</u> Name & Address: PLUNKETT COONEY EMPLOYEES PAC 38505 WOODWARD AVE BLOOMFIELD HILLS, MI 48304		\$ <u>500.00</u>	\$ <u>1,500.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/05/2024</u> Name & Address: FRITZ KLINGLER 3765 BOULDER DR TROY, MI 48084		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>FK ENGINEERING ASSOCIATES</u> Business Address <u>30425 STEPHENSON HWY, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/05/2024</u> Name & Address: DIANA L MAGNOLI 6402 BAYPOINT WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>MICHAEL ANGELO HOMES</u> Business Address <u>59227 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/06/2024</u> Name & Address: DAVID COLVILLE 2134 MORTENSON BLVD BERKLEY, MI 48072		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>COLVILLE ELECTRIC</u> Business Address <u>23416 GRATIOT AVE, EASTPOINTE, MI 48021</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,700.00

Grand Total of All Schedules 1A
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1. Committee I.D. Number 139314
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/06/2024</u>	
Name & Address: DEAN MAXWELL 28820 OLD N RIVER RD HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TERRITORY MANAGER</u> Employer <u>KENDALL ELECTRIC</u> Business Address <u>23350 15 MILE RD, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/07/2024</u>	
Name & Address: RUTH HEIDEBREICHT 354 SALEM DR S ROMEO, MI 48065		\$ <u>4,000.00</u>	\$ <u>8,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>THEMITT.TV</u> Business Address <u>239 E ST CLAIR ST, ROMEO, MI 48065</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/08/2024</u>	
Name & Address: RONALD CAVALLARO, JR. 7016 ALTA DR BRIGHTON, MI 48116		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ORCHARD, HILTZ & MCCLIMENT, INC</u> Business Address <u>34000 PLYMOUTH RD, LIVONIA, MI 48150</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/08/2024</u>	
Name & Address: MICHAEL FILLBROOK 7230 37 MILE RD BRUCE TWP., MI 48065		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>BRUCE TOWNSHIP</u> Business Address <u>223 E GATES ST, BRUCE TWP., MI 48065</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
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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>04/08/2024</u>	
Name & Address: VALERIE NOVAES 3778 HEARTHSTONE DR COMMERCE TWP, MI 48382		\$ <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>04/08/2024</u>	
Name & Address: GINO RONCELLI 6471 METRO PKWY STERLING HEIGHTS, MI 48312		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>RONCELLI, INC.</u> Business Address <u>6471 METRO PKWY, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/08/2024</u>	
Name & Address: MURAT ULASIR P.O. BOX 4291 ANN ARBOR, MI 48106		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ORCHARD, HILTZ & MCCLIMENT, INC</u> Business Address <u>34000 PLYMOUTH RD, LIVONIA, MI 48150</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/08/2024</u>	
Name & Address: JOSEPH VICARI 37523 HIDDEN VALLEY CT CLINTON TWP, MI 48036		\$ <u>400.00</u>	\$ <u>1,800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT OWNER</u> Employer <u>JOE VICARI RESTAURANT GROUP</u> Business Address <u>7096 E 14 MILE RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/09/2024</u>	
Name & Address: SALVATORE BIONDO 50258 VAN DYKE AVE STE. B SHELBY TWP, MI 48317		\$ <u>1,000.00</u>	\$ <u>1,300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SALMAR BLDG CO</u> Business Address <u>50258 VAN DYKE AVE, STE. B, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/09/2024</u>	
Name & Address: ROBERT EISENHARDT 4279 RIVER RD EAST CHINA, MI 48054		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>R.G.EISENHARDT CONTRACTING, INC.</u> Business Address <u>9738 GRATIOT AVE, COLUMBUS, MI 48063</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: JOEL BALLOR 50383 HEATHERWOOD LN SHELBY TWP, MI 48317		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JOEL BALLOR TOWING, INC.</u> Business Address <u>57760 MAIN ST, NEW HAVEN, MI 48048</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: ANTHONY C MANCINI 1337 S MAIN ST ROYAL OAK, MI 48067		\$ <u>1,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT OWNER</u> Employer <u>CELINAS SPORTS BAR & GRILL</u> Business Address <u>386 N MAIN ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,600.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: PATRICK SIMASKO 319 NORTHBOUND GRATIOT AVE MT CLEMENS, MI 48043		\$ <u>1,200.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SIMASKO LAW</u> Business Address <u>319 NORTHBOUND GRATIOT AVE, MT 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>04/10/2024</u>	
Name & Address: REBECCA VERHULST 34442 JEFFERSON AVE #17 HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>200.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: S. EVAN WEINER 27235 OVID CT FRANKLIN, MI 48025		\$ <u>2,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>EDW. C. LEVY CO.</u> Business Address <u>8800 DIX AVE, DETROIT, MI 48209</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/11/2024</u>	
Name & Address: JORJA BALDWIN 3253 RIVERSIDE DR PORT HURON, MI 48060		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STORE OWNER</u> Employer <u>DISTRICT 43</u> Business Address <u>232 HURON AVE, PORT HURON, MI 48060</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,600.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/11/2024</u>	
Name & Address: ERIC CASTIGLIA 38602 ROUGEWOOD DR STERLING HEIGHTS, MI 48312		\$ <u>2,000.00</u>	\$ <u>5,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CGO</u> Employer <u>BAE NETWORKS</u> Business Address <u>1250 STEPHENSON HWY, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/11/2024</u>	
Name & Address: FRANK COPPOLA 54620 CARNATION DR MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>200.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/11/2024</u>	
Name & Address: SUSANNA CROSS 13018 GILBERT RD MEMPHIS, MI 48041		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>CROSS BUILDING & EXCAVATING, INC.</u> Business Address <u>13018 GILBERT RD, MEMPHIS, MI 48041</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/11/2024</u>	
Name & Address: MICHAEL R DEVAULT 7910 WALTERS RD LAINGSBURG, MI 48848		\$ <u>250.00</u>	\$ <u>950.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERINTENDENT</u> Employer <u>MACOMB INTERMEDIATE SCHOOL DIS</u> Business Address <u>44001 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,450.00**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: RENI GEORGE 1616 CRANBROOK DR TROY, MI 48084		\$ <u>2,000.00</u>	\$ <u>3,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>ORGANIC REAL ESTATE HOLDINGS LLC</u> Business Address <u>925 E MAPLE RD, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: ELIZABETH JACKSON 7262 WALDING RD LEXINGTON, MI 48450		\$ <u>200.00</u>	\$ <u>200.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: JOHN JOHNSON 48637 SHADY GLEN NEW BALTIMORE, MI 48051		\$ <u>2,000.00</u>	\$ <u>4,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SOUTHEAST MICHIGAN CHAMBER OF COMMERCE</u> Business Address <u>59 S WALNUT ST, #206, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: JOHN KAPOUSIS 4893 CRYSTAL CREEK LN WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>USED AUTO PARTS SALES & BUILDING</u> Employer <u>G & T AUTO PARTS</u> Business Address <u>54525 GRATIOT AVE, NEW BALTIMORE, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,400.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>04/11/2024</u> Name & Address: THOMAS LEONARD 1577 SANBORN DR DEWITT, MI 48820 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PLUNKETT COONEY</u> Business Address <u>101 N WASHINGTON SQUARE, STE. 1200, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: CHARLES MANCINI 28225 MOUND RD WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MANCINI SCHREUDER KLINE PC</u> Business Address <u>28225 MOUND RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: PASHKO UJKIC 38346 PHYLLIS CT STERLING HEIGHTS, MI 48312 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DODGE PARK CONEY ISLAND</u> Business Address <u>35252 DODGE PARK RD, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>800.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: JEFFREY P YAROCH 35545 POUND RD RICHMOND, MI 48062 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		\$ <u>200.00</u>	\$ <u>400.00</u>

Page Subtotal **2,400.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>04/11/2024</u> Name & Address: BARNETT LEADERSHIP FUND 1142 N MAIN ST ROCHESTER, MI 48307		\$ <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>04/11/2024</u> Name & Address: BLUE CROSS BLUE SHIELD OF MICHIGAN PAC 232 S CAPITOL AVE MC L10A LANSING, MI 48933		\$ <u>1,000.00</u>	\$ <u>3,000.00</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 # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>04/11/2024</u> Name & Address: BLUE CROSS BLUE SHIELD OF MICHIGAN PAC 232 S CAPITOL AVE MC L10A LANSING, MI 48933		\$ <u>1,000.00</u>	\$ <u>4,000.00</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>04/12/2024</u> Name & Address: MARILYN LANE 16558 WOODLANE 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			

Page Subtotal 2,200.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>04/17/2024</u>	
Name & Address: MITA-PAC PO BOX 1640 OKEMOS, MI 48805		\$ <u>2,000.00</u>	\$ <u>5,500.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2024</u>	
Name & Address: NICHOLAS AIUTO 41100 CONGER BAY DR HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>NICK'S TOWING</u> Business Address <u>42870 WALNUT ST, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2024</u>	
Name & Address: ROBERT BINSON 7356 VOERNER AVE CENTER LINE, MI 48015		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>BINSONS</u> Business Address <u>26834 LAWRENCE AVE, CENTER LINE, MI 48015</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2024</u>	
Name & Address: CHRISTOPHER LABELLE 49746 GOULETTE POINTE DR NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>1,650.00</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			

Page Subtotal 2,900.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>04/18/2024</u>	
Name & Address: ANDREW RACZKOWSKI 700 E BIG BEAVER RD STE. F TROY, MI 48083		\$ <u>200.00</u>	\$ <u>1,700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>IMPERIUM LOGISTICS LLC</u> Business Address <u>700 E BIG BEAVER RD, STE. F, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2024</u>	
Name & Address: JOSEPH ORAM P.O. BOX 252755 WEST BLOOMFIELD, MI 48325		\$ <u>300.00</u>	\$ <u>750.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: MELISSA ROY 1408 JOLIET PL DETROIT, MI 48207		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC AFFAIRS</u> Employer <u>BUSINESS LEADERS FOR MICHIGAN</u> Business Address <u>600 RENAISSANCE CENTER, #1760, DETROIT, MI 48243</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: MISSION FIRST PEOPLE ALWAYS PAC PO BOX 585 SAINT CLAIR SHORES, MI 48080		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,700.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139314
2. Committee Name CANDICE MILLER FOR MACOMB

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>06/06/2024</u>	
Name & Address: WALTER CUETER 43181 SCHOENHERR RD STERLING HEIGHTS, MI 48313		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE DEVELOPER</u> Employer <u>CUETER PROPERTIES, INC.</u> Business Address <u>43181 SCHOENHERR RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: RAYMOND LOPE 8459 HALL RD UTICA, MI 48317		\$ <u>400.00</u>	\$ <u>1,400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNERAL DIRECTOR</u> Employer <u>WM SULLIVAN & SON FUNERAL DIRECTORS</u> Business Address <u>8459 HALL RD, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/2024</u>	
Name & Address: DANIEL DILEGGE 55651 WHITNEY DR SHELBY TWP, MI 48315		\$ <u>1,000.00</u>	\$ <u>2,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>D.V.M. UTILITIES, INC</u> Business Address <u>6045 SIMS DR, STE. 2, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2024</u>	
Name & Address: BILL ANDREOPOULOS 47424 HIDDEN MEADOWS DR MACOMB, MI 48044		\$ <u>500.00</u>	\$ <u>900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT OWNER</u> Employer <u>STEAKHOUSE 22, INC.</u> Business Address <u>48900 VAN DYKE AVE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,100.00

Grand Total of All Schedules 1A
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170,812.00

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139314**
2. Committee Name **CANDICE MILLER FOR MACOMB**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AT&T Address PO BOX 6463 CAROL STREAM, IL 60197 ☐ Fund Raiser	Purpose: CANDIDATE CELL PHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/09/2024 Date	\$ 182.62
Expenditure #2 Name ROSE HOUSE BRUNCH Address 47363 VAN DYKE AVE SHELBY TWP, MI 48317 ☒ Fund Raiser	Purpose: EVENT PLANNING LUNCH ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/24/2024 Date	\$ 86.02
Expenditure #3 Name MICROSOFT Address ONLINE ☐ Fund Raiser	Purpose: MICROSOFT OFFICE SUBSCRIPTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/31/2024 Date	\$ 74.19
Expenditure #4 Name AT&T Address PO BOX 6463 CAROL STREAM, IL 60197 ☐ Fund Raiser	Purpose: CANDIDATE CELL PHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/09/2024 Date	\$ 182.04
Expenditure #5 Name OFFICE MAX Address 33840 GRATIOT AVE CLINTON TWP, MI 48035 ☒ Fund Raiser	Purpose: POSTAGE FOR INVITES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/01/2024 Date	\$ 272.00

Subtotal this page **796.87**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139314**
2. Committee Name **CANDICE MILLER FOR MACOMB**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PRINTING BY JOHNSON Address 21222 CASS AVE CLINTON TWP, MI 48036 ☒ Fund Raiser	Purpose: SPRING GALA INVITES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/06/2024 Date	\$ 4,055.84
Expenditure #2 Name SELFRIIDGE BASE COMMUNITY COUNCIL Address N JEFFERSON AVE HARRISON TWP, MI 48045 ☐ Fund Raiser	Purpose: AIR SHOW 1/2 PAGE AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/06/2024 Date	\$ 750.00
Expenditure #3 Name AT&T Address PO BOX 6463 CAROL STREAM, IL 60197 ☐ Fund Raiser	Purpose: CANDIDATE CELL PHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/11/2024 Date	\$ 181.77
Expenditure #4 Name ROSE HOUSE BRUNCH Address 47363 VAN DYKE AVE SHELBY TWP, MI 48317 ☒ Fund Raiser	Purpose: EVENT PLANNING LUNCH ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/13/2024 Date	\$ 55.58
Expenditure #5 Name MACOMB COUNTY HISTORICAL SOCIETY CROCKER HOUSE MUSEUM Address 15 UNION ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: 2 TICKETS TO YVONNE LESLIE POTTERY LUNCH ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/19/2024 Date	\$ 100.00

Subtotal this page **5,143.19**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139314**
2. Committee Name **CANDICE MILLER FOR MACOMB**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SIMONE VITALE BAND Address 8327 LAKE PINE DR COMMERCE TWP, MI 48382 ☒ Fund Raiser	Purpose: EVENT ENTERTAINMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2024 Date	\$ 750.00
Expenditure #2 Name PARTY CITY Address 1316 S ROCHESTER RD ROCHESTER, MI 48307 ☒ Fund Raiser	Purpose: BALLOONS FOR 4/11/24 EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/05/2024 Date	\$ 359.96
Expenditure #3 Name RONCELLI FAMILY FOUNDATION Address 6471 METRO PKWY STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: TICKET TO 2ND ANNUAL BOURBON & BAGS TOURNAMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/08/2024 Date	\$ 250.00
Expenditure #4 Name AMAZON Address ONLINE APPLICATION ☒ Fund Raiser	Purpose: PRINTER INK CARTRIDGES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/08/2024 Date	\$ 71.01
Expenditure #5 Name AMAZON Address ONLINE APPLICATION ☒ Fund Raiser	Purpose: BALLOON WEIGHTS/RIBBON FOR 4/11/24 EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/09/2024 Date	\$ 65.26

Subtotal this page

1,496.23

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139314**
2. Committee Name **CANDICE MILLER FOR MACOMB**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CTE SAM PREVITI Address 61614 COTSWOLD DR WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: ONE EVENT TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/09/2024 Date	\$ 100.00
Expenditure #2 Name AT&T Address PO BOX 6463 CAROL STREAM, IL 60197 ☐ Fund Raiser	Purpose: CANDIDATE CELL PHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/10/2024 Date	\$ 181.77
Expenditure #3 Name PALAZZO GRANDE BANQUET & EVENT CENTER Address 54660 VAN DYKE AVE SHELBY TWP, MI 48316 ☒ Fund Raiser	Purpose: VENUE PAYMENT FOR 4/11/24 EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/11/2024 Date	\$ 45,380.96
Expenditure #4 Name KAREN CZERNEL Address 5400 BRIDGE TRAIL E COMMERCE TWP, MI 48382 ☒ Fund Raiser	Purpose: FUNDRAISING SERVICES FOR 2024 EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/11/2024 Date	\$ 10,000.00
Expenditure #5 Name ROSE HOUSE BRUNCH Address 47363 VAN DYKE AVE SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: CAMPAIGN PLANNING LUNCH ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/18/2024 Date	\$ 85.05

Subtotal this page **55,747.78**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139314**
2. Committee Name **CANDICE MILLER FOR MACOMB**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name TURNING POINT, INC. Address PO BOX 1123 MOUNT CLEMENS, MI 48046 ☐ Fund Raiser	Purpose: <u>STEPPING OUT WITH THE STARS TABLE SPONSOR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/19/2024</u> Date	\$ <u>1,165.84</u>
Expenditure #2 Name AT&T Address PO BOX 6463 CAROL STREAM, IL 60197 ☐ Fund Raiser	Purpose: <u>CANDIDATE CELL PHONE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/09/2024</u> Date	\$ <u>191.74</u>
Expenditure #3 Name JOHN JAMES FOR CONGRESS Address 421 OFFICE PARK DR. BIRMINGHAM, AL 35223 ☒ Fund Raiser	Purpose: <u>CONTRIBUTION REFUND</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/15/2024</u> Date	\$ <u>2,000.00</u>
Expenditure #4 Name ITALIAN AMERICAN DELEGATES Address P.O. BOX 380198 CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: <u>1/2 PAGE AD FOR GOLF DAY</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/16/2024</u> Date	\$ <u>300.00</u>
Expenditure #5 Name C&G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>DEPOSIT FOR FALL NEWSPAPER ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/22/2024</u> Date	\$ <u>12,305.50</u>

Subtotal this page **15,963.08**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139314**
2. Committee Name **CANDICE MILLER FOR MACOMB**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BAY-RAMA, INC. Address P.O. BOX 25 NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>ANNUAL FISHFLY FESTIVAL SPONSORSHIP</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/28/2024</u> Date	\$ <u>150.00</u>
Expenditure #2 Name FESTA ITALIANA Address 51194 ROMEO PLANK RD #354 MACOMB, MI 48042 ☐ Fund Raiser	Purpose: <u>FESTA ITALIANA SPONSORSHIP</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/28/2024</u> Date	\$ <u>600.00</u>
Expenditure #3 Name CITY OF ROSEVILLE Address 29777 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>2024 ROSEFEST SPONSOR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/30/2024</u> Date	\$ <u>150.00</u>
Expenditure #4 Name MIDDLE EASTERN AMERICAN TV & RADIO Address 850 STEPHENSON HWY STE. 314 TROY, MI 48083 ☐ Fund Raiser	Purpose: <u>SPONSORSHIP FOR ANNUAL CULTURAL AND MUSIC FESTIVA</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/31/2024</u> Date	\$ <u>200.00</u>
Expenditure #5 Name L'ANSE CREUSE FOUNDATION Address 24076 F V PANKOW BLVD HARRISON TWP, MI 48045 ☐ Fund Raiser	Purpose: <u>2 TICKETS FOR 2024 PAULINE PAVLICK MEMORIAL SUNSET</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/05/2024</u> Date	\$ <u>275.00</u>

Subtotal this page **1,375.00**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139314**
2. Committee Name **CANDICE MILLER FOR MACOMB**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AT&T Address PO BOX 6463 CAROL STREAM, IL 60197 ☐ Fund Raiser	Purpose: CANDIDATE CELL PHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/10/2024 Date	\$ 191.74
Expenditure #2 Name FRASER LIONS CLUB Address 34540 UTICA RD FRASER, MI 48026 ☐ Fund Raiser	Purpose: COPPER LEVEL SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/10/2024 Date	\$ 100.00
Expenditure #3 Name CTE VICKI WOLBER Address 17008 TREMLETT DR CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: ONE EVENT TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2024 Date	\$ 100.00
Expenditure #4 Name CTE RICHARD STEENLAND FOR STATE REPRESENTATIVE Address 28439 BOHN ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: ONE EVENT TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/13/2024 Date	\$ 100.00
Expenditure #5 Name ROGERS FOR SENATE Address P.O. BOX 132 SAINT JOSEPH, MI 49085 ☐ Fund Raiser	Purpose: EVENT TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/2024 Date	\$ 500.00

Subtotal this page **991.74**

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 **139314**
2. Committee Name **CANDICE MILLER FOR MACOMB**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KAREN CZERNEL Address 5400 BRIDGE TRAIL E COMMERCE TWP, MI 48382 ☐ Fund Raiser	Purpose: FUNDRAISING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/28/2024 Date	\$ 1,500.00
Expenditure #2 Name ROSEVILLE COMMUNITY SCHOOLS Address 18975 CHURCH ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: GOLF OUTING HOLE SPONSOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2024 Date	\$ 103.62
Expenditure #3 Name AT&T Address PO BOX 6463 CAROL STREAM, IL 60197 ☐ Fund Raiser	Purpose: CANDIDATE CELL PHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/09/2024 Date	\$ 126.80
Expenditure #4 Name C&G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: NEWSPAPER ADS - MILLER/FORLINI ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2024 Date	\$ 2,882.50
Expenditure #5 Name C&G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: NEWSPAPER ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2024 Date	\$ 2,883.33

Subtotal this page **7,496.25**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139314**
2. Committee Name **CANDICE MILLER FOR MACOMB**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ST. PIO PARISH Address 18720 13 MILE RD ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: FESTIVAL SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2024 Date	\$ 100.00
Expenditure #2 Name ST. JOSEPHAT UKRAINIAN CATHOLIC CHURCH Address 26401 ST JOSAPHAT DR WARREN, MI 48091 ☐ Fund Raiser	Purpose: UKRAINIAN SUNFLOWER PICNIC SPONSOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2024 Date	\$ 100.00
Expenditure #3 Name RUTH HEIDEBREICHT Address 354 SALEM DR S ROMEO, MI 48065 ☒ Fund Raiser	Purpose: REFUND OF CONTRIBUTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/12/2024 Date	\$ 175.00
Expenditure #4 Name PALAZZO GRANDE BANQUET & EVENT CENTER Address 54660 VAN DYKE AVE SHELBY TWP, MI 48316 ☐ Fund Raiser	Purpose: SPEAKING EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2024 Date	\$ 1,000.00
Expenditure #5 Name ANEDOT Address P.O. BOX 84314 BATON ROUGE, LA 70884 ☒ Fund Raiser	Purpose: E-MERCHANT FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2024 Date	\$ 2,874.38

Subtotal this page **4,249.38**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **93,259.52**

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Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **139314**
2. Committee Name **CANDICE MILLER FOR MACOMB**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 04/11/2024	4. Number of Individuals Attending or Participating (whichever is greater) 720	5. Type of Fund Raising Activity STROLLING DINNER	6. Address and Name (If any) of the place where the activity was held. PALAZZO GRANDE BANQUET CENTER 54660 VAN DYKE AVE SHELBY TWP, MI 48316 ☐ Private Residence
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7. Total Contributions **170,812.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **170,812.00**
10. Total Cost of Event **66,146.01**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.