



FILED

05 SEP 2024 PM 01:59

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/22/2024 to 08/26/2024

1. Committee I.D. Number

139314

2. Committee Name

CANDICE MILLER FOR MACOMB

5. Committee's Mailing Address

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

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.

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**

6. Treasurer's Name & Residential Address

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

Area Code & Phone (586) 909-6245

7. Treasurer's Business Address

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

Area Code and Phone (586) 909-6245

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 (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

Date of Election, Convention or Caucus

08/06/2024

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.)

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

09/05/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

09/05/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139314

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CANDICE MILLER FOR MACOMB

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,000.00</u>	(18.) \$ <u>580,957.00</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>1,000.00</u>	(20.) \$ <u>580,967.72</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>33,879.92</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>33,879.92</u>	(23.) \$ <u>296,282.48</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>5.98</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>5.98</u>	(24.) \$ <u>5.98</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>398,938.03</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>399,938.03</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>33,885.90</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>366,052.13</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>08/05/2024</u> Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>1,000.00</u>	\$ <u>1,000.00</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 _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

1,000.00

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

1,000.00

Enter this total on
line 3a 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 PUBLIC STORAGE Address 111 S GROESBECK HWY MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: STORAGE UNIT FOR SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2024 Date	\$ 51.19
Expenditure #2 Name THE C CLUB Address P.O. BOX 380602 CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: HOLE SPONSOR FOR 41ST ANNUAL MEMORIAL GOLF OUTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2024 Date	\$ 150.00
Expenditure #3 Name MEDIA NEWS GROUP Address PO BOX 8003 WILLOUGHBY, OH 44096 ☐ Fund Raiser	Purpose: ADVERTISING ON MACOMB DAILY WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2024 Date	\$ 2,700.00
Expenditure #4 Name PRINTING BY JOHNSON Address 21222 CASS AVE CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: CAMPAIGN SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/23/2024 Date	\$ 17,250.00
Expenditure #5 Name PUBLIC STORAGE Address 111 S GROESBECK HWY MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: STORAGE UNIT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/05/2024 Date	\$ 52.80

Subtotal this page **20,203.99**

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 THE ART CENTER Address 125 MACOMB PL MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: 3 TICKETS TO 33RD ANNUAL ART PARTY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2024 Date	\$ 243.85
Expenditure #2 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	08/06/2024 Date	\$ 12,304.93
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	08/08/2024 Date	\$ 100.92
Expenditure #4 Name THE CAPUCHIN SOUP KITCHEN Address 1820 MT ELLIOTT ST DETROIT, MI 48207 ☐ Fund Raiser	Purpose: BENEFIT ON THE BAY PROGRAM AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2024 Date	\$ 250.00
Expenditure #5 Name AMAZON Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: TABLES FOR SIGN PROGRAM ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2024 Date	\$ 269.32

Subtotal this page **13,169.02**

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 GREG CHILDS Address 30247 LUND AVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: <u>EXPENSE REIMBURSEMENT</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/19/2024</u> Date	\$ <u>432.09</u>
Expenditure #2 Name ENTERPRISE CAR RENTAL Address 32432 VAN DYKE AVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: <u>CAR RENTAL</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/19/2024</u> Date	\$ <u>(432.09)</u>
Expenditure #3 Name GREAT LAKES ACE HARDWARE Address 15162 E THIRTEEN MILE RD WARREN, MI 48088 ☐ Fund Raiser	Purpose: <u>SIGN SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/23/2024</u> Date	\$ <u>15.89</u>
Expenditure #4 Name CVS Address 15051 E THIRTEEN MILE RD WARREN, MI 48088 ☐ Fund Raiser	Purpose: <u>SIGN SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2024</u> Date	\$ <u>8.14</u>
Expenditure #5 Name BP GAS STATION Address 31025 RYAN RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>GAS FOR RENTAL CAR FOR SIGN PROGRAM</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2024</u> Date	\$ <u>50.79</u>

Subtotal this page	506.91
Grand Total of all Schedules 1B (Complete on last page of Schedule)	33,879.92

Enter this total
on line 8a of
Summary Page