



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

15 AUG 2024 PM 02:54

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: 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

08/15/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/15/2024



**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 SOLUTIONS INC. POLITICAL ACTION COMMITTEE 601 NEW JERSEY AVE NW WASHINGTON, DC 20001		\$ <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 BLAIRMOR 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
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



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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>04/01/2024</u> Name & Address: JOHN JAMES FOR CONGRESS 421 OFFICE PARK DR. BIRMINGHAM, AL 35223		\$ <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>04/02/2024</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
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.