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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: 10/21/2024 to 11/25/2024

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

11/05/2024

**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

12/04/2024

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

12/04/2024



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<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>3,100.00</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>3,100.00</u>       | (18.) \$ <u>584,557.00</u>                  |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>10.72</u>                       |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>3,100.00</u>        | (20.) \$ <u>584,567.72</u>                  |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 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>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>550.66</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>5.98</u>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>556.64</u>          | (23.) \$ <u>318,191.97</u>                  |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>5.98</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>0.00</u>          |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>345,199.28</u>     |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>3,100.00</u>     |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>348,299.28</u>   |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>556.64</u>       |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>347,742.64</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? <input type="checkbox"/> YES            | 4. Date of Receipt <u>11/25/2024</u> |                                                                                 |
| Name & Address:<br><b>MICHAEL COX</b><br><b>35282 MILANA DR</b><br><b>LIVONIA, MI 48152</b>                                                                                                                                                                                                                                                                   |                                                      | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>THE MIKE COX LAW FIRM PLLC</u><br>Business Address <u>17430 N LAUREL PARK DR, STE. 120E, LIVONIA, MI 48152</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                                      |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input checked="" type="checkbox"/> YES | 4. Date of Receipt <u>11/25/2024</u> |                                                                                 |
| Name & Address:<br><b>UAW MICHIGAN V-PAC</b><br><b>8000 E JEFFERSON AVE</b><br><b>DETROIT, MI 48214</b>                                                                                                                                                                                                                                                       |                                                      | \$ <u>2,000.00</u>                   | \$ <u>4,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                             |                                                      |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt <u>11/25/2024</u> |                                                                                 |
| Name & Address:<br><b>JAMES N WILLIAMS</b><br><b>53445 BAKER RD</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                                         |                                                      | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                             |                                                      |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt _____             |                                                                                 |
| Name & Address                                                                                                                                                                                                                                                                                                                                                |                                                      | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                        |                                                      |                                      |                                                                                 |

Page Subtotal

**3,100.00**

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

**3,100.00**

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<br>Name <b>CTE ALICIA ST. GERMAINE</b><br><br>Address<br><b>38252 MAST ST<br/>HARRISON TWP., MI 48045</b><br><br><input type="checkbox"/> Fund Raiser            | Purpose: <b>TICKET TO EVENT</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement              | <b>10/23/2024</b><br>Date | \$ <b>100.00</b> |
| Expenditure #2<br>Name <b>BJ'S WHOLESALE CLUB</b><br><br>Address<br><b>45115 TOWN CENTER BLVD<br/>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser       | Purpose: <b>GAS FOR SIGN PROGRAM</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <b>11/07/2024</b><br>Date | \$ <b>50.69</b>  |
| Expenditure #3<br>Name <b>SHELL OIL</b><br><br>Address<br><b>43561 N GROESBECK HWY<br/>CLINTON TOWNSHIP, MI 48036</b><br><br><input type="checkbox"/> Fund Raiser               | Purpose: <b>GAS FOR SIGN PROGRAM</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <b>11/08/2024</b><br>Date | \$ <b>25.05</b>  |
| Expenditure #4<br>Name <b>AT&amp;T</b><br><br>Address<br><b>PO BOX 6463<br/>CAROL STREAM, IL 60197</b><br><br><input type="checkbox"/> Fund Raiser                              | Purpose: <b>CANDIDATE CELL PHONE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <b>11/12/2024</b><br>Date | \$ <b>100.94</b> |
| Expenditure #5<br>Name <b>SELFRIIDGE BASE COMMUNITY COUNCIL</b><br><br>Address<br><b>N JEFFERSON AVE<br/>HARRISON TWP, MI 48045</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>HOLE SPONSOR FOR GOLF OUTING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>11/12/2024</b><br>Date | \$ <b>150.00</b> |

Subtotal this page

**426.68**

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<br>Name <b>THE PINK HOUSE TEA ROOM</b><br><br>Address<br><b>36341 FRONT ST</b><br><b>NEW BALTIMORE, MI 48047</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>CAMPAIGN PLANNING LUNCH</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/21/2024</u><br>Date | \$ <u>123.98</u> |
| Expenditure #2<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                                       | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                          | _____<br>Date             | \$ _____         |
| Expenditure #3<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                                       | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                          | _____<br>Date             | \$ _____         |
| Expenditure #4<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                                       | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                          | _____<br>Date             | \$ _____         |
| Expenditure #5<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                                       | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                          | _____<br>Date             | \$ _____         |

Subtotal this page **123.98**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **550.66**

Enter this total  
on line 8a of  
Summary Page