



FILED

25 JUL 2025 PM 03:26

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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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: 11/26/2024 to 07/20/2025

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 (2025)
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

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 lates 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

07/25/2025

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2025



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>200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>200.00</u>	(18.) \$ <u>200.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>200.00</u>	(20.) \$ <u>200.00</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>13,672.96</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>26.43</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>13,699.39</u>	(23.) \$ <u>13,699.39</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>347,742.64</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>347,942.64</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>13,699.39</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>334,243.25</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>03/07/2025</u>	
Name & Address: JULIE SALA 7313 S CROOKED LAKE DR DELTON, MI 49046		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>PROJECT MANAGER / CIVIL ENGINEER</u> Employer <u>ANDERSON, ECKSTEIN AND 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 _____	
Name & Address _____		\$ _____	\$ _____
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 _____	
Name & Address _____		\$ _____	\$ _____
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 _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 200.00

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

200.00

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 PALAZZO GRANDE BANQUET & EVENT CENTER Address 54660 VAN DYKE AVE SHELBY TWP, MI 48316 ☐ Fund Raiser	Purpose: <u>DEPOSIT FOR EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/09/2024</u> Date	\$ <u>1,000.00</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>12/11/2024</u> Date	\$ <u>100.94</u>
Expenditure #3 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>01/09/2025</u> Date	\$ <u>100.94</u>
Expenditure #4 Name MACOMB COUNTY REPUBLICAN PARTY Address 39099 GARFIELD RD CLINTON TWP., MI 48038 ☐ Fund Raiser	Purpose: <u>CONTRIBUTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/15/2025</u> Date	\$ <u>10,000.00</u>
Expenditure #5 Name THE PINK HOUSE TEA ROOM Address 36341 FRONT ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>PLANNING LUNCH</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/29/2025</u> Date	\$ <u>66.27</u>

Subtotal this page **11,268.15**

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 MICROSOFT Address ONLINE ☐ Fund Raiser	Purpose: <u>MICROSOFT OFFICE SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/03/2025</u> Date	\$ <u>74.19</u>
Expenditure #2 Name AMAZON Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: <u>PHONE CHARGER FOR NEW CELL PHONE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/05/2025</u> Date	\$ <u>54.59</u>
Expenditure #3 Name AMAZON Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: <u>PHONE CASE FOR NEW PHONE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/07/2025</u> Date	\$ <u>27.02</u>
Expenditure #4 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>02/10/2025</u> Date	\$ <u>100.95</u>
Expenditure #5 Name AMAZON Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: <u>OFFICE PRINTER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/18/2025</u> Date	\$ <u>158.99</u>

Subtotal this page **415.74**

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 AMAZON Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: <u>CAMPAIGN LAPTOP KEYBOARD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/24/2025</u> Date	\$ <u>42.93</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>03/10/2025</u> Date	\$ <u>243.43</u>
Expenditure #3 Name AMAZON Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: <u>PHONE CAR CHARGER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/11/2025</u> Date	\$ <u>19.30</u>
Expenditure #4 Name ANEDOT Address P.O. BOX 84314 BATON ROUGE, LA 70884 ☐ Fund Raiser	Purpose: <u>E-MERCHANT FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/11/2025</u> Date	\$ <u>8.30</u>
Expenditure #5 Name REPUBLICANS UNITING MACOMB PAC Address 18090 TERESA DR MACOMB, MI 48044 ☐ Fund Raiser	Purpose: <u>DONATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/13/2025</u> Date	\$ <u>200.00</u>

Subtotal this page **513.96**

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 COMMITTEE TO ELECT JAMES CRAIG FOR MAYOR Address PO BOX 15022 DETROIT, MI 48215 ☐ Fund Raiser	Purpose: <u>EVENT TICKET</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/24/2025</u> Date	\$ <u>100.00</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>04/09/2025</u> Date	\$ <u>134.33</u>
Expenditure #3 Name TEAM ROE Address 49378 CAMAROSA LN MACOMB, MI 48044 ☐ Fund Raiser	Purpose: <u>CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/11/2025</u> Date	\$ <u>500.00</u>
Expenditure #4 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>05/09/2025</u> Date	\$ <u>134.33</u>
Expenditure #5 Name FRIENDS OF TOM SEMAAN Address 52723 COULTER CT NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>EVENT TICKET</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2025</u> Date	\$ <u>100.00</u>

Subtotal this page	968.66
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 MICROSOFT Address ONLINE ☐ Fund Raiser	Purpose: <u>MICROSOFT OFFICE SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/16/2025</u> Date	\$ <u>137.79</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>06/09/2025</u> Date	\$ <u>134.33</u>
Expenditure #3 Name CTE RON ROBINSON Address 7887 RUBY ST UTICA, MI 48317 ☐ Fund Raiser	Purpose: <u>EVENT TICKET</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/27/2025</u> Date	\$ <u>100.00</u>
Expenditure #4 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>07/09/2025</u> Date	\$ <u>134.33</u>
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **506.45**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **13,672.96**

Enter this total
on line 8a of
Summary Page