



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

# RECEIVED

FEB 17 REC'D

## CANDIDATE COMMITTEE COVER PAGE

CARMELLA SABAUGH  
MACOMB COUNTY CLERK

FOR OFFICIAL USE ONLY

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

<p>1. Committee I.D. Number <u>69133</u></p> <p>2. Committee Name <u>FRIENDS OF STEVE RICE</u></p> <p>5. Committee's Mailing Address <u>5427 SOUTH SHHS MI 48310 LAWN</u> Area Code and Phone <u>586 939-6726</u></p> <p><small>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.</small></p> <p>7. Treasurer's Business Address  Area Code and Phone ( )</p>		<p>3. This Statement covers From: <u>01/01/2009</u> To: <u>12/31/2009</u> <small>Mo Day Year Mo Day Year</small></p> <p>4. Candidate Last Name <u>RICE</u> First Name <u>STEVE</u> M.I. <u>M</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>CITY COUNCIL</u></p> <p>4b. County of Residence <u>MACOMB</u> Driver License # (Optional)</p> <p>6. Treasurer's Name &amp; Residential Address <u>STEVE RICE</u> <u>2653 SERRA DR</u> <u>STERLING HEIGHTS MI 48310</u> Area Code &amp; Phone ( ) Driver License # (Optional)</p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  Area Code and Phone ( ) Driver License # (Optional)</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus Month Day Year</p>		<p>9c. <input checked="" type="checkbox"/> Annual Statement (<u>2009</u> Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year</p> <p><small>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</small></p>	
<p><small>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</small></p>			
<p>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.</p> <p>Current Treasurer or Designated Record keeper <u>STEPHEN RICE</u>  <small>Type or Print Name Signature</small> Date <u>2/9/2010</u> <small>Mo Day Year</small></p> <p>Candidate <u>STEVE RICE</u>  <small>Type or Print Name Signature</small> Date <u>2/9/2010</u> <small>Mo Day Year</small></p>			



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number

69133

2. Committee Name

FRIENDS OF STEVE RICE

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

**RECEIPTS**

**3. Contributions**

- a. Itemized (Schedule 1A - Column 6)  
b. Unitemized (less than \$20.01 each - no Schedule)  
c. Subtotal of "Contributions"

(3a.) \$ 0  
(3b.) \$ 0  
(3c.) \$ 0  
(4.) \$ 0  
(5.) \$ 0

**4. Other Receipts (Schedule 1A -1, Column 6)**

**5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**  
(Add Line 3c + Line 4)

(18.) \$ 0  
(19.) \$ 0  
(20.) \$ 0

**IN-KIND CONTRIBUTIONS & EXPENDITURES**

6. In-Kind Contributions (Schedule 1-IK, Column 7)  
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(6.) \$ 0  
(7.) \$ 0

(21.) \$ 0  
(22.) \$ 0

**EXPENDITURES**

**8. Expenditures**

- a. Itemized (Schedule 1B, Column 6)  
b. Itemized Get-Out-the-Vote (Schedule 1B-G)  
c. Unitemized (less than \$50.01 each - no Schedule)

(8a.) \$ 0  
(8b.) \$ 0  
(8c.) \$ 0  
(9.) \$ 0

(23.) \$ 0

**9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)**

**INCIDENTAL EXPENSE DISBURSEMENTS**  
(Officeholders Only)

10. Disbursements  
a. Itemized (Schedule 1C, Column 6)  
b. Unitemized (less than \$50.01 each - no Schedule)

(10a.) \$ 0  
(10b.) \$ 0

**11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS**  
(Add Line 10a + Line 10b)

(11.) \$ 0

(24.) \$ 0

**DEBTS AND OBLIGATIONS**

**12. Debts and Obligations**

- a. Owed by the Committee (Schedule 1E)  
b. Owed to the Committee (Schedule 1E)

(12a.) \$ 0  
(12b.) \$ 0

**BALANCE STATEMENT**

13. Ending Balance of last report filed  
(Enter zero if no previous reports have been filed.)  
14. Amount received during reporting period  
(Line 5, Total Contributions & Other Receipts)  
15. SUBTOTAL Add lines 13 and 14  
16. Amount expended during reporting period  
(Add lines 9 and 11)  
17. ENDING BALANCE  
(Subtract line 16 from line 15)

(13.) \$ 0  
(14.) + \$ 0  
(15.) = \$ 0  
(16.) - \$ 0  
(17.) \$ 0

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.  
All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.

Authority granted under P.A. 388 of 1976