



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FILED

05 OCT 31 PM 2:34

CARHELLA SABAUGH  
MACOMB COUNTY CLERK  
MACOMB COUNTY, MICHIGAN

FOR OFFICIAL USE ONLY

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: \_\_\_\_\_ to \_\_\_\_\_

Mo Day Year to Mo Day Year

1. Committee I.D. Number **69133-50**

4. Candidate Last Name **RICE** First Name **STEVE** M.I. \_\_\_\_\_

2. Committee Name **FRIENDS OF  
Steve Rice**

4a. Office Sought Including District # or Community Served (If applicable)  
**CITY COUNCIL - STERLING HTS**

4b. County of Residence  
**MACOMB**

5. Committee's Mailing Address **5427 Southland  
STERLING HTS. MI 48310**

Area Code and Phone **586 264-5213**

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.

6. Treasurer's Name & Residential Address **STEVE RICE  
2653 SERRA  
STERLING HTS MI 48310**

Area Code & Phone **586 264 5217**

7. Treasurer's Business Address \_\_\_\_\_

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone ( ) \_\_\_\_\_

Area Code and Phone ( ) \_\_\_\_\_

**9. TYPE OF STATEMENT**

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary ☒ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

**11** **2005**  
Month Day Year

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

Effective Date of Dissolution

Month Day Year

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.

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.

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 **STEVEN RICE**  
Type or Print Name

Signature

Date **10 28 05**  
Mo Day Year

Candidate **Steve Rice**  
Type or Print Name

Signature

Date **10 28 05**  
Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 69133-50  
2. Committee Name FRIEND OF STEVE RILE

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1342.11</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>1342.11</u>	(18.) \$ <u>1342.11</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>			
	(4.) \$	<u>0</u>	(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>1342.11</u>	(20.) \$ <u>1342.11</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1134.34</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>208.05</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>1342.39</u>	(23.) \$ <u>1342.39</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$ <u>0</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>1342.11</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>128</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>1342.11</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>1342.39</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1342.39</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>0</u>	

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.



MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 69133-50  
2. Committee Name FRIENDS OF STEVE RICE

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 from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-06-05</u></p> <p>Name: <u>STEVE RICE</u></p> <p>Address: <u>2653 SERRA - STER. HTS. MI 48310</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>MANAGER</u> Employer <u>AMS</u></p> <p>Business Address <u>2653 SERRA STERLING HTS. MI 48310</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<u>129.90</u>	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-10-05</u></p> <p>Name:</p> <p>Address:</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>MANAGER</u> Employer <u>AMS</u></p> <p>Business Address <u>2653 SERRA S.H. 48310</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<u>1212.41</u>	<u>1342.11</u>
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name:</p> <p>Address:</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name:</p> <p>Address:</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		<u>1342.11</u>	<u>1342.11</u>

Enter this total on  
line 3a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 69133 -50  
2. Committee Name FRIENDS OF STEVE RICE

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>MICRO CENTER</u> Address <u>32800 CONCORD DR.</u> <u>MAD. HTS. MI 48071</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PC MATERIAL</u> Expenditure Code <u>CO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1-6-05</u> <u>3-20-05</u>	<u>49.99</u> <u>79.99</u>
Expenditure #2 Name <u>MASS MAILING</u> Address <u>P.O. BOX 1299</u> <u>STERLING HTS MI 48311</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-3-05</u>	<u>385.38</u>
Expenditure #3 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP. 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-10-05</u>	<u>369.48</u>
Expenditure #4 Name <u>AMERICA ON-LINE</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>INTERNET</u> Expenditure Code <u>CO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-1-05</u>	<u>249.50</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

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

1134.34

1134.34

Enter this total  
on line 8a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES