

CANDIDATE COMMITTEE COVER PAGE

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: 11/26/12 | | |
|---|---|--|--|
| 1. Committee I.D. Number | d Coeffdata Ladd | | |
| 138271 | Smith tr | | |
| | Smith, Jr. Robert W. 4a. Office Sought Including District # or Community Served (If applicable) | | |
| 2. Committee Name | · · | | |
| Committee to Elect Bob Smith | Macomb County Commissioner District 12 | | |
| | 4b. County of Residence Macomb | | |
| 5. Committee's Mailing Address 39324 Eliot | 6. Treasurer's Name & Residential Address | | |
| Clinton Township, MI 48036 | Stella A. Smith | | |
| | | | |
| | | | |
| Area Code and Phone (586) 465-4100 | FILE BECLA EHENS | | |
| 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. | VS. | | |
| be sent to this address by the filing official. | Area Code & Phone (586) 465-4100 | | |
| 7. Treasurer's Business Address | | | |
| | 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) | | |
| same as #6 | n/a | | |
| | | | |
| | | | |
| | | | |
| Area Code and Phone | Area Code and Phone | | |
| 9. TYPE OF STATEMENT | | | |
| 9a. Pre-Election OR 9b. Post- | t-Election 9c. Annual Statement (2013 Coverage Year) | | |
| Pre-Election or Post-Election Statement relates to: | 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) | | |
| Primary | 9e. Dissolution of Candidate Committee | | |
| Convention | eool Effective Date of Dissolution | | |
| Special | CUS | | |
| | By checking this item, I/We certify that the committee has no accept or | | |
| Date of Election, Convention or Caucus | outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for | | |
| 11/06/12 | į trie Reporting waiver. | | |
| A | Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. | | |
| A continuities that does not have a Reporting Waiver must file all req Schedules. Direct contributions, in-kind contributions, loans, expend | quired Campaign Statements. The Campaign Statements must include all applicable nditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. | | |
| 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 nylour knowledge and belief the contents are true, accurate and con | n the preparation of this statement and attached schedules (if any) and to the best of mplete. | | |
| | | | |
| designated Record keeper Stella A. Smillin , Diella C. Smeth | | | |
| Type or Print Name | Signature Date | | |
| Candidate Robert W. Smith, Jr. | 1 (evolute | | |
| Type or Print Name | Signature | | |

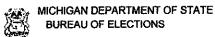


1. Committee I.D. Number 1382/1

| 138271 |
|--------|
|--------|

SUMMARY PAGE CANDIDATE COMMITTEE

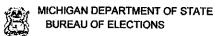
| RECEIPTS | Column I | Column II |
|---|----------------------------|--------------------------------|
| 3. Contributions | This Period | Cumulative this election cycle |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ 6,270.00 | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$ \$6,270.00 | (18.) \$ \$6,270.00 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | (19.) \$ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ \$6,270.00 | (20.) \$ \$6,270.00 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ | (21.) \$ |
| 7. In-Kind Expenditures (Schedule 1B-lK, Column 6) | (7.) \$ | (22.) \$ |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ \$1,918.40 | |
| b. Itemized Get-Out-the-Vote (Schedule 18-G) | (8b.) \$ | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ \$1,918.40 | (23.) \$ \$1,918.40 |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.)\$ | |
| b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS | (10b.)\$ | |
| (Add Line 10a + Line 10b) | (11.) \$ | (24.) \$ |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | | (24.) |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ \$11,862.21 | |
| b. Owed to the Committee (Schedule 1E) | (12b.)\$ | |
| | BALANCE STATEMENT | <u> </u> |
| 13. Ending Balance of last report filed | (13.) \$ <u>\$1,543.00</u> | |
| (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period | (14.) + \$ \$6,270.00 | |
| (Line 5, Total Contributions & Other Receipts) | (15.) = \$ \$7,813.00 | |
| 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period | (16.) - \$ \$1,918.00 | |
| (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ \$5,895.00 | |
| , , | | |



CANDIDATE COMMITTEE

138271 1. Committee I.D. Number _

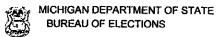
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount | 7. Curnulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|----------------------------|---|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/12/13 | | |
| Abdo, Cy 42550 Garfield Ste. 104-A Clinton Twp., MI 48038 | _{\$} 100 | _{\$} 100 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | or Memo Itemization |
| Occupation Attorney Employer self | | |
| Business Address Same Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/12/13 Name & Address | | |
| Fischer, Christopher 48 Market St. Ste. 2B Mt. Clemens, MI 48043 | _{\$} _80 | _{\$} 80 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/12/13 Name & Address: | | |
| Zuccaro, Mark 20313 Windham Macomb. MI 48044 | \$ 100 | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: | Click Here to | r Memo Itemization |
| Occupation Restaurant Owner Employer self | | |
| Business Address 46601 Gratiot Macomb, MI 48051 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/19/13 Name & Address | | |
| Sorrentino, Sherry 14633 Breza Dr, Shelby Twp., MI 18315 | _{\$} 80 | _{\$} 80 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | \$360.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | Enter this total on | |
| Page 1 of 16 | line 3a of Summar Page. | у |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138271

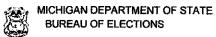
| Enter contributor's name and address. If contribution is from an individual, enter last name, fi middle initial. Check box to indicate if contribution is from a Political Committee or an Independent (PAC) Report all contributions regardless of amount. | rst name, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 11/19/13 Name & Address: Gatti, Julie 120 Market St, | |
| Mt./ Clemens, MI 48043 | _s 100 _s 100 |
| 5. If over \$100.00 cumulative, please provide: | <u> </u> |
| Occupation Attorney Employer self | Click Here for Memo Itemization |
| Business Address Same | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/19/13 Name & Address | |
| Tomlinson, Tim 42850 Garfield Ste. 101 Clinton Twp., MI 48038 | <u>\$ 80 </u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Employer | 1049 |
| Business Address | |
| Type of Contribution: Loan from a person Fund Raiser | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/19/13 Name & Address: | |
| Femminineo, Jake 10 S. Main St. Mt. Clemens, MI 48043 | _{\$} 250 _{\$} 250 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Attorney Employer self | |
| Business Address Type of Contribution: Direct Loan from a person . Fund Raiser | |
| | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/19/13 Name & Address | |
| Plumbers Local 98 555 Horace Brown Dr. Madison Heights, MI 48071 | § 100 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Employer | —————————————————————————————————————— |
| Business Address | |
| Type of Contribution: | |
| Pa Grand Total of All Sci (Complete on last page o | |
| Page for 'O | Page. |



CANDIDATE COMMITTEE

1. Committee I.D. Number ____138271

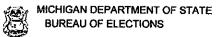
| Enter contributor's name and address. If contribution is from an indivi- middle initial. Check box to indicate if contribution is from a Political C Committee (PAC) Report <u>all</u> contributions regardless of amount. | dual, er ommitt | nter last name, first name, see or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--------------------|--|--|--|
| Contribution # 1 PAC Receipt? YES 4. Date of I Name & Address: Huth, Robert | Receipt | 11/19/13 | | |
| 19500 Hall Rd. Ste. 100 Clinton Twp., MI 48038 | | | _{\$} 125 | _{\$} 125 |
| 5. If over \$100.00 cumulative, please provide: | | | 0::11: | |
| Occupation Attorney Employer self | | | Click Here fo | or Memo Itemization |
| Business Address same | | | | |
| Type of Contribution: ✓ Direct Loan from a person | V | Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of F Name & Address | Receipt | 11/19/13 | | |
| Kirk, Robert 19500 Hall Rd. Ste.100 Clinton Twp., MI 48038 | | | _{\$} 125 | _{\$_} 125 |
| 5. If over \$100.00 cumulative, please provide: | | | Click Here fo | r Memo Itemization |
| Occupation Attorney Employer Self | | TPP 1 14. Ma 1. Ma | | |
| Business Address Same | | | | |
| Type of Contribution: | \checkmark | Fund Raiser | | |
| Contribution # 3 PAC Receipt? YES 4. Date of Name & Address: | Receipt | 11/20/13 | | |
| Pizzo, Salvatore J. 36277 Gratiot Ave. Clinton Twp., Mi 48035 | | | <u>\$ 100</u> | _{\$} 100 |
| 5. If over \$100.00 cumulative, please provide: | | | Click Here for | Memo Itemization |
| Occupation Jeweler Employer Self | | | | |
| Business Address same | | | | |
| Type of Contribution: | ✓ | Fund Raiser | | |
| Contribution # 4 PAC Receipt? YES 4. Date of Name & Address | Receip | 11/20/13 | | |
| Ramdayal, Farrah C. 66 Winder Unit 329 Detroit, MI 48201 | | | _{\$} 80 | _{\$} 80 |
| 5. If over \$100.00 cumulative, please provide: | | | Click Here for | Memo Itemization |
| Occupation Employer | <u> </u> | | Ollok Here for | Wello Reffization |
| Business Address | | | | |
| Type of Contribution: ✓ Direct Loan from a person | V | Fund Raiser | | |
| | | Page Subtotal | \$430.00 | |
| | | d Total of All Schedules 1A te on last page of Schedule) | | |
| Page 3 of 16 | • | | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138271

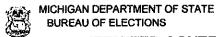
| Enter contributor's name and address. If contribution is from an individual, enter last name, first middle initial. Check box to indicate if contribution is from a Political Committee or an Independence (PAC) Report all contributions regardless of amount. | |
|---|---|
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address: | |
| Shkreli, Suzanna 6775 Berry Pointe Dr. Clarkston, MI 48348 | _{\$} 80 _{\$} 80 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Employer | |
| Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address | |
| Fox, Steve R. 48436 Brittany Parc Dr. Macomb, MI 48044 | <u>\$ 40 </u> |
| 5. If over \$190.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Employer | |
| Business Address | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address: | |
| Solaiman, Erin R. 61411 Woodfield Way Washington, MI 48094 | _{\$} 40 _{\$} 40 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Employer | |
| Business Address | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | · |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address | |
| Cylkowski, Kay M. 40518 William Clinton Twp., MI 48038 | _{\$} 80 _{\$} 80 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Employer | · |
| Business Address | |
| Type of Contribution: | |
| Page | Subtotal \$240.00 |
| Grand Total of All Sched (Complete on last page of S | |
| Page_4_ of_ /6_ | line 3a of Summary Page. |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138271

| 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 all 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 11/20/13 | | |
| Wilson, Gordon B. | | |
| 14350 Fruitwood | 00 | 90 |
| Washington Twp., MI 48094 | _{\$} 80 | _{\$} 80 |
| 5. If over \$100.00 cumulative, please provide: | Click Horo fo | or Memo Itemization |
| Occupation Employer | Click Hele ic | r Memo Remization |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address | | |
| Sahlaney, Caitlin | 4.0 | |
| 25052 Magdelena St. | _{\$} 40 | _{\$} 40 |
| Harrison Twp., MI 48045 | | |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/20/13 | | |
| Name & Address: | | |
| 38770 GARFIELD STE. 100 CLINTON TWP., MI 48038 | _{\$} 40 | _{\$} 40 |
| 5. If over \$100.00 cumulative, piease provide: | Click Here for | Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address | | |
| Rose, Roy | | |
| 55620 Woodridge Dr. | _{\$} 80 | , 80 |
| Shelby Twp., MI 48316 | | 3 <u></u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: V Direct Loan from a person V Fund Raiser | | |
| Page Subtotal | \$240.00 | |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) | Enter this total on | J |
| Page 5 of 16 | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

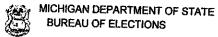
1. Committee I.D. Number

138271

2. Committee Name

Committee to Elect Bob Smith

| 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 all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|--|
| Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address: | | |
| Wielgosz, Kathleen 48467 American Elm Dr. Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: | _{\$} 40 | _{\$} 40 |
| Occupation Employer | Click Here fo | r Memo Itemization |
| • | | • |
| Business Address | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address | | |
| Flynn, Linda 43225 Chardonnay Dr. Sterling Heights, MI 48314 | <u>\$40</u> | _{\$} 40 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: Loan from a person Fund Raiser | | |
| Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address: | | |
| Schock, Benjamin A. 41315 Conger Bay Dr. Harrison Twp., MI 48045 5. If over \$100.00 cumulative, please provide: | \$ 40 Click Here for | \$_40 Memo Itemization |
| Campleson | | |
| OccupationEmployer | | |
| Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address | | |
| Rabaut, Stephen T. 42700 Schoenherr Ste. 3 Sterling Hgts.,MI 48313 | <u>\$</u> 80 | _{\$} 80 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6 of 16 | \$200.00 Enter this total on line 3a of Summary | - |
| Pageof | Page. | |



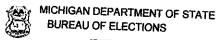
CANDIDATE COMMITTEE

1. Committee I.D. Number ____138271

2. Committee Name Committee to Elect Bob Smith

| 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 all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|---------------------|---|
| Contribution #1 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address: | | T date of receipt) |
| Kandt, Randy L. 18899 21 Mile Rd. Macomb, MI 48044 | _{\$} 40 | . 40 |
| 5. If over \$100.00 cumulative, please provide: | 3 | |
| OccupationEmployer | Click Here | for Memo Itemization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address | | |
| Young , Ronald S. 16845 Tower Macomb, MI 48044 | _{\$} 80 | _{\$} 80 |
| 5. If over \$100.00 cumulative, please provide: | Click Here t | or Memo Itemization |
| Occupation Employer | • | |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | ĺ |
| Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/20/13 | | |
| Bianchi, Ralph 48285 American Elm Dr. Macomb, MI 48044 | <u>\$</u> 80 | _{\$} 80 |
| i. if over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| OccupationEmployer | | |
| Susiness Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/20/13 | | |
| McCarthy, Jr. Joseph D. 2041 S. Parker Marine City, MI 48039 | _{\$} 40 | _s 40 |
| . If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | Click Here for | Memo Itemization |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| Page Subtotal | \$240.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | Enter this total on | J |

7 of 16

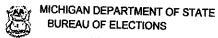


CANDIDATE COMMITTEE

| ITEMIZED CONTRIBUTIONS SCHEDULE 1A | 1. Committee I.D. Number 13827 | 1 |
|--|--|---|
| CANDIDATE COMMITTEE | 2. Committee Name Committee t | to Elect Bob Smith |
| Enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount. | dual, enter last name, first name, ommittee or an Independent 6. Amoun | Election Cycle for Each Contributor (Through |
| Contribution # 1 PAC Receipt? YES 4. Date of Receipt? Vame & Address: | Receipt 11/20/13 | date of receipt) |
| Hosbein, Gordon 667 Heritage Rochester Hills, MI 48309 | | 40 |
| 5. If over \$100.00 cumulative, please provide: | <u>\$ 40 </u> | <u>\$ 40 </u> |
| Occupation Employer | Click I | Here for Memo Itemization |
| Business Address | | |
| Type of Contribution: Later. | | |

| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 11/20/13 | date of receipt) |
|---|---|
| | |
| Hosbein, Gordon 667 Heritage | |
| Rochester Hills, MI 48309 | _{s.} 40 _{s.} 40 |
| 5. If over \$100.00 cumulative, please provide: | \$ 10 \$ 40 |
| Occupation Employer | Click Here for Memo Itemization |
| Business Address | 10111201011 |
| Type of Contribution: Direct | |
| 2. Contribution in a person V Fund Raiser | |
| Name & Address PAC Receipt? YES 4. Date of Receipt 11/20/13 | |
| Macherzak, Michael F. | |
| 57067 Covington Dr. | ş 40 |
| Washington, MI 8094 | <u>\$ 40 </u> |
| 5. If over \$100.00 cumulative, please provide: | Click Horn for \$5 |
| Occupation Employer | Click Here for Memo Itemization |
| Business Address | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/20/13 | |
| Alan, Dean | |
| 1S. Main St. 3rd. floor | <u>\$ 100</u> |
| Mt. Clemens, Mi 48043 | ş |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Asst. Prosecuting Attorney Employer Macomb County | |
| Business Address Mt. Clemens, MI 48043 | |
| Type of Contribution: V Direct Loan from a person V Fund Raiser | |
| . Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/20/13 | |
| Cataldo, William L. | |
| 157 Sandy Ridge Dr. | 40 |
| Rochester Hills, MI 48306 | § 40 s 40 |
| . If over \$100.00 cumulative, please provide: | |
| Occupation Employer | Click Here for Memo Itemization |
| lusiness Address | ······································ |
| Type of Contribution: Direct Loan from a person Tund Raiser | |
| | e Subtotal \$220.00 |
| Grand Total of All Scher | V-120.00 |
| (Complete on last page of S | Schedule) |
| ge_8_of_16_ | Enter this total on line 3a of Summary |

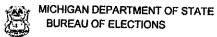
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CANDIDATE COMMITTEE

1. Committee I.D. Number ____138271

| Committee (PAC) Report all contrib | | enter last name, first name, ttee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through |
|--|------------------------------|--|--|--|
| Contribution # 1 PAC Re Name & Address: | ceipt? YES 4. Date of Receip | ot 11/20/13 | | date of receipt) |
| Bannister, Erin A. | | · · · · · · · · · · · · · · · · · · · | •• | |
| 495 Woods Edge Ln. | | | | |
| White Lake, Mi 48386 | | | _s 100 | ູ 100 |
| 5. If over \$100.00 cumulative, plea | se provide: | | · · · · · · · · · · · · · · · · · · · | |
| Occupation Law Student-Coole | y Employer | | Click Here t | for Memo Itemization |
| Business Address | | | | |
| Type of Contribution: Direct | Loan from a person | Fund Raiser | | |
| Contribution #2 PAC Reco Name & Address | oipt? YES 4. Date of Receipt | 11/20/13 | | |
| Rizo, Brian K. | | | | |
| 46367 Appleton Dr. Macomb, MI 48044 | | | <u>\$</u> 40 | <u>\$ 40 </u> |
| 5. If over \$100.00 cumulative, pleas | e provide: | | Click Here fo | or Memo Itemization |
| Occupation | Employer | | Ollow Fiere 10 | wemo itemization |
| Business Address | | | | * |
| Type of Contribution: Direct | Loan from a person | Fund Raiser | | |
| Contribution # 3 PAC Rece Name & Address: | | | | |
| Aloia, Benjamin | | | | |
| 54439 White Spruce Ln. | | | _{\$} 80 | _s 80 |
| Shelby Twp., MI 48315 | | | | |
| 5. If over \$100.00 cumulative, please | provide: | | Click Here for | Memo Itemization |
| Occupation | Employer | | | |
| Business Address | | | | |
| Type of Contribution: Direct | Loan from a person | Fund Raiser | | |
| 3. Contribution # 4 PAC Receivance & Address | pt? YES 4. Date of Receipt | 11/20/13 | | |
| Diegel, Mary Jo | | | | |
| 3270 Grandview Ct. | | | _{\$.} 80 | . 80 |
| Shelby Twp., MI 48316 | | | \$ | \$ |
| 5. If over \$100.00 cumulative, please | provide: | | Click Horo for | Memo Itemization |
| Occupation | Employer | | Olick Hele IO | Memo itemization |
| Business Address | | | | |
| Type of Contribution: V Direct | Loan from a person 🗸 F | und Raiser | | |
| | | Page Subtotal | \$300 00 | |
| | Grand | Total of All Schedules 1A | 4000.00 | |
| | (Complete | on last page of Schedule) | Coden Abda () | |
| Page 9 of 16 | | | Enter this total on tine 3a of Summary Page. | |

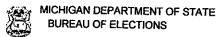


CANDIDATE COMMITTEE

| 1. Committee I.D. Number | 1382/1 | |
|---|----------------|--|
| 2. Committee Name Cor | nmittee to Ele | ect Bob Smith |
| ter last name, first name, e or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through |

| Enter contributor's name and address. If contribution is from an individual, en | ter last name, first name. | 6. Amount | 7. Cumulative for |
|---|----------------------------|---------------------|---------------------------------------|
| middle initial. Check box to indicate if contribution is from a Political Committe Committee (PAC) Report all contributions regardless of amount. | e or an Independent | | Election Cycle for Each |
| | | | Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: | 11/20/13 | | |
| Servitto, Michael | | | |
| 172 Moross St. | | 40 | 40 |
| Mt. Clemens, MI 48043 | | <u>\$</u> 40 | <u> </u> |
| 5. If over \$100.00 cumulative, please provide: | | 0,111 | |
| Occupation Employer | | Click Here to | or Memo Itemization |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt | 11/20/13 | | |
| Name & Address | | | |
| Cedras-Harding, Jean | | | |
| 53565 Oak Grove Dr. | | _{\$} 40 | _s 40 |
| Shelby Twp., MI 48315 | | | |
| 5. If over \$100.00 cumulative, please provide: | | Click Here fo | r Memo Itemization |
| Occupation Employer | NAME | | |
| Business Address | | | |
| Type of Contribution: Loan from a person | Fund Raiser | | |
| Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: | 11/20/13 | | |
| Keith, Craig S. | | | |
| 39239 Lorien Dr. | | _{\$} 40 | 、40 |
| Sterling Hts., MI 48313 | | | Ψ |
| 5. if over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
| Occupation Employer | | | |
| Business Address | · | | |
| Type of Contribution: | Fund Raiser | | ļ |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address | 11/20/13 | | |
| Sinutko, Nancy | | | |
| 47074 Willingham Way | | ₂ 500 | 500 |
| Shelby Twp., MI 48315 | | \$ | \$ |
| 5. If over \$100.00 cumulative, please provide: | | Clink Harn for | Mana Mani |
| Occupation Homemaker Employer | | Click Hele lor | Memo Itemization |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person F | und Raiser | | |
| | Page Subtotal | \$620.00 | |
| · · | Total of All Schedules 1A | | |
| | on last page of Schedule) | Enter this total on | 1 |
| Page 10 of /6 | | line 3a of Summary | |

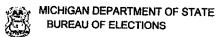
Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number ___138271

| 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 all 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 11/20/13 | | T date of receipty |
| Schaf, Brian | | |
| 23220 Westbury St. | 400 | 400 |
| St. Clair Shores, MI 48080 | _s 100 | <u> 100</u> |
| 5. If over \$100.00 cumulative, please provide: | 0" () | •• |
| Occupation Attorney Employer Self | Click Here f | or Memo Itemization |
| Business Address 321 N. Gratiot Mt. Clemens, MI 48043 | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/20/13 | | |
| Brown, Sherry C. 45850 Private Shore Dr. Chesterfield, MI 48047 | _{\$} 100 | ş 100 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address: | | |
| Arnone, Joseph R. 22443 Rio Vista St. St. Clair Shores, MI 48081 | _{\$} 100 | _s 100 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Attorney Employer Self | | |
| Business Address | | |
| Type of Contribution: V Direct Loan from a person V Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address | | |
| Slanec, Darra O. 43177 Rivergate Dr. Clinton Twp., MI 48038 | _{\$} 100 | _{s_} 100 |
| 5. If over \$100.00 cumulative, please provide: | 05-4-11 | |
| Occupation Asst. Prosecuting Attorney Employer Macomb County | Click Here for | Memo Itemization |
| Business Address 1 S. Main Mt. Clemens, MI 48043 | | İ |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| Page Subtotal | \$400.00 | |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) | Enter this total on | I |
| | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

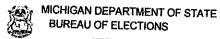
138271 1. Committee I.D. Number

| 2. Committee Name | Committee | to | Elect | Bob | Smith |) |
|---------------------|-----------|----|-------|-----|-------|---|
| TO COMMISSION NAMES | | | | | | |

| 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 all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|--|
| Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address: | | |
| Lavinio, Mario | | |
| 18341 Nardy | 400 | 400 |
| Clinton Twp., MI 48036 | _{\$} 120 | _{\$} 120 |
| 5. If over \$190.90 cumulative, please provide: | Oli -1- 1 t | Constitution of the second |
| Occupation Business Owner Employer Self- Mario's Collision | Click Here t | or Memo Itemization |
| Business Address 34607 S. Gratiot Clinton Twp., MI 48035 | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address | | |
| Bukowski, Paul J. | | |
| 1 S. Main | _s 150 | _s 150 |
| Mt. Clemens, MI 48043 | ************************************** | |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Asst. Prosecuting Attorney Employer Macomb County Prosecutors Office | | · |
| Business Address Same | | |
| Type of Contribution: | | |
| . Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/20/13 | | |
| Putrycus, David P. | 500 | |
| 17108 Mack Ave | _{\$} 500 | _{\$} 500 |
| Grosse Pointe, MI 48230 | Cliek Henry for | A4 |
| i. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Attorney Employer Self | | i |
| Business Address Same | | |
| Type of Contribution: V Direct Loan from a person V Fund Raiser | | |
| . Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/20/13 | | |
| Hernandez, Raymond J. | | |
| 1704 Fairmouth Park Dr. | _s 100 | . 100 |
| Clinton Twp., MI 48038 | <u> </u> | \$ |
| . If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Business Owner Employer Self | 2.5X 1 1010 101 | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| | \$870.00 | |
| Grand Total of All Schedules 1/ | | |
| (Complete on last page of Schedule | ;) L | J |

Page 12 of 16

Enter this total on line 3a of Summary Page.

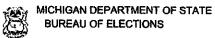


Committee I.D. Number

138271

| CA | N | DI | DA | T | E | C | OA | AH | MI | 77 | #I | = |
|----|---|----|----|---|---|---|----|----|----|----|----|---|
| | | | | | | | | | | | | |

| 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 all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through |
|--|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/20/13 | | date of receipt) |
| Jacklyn, Andrea S. 969 Huntington | | |
| Mt. Clemens,Mi 48043 | . 100 | _s 100 |
| 5. If over \$100.00 cumulative, please provide: | P | <u> </u> |
| Occupation Asst. Prosecuting Attorney Employer Macomb County Prosecutors Office | Click Here t | for Memo Itemization |
| Business Address 1 S. Main Mt. Clemens, MI 48043 | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address | | |
| Servitto, Anthony S. 29 Dickinson St. Unit C Mt. Clemens, Mi 48043 | _{\$} 100 | _{\$} 100 |
| 5. If over \$100.00 cumulative, please provide: | Click Here to | or Memo Itemization |
| Occupation Asst. Prosecuting Attorney Employer Macomb County Prosecutors Office | Olick Here IC | i wello itemization |
| Business Address 1 S. Main Mt. Clemens,M! 48043 | | |
| Type of Contribution: ✓ Direct | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/20/13 | | |
| Friends of Macomb | | |
| 2957 Parkway Circle | _{\$} 500 | _s 500 |
| Sterling Hts., Mt 48310 | | *************************************** |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Employer | | |
| Business Address Type of Contribution: Direct Loan from a person | | |
| Contribution in the Paris of Pung Raiser | | |
| . Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/20/13 | 1 1 | |
| AcIntyre, David M. | | |
| 3062 Excalibur Ln. | _s 100 | . 100 |
| Bruce Twp., MI 48065 | \$ 100 | \$ |
| . if over \$100.00 cumulative, please provide: | Click Horo for | Memo Itemization |
| Occupation Employer | Click Here IO. | ivierno itemization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | - |
| Page Subtotal | \$800.00 | |
| Grand Total of All Schedules 1A | Ψ600.00 | |
| (Complete on last page of Schedule) | Ent. di | |
| ageof/6 | Enter this total on line 3a of Summary Page. | |



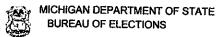
CANDIDATE COMMITTEE

1. Committee I.D. Number ____138271

2. Committee Name Committee to Elect Bob Smith

| 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 all 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 11/20/13 Name & Address: Flynn , Rick | | |
| 43225 Chardonnay Dr. Sterling Hts. MI 48314 | _s 100 | ٍ 100 |
| | \$ | <u> </u> |
| 5. If over \$100.00 cumulative, please provide: Occupation Employer MEA Local 1 | Click Here f | or Memo Itemization |
| | | |
| Business Address 38550 Garfield #B Clinton Twp., MI 48038 | | |
| Type of Contribution: V Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/20/13 Name & Address | | i |
| Biretta, Eric | 90 | 00 |
| 110 S. Main St. Mt. Clemens, Mi 48043 | <u>\$</u> 80 | _{\$} 80 |
| | | |
| 5. If over \$100.00 cumulative, please provide: | Click Here to | or Memo Itemization |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: 🗸 Direct Loan from a person 🗸 Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 12/18/13 Name & Address: | | |
| Keller-Stanley, Dena | _s 40 | 40 |
| 573 Lice Oak Dr. | § 4 U | <u>\$40</u> |
| Rochester Hills, MI 48309 | Click Here fo | r Memo Itemization |
| 5. If over \$109.00 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 | | |
| LEAVE BLANK | \$ | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| | \$220.00 | |
| Grand Total of All Schedules 1A | | - |
| (Complete on last page of Schedule) | Enter this total on | J |
| 14 ~ 1/2 | line 3a of Summary | |

- 14 of 16



1. Committee I.D. Number

138271

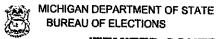
CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Bob Smith

| Enter contributor's name and address. If contribution is from an individual, enter last name, first nam middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | ne, 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|---|--|
| Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/18/13 Name & Address: | | |
| Satterly, Byron | | |
| 41649 Windmill St. | 40 | 40 |
| Harrison Twp., MI 48045 | _{\$} 40 | _{\$} 40 |
| 5. If over \$100.00 cumulative, please provide: | OR-Lite of | |
| Occupation Employer | Click Here t — | or Memo Itemization |
| Business Address | | |
| Type of Contribution: | | • |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12/18/13 Name & Address | | |
| Oster, Rebecca K. 1120 E. 3rd St, 4-90 | • • | |
| Royal Oak,MI 48067 | _{\$} 40 | <u>\$ 40 </u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 12/18/13 | | |
| Walsh, Vicki | 400 | |
| 729 Vinewood Ave. | _{\$} 100 | _s 100 |
| Birmingham,MI 48009 | | * |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Asst. Prosecuting Attorney Employer Macomb County Prosecutors Office | | |
| Business Address 1 S. Main Mt. Clemens, MI 48043 | | |
| Type of Contribution: V Direct Loan from a person V Fund Raiser | | |
| Contribution #4 PAC Receipt? YES 4. Date of Receipt 12/18/13 | | |
| Sorentino, Anthony | | |
| 1579 Streamwood Court | _{\$} 80 | , 80 |
| Rochester Hills, MI 48309 | \$ | \$ |
| i. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Employer | Ollow Helse IDL | MOTHO REHITATION |
| Business Address | | |
| Type of Contribution: | | |
| Page Subto | otal \$260.00 | |
| Grand Total of All Schedules (Complete on last page of Schedu | 1A ule) | |
| 35 //2 | Enter this total on line 3a of Summary | |

Page of to

Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number _ 138271

2 Committee Name Committee to Elect Bob Smith

| 2. Committee Name | · · · · · · · · · · · · · · · · · · · | |
|--|---------------------------------------|--|
| 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 all 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 12/18/13 Name & Address: Riberas, Hank 6471 Metro Parkway | | |
| Sterlint Hts., MI 48312 | _s 100 | _s 100 |
| 5. If over \$100.00 cumulative, please provide: | * | |
| Occupation Business Owner Employer Self | Click Here f | or Memo Itemization |
| Business Address Same | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12/18/13 Name & Address | | |
| Hindman, Robert 49522 Keycove St. Chesterfield, MI 48047 | <u>\$</u> 100 | _{\$} 100 |
| 5. If over \$190.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Business Owner Employer Self | | |
| Business Address 34895 Groesbeck Clinton Twp., MI 48035 | | |
| Type of Contribution: | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 12/18/13 Name & Address: | | |
| Misukowicz, Paul 8300 Hall Road. #201 Utica, MI 48317 | <u>\$ 100</u> | _{\$} 100 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Occupation Asst. Prosecuting Attorney Employer Macomb County Prosecutors Office | | |
| Business Address 1 S. Main Mt. Clemens, MI 48043 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| B. Contribution #4 PAC Receipt? YES 4. Date of Receipt 12/18/13 | | |
| Torey, Mike | | |
| 12309 Volpe Sterling Hts., MI 48312 | _s 40 | , 40 |
| 5. If over \$100.00 cumulative, please provide: | | 3 |
| | Click Here for | Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | \$340.00 | |

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

\$6,270.00

Enter this total on line 3a of Summary Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

2. Committee Name Committee to Elect Bob Smith

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|--------------|---------------------------------------|
| Expenditure #1 | | | |
| Name American Graphics | 1 | 05/01/13 | 705.04 |
| Address | Purpose: Letterhead / envelopes | Date | s <u>725.04</u> |
| 34895 Groesbeck | ` | | |
| Clinton Twp., MI 48035 | | lere for Mem | o Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | · · · · · · · · · · · · · · · · · · · |
| Name CVS Store | | 11/08/13 | . 00 00 |
| Address | Purpose: stamps | Date | \$ <u>82.80</u> |
| 33021 Garfield | Purpose: | | |
| Fraser, MI 48026 | Click He | ere for Mem | o Itemization Type |
| ✓ Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | Statement | | J |
| Name USPS | | 11/12/13 | \$27.60 |
| Address | Purpose: stamps | Date | \$27.00 |
| 42383 Garfield | | | |
| Clinton Twp., MI | | re for Memo | Itemization Type |
| ✓ Fund Raiser | L_Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Expenditure #4 | statement | | · · · · · · · · · · · · · · · · · · · |
| Name American Graphics | | | |
| American Graphics | 1: | 2/10/13 | * 201 OC |
| Address | Purpose: Invitations | Date | \$ <u>281.96</u> |
| 34895 Groesbeck | | | |
| Clinton Twp., MI 48035 | Click Her | re for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name Huntington Bank | | | |
| Address | hank fee | 2/31/13 | \$ 13.00 |
| N. Main St. | Purpose: bank fee | Date | |
| Mt. Clemens, MI 48043 | Click Her | re for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | •• |
| | Subtotal | this page | \$1,130.43 |
| | Grand Total of all Sch | nodulos 40 | Ψ1,100.40 |
| | (Complete on last page of | | and the second |

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number

138271

2. Committee Name Committee to Elect Bob Smith

| 3. Name and address of person or vendor to whom paid | | | |
|--|---|-----------------|--------------------|
| Expenditure #1 | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| | | | |
| Name Fern Hill Country CLub | Í | 12/31/13 | \$ 788.00 |
| Address | Purpose: Fundraiser Party | Date | » / OO.UU |
| 17600 Clinton River Rd. | Purpose: Tantalogi Turty | 24.0 | |
| Clinton Twp., Mi 48038 | Click H | tere for Mem | o Itemization Type |
| | | | Tanadan Typo |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #2 | | - | |
| Name | | | |
| | | | \$ |
| Address | Purpose: | Date | |
| | Tuposo. | | |
| | Click H | ere for Memo | o Itemization Type |
| | | | |
| П _{т. т.} | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name | · | | |
| | | | • |
| Address | B | Date | . \$ |
| | Purpose: | Duto | |
| | Click He | ere for Memo | Itemization Type |
| | ! [] | | nomization type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| | statement | | |
| Expenditure #4 | | | |
| Name | | | İ |
| | _ | | \$ |
| Address | Durnaga | Date | Ψ |
| | Purpose: | | |
| | Click Ha | re for Memo | Itemization Type |
| | l | · ~ ive INIDIRU | mornization Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | ĺ |
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| | statement | | |
| | Subtotal | I this page | \$788.00 |
| | Grand Total of all Cal | bodula - 45 | |
| | Grand Total of all Sci (Complete on last page of | | \$1,918.40 |

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



| DESTS AND OBLIGATIONS SCHEDULE 1E | 1. Committee LD. Namber 13 | 8271 | | |
|--|---|--|--|--|
| CANDEDATE COMMETTER | Committee Herrie Commit | tee to Elect Roh S | poith | |
| This School de Reminue; a 2 Dahles and collections correcting or folgions the co | *************************************** | other and childrene coved for a particular covered for a particular cov | | |
| 2. Name and Maring Address of parson, monter or franchis land, where is when debt to cover, monter or incorporated hundress. If dold it is bank tony, please provide interpretation regarding the enthance or distinction. If one. Debt 41 Copply Year. | Charleton | 7. Date and annual of each payment | 8. Computers to payment to date any debt | F. Outstanding Spinner of classe of the period diem 6 minus Rem 8) |
| Bob Smith 36729 Moravian | 4. Type, charge radings, separate 5. Batta Dalet Was Instituted: | 02/11/11 g 44.91 | | |
| Clinion Twp., Mi 48035 | 6. Original Associate of Debt: \$ 54.64 | | s <u>44.91</u> | \$_9.6B |
| Wheelsterr, come of andersor or guaranter: | | | f | PORGNEN |
| Dukes Committee Bob Smith 36729 Moravien Clinion Twp., MI 48035 | 4 Type (988 S. Bein Deck You Jacobson); Grifts-40/17/10 4 Subdest Assessed of Decks a 990 | | O | ; 980.00 |
| House tean, seems of andones or security; | | | i. | FORGIVEN |
| Out to erty; Bob Smith 36729 Moravian Clining Then Mt 4000c | 4. Type: Verlann Virulenn 5. Bats Belts Vites Tennent: 6/1/10-10/17/10 8. School Educate of Debt: 2. 472.00 | | 0 8 | 472.00 |
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| DEBTS AND OBLIGATIONS 1.0 | constitled LD. Martibus | C/ 1 | | |
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| SCHEOULE 12 | committee Name Committee | e to Elect Bob Sn | nith | |
| CAMBUATE CUMMITEE | | | | |
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| Cattle and attiguitions another or fragition the cont | challes a er b. Una eriy for bea pe | there opecies; } | | Articles. |
| S. Name and Making Addison of passin, vander or Reserved Institution to whom date to owner. Check box to indicate whether dott to cond to an | 4. Type of Obligation (Consciption) 5. Indicate data dabt was incurred | 7. Date and account of each payment | 8. Counteiles payment to daile oxidate | 9. Cultivading Balance et close of this period (Neru & minus |
| incorporated beninson. If does to a bank hom, pleases provide information regarding the anticroses or provident. If the | 6, indicate original arracent of data | | | item 8) |
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| Bob Smith | 5. Date liste Was leavened | | | |
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| Bab Smith | 5. Date Pelet Was Recovered | S | | |
| 36729 Morevier | 6/1/10-10/12/10 6. Ortobust Amount of Parts: | | . 0 | . 248 |
| Clinion Twp., Mi 48035 | , | \$ | * * | · • |
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| Bob Smith | 5. Date Drive Man Jaconness: | \$ |) | |
| 35729 Moravien | 10/13/10 | s | 1 | 28.52 |
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Page 2 015



| DEETS AND ORLIGATIONS | . Committee (JZ. Namber 13 | 8271 | | |
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| SCHEDULE 1E | Commenter (TY (ACMOR) | | | |
| GANDIDATE CONSITTEE 2 | Committee Material Committee | tee to Elect Bob S | rnith | |
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| a Zi Dable and obligations swedigy or fatalway the so | modifies Off to Do | nide und diligations cored to a | ne sportsprant par men en | procesielber. |
| 3. Name and Making Address of packers, sendor or financial includion in where debt is exect. | 4. Type of Chileston (Checulation) 8. Indicate data detains | 7. Units and astrony of course in | a. Consistive | 9. Ontenading |
| Check bards initiarie wheles relet is seed to an Macoparated business. If debt is a bards lean, please provide interresion regarding the exchanges or provide law of the property of the provide the p | 8. Indicate data data vass incursed 6. Indicate original consult of data | | ciago on deps | Balance at close of this pariod (Ham 6 minus Nam 8) |
| Onted to or by: | d, Type: Independent services | | <u> </u> | |
| Stella Smith | 5. Date Make Management | | | |
| 39324 Eliot Clinton Twp., MI 48036 | 9001/10 -/7/3/ <i>(</i>) | | | |
| | 8. Original Amount of Date: | | s <u>0</u> | s_800.00 |
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| Out 42 Coup? Yes | | | mi Endomed: S | |
| Bob Smith | 4. Type: 004 | | 1 | |
| 36729 Morevian | 5. Date Date Was becomed: | | l | |
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| 3cb Smith 16729 Morevien | 5. Date Dakt West Services | s | 1 | ļ |
| Clinton Twp., MI 48035 | 1ftft1-12/81ft1 | | 1 | 1 |
| annear rather total elefations | 6. Outside Consect of Date: | | <u>. 0 </u> | 75.00 |
| | 2 75.00 | | . [| FORGIVEN |
| lf back lean, name of endorses or gentravier; | | | 7 | |
| | | Ann. | III Endomed: Ş | |
| | | Page Schtotal (Oc | Asturating debt) | 1,595.00 |
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tister the total on the 12a "sured by" or the 12b "oved to" of the destrooty Page

Page 3 a 15



DESTS AND OBLIGATIONS 138271 L. Compilise J.D. Number SCHEDULE 1E 2. Committee to Elect Bob Smith CANDIDATE COMMITTEE This Schools haveless: Date and obligations country or longi n the committee OR b. Dulide and chilgestone of Check other a or b. Was only for the purpose checket.) A Type of Obligations (Ossertation) III, indicate date state to 9. Out istationaling movest class que ou quit bulgamen Chack but is indicate whether debt is over to an improveded business. If diebt is a bank low, ple positive behavioration regarding the endocates or . indicate original smount of dabl (Hom 5 minus Han) (5) Chate or Owned to cerby: 4. Type food-mostings Bob Smith 5. Date Debt Was become 36729 Moravien 01/01/11 Clinton Twp., Mt 48035 5_G6.00 6. Ostalusi Amount of Duby **\$** 0 \$8.00 FORGIVEN if bank han, name of end Associa Endoraci S 4. Type: sail phone earlies Quant to or by: **Bob Smith** 1. Date Date William Language 36729 Morevian 1/1/11-12/31/11 Clinton Twp., MI 48035 C. Original Amount of Hold: s 0 639.00 £ 633.00 FORGIVER What took, water of automor or que Amount Enderson: 5. Dubt #8 Ound to or in: 4. Type travel - hole! Bob Smith 5. Date Beld Was francisch 36728 Moravien 8/15/11 Clieton Twp., MI 48035 6. Ociobal Amend of Oak: \$ 316.00 . 0 s 316.00 FORGIVEN if bank tour, mame of andersal or gueranion; Amount Codocaud: 8, \$1,015.00 Page Subtotal (Outstanding date

Grant Total of all Schedules TE Grant Total of all Schedules TE (Complete on last page of Schedules to anomalis even by at the Schedules to Schedule

A slott or obligation must be altown on bits Schools is there was an extrinsiting smount owed up it at the closing date of this Compaign Statement or it was feegiven during the period occured by this Compaign Statement. Enter this estal an time 12a Yound by or line 12b "anned to" of the Statementy Page

Page 4 of 15



| DEBTS AND OBLIGATIONS | . Committee LD. Namber 13 | 8271 | | |
|---|---|---|------------------------|--|
| SCHEDULE 1E | | | | |
| CANDIDATE COMMITTEE 2 | Committee Name COMMITTE | tee to Elect Bob S | mith | |
| This School Sandon | | | | |
| a Cotto and obligations creating or Regions the or | Marine OR A G | this and obligations coved to c purpose checked.) | Y Continue Investor on | |
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| A CONTRACTOR OF SECURITY OF SECURE | 4. Type of Chippine (Descriptor) 6. Inditate chain debt mas | 7. Onle and amount of each payment | 4.Commission | 2. Cutstander |
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| | afdala | 1 | | Beneral) |
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| Bob Smith | A Type: Mavel-car rental | | | |
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| Clinion Twp., MI 48035 | 00/16/11 | | | |
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| Bob Smith | S. Date Debt Was Incomed: | | J | |
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| Clinton Twp., Mil 48035 | 6. District America of Detail | | - 1 | 1 |
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| of peak topo, name of andorner or purpose; | | <u> </u> | ·L | _FORGINEN |
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| Owed to ar by: | 4. Type: Filter for | | | |
| ob Smith | 5. Dela Dela Was Innovad: | | - 1 | 1 |
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| linion Twp., MI 48035 | *************************************** | | • | 1 |
| | C. Original Admirated Date: | 5 4 | 0 | 190.00 |
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| 2. Committee Name Commi | littee to Elect Bob | | |
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| Check office par is the only for | Cable and obspetters oned it | S on goddinen Pil die ei | ternelling. |
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| 4. Yype: \$888 | | | |
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| 5. Bain Role Was Incomed: 7/14/12 | | | |
| a Ottober Amount of Police | | ,0 | 91.00 |
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| 1/1/12-7/22/12 | | | 1 |
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| i | DEBTS AND OBLIGATIONS SCHEDULE 1E | 1. Committee (.Co. Number 130 | 3271 | | |
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| | | . Counties Name Committ | ee to Elect Bob S | inith | |
| 11 | lis Schedule femilier: | | | | |
| | Chalde had obligations available of laginus the a | nest elitera er t. Lien enly for the | bis and outpetters owned to | er forgiven by the c | Orania. |
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| | | of data | <u> </u> | Į. | Stan 8) |
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| 1. | Smith | 4. Type: Call phone service | | l | |
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| Luk | Non Tep., MI 48036 | | | 1 _ | 420.00 |
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| 1 | | \$ 420.00 | | | FORGIVEN |
| lif bis | ik fear, name of endorser or guaractor: | | · | ŀ | 1 Times contracted |
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| | 29 Morevian | 7/14/12 | | |] |
| Clin | ion Twp., MI 46035 | 6. Schring Amount of Book | | 1 | |
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| Debt | k foor, some of emfenser or promotor; | | Ann | unk Englograd: S | 1 |
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| | Smith | | | - 1 | i |
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| Cirt | on Twp., MI 48035 | VIII2-7/22/12 | | İ | j |
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Page 7 4 15



| DESTS AND OBLIGATIONS : SCHEDULE 1E | The State of | 8271 | | |
|---|--|---|--|--|
| CANDIDATE COMMITTEE 2 | Committee Hame Commit | ine to Elect Bob S | imith | |
| This School of Bendard: a Duble and obligations consider or forginess the con- | | | | The Rive |
| Check box to industry whether date is award in an Arroughreised interferent. If date is a back from please periods information angenting the auditories or generalized from the confession of the confession of the confession. | 4. Type of Chilgetter) (Description) 5. Indicate date date twee indicate 6. Indicate adjoint entered at date; | 7. Date and amount of each payment | 9. Galletie Bus physical for clate on deta | S. Clastending flatence at clear of this period (New 6 mires Aces 8) |
| Out to erby: Stella Smith 39324 Eliot Clinton Twp., MI 48036 | 4. Type: Independent newtone 5. Date Debt Was Independent 01/01/12-7-12-12-12-12-12-12-12-12-12-12-12-12-12- | | \$ <u>0</u> | s 300.00 |
| if back form, name of endouser or guarantee; | | | 1 | FORGIVEN |
| Date #2 Count to or by: D'bank inero, name of encloseer de generation: | 4. Type: 5. Date Belt Was Insured: 6. Ordered Assessed of Date: 5. | | M Sackman 1 | PORSIVIEN |
| Delt #3 Corpa Ves | 4.Trac | App | al Estapad: 8 | |
| | S. Deta Debt West Incorrent: | | | |
| fberik loan, name of enderser or gazantien | - | | ls | FORSIVEN |
| | | Acces | i Enformat: \$ | |
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| dekt of ebligation must be about an title Schools of in Compelies Statement or it was toroline challen they are B of 15 | there will all obligabiling allow anded opened by this Company | iff aved on it at the closing - Statement. | on i by date of the | il die triel 140 125 'swed 'or line 125 14 io-of de 14 io-of de 14 io-of de |



DEBTS AND OBLIGATIONS SCHEDULE 15

1. Committee I.D. Number 138271

38271

| SOUEDOFF 15 | — | | | |
|---|--|--|---------------------------------------|--|
| CANDIDATE COMMITTEE 2. | Committee Name Comittee | to Elect Bob Sm | ith | |
| This Schedule itemizes: | | | | |
| a Debts and obligations owed by or forgiven the out | minitiae QR b. Del ack either a or b. Use only for the p | his and obligations owed to c | or forgiven by the co | mmittae. |
| Nome and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank toan, please provide information regarding the endorsers or guarantom, if any. | 4. Type of Obligation (Description) 5. Indicate data debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Comulative payment to dele on debt | 9. Outstanding Balance at close of this period (item 6 minus item 8) |
| Debt#1 Com/7 Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., Mi 48035 | 4. Type: gas 5. Date Debt Was Incurred: 08/28/10 ~/ 0/31//2. 6. Original Amount of Debt: 718 | | \$ <u>0</u> | \$ 718.00 |
| if bank loan, name of endorser or guarantor; | | <u> </u> | | FORGIVEN |
| | | Amo | unt Endorsed: \$ | |
| Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035 | 4. Type; food-sign workers 5. Bate Debt Was Incurred: 10/7/12 6. Original Amount of Debt \$ 126 | * | \$ <u>0</u> | ş_128.00 |
| if bank loan, name of endorser or guerantor: | | | ı | FORGIVEN |
| Debt #3 Corp7 Yes Cowed to or by: Bob Smith 6729 Moravian Clinton Twp., MI 48035 | 4. Type: food-meetings 5. Data Debt Was Incurred: 8/28/12-10/21/12 6. Original Amount of Debe: \$ 197 | | unt Endorsed; \$s_0 | \$_197.00 FORGIVEN |
| f bank loan, name of andorser or gueranier. | | S Amo | unt Endorsed: \$ | |
| | | Page Subtotal (O | | 1,041.00 |
| (Con | nplete on last page of Schedule she | Grand Total of a owing amounts owed by or w | It Schedules 1E | |

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

Page 9 of 1.5



DEBTS AND OBLIGATIONS

1. Committee I.D. Number 138271

| SCHEDULE 1E | <u> </u> | | | · · · · · · · · · · · · · · · · · · · |
|---|---|---|-------------------------------------|--|
| CANDIDATE COMMITTEE 2.0 | Commissee Name COMITTEE | to Elect Bob Smi | th | |
| This Schedule Hemizes: | | | | |
| Debts and obligations owedby or forgiven the com (Che | mittee OR b. Deb ck either a or b. Use only for the p | te and obligations owed <u>to</u> o urpose checked.) | r forgiven <u>by</u> the co | mmittee. |
| Name and Malking Address of person, vendor or financial institution to whom dabt is owed. | 4. Type of Obligation (Description) 5. indicate date debt was | 7. Date and amount of each payment | 8. Cumulative payment to | 9. Outstanding Balance at close |
| Check box to indicate whether debt is awed to an incorporated business. If debt is a bank toan, please provide information regarding the endorsers or guerantors, if any. | 6. Indicate designal amount of debt | | date on debt | of this period (item 6 minus item 6) |
| Debt #1 Corp? Yes Owed to or by: | 4. Type: Pole pounder | \$ | | |
| Bob Smith 36729 Moravian | 5. Date Debt Was Incurred: | | | |
| Clinton Twp., MI 48035 | 6. Original Amount of Debt | | \$ <u>0</u> | \$_27.62 |
| | ş <u>27.62</u> | | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Arno | unt Endorsed: \$ | |
| Debt#2 Corp? Yes Owed to or by: | 4. Type: cell phone | \$ | | |
| Bob Smith 36729 Moravian | 5. Date Debt Was Incurred; 8/28/12 j6/21/12 | | ı | |
| Clinton Twp., MI 48035 | 6. Orlognal Amount of Debt: | <u> </u> | \$ 0 | \$_412.00 |
| | <u>\$ 412.00</u> | <u> </u> | | FORGIVEN |
| If bank lean, name of endorser or guarantor: | | | normal Primary source do de | |
| Debt #3 Corp? Yes | 4, Type: Independent Services | And And | unt Endorsed; \$ | |
| Owed to or by: | 4, Туре: | <u> </u> | | |
| Stella Smith | 5. Date Debt Was Incurred: | <u> </u> | | |
| 39324 Eliot | 8/28/12-16/21/12 | | | |
| Clinton Twp., MI 48036 | 6. Original Amount of Debt: | ė | \$_0 | \$ 200.00 |
| | \$ 200.00 | | | FORGIVEN |
| | | <u> </u> | | |
| If bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$ | |
| | | Page Subtotel (| Outstanding debt) | \$639.62 |
| (Con | mplete on last page of Schedule si | Grand Total of nowing amounts owed by or | all Schedules 15 to the contraitee) | , |
| | | | | Enter this total on line 12s "ewed |

A debt or obligation must be shown on this Schedule if there was an outstanding amount awad on it at the closing date of this Campeign Statement or it was forgiven during the period covered by this Campeign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 1382

138271

| | | Committee to Cleat Date Could |
|---------------------|--------------------------------------|-------------------------------|
| AMOIDATE AAMUTTEE | 2. Committee Name | Committee to Elect Bob Smith |
| CANDIDATE COMMITTEE | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |

| This Schedule Itemizes: | | ************************************** | ·· | |
|--|--|---|---|--|
| a Debts and obligations owed by or forgiven the core | nmittee OR b. Debi | ts and obligations owed to o prose checked.) | or forgiven <u>by</u> the co | mmittee. |
| Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to Indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
| Debt #1 Corp? Yes Owed to or by: | 4. Type: gas | s | | |
| Bob Smith 36729 Moravian Clinton Twp., MI 48035 | 5. <u>Date Debt Was Incurred</u> : 10/22/12-///34//2 6. <u>Original Amount of Debt</u> : \$ 609.00 | \$\$ | \$ <u>0</u> | \$_609.00 FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Amo | ount Endorsed: \$ _ | |
| Debt #2 Corp? Yes Owed to or by: | 4. Type: tod resultigatoscilon & presincio | \$ | | |
| Bob Smith 36729 Moravian Clinton Twp.,MI 48035 | 5. Date Debt Was Incurred: 10/22/12-11/26/12 6. Original Amount of Debt: | <u>\$</u> | s 0 | s 551.12 |
| | \$ | <u> </u> | V | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$ | |
| Oebt #3 Com? Yes Owed to or by: Bob Smith | 4. Type: Cell Phone 5. Date Debt Was Incurred: | \$ | | |
| 36729 Moravian Clinton Twp., MI 48035 | 10/22/12-11/26/12 6. Original Amount of Debt: | <u> </u> | s 0 | s 316.00 |
| | \$ 316.00 | \$ | \$ | FORGIVEN |
| if bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$_ | ··· |
| | | Page Subtotal (| Outstanding debt) | \$1,476.12 |
| (Co | omplete on last page of Schedule st | Grand Total on Grand Total on Grand Total or Grand | f all Schedules 1E to the committee) | |

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

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DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

| 138271 | |
|---------------------------------------|---|
| · · · · · · · · · · · · · · · · · · · | _ |

| 001,125022 14 | 2. Committee Name Committee | e to Fiect Rob 2 | nun | |
|---|---|---------------------------------------|---|--|
| CANDIDATE COMMITTEE | Z. Carininase Harro | | | |
| This Schedule itemizes: | | | | |
| a Debts and obligations owed by or forgiven the | (Check either a or b. Use only for the pu | | | |
| Name and Mailing Address of person, vendor of financial institution to whom debt is owed. Check box to indicate whether debt is owed to an | (Description) 5. Indicate date debt was | 7, Date and amount of each payment | 8. Cumulative payment to date on debt | Outstanding Balance at close of this period (item 6 minus) |
| incorporated business. If debt is a bank loan, plea provide information regarding the endorsers or guarantors, if any. | | | | item 8) |
| Debt #1 Corp? Yes Owed to or by: | 4. Type: Independent Services | <u> </u> | | |
| Stella Smith | 5. Date Debt Was Incurred: | <u> </u> | | |
| 39324 Eliot | 10/22/12 -11-26-12 | . | | . 500.00 |
| Clinton Twp., Mi 48036 | 6. Original Amount of Debt | | \$ 0 | \$ |
| | s 500.00 | | | FORGIVEN |
| | , T | ' <u> </u> | • | , |
| If bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$ _ | |
| Debt #2 Corp? Yes Owed to or by: | 4, Type: stamps | \$ | | |
| Bob Smith | 5. <u>Date Debt Was Incurred</u> : | \$ | | |
| 36729 Moravian | 11/02/12 | \$ | | . 134.00 |
| Clinton Twp., MI 48035 | 6. Original Amount of Debt: | • | 1 \$ 0 | ** |
| | <u>\$ 134.00</u> | | | FORGIVEN |
| | | | | |
| If bank loan, name of endorser or guarantor: | | | mount Endorsed: \$ _ | |
| Debt #3 Corp? Yes Owed to or by: | 4. Type: office supplies | <u> </u> | | |
| Bob Smith | 5. Date Debt Was Incurred: | <u> </u> | | |
| 36729 Moravian | 11/1/12 | <u> </u> | | 63.31 |
| Clinton Twp., MI 48035 | 6. Original Amount of Debt: | \$ | \$ 0 | · · |
| | \$ 63.31 | | | FORGIVEN |
| | | 5 | | |
| If bank loan, name of endorser or guarantor. | | | Amount Endorsed: \$ | |
| | | Page Subtot | al (Outstanding debt) | \$697.31 |
| | | Grand Tota | of all Schedules 15 | , |
| | (Complete on last page of Schedule | showing amounts owed by | or to the committee | Enter this total |

A debt or obligation must be shown on this Schedule If there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

138271

| CANDIDATE COMMITTEE 2. | Committee Name Committee | ee to Elect Bob | Smith | |
|---|---|---|---------------------------------------|--|
| This Schedule itemizes: | | | | |
| aDebts and obligations owed by or forgiven the col(Ch | mmittee OR b. Deb | ots and obligations owed <u>to</u> opurpose checked) | or forgiven <u>by</u> the co | rnmittee. |
| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | Type of Obligation (Description) Indicate date debt was | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
| Owed to or by: Bob Smith | 4. Type: mileaage | | | |
| 36729 Moravian Drive Clinton Twp., MI 48035 | 5. Date Debt Was Incurred: 11/27/12 | \$s | | |
| | 6. Original Amount of Debt: \$_169.00 | \$ | \$ | \$ 169.00 FORGIVEN |
| If bank loan, name of endorser or guarantor: | | \$ | | FORGIVEN |
| Debt #2 Corp? Yes Owed to or by: Bob Smith 36729 Moravian Dr. Clinton Twp., MI 48035 | 4. Type: food/meetings 5. Date Debt Was Incurred: 10/10/2013 | \$ | unt Endorsed: \$ | |
| | 6. Original Amount of Debt: 27.00 | \$ | \$ | \$_27.00 FORGIVEN |
| If bank loan, name of endorser or guarantor: | | \$Amo | ount Endorsed: \$ | |
| Debt #3 Corp? Yes Owed to or by: Bob Smith B6729 Moravian Dr. Clinton Twp., MI 48035 | 4. Type: food/meeting 5. Date Debt Was Incurred: | s | | |
| | 6. Original Amount of Debt: \$ 58.20 | \$ \$ | \$ | \$ 58.20 FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Amo | ount Endorsed: \$ | |
| (Co | mplete on last name of Schoolule at | | Juistanding debt) | \$254.20 |
| , | mplete on last page of Schedule sh | owing amounts owed by or | to the committee) | |

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

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| DEBTS AND | OB | LIG | AT | IONS |
|-----------|-----|-----|----|------|
| SCHE | DUL | E 1 | IF | |

1. Committee I.D. Number

138271

| | Committe | ee to Elect Bob | Chaith | |
|--|--|--|---------------------------------------|--|
| ATTION OF THE PROPERTY OF THE PARTY OF THE P | Committee Name | CO THECK DOD | Sillin | |
| This Schedule itemizes: | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | |
| aDebts and obligations owed <u>by</u> or forgiven the cor(Che | nmittee OR b. Deb | its and obligations owed to | or forgiven <u>by</u> the co | ommittee. |
| Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
| Owed to or by: Bob Smith 36729 Moravian Drive | 4. Type: food/meeting 5. Date Debt Was Incurred: | | | |
| Clinton Twp., MI 48035 | 12/27/13 6. Original Amount of Debt: \$ 49.96 | \$ | \$ | \$_49.96 |
| If bank loan, name of endorser or guarantor: | · · · · · · · · · · · · · · · · · · · | | | • |
| Debt #2 Corp? Yes Owed to or by: Bob Smith 36729 Moravian Dr. | 4. Type: Phone 5. Date Debt Was Incurred: | \$ | ount Endorsed: \$ | |
| Clinton Twp., MI 48035 | 11/27/12-12/31/13 6. Original Amount of Debt: \$ 356.00 | <u> </u> | \$ | \$_356.00 |
| If bank loan, name of endorser or guarantor: | | \$Am | ount Endorsed: \$ | FORGIVEN |
| Debt #3 Corp? Yes Owed to or by: Bob Smith B6729 Moravian Dr. Clinton Twp., MI 48035 | 4. Type: stamps 5. Date Debt Was Incurred: 12/21/12/12/31/13 6. Original Amount of Debt: | \$ \$ | | 140.00 |
| if bank loan, name of endorser or guarantor: | \$146.00 | \$ | \$ l | \$_146.00 |
| | | Am | ount Endorsed: \$ | |
| | | | Outstanding debt) | \$551.96 |
| (Con | nplete on last page of Schedule sh | Grand Total of owing amounts owed by or | all Schedules 1E to the committee) | ļ |

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 13

138271

| CANDIDATE COMMITTEE 2. | Committee Name Committee | ee to Elect Bob | Smith | |
|--|--|--|---------------------------------------|--|
| This Schedule itemizes: | | | | |
| a Debts and obligations owed by or forgiven the cor | nmittee OR b. Deb | ots and obligations owed to | or forgiven <u>by</u> the co | ommittee. |
| Name and Malling Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
| Debt #1 Corp? Yes Owed to or by: Bob Smith | 4. Type: various holidaydonations | \$ | | |
| 36729 Moravian Dr. Clinton Twp., MI 48035 | 5. <u>Date Debt Was Incurred</u> : 11/30/13 | \$ | | |
| • | 6. Original Amount of Debt: \$ 55.00 | \$ \$ | \$ | \$_55.00 |
| if bank loan, name of endorser or guarantor. | \$_00.00 | \$ \$ | ļ ,- | FORGIVEN |
| Debt #2 Corp? Yes | Indonesidant | Amı | ount Endorsed: \$ | |
| Owed to or by: Stella Smith 39324 Eliot | 4. Type: Independent services 5. Date Debt Was Incurred: | \$ | į | |
| Clinton Twp., MI 48036 | 6. Original Amount of Debt: | \$ | | ¢ 200.00 |
| | \$_200.00 | <u> </u> | . \$ | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | \$Am | ount Endorsed: \$ | |
| Owed to or by: | 4. Турс: | \$ | | |
| | 5. <u>Date Debt Was Incurred</u> : | \$ | | |
| | 6. Original Amount of Debt: | \$ | \$ | \$ |
| Missill | 3 | s | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$ | |
| | | | Corpressions (REDIT) | \$255.00 |
| (Con | nplete on last page of Schedule sho | Grand Total or owing amounts owed by or | f all Schedules 1E (| \$11,862.21 |

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

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Page 1 of 1

FUND RAISER SCHEDULE 1F

138271 1. Committee I.D. Number

| | | | nmittee Name Committee to | Elect Bob Smith |
|--|--------------------------------------|--|----------------------------------|---|
| | - USE A S | SEPARATE SH | EET FOR EACH EVENT | |
| Date Event Was Held | Number of lor Participating greater) | Individuals Attending g (whichever is | 5. Type of Fund Raising Activity | 6. Address and Name (If any) of the place where the activity was held. |
| 1/20/13 | | 79 | Dinner/Cocktail Party | Fern Hill 17600 Clinton River Ro Clinton Twp.,MI 48038 Private Residence |
| otal Contributions | \$ | 6,270.00 | | |
| Other Receipts | \$ | 0.00 | | |
| iross Receipts (Add lines 7 | and 8) \$ | 6,270.00 | | |
| Total Cost of Event al Cost includes In-Kind Co | \$ | 1,180.00 d All Expenditures | Made For the Event) | |
| | | | | |
| Check if event was a joi | int fund raiser | and complete the | following: | |
| Check if event was a joi | int fund raiser | and complete the Contribution S ₍ (%) | | Expenditure Split (%) |
| | int fund raiser | Contribution S | | |
| | int fund raiser | Contribution S | | |
| | int fund raiser | Contribution S | | |
| | int fund raiser | Contribution S | | |
| | int fund raiser | Contribution S | | |

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.