



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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.

<b>1. Committee I.D. Number</b> 138271		<b>3. This Statement covers From:</b> 11/26/12 to 12/31/13	
<b>2. Committee Name</b> Committee to Elect Bob Smith		<b>4. Candidate Last Name</b> Smith, Jr. <b>First Name</b> Robert <b>M.I.</b> W. <b>4a. Office Sought Including District # or Community Served (If applicable)</b> Macomb County Commissioner District 12 <b>4b. County of Residence</b> Macomb	
<b>5. Committee's Mailing Address</b> 39324 Eliot Clinton Township, MI 48036  <b>Area Code and Phone</b> (586) 465-4100 <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		<b>6. Treasurer's Name &amp; Residential Address</b> Stella A. Smith 39324 Eliot Clinton Township, MI 48036  <b>Area Code &amp; Phone</b> (586) 465-4100	
<b>7. Treasurer's Business Address</b>  same as #6  <b>Area Code and Phone</b> _____		<b>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</b>  n/a  <b>Area Code and Phone</b> _____	
<b>9. TYPE OF STATEMENT</b>			
<b>9a.</b> <input type="checkbox"/> Pre-Election <b>OR</b> <b>9b.</b> <input type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to:  <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus 11/06/12		<b>9c.</b> <input type="checkbox"/> Annual Statement ( 2013 Coverage Year) <b>9d.</b> <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) <b>9e.</b> <input type="checkbox"/> Dissolution of Candidate Committee  Effective Date of Dissolution _____  By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
<small>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</small>			
<b>10. Verification:</b> 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.			
<b>Current Treasurer or Designated Record keeper</b> Stella A. Smith Type or Print Name		Stella A. Smith Signature Date 1-30-2014	
<b>Candidate</b> Robert W. Smith, Jr. Type or Print Name		Robert W. Smith, Jr. Signature Date 1-30-2014	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 138271

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Bob Smith

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



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**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 11/12/13

Name & Address:

Abdo, Cy  
42550 Garfield Ste. 104-A  
Clinton Twp., MI 48038

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

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 11/12/13

Name & Address

Fischer, Christopher  
48 Market St. Ste. 2B  
Mt. Clemens, MI 48043

\$ 80

\$ 80

5. If over \$100.00 cumulative, please provide:

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 11/12/13

Name & Address:

Zuccaro, Mark  
20313 Windham  
Macomb, MI 48044

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation Restaurant Owner Employer self

[Click Here for Memo Itemization](#)

Business Address 46601 Gratiot Macomb, MI 48051

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

Sorrentino, Sherry  
14633 Breza Dr,  
Shelby Twp., MI 18315

\$ 80

\$ 80

5. 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

\$ 360.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/19/13</u>	
Name & Address: Gatti, Julie 120 Market St, Mt./ Clemens, MI 48043		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/19/13</u>	
Name & Address: Tomlinson, Tim 42850 Garfield Ste. 101 Clinton Twp., MI 48038		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/19/13</u>	
Name & Address: Femminineo, Jake 10 S. Main St. Mt. Clemens, MI 48043		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>11/19/13</u>	
Name & Address: Plumbers Local 98 555 Horace Brown Dr. Madison Heights, MI 48071		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$530.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**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)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/19/13</u> Name & Address: Huth, Robert 19500 Hall Rd. Ste. 100 Clinton Twp., MI 48038		\$ <u>125</u>	\$ <u>125</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/19/13</u> Name & Address: Kirk, Robert 19500 Hall Rd. Ste.100 Clinton Twp., MI 48038		\$ <u>125</u>	\$ <u>125</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/20/13</u> Name & Address: Pizzo, Salvatore J. 36277 Gratiot Ave. Clinton Twp., MI 48035		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Jeweler</u> Employer <u>Self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/20/13</u> Name & Address: Ramdayal, Farrah C. 66 Winder Unit 329 Detroit, MI 48201		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$430.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: Shkreli, Suzanna 6775 Berry Pointe Dr. Clarkston, MI 48348		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: Fox, Steve R. 48436 Brittany Parc Dr. Macomb, MI 48044		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: Solaiman, Erin R. 61411 Woodfield Way Washington, MI 48094		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: Cylkowski, Kay M. 40518 William Clinton Twp., MI 48038		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$240.00

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

Enter this total on  
line 3a of Summary  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: Wilson, Gordon B. 14350 Fruitwood Washington Twp., MI 48094		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: Sahlaney, Caitlin 25052 Magdalena St. Harrison Twp., MI 48045		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: IRONS, ANDREA 38770 GARFIELD STE. 100 CLINTON TWP., MI 48038		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: Rose, Roy 55620 Woodridge Dr. Shelby Twp., MI 48316		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$240.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/20/13</u> Name & Address: Wielgosz, Kathleen 48467 American Elm Dr. Macomb, MI 48044		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/20/13</u> Name & Address: Flynn, Linda 43225 Chardonnay Dr. Sterling Heights, MI 48314		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/20/13</u> Name & Address: Schock, Benjamin A. 41315 Conger Bay Dr. Harrison Twp., MI 48045		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/20/13</u> Name & Address: Rabaut, Stephen T. 42700 Schoenherr Ste. 3 Sterling Hgts., MI 48313		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$200.00

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

Enter this total on  
line 3a of Summary  
Page.





ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

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:

Kandt, Randy L.  
18899 21 Mile Rd.  
Macomb, MI 48044

\$ 40

\$ 40

5. 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

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:

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

Name & Address:

Bianchi, Ralph  
48285 American Elm Dr.  
Macomb, MI 48044

\$ 80

\$ 80

5. 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

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 11/20/13

Name & Address

McCarthy, Jr. Joseph D.  
2041 S. Parker  
Marine City, MI 48039

\$ 40

\$ 40

5. 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 \_\_\_\_\_

7 of 16



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

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:

Hosbein, Gordon  
667 Heritage  
Rochester Hills, MI 48309

\$ 40

\$ 40

5. 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

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt 11/20/13

Name & Address:

Macherzak, Michael F.  
57067 Covington Dr.  
Washington, MI 8094

\$ 40

\$ 40

5. 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

3. Contribution # 3

PAC Receipt? ☐ YES

4. Date of Receipt 11/20/13

Name & Address:

Alan, Dean  
1S. Main St. 3rd. floor  
Mt. Clemens, MI 48043

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation Asst. Prosecuting Attorney Employer Macomb County

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Business Address Mt. Clemens, MI 48043

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:

Cataldo, William L.  
1157 Sandy Ridge Dr.  
Rochester Hills, MI 48306

\$ 40

\$ 40

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal \$220.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**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:

Bannister, Erin A.  
495 Woods Edge Ln.  
White Lake, MI 48386

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation Law Student-Cooley

Employer \_\_\_\_\_

[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

Rizo, Brian K.  
46367 Appleton Dr.  
Macomb, MI 48044

\$ 40

\$ 40

5. 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

3. Contribution # 3

PAC Receipt? ☐ YES

4. Date of Receipt 11/20/13

Name & Address:

Aloia, Benjamin  
54439 White Spruce Ln.  
Shelby Twp., MI 48315

\$ 80

\$ 80

5. 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

3. Contribution # 4

PAC Receipt? ☐ YES

4. Date of Receipt 11/20/13

Name & Address

Diegel, Mary Jo  
3270 Grandview Ct.  
Shelby Twp., MI 48316

\$ 80

\$ 80

5. 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 \$300.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**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? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: Servitto, Michael 172 Moross St. Mt. Clemens, MI 48043		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: Cedras-Harding, Jean 53565 Oak Grove Dr. Shelby Twp., MI 48315		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: Keith, Craig S. 39239 Lorien Dr. Sterling Hts., MI 48313		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: Sinutko, Nancy 47074 Willingham Way Shelby Twp., MI 48315		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$620.00

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



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: <u>Schaf, Brian</u> <u>23220 Westbury St.</u> <u>St. Clair Shores, MI 48080</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address <u>321 N. Gratiot Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: <u>Brown, Sherry C.</u> <u>45850 Private Shore Dr.</u> <u>Chesterfield, MI 48047</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: <u>Arnone, Joseph R.</u> <u>22443 Rio Vista St.</u> <u>St. Clair Shores, MI 48081</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: <u>Slanec, Darra O.</u> <u>43177 Rivergate Dr.</u> <u>Clinton Twp., MI 48038</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Asst. Prosecuting Attorney</u> Employer <u>Macomb County</u> Business Address <u>1 S. Main Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$400.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: Lavinio, Mario 18341 Nardy Clinton Twp., MI 48036		\$ <u>120</u>	\$ <u>120</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Self- Mario's Collision</u> Business Address <u>34607 S. Gratiot Clinton Twp., MI 48035</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: Bukowski, Paul J. 1 S. Main Mt. Clemens, MI 48043		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Asst. Prosecuting Attorney</u> Employer <u>Macomb County Prosecutors Office</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: Putrycus, David P. 17108 Mack Ave Grosse Pointe, MI 48230		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/13</u>	
Name & Address: Hernandez, Raymond J. 41704 Fairmouth Park Dr. Clinton Twp., MI 48038		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Self</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$870.00

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

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line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
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:

Jacklyn, Andrea S.  
969 Huntington  
Mt. Clemens, MI 48043

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation Asst. Prosecuting Attorney Employer Macomb County Prosecutors Office

[Click Here for Memo Itemization](#)

Business Address 1 S. Main 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

Name & Address:

Servitto, Anthony S.  
29 Dickinson St. Unit C  
Mt. Clemens, MI 48043

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation Asst. Prosecuting Attorney Employer Macomb County Prosecutors Office

[Click Here for Memo Itemization](#)

Business Address 1 S. Main Mt. Clemens, MI 48043

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:

Friends of Macomb  
2957 Parkway Circle  
Sterling Hts., MI 48310

\$ 500

\$ 500

5. 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

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 11/20/13

Name & Address:

McIntyre, David M.  
13062 Excalibur Ln.  
Bruce Twp., MI 48065

\$ 100

\$ 100

5. 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 \$800.00

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

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line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/20/13</u> Name & Address: <u>Flynn, Rick</u> <u>43225 Chardonnay Dr.</u> <u>Sterling Hts. MI 48314</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>MEA Local 1</u> Business Address <u>38550 Garfield #B Clinton Twp., MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/20/13</u> Name & Address: <u>Biretta, Eric</u> <u>110 S. Main St.</u> <u>Mt. Clemens, MI 48043</u>		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>12/18/13</u> Name & Address: <u>Keller-Stanley, Dena</u> <u>573 Lice Oak Dr.</u> <u>Rochester Hills, MI 48309</u>		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:  <p style="text-align: center;">LEAVE BLANK</p>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$220.00

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

Enter this total on  
line 3a of Summary  
Page





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/18/13</u>	
Name & Address: Satterly, Byron 41649 Windmill St. Harrison Twp., MI 48045		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/18/13</u>	
Name & Address: Oster, Rebecca K. 1120 E. 3rd St, 4-90 Royal Oak, MI 48067		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/18/13</u>	
Name & Address: Walsh, Vicki 729 Vinewood Ave. Birmingham, MI 48009		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Asst. Prosecuting Attorney</u> Employer <u>Macomb County Prosecutors Office</u> Business Address <u>1 S. Main Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/18/13</u>	
Name & Address: Sorentino, Anthony 1579 Streamwood Court Rochester Hills, MI 48309		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$260.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/18/13</u>	
Name & Address: <u>Riberas, Hank</u> <u>6471 Metro Parkway</u> <u>Sterlint Hts., MI 48312</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/18/13</u>	
Name & Address: <u>Hindman, Robert</u> <u>49522 Keycove St.</u> <u>Chesterfield, MI 48047</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Self</u> Business Address <u>34895 Groesbeck Clinton Twp., MI 48035</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/18/13</u>	
Name & Address: <u>Misukowicz, Paul</u> <u>8300 Hall Road. #201</u> <u>Utica, MI 48317</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Asst. Prosecuting Attorney</u> Employer <u>Macomb County Prosecutors Office</u> Business Address <u>1 S. Main Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/18/13</u>	
Name & Address: <u>Torey, Mike</u> <u>12309 Volpe</u> <u>Sterling Hts., MI 48312</u>		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <b>American Graphics</b>  Address 34895 Groesbeck Clinton Twp., MI 48035  <input type="checkbox"/> Fund Raiser	Purpose: <u>Letterhead / envelopes</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/13</u> Date	\$ <u>725.04</u>
<b>Expenditure #2</b> Name <b>CVS Store</b>  Address 33021 Garfield Fraser, MI 48026  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>stamps</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/08/13</u> Date	\$ <u>82.80</u>
<b>Expenditure #3</b> Name <b>USPS</b>  Address 42383 Garfield Clinton Twp., MI  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>stamps</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/13</u> Date	\$ <u>27.60</u>
<b>Expenditure #4</b> Name <b>American Graphics</b>  Address 34895 Groesbeck Clinton Twp., MI 48035  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Invitations</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/10/13</u> Date	\$ <u>281.96</u>
<b>Expenditure #5</b> Name <b>Huntington Bank</b>  Address 1 N. Main St. Mt. Clemens, MI 48043  <input type="checkbox"/> Fund Raiser	Purpose: <u>bank fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/31/13</u> Date	\$ <u>13.00</u>

Subtotal this page

\$1,130.43

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number **138271**

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
<b>Expenditure #1</b> Name <b>Fern Hill Country Club</b>  Address <b>17600 Clinton River Rd. Clinton Twp., Mi 48038</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>Fundraiser Party</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>12/31/13</b> Date	<b>\$ 788.00</b>
<b>Expenditure #2</b> Name  Address  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
<b>Expenditure #3</b> Name  Address  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
<b>Expenditure #4</b> Name  Address  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
<b>Expenditure #5</b> Name  Address  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

**\$788.00**

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

**\$1,918.40**

Enter this total  
on line 8a of  
Summary Page



1  
MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number **138271**

2. Committee Name **Committee to Elect Bob Smith**

This Schedule Includes:

☒ Debts and obligations owed by or for the committee. OR ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. <small>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantor, if any.</small>	4. Type of Obligation (Describe) 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 5 minus Item 8)
Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>simple, single, note</u> 5. Date Debt Was Incurred: <u>06/06/10</u> 6. Original Amount of Debt: <u>\$ 54.91</u>	02/11/11 \$ 44.91 \$ \$ \$ \$	\$ 44.91	\$ 9.89 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>GRN</u> 5. Date Debt Was Incurred: <u>01/10-10/17/10</u> 6. Original Amount of Debt: <u>\$ 980</u>	\$ \$ \$ \$ \$	\$ 0	\$ 980.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>Verizon Wireless</u> 5. Date Debt Was Incurred: <u>01/10-10/17/10</u> 6. Original Amount of Debt: <u>\$ 472.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 472.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Page Subtotal (Outstanding debt)				<b>\$1,461.63</b>
Grand Total of all Schedules 1E: (Complete on last page of Schedule showing 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 if 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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee LD Number **138271**

2. Committee Name **Committee to Elect Bob Smith**

This Schedule reflects:					
<input checked="" type="checkbox"/> Debts and obligations owed by or forgiven the committee			OR <input type="checkbox"/> Debts and obligations owed to or forgiven by the committee.		
(Check either a or b. Use only for the purpose checked.)					
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 endorser or guarantor, 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 (Items 5 minus Item 8)	
Debt #1 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>Misc. Auto Exp.</u> 5. Date Debt Was Incurred: <u>08/01/10 - 10/13/10</u> 6. Original Amount of Debt: <u>\$ 289</u>	\$ \$ \$ \$ \$	\$ 0	\$ 289.00 <input type="checkbox"/> FORGIVEN	
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____					
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>food-meetings</u> 5. Date Debt Was Incurred: <u>01/10-10/17/10</u> 6. Original Amount of Debt: <u>\$ 246</u>	\$ \$ \$ \$ \$	\$ 0	\$ 246 <input type="checkbox"/> FORGIVEN	
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____					
Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>Cable fee</u> 5. Date Debt Was Incurred: <u>10/13/10</u> 6. Original Amount of Debt: <u>\$ 28.62</u>	\$ \$ \$ \$ \$	\$ 0	\$ 28.62 <input type="checkbox"/> FORGIVEN	
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____					

Page Subtotal (Outstanding debt)

**\$563.52**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number **138271**

2. Committee Name **Committee to Elect Bob Smith**

**Table Schedule Summary:**

☒ **a. Debt and obligations owed by or for the committee** OR ☐ **b. Debt and obligations owed to or forgiven by the committee.**  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. <small>Check back to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the business or corporation, if any.</small>	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 5 minus Item 8)  <input type="checkbox"/> FORGIVEN
<b>Debt #1</b> Corp? <input type="checkbox"/> Yes <b>Owed to or by:</b> <b>Stella Smith</b> <b>38324 Elliot</b> <b>Clinton Twp., MI 48036</b>	<b>4. Type:</b> <u>Independent services</u> <b>5. Date Debt Was Incurred:</b> <u>08/01/10 - 12/31/10</u> <b>6. Original Amount of Debt:</b> <u>\$ 800.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 800.00</u> <input type="checkbox"/> FORGIVEN
<b>If bank loan, name of endorser or guarantor:</b>				
<b>Debt #2</b> Corp? <input type="checkbox"/> Yes <b>Owed to or by:</b> <b>Bob Smith</b> <b>36729 Moreavian</b> <b>Clinton Twp., MI 48035</b>	<b>4. Type:</b> <u>GOV</u> <b>5. Date Debt Was Incurred:</b> <u>1/1/01-12/31/2011</u> <b>6. Original Amount of Debt:</b> <u>\$ 720</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 720.00</u> <input type="checkbox"/> FORGIVEN
<b>If bank loan, name of endorser or guarantor:</b>				
<b>Debt #3</b> Corp? <input type="checkbox"/> Yes <b>Owed to or by:</b> <b>Bob Smith</b> <b>36729 Moreavian</b> <b>Clinton Twp., MI 48035</b>	<b>4. Type:</b> <u>Food-meatings</u> <b>5. Date Debt Was Incurred:</b> <u>1/1/11-12/31/11</u> <b>6. Original Amount of Debt:</b> <u>\$ 75.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 75.00</u> <input type="checkbox"/> FORGIVEN
<b>If bank loan, name of endorser or guarantor:</b>				

Page Subtotal (Outstanding debt) **\$1,595.00**

(Complete on last page of Schedule showing amounts owed by or to the committee)  
Grand Total of all 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 if 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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS  
SCHEDULE 1E**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number **138271**

2. Committee Name **Committee to Elect Bob Smith**

This Schedule has two parts:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b, use only for the purpose checked.)

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 endorser or guarantor, if any.	4. Type of Obligation (Description) a. Indicate date debt was incurred b. 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 (sum of lines 5)
Debt #1 Owed to or by: <input type="checkbox"/> Corp. <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>food-meatings</u> 5. Date Debt Was Incurred: <u>01/01/11</u> 6. Original Amount of Debt: <u>\$ 66.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 66.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> Corp. <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>cell phone service</u> 5. Date Debt Was Incurred: <u>1/1/11-12/31/11</u> 6. Original Amount of Debt: <u>\$ 633.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 633.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <input type="checkbox"/> Corp. <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>travel - hotel</u> 5. Date Debt Was Incurred: <u>8/18/11</u> 6. Original Amount of Debt: <u>\$ 316.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 316.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$1,015.00**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing 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 if 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





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee ID Number

**138271**

2. Committee Name

**Committee to Elect Bob Smith**

This Schedule includes:

☒ Debts and obligations owed by or for the committee OR ☐ Debts and obligations owed to or for the committee.  
(Check either A or B, then only for the purpose checked.)

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 endorser or guarantor, if any.

Debt is owed to or by: ☐ Corp ☐ Yes  
**Bob Smith**  
**36729 Moravian**  
**Clinton Twp., MI 48035**

4. Type of Obligation (Description)  
5. Indicate date debt was incurred  
6. Indicate original amount of debt

4. Type: **travel-car rental**  
5. Date Debt Was Incurred: **08/16/11**  
6. Original Amount of Debt: **\$ 80.00**

7. Date and amount of each payment

\$  
\$  
\$  
\$  
\$

8. Cumulative payments to date on debt

\$ 0

9. Outstanding balance at close of this period (lines 4 minus line 8)

\$ 80.00  
☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Debt is owed to or by: ☐ Corp ☐ Yes  
**Bob Smith**  
**36729 Moravian**  
**Clinton Twp., MI 48035**

4. Type: **travel-airline**  
5. Date Debt Was Incurred: **8/16/11**  
6. Original Amount of Debt: **\$ 354.00**

\$  
\$  
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\$ 0

\$ 354.00  
☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Debt is owed to or by: ☐ Corp ☐ Yes  
**Bob Smith**  
**36729 Moravian**  
**Clinton Twp., MI 48035**

4. Type: **flight fee**  
5. Date Debt Was Incurred: **6/1/12**  
6. Original Amount of Debt: **\$ 160.00**

\$  
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\$

\$ 0

\$ 160.00  
☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Page Subtotal (Outstanding debt)

**\$544.00**

(Complete on last page of Schedule showing amounts owed by or to the committee)

Grand Total of all 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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E

1. Committee I.D. Number **138271**

CANDIDATE COMMITTEE

2. Committee Name **Committee to Elect Bob Smith**

This Schedule includes:

☒ Debts and obligations owed by or forgiven the committee OR ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b, use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or service institution to whom debt is owed. <small>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantor, if any.</small>	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. Committee payment to date on debt	9. Outstanding balance at close of this period (Sum of column 6)
<b>Debt #1</b> Owed to or by: Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <b>gas</b> 5. Date Debt Was Incurred: <b>01/11/12-7-23-12</b> 6. Original Amount of Debt: <b>\$ 811.00</b>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ 511.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				
<b>Debt #2</b> Owed to or by: Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <b>food</b> 5. Date Debt Was Incurred: <b>7/14/12</b> 6. Original Amount of Debt: <b>\$ 91.00</b>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ 91.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				
<b>Debt #3</b> Owed to or by: Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <b>food-meetings</b> 5. Date Debt Was Incurred: <b>1/1/12-7/22/12</b> 6. Original Amount of Debt: <b>\$ 107.00</b>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ 107.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				
Page Subtotal (Outstanding debt)				<b>\$709.00</b>
Grand Total of all Subsection 1E				

(Complete on last page of Schedule showing 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 the 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  
CANDIDATE COMMITTEE

1. Committee I.D. Number **138271**  
2. Committee Name **Committee to Elect Bob Smith**

This Schedule Number: \_\_\_\_\_

☒ Debts and obligations owed by or for the committee OR ☐ Debts and obligations owed to or forgiven by the committee.  
(Check others or b. Use only for the purpose checked.)

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 endorser or guarantor, if any.	4. Type of Charges (Debit card) 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 5 minus Item 8)
Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>Cell phone service</u> 5. Date Debt Was Incurred: <u>01/11/12-7/30/12</u> 6. Original Amount of Debt: <u>\$ 420.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 420.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>credit line</u> 5. Date Debt Was Incurred: <u>7/14/12</u> 6. Original Amount of Debt: <u>\$ 114.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 114.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>stamps-savings</u> 5. Date Debt Was Incurred: <u>1/1/12-7/22/12</u> 6. Original Amount of Debt: <u>\$ 225.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 225.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				<b>\$759.00</b>
Grand Total of all Schedules 1E (Complete on last page of Schedule showing 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 the Campaign Statement or if 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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number

138271

2. Committee Name

Committee to Elect Bob Smith

This Schedule Number:

a. <input checked="" type="checkbox"/> Debts and obligations owed by or forgiven by the committee.		OR		b. <input type="checkbox"/> Debts and obligations owed to or forgiven by the committee.	
(Check either a or b, (see only for the purpose checked.)					
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 endorser or guarantor, 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 Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Yes Stella Smith 39324 Eliot Clinton Twp., MI 48036	4. Type: Independent services 5. Date Debt Was Incurred: 01/01/12 - 7-31-12 6. Original Amount of Debt: \$ 300.00	\$ \$ \$ \$ \$	\$ 0	\$ 300.00 <input type="checkbox"/> FORGIVEN	
If bank loan, name of endorser or guarantor: _____					
Debt #2 Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN	
If bank loan, name of endorser or guarantor: _____					
Debt #3 Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN	
If bank loan, name of endorser or guarantor: _____					
Page Subtotal (Outstanding debt)				\$300.00	
Grand Total of all Schedules 1C					

(Complete on last page of Schedule showing 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 the 12b "owed by" or the 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

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 endorser or guarantors, if any.

4. Type of Obligation (Description)  
5. Date Debt Was Incurred  
6. 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  
Owed to or by: Corp? ☐ Yes  
Bob Smith  
36729 Moravian  
Clinton Twp., MI 48035

4. Type: gas  
5. Date Debt Was Incurred: 08/28/10 - 10/21/12  
6. Original Amount of Debt: \$ 718

\$  
\$  
\$  
\$  
\$

\$ 0

\$ 718.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2  
Owed to or by: Corp? ☐ Yes  
Bob Smith  
36729 Moravian  
Clinton Twp., MI 48035

4. Type: food-sign workers  
5. Date Debt Was Incurred: 10/7/12  
6. Original Amount of Debt: \$ 126

\$  
\$  
\$  
\$  
\$

\$ 0

\$ 126.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3  
Owed to or by: Corp? ☐ Yes  
Bob Smith  
36729 Moravian  
Clinton Twp., MI 48035

4. Type: food-meetings  
5. Date Debt Was Incurred: 8/28/12-10/21/12  
6. Original Amount of Debt: \$ 197

\$  
\$  
\$  
\$  
\$

\$ 0

\$ 197.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

\$1,041.00

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing 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



**DEBTS AND OBLIGATIONS**

1. Committee I.D. Number **138271**

**SCHEDULE 1E**

**CANDIDATE COMMITTEE**

2. Committee Name **Committee to Elect Bob Smith**

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

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.	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? <input type="checkbox"/> Yes Owed to or by: <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>Pole pounder</u> 5. Date Debt Was Incurred: <u>10/07/12</u> 6. Original Amount of Debt: <u>\$ 27.62</u>	\$ \$ \$ \$ \$	\$ 0	\$ 27.62 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>cell phone</u> 5. Date Debt Was Incurred: <u>8/28/12 - 10/21/12</u> 6. Original Amount of Debt: <u>\$ 412.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 412.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Stella Smith</b> <b>39324 Eliot</b> <b>Clinton Twp., MI 48036</b>	4. Type: <u>Independent Services</u> 5. Date Debt Was Incurred: <u>8/28/12-10/21/12</u> 6. Original Amount of Debt: <u>\$ 200.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 200.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$639.62**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing 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



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271  
2. Committee Name Committee to Elect Bob Smith

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

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 endorser 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? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>gas</u> 5. <u>Date Debt Was Incurred:</u> <u>10/22/12-11/24/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>609.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>609.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Food merchandise &amp; products</u> 5. <u>Date Debt Was Incurred:</u> <u>10/22/12-11/26/12</u> 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>551.12</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Cell Phone</u> 5. <u>Date Debt Was Incurred:</u> <u>10/22/12-11/26/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>316.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>316.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$1,476.12**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271  
2. Committee Name Committee to Elect Bob Smith

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

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 endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. 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? <input type="checkbox"/> Yes Owed to or by: Stella Smith 39324 Eliot Clinton Twp., MI 48036	4. Type: <u>Independent Services</u> 5. Date Debt Was Incurred: <u>10/22/12 - 11-26-12</u> 6. Original Amount of Debt: \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>stamps</u> 5. Date Debt Was Incurred: <u>11/02/12</u> 6. Original Amount of Debt: \$ <u>134.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ <u>134.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>office supplies</u> 5. Date Debt Was Incurred: <u>11/1/12</u> 6. Original Amount of Debt: \$ <u>63.31</u>	\$ \$ \$ \$ \$	\$ 0	\$ <u>63.31</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$697.31**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

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 endorser 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? <input type="checkbox"/> Yes Owed to or by: <b>Bob Smith</b> 36729 Moravian Drive Clinton Twp., MI 48035	4. Type: <u>mileage</u> 5. <u>Date Debt Was Incurred:</u> <u>11/27/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>169.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>169.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Bob Smith</b> 36729 Moravian Dr. Clinton Twp., MI 48035	4. Type: <u>food/meetings</u> 5. <u>Date Debt Was Incurred:</u> <u>10/10/2013</u> 6. <u>Original Amount of Debt:</u> \$ <u>27.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>27.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Bob Smith</b> 36729 Moravian Dr. Clinton Twp., MI 48035	4. Type: <u>food/meeting</u> 5. <u>Date Debt Was Incurred:</u>  6. <u>Original Amount of Debt:</u> \$ <u>58.20</u>	\$ \$ \$ \$ \$	\$	\$ <u>58.20</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$254.20**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing 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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

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 endorser 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? <input type="checkbox"/> Yes Owed to or by: <b>Bob Smith</b> 36729 Moravian Drive Clinton Twp., MI 48035	4. Type: <u>food/meeting</u> 5. <u>Date Debt Was Incurred:</u> <u>12/27/13</u> 6. <u>Original Amount of Debt:</u> \$ <u>49.96</u>	\$ \$ \$ \$ \$	\$	\$ <u>49.96</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Bob Smith</b> 36729 Moravian Dr. Clinton Twp., MI 48035	4. Type: <u>Phone</u> 5. <u>Date Debt Was Incurred:</u> <u>11/27/12-12/31/13</u> 6. <u>Original Amount of Debt:</u> \$ <u>356.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>356.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Bob Smith</b> 36729 Moravian Dr. Clinton Twp., MI 48035	4. Type: <u>stamps</u> 5. <u>Date Debt Was Incurred:</u> <u>12/21/12/12/31/13</u> 6. <u>Original Amount of Debt:</u> \$ <u>146.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>146.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$551.96**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing 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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number

**138271**

2. Committee Name

**Committee to Elect Bob Smith**

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

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 endorser 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 Owed to or by: Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian Dr.</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>various holiday donations</u> 5. <u>Date Debt Was Incurred:</u> <u>11/30/13</u> 6. <u>Original Amount of Debt:</u> <u>\$ 55.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>55.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes <b>Stella Smith</b> <b>39324 Eliot</b> <b>Clinton Twp., MI 48036</b>	4. Type: <u>Independent services</u> 5. <u>Date Debt Was Incurred:</u>  6. <u>Original Amount of Debt:</u> <u>\$ 200.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>200.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u>  6. <u>Original Amount of Debt:</u> <u>\$</u>	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$255.00**

(Complete on last page of Schedule showing amounts owed by or to the committee)

Grand Total of all Schedules 1E

**\$11,862.21**

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

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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **138271**

2. Committee Name **Committee to Elect Bob Smith**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <b>11/20/13</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>79</b>	5. Type of Fund Raising Activity  <b>Dinner/Cocktail Party</b>	6. Address and Name (If any) of the place where the activity was held. <b>Fern Hill 17600 Clinton River Rd. Clinton Twp., MI 48038</b> <input type="checkbox"/> Private Residence
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7. Total Contributions **\$6,270.00**

8. Other Receipts **\$0.00**

9. Gross Receipts (Add lines 7 and 8) **\$6,270.00**

10. Total Cost of Event **\$1,180.00**

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split  
(%)

Expenditure Split  
(%)

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- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.