



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.

3. This Statement covers: from <u>01/01/14</u> to <u>07/20/14</u>		
4. Candidate Last Name Smith, Jr.	First Name Robert	M.I. W.
4a. Office Sought Including District # or Community Served (If applicable) Macomb County Commissioner District 12		
4b. County of Residence MACOMB		
6. Treasurer's Name & Residential Address Stella A. Smith 39324 Eliot St. Clinton Township, MI 48036		CARHELLA S. ABRAHAM MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN 14 JUL 24 AM 10:47 FILED
Area Code & Phone <u>(586) 465-4100</u>		
8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) n/a		
Area Code and Phone _____		

9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>08/05/14</u>	Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.
Current Treasurer or Designated Record Keeper Stella A. Smith Type or Print Name <i>Stella A. Smith</i> Signature Date <u>7/24/2014</u>
Candidate Robert W. Smith, Jr. Type or Print Name <i>Rob Smith Jr</i> Signature Date <u>7/24/2014</u>



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
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>80.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$80.00</u>	(18.) \$ <u>\$80.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)			
	(4.) \$	<u></u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$80.00</u>	(20.) \$ <u>\$80.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)			
	(6.) \$	<u>1702.83</u>	(21.) \$ <u></u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)			
	(7.) \$	<u></u>	(22.) \$ <u></u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$15.00</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$15.00</u>	(23.) \$ <u>\$15.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u></u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$13,565.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$5,895.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$80.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$5,975.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$15.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$5,960.00</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 <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>06/06/14</u> Name & Address: <u>Thomas, James C.</u> <u>535 Griswold St. Ste. 2500</u> <u>Detroit, MI 48226</u>		\$ <u>80.00</u>	\$ <u>80.00</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
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		Click Here for Memo Itemization	

Page Subtotal **\$80.00**

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

\$80.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138271

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT BOB SMITH

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
	5. Date of Receipt		
6. Name & Address of Vendor from whom goods or services were purchased			

Contribution # 1 PAC Receipt? ☐ Yes

Name & Address:

BOB SMITH
36729 MORAVIAN DR
CLINTON TWP MI 48035
If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description MILEAGE

5. Date Of Receipt: 1-1-14 / 7-20-14

6. Vendor Name & Address:

\$ 205 \$ 205

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

BOB SMITH
- SAME -

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description CELL PHONE

5. Date Of Receipt: 1-1-14 / 7-20-14

6. Vendor Name & Address:

VERIZON WIRELESS
PO BOX 25505
LEHIGH PA

\$ 1106.00 \$ 1106.00

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

BOB SMITH
- SAME -

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description BUSINESS LUNCH / OWNER

5. Date Of Receipt: 1-1-14 / 7-20-14

6. Vendor Name & Address:

ANDRIANOS - WARREN - 112.25
BIG AL'S FIREHOUSE - SHELBY TWP - 31.55
JET'S PIZZA - GARFIELD - 48.03

Page Subtotal

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

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-K

1. Committee I. D. Number

138271

CANDIDATE COMMITTEE

2. Committee Name

Comm. TO ELECT BOB SMITH

3. Name and Address from whom received
If contribution is from an individual, enter last
name first. Check box to indicate if contribution
is from a Political Committee or an Independent
Committee (Both are commonly called PACs).
Report all in-kind contributions.

4. Type of In-Kind Contribution (Check applicable box)

5. Date of Receipt

6. Name & Address of Vendor from whom goods or services were
purchased

7. Amount or
Fair Market
Value

8. Cumulative
for Election
Cycle (Through
date in Item 5)

Contribution #1 PAC Receipt? ☐ Yes

Name & Address:

STELLA SMITH

39324 ELLIOT

CLINTON TWP 48036

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description INDEPENDENT SERVICES

5. Date Of Receipt: 1-1-14 / 7-20-14

6. Vendor Name & Address:

SAME

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution #2 PAC Receipt? ☐ Yes

Name & Address

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

Description

5. Date Of Receipt:

6. Vendor Name & Address:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

Description

5. Date Of Receipt:

6. Vendor Name & Address:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Page Subtotal

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

Enter this total
on line 6 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
Expenditure #1 Name <u>Huntington Bank</u> Address <u>1310 S. Gratiot Ave.</u> <u>Mt. Clemens, MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank Service Charge</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/14</u> Date	<u>\$ 15.00</u>
Expenditure #2 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	\$ _____
Expenditure #3 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	\$ _____
Expenditure #4 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	\$ _____
Expenditure #5 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 **\$15.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$15.00**

Enter this total
on line 8a of
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 against the committee OR ☐ Debts and obligations owed by or against the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or service to whom debt is owed. <small>Check here 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 (Describe debt) 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 (Form 9 enters item 9)
Debtor: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Debtor to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Bob Smith 38728 Moravian Clinton Twp., MI 48035	4. Type: <u>Personal, revolving credit</u> 5. Date Debt Was Incurred: <u>05/01/10</u> 6. Original Amount of Debt: <u>\$ 64.91</u>	<u>02/11/11 \$ 44.91</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 44.91</u>	<u>\$ 9.63</u> <input type="checkbox"/> FORGIVEN
Debtor: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Debtor to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Bob Smith 38728 Moravian Clinton Twp., MI 48035	4. Type: <u>Gift</u> 5. Date Debt Was Incurred: <u>01/10-06/17/10</u> 6. Original Amount of Debt: <u>\$ 900</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 900.00</u> <input type="checkbox"/> FORGIVEN
Debtor: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Debtor to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Bob Smith 38728 Moravian Clinton Twp., MI 48035	4. Type: <u>Vehicle's Wireless</u> 5. Date Debt Was Incurred: <u>01/10-10/17/10</u> 6. Original Amount of Debt: <u>\$ 472.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 472.00</u> <input type="checkbox"/> FORGIVEN

Page Total (Carrying debt)

\$1,481.63

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

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

Enter this total on line 12b "owed by" or line 12c "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 Number: _____				
<input checked="" type="checkbox"/> Debts and obligations owed by or to the committee. OR <input type="checkbox"/> Debts and obligations owed by or to 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.	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. Committee payment to date on debt	9. Outstanding balance at close of year period (Show 0 cents when 0)
Check box to indicate whether debt is owed to an unincorporated business. If debt is to a bank loan, please provide information regarding the maturity or interest rate. Debt to: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Debtor to or by: Bob Smith 36729 Morevian Clinton Twp., MI 48035	4. Type: <u>Misc. Auto Exp.</u> 5. Date Debt Was Incurred: <u>08/10/10 - 10/13/10</u> 6. Original Amount of Debt: <u>\$ 289</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 289.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of creditor or guarantor: _____ Annual Endment: \$ _____				
Debt to: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Debtor to or by: Bob Smith 36729 Morevian Clinton Twp., MI 48035	4. Type: <u>food-meatings</u> 5. Date Debt Was Incurred: <u>07/10-10/12/10</u> 6. Original Amount of Debt: <u>\$ 246</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 246</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of creditor or guarantor: _____ Annual Endment: \$ _____				
Debt to: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Debtor to or by: Bob Smith 36729 Morevian Clinton Twp., MI 48035	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>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 28.62</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of creditor or guarantor: _____ Annual Endment: \$ _____				
Page Total (Outstanding debt) \$563.52				
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 the 12th "owed by" or the 12b "incurred" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

1. Committee ID, Number

138271

SCHEDULE 1E

CANDIDATE COMMITTEE

2. Committee Name

Committee to Elect Bob Smith

Table Schedule 1E Debts:					
<input checked="" type="checkbox"/> Debt and obligations owed by or for the committee OR <input type="checkbox"/> Debt and obligations owed by or for the committee. (Check either a or b, use only for the purpose checked.)					
1. 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 business or corporation, 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 (Item 5 minus Item 8)	
Debt #1 Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Yes Stella Smith 38824 Elliot Clinton Twp., MI 48035	4. Type: <u>Interest-free</u> 5. Date Debt Was Incurred: <u>6/30/10 - 7/31/10</u> 6. Original Amount of Debt: <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	
If bank loan, name of employer or guarantor: _____ Amount Extended: \$ _____					
Debt #2 Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Yes Bob Smith 38729 Moravian Clinton Twp., MI 48035	4. Type: <u>Gift</u> 5. Date Debt Was Incurred: <u>1/1/11 - 12/31/11</u> 6. Original Amount of Debt: <u>\$ 720</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 720.00</u> <input type="checkbox"/> FORGIVEN	
If bank loan, name of employer or guarantor: _____ Amount Extended: \$ _____					
Debt #3 Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Yes Bob Smith 38729 Moravian Clinton Twp., MI 48035	4. Type: <u>Food-messings</u> 5. Date Debt Was Incurred: <u>1/1/11 - 12/31/11</u> 6. Original Amount of Debt: <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	
If bank loan, name of employer or guarantor: _____ Amount Extended: \$ _____					
Page Extended (Outstanding debt)				\$1,595.00	
(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 it was forgiven during the period covered by this Campaign Statement.

Page 3 of 15

Enter this total on line 12a "owed by" or line 12c "owed to" of the 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 reflects:
☒ Debts and obligations owned by or against the committee. OR ☐ Debts and obligations owed by or against the committee.
 (Check either a or b, then only for the purpose of check.)

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. Committee payment to date on debt	9. Outstanding balance at close of this period (Sum of lines 5 and 8)
Debt to: Corp <input type="checkbox"/> Ind <input checked="" type="checkbox"/> Owed to or by: Bob Smith 36729 Morevian Clinton Twp., MI 48035	4. Type: <u>fund-raising</u> 5. Date Debt Was Incurred: <u>01/01/11</u> 6. Original Amount of Debt: <u>\$ 68.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 68.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$ _____				
Debt to: Corp <input type="checkbox"/> Ind <input checked="" type="checkbox"/> Owed to or by: Bob Smith 36729 Morevian Clinton Twp., MI 48035	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>\$ 638.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 638.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$ _____				
Debt to: Corp <input type="checkbox"/> Ind <input checked="" type="checkbox"/> Owed to or by: Bob Smith 36729 Morevian Clinton Twp., MI 48035	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>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 316.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$ _____				
Page Enclosed (Outstanding debt) Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				\$1,015.00

A debt or obligation must be shown on this Schedule if there was an outstanding account owed on it at the closing date of this 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



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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 1E must be filed with the Michigan Department of State, Bureau of Elections, by the candidate or the committee.

☒ **Debt and obligation owed by or to the candidate.** OR ☐ **Debt and obligation owed to or by the committee.**
(Check either A or B, but only for the purpose of filing.)

3. Name and mailing address of person, vendor or financial institution to whom debt is owed.	4. Type of obligation (check box) a. Include date debt was incurred b. Include original amount of debt	7. Date and amount of each payment	8. Amount paid to date on debt	9. Outstanding balance of debt of this period (line 4 minus line 8)
Debt to: <input type="checkbox"/> Debt to: <input type="checkbox"/> Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Travel - car rental</u> 5. Date Debt Was Incurred: <u>08/16/11</u> 6. Original Amount of Debt: <u>\$ 80.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 80.00</u> <input type="checkbox"/> FOREIGN
If bank loan, name of lender or guarantor: _____				
Debt to: <input type="checkbox"/> Debt to: <input type="checkbox"/> Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Travel - airfare</u> 5. Date Debt Was Incurred: <u>07/16/11</u> 6. Original Amount of Debt: <u>\$ 354.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 354.00</u> <input type="checkbox"/> FOREIGN
If bank loan, name of lender or guarantor: _____				
Debt to: <input type="checkbox"/> Debt to: <input type="checkbox"/> Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Filing fee</u> 5. Date Debt Was Incurred: <u>5/1/12</u> 6. Original Amount of Debt: <u>\$ 100.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 100.00</u> <input type="checkbox"/> FOREIGN
If bank loan, name of lender or guarantor: _____				
Page Subtotal (Outstanding debt)				\$544.00 544.00

(Complete entire page of Schedule 1E showing personal liability or to the committee)

Grand Total of all Schedules 1E

A debt or obligation listed by a candidate on this Schedule 1E must be an outstanding amount owed on 8/1 of the closing date of the Campaign Statement or 8/1 of the election day during the period covered by this Campaign Statement.

Page 5 of 15

Enter this amount on line 22a "owed by" or line 22b "owed to" of the Summary Page



CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Bob Smith

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.

Page 6 of 15

Enter the word
on line 12a "owned
by" or line 12b
"owned by" 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 includes:

☒ Debts and obligations incurred or assumed by the committee. OR ☐ Debts and obligations owed to or 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 structure or structure of the loan.	4. Type of obligation (Debt type) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Committee payment to date or debt	9. Outstanding balance at close of this period (Item 9 adjusts item 6)
Debt #1 Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Bob Smith 36728 Moravian Clinton Twp., MI 48035	4. Type: Cell phone service 5. Date Debt Was Incurred: 01/11/12-7/20/12 6. Original Amount of Debt: \$ 420.00	\$ \$ \$ \$ \$	\$ 0	\$ 420.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of lender or guarantor: Amount Due: \$				
Debt #2 Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Bob Smith 36728 Moravian Clinton Twp., MI 48035	4. Type: cable fees 5. Date Debt Was Incurred: 7/14/12 6. Original Amount of Debt: \$ 114.00	\$ \$ \$ \$ \$	\$ 0	\$ 114.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of lender or guarantor: Amount Due: \$				
Debt #3 Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Bob Smith 36728 Moravian Clinton Twp., MI 48035	4. Type: stamps mailings 5. Date Debt Was Incurred: 8/12-7/22/12 6. Original Amount of Debt: \$ 225.00	\$ \$ \$ \$ \$	\$ 0	\$ 225.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of lender or guarantor: Amount Due: \$				
Page Total (Outstanding debt)				\$759.00
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 8 of 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 12b "owed by" or line 12b "owed to" of the Summary Page

Page 1 of 15



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E

1. Candidate ID Number **138271**

CANDIDATE COMMITTEE

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

THIS SCHEDULE 1E CONTAINS:

☒ Debts and obligations created or begun by the candidate OR ☐ Debts and obligations owed to or by the committee.
(Check other over to. Use only for the purpose checked.)

3. Name and Billing 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 lender's or guarantor's name.</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. Amount paid to date owed	9. Outstanding balance at close of this period (Sum of items 6 less 8)
Debtor: Creditor by: State Smith 38324 Elm Clinton Twp., MI 48035	4. Type: <u>Independent contract</u> 5. Date Debt Was Incurred: <u>01/01/12 - 7/31/12</u> 6. Original Amount of Debt: <u>\$ 300.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 300.00</u> <input type="checkbox"/> FORGIVEN
Debtor: Creditor by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> <input type="checkbox"/> FORGIVEN
Debtor: Creditor by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> <input type="checkbox"/> FORGIVEN

Page Totals (Outstanding debt) \$300.00

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 as of the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 8 of 15

Enter the total on line 10 "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:

☐ 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 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? ☐ 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

\$
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\$ 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

\$
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\$
\$

\$ 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

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\$

\$ 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)

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 Reconciles:

☐ 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 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 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	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: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>cell phone</u> 5. Date Debt Was Incurred: <u>8/28/12 - 10/01/12</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: Stella Smith 39324 Eliot Clinton Twp., MI 48036	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



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 by 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) 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) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: gas 5. Date Debt Was Incurred: 10/22/12-11/24/12 6. Original Amount of Debt: \$ 609.00	\$ \$ \$ \$ \$	\$ 0	\$ 609.00 <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: <small>Real Estate/Utilities/Agreements</small> 5. Date Debt Was Incurred: 10/22/12-11/28/12 6. Original Amount of Debt: \$	\$ \$ \$ \$ \$	\$ 0	\$ 551.12 <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: Cell Phone 5. Date Debt Was Incurred: 10/22/12-11/28/12 6. Original Amount of Debt: \$ 316.00	\$ \$ \$ \$ \$	\$ 0	\$ 316.00 <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)

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

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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: Bob Smith 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>	\$ \$ \$ \$ \$	\$	\$ 169.00 <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 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>	\$ \$ \$ \$ \$	\$	\$ 27.00 <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: Bob Smith 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>	\$ \$ \$ \$ \$	\$	\$ 58.20 <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)

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

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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:

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Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes Bob Smith 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 Owed to or by: Corp? <input type="checkbox"/> Yes Bob Smith 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 Owed to or by: Corp? <input type="checkbox"/> Yes Bob Smith 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
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on line 12a "owed
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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

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Dr. Clinton Twp., MI 48035	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>	\$ \$ \$ \$ \$	\$	\$ 55.00 <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: Stella Smith 39324 Elliot Clinton Twp., MI 48036	4. Type: <u>independent services</u> 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> <u>\$ 200.00</u>	\$ \$ \$ \$ \$	\$	\$ 200.00 <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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$255.00

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

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on line 12a "owed
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Summary Page

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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:

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Dr. Clinton Township, MI 48035	4. Type: <u>mileage</u> 5. <u>Date Debt Was Incurred:</u> <u>1-1-14 / 7-20-14</u> 6. <u>Original Amount of Debt:</u> \$ <u>205.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>205.00</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 Dr. Clinton Township, MI 48035	4. Type: <u>food/meetings</u> 5. <u>Date Debt Was Incurred:</u> <u>1/1/14 7/20/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>191.83</u>	\$ \$ \$ \$ \$	\$	\$ <u>191.83</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 Township, MI 48035	4. Type: <u>phone</u> 5. <u>Date Debt Was Incurred:</u> <u>1/1/14 7/21/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,106.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,106.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$1,502.83**

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138271
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Stella Smith 39324 Eliot St. Clinton Twp., MI 48036	4. Type: <u>Independent Services</u> 5. <u>Date Debt Was Incurred:</u> <u>1-1-2014 / 7-20-2014</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 #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$200.00

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

\$13,565.00

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

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