



**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 01/01/14 to 07/20/14

1. Committee I.D. Number
138271

2. Committee Name
Committee to Elect Bob Smith

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**

5. Committee's Mailing Address
**39324 Eliot St.
Clinton Township, MI 48036**

Area Code and Phone (586) 465-4100
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
**Stella A. Smith
39324 Eliot St.
Clinton Township, MI 48036**

Area Code & Phone (586) 465-4100

7. Treasurer's Business Address
same as #6

Area Code and Phone _____

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

Area Code and Phone _____

FILED
 14 JUL 24 AM 10:47
 CARHELLA S. ABRAHAM
 MACOMB COUNTY CLERK
 HT. CLEMENS, MICHIGAN

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus
08/05/14

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

9c. Annual Statement (_____) Coverage Year
 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by 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.

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** Signature *Stella A. Smith* Date 7/24/2014

Candidate **Robert W. Smith, Jr.** Signature *Bob Smith* Date 7/24/2014



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.) \$ _____	(19.) \$ _____
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.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$15.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
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.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
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.) \$ _____	
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: Thomas, James C. 535 Griswold St. Ste. 2500 Detroit, MI 48226 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	\$ <u>80.00</u>	\$ <u>80.00</u> 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.



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) 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? <input type="checkbox"/> Yes Name & Address: <u>BOB SMITH</u> <u>36729 MORAVIAN DR</u> <u>CLINTON TWP MI 48035</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>MILEAGE</u> 5. Date Of Receipt: <u>1-1-14 / 7-20-14</u> 6. Vendor Name & Address:	\$ <u>205</u> \$ <u>205</u>	
<input type="checkbox"/> Fund Raiser Contribution Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>BOB SMITH</u> <u>-SAME-</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CELL PHONE</u> 5. Date Of Receipt: <u>1-1-14 / 7-20-14</u> 6. Vendor Name & Address: <u>VERIZON WIRELESS</u> <u>PO BOX 25505</u> <u>LEHIGH PA</u>	\$ <u>1106.00</u> \$ <u>1106.00</u>	
<input type="checkbox"/> Fund Raiser Contribution Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>BOB SMITH</u> <u>-SAME-</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>BUSINESS LUNCH / DINNER</u> 5. Date Of Receipt: <u>1-14-14 / 7-20-14</u> 6. Vendor Name & Address: <u>ANDRIANOS - WARREN - 112.25</u> <u>BIG ALS FIREHOUSE - SHELBY TWP - 31.55</u> <u>JET'S PIZZA - GARFIELD - 48.03</u> <u>CLINTON TWP</u>	\$ <u>191.83</u> \$ <u>191.83</u>	

Click Here for Memo Itemization

Click Here for Memo Itemization

Click Here for Memo Itemization

Page Subtotal

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>STELLA SMITH</u> <u>39324 ELLIOT</u> <u>CLINTON TWP 48036</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>INDEPENDENT SERVICES</u> 5. Date Of Receipt: <u>1-1-14 / 7-20-14</u> 6. Vendor Name & Address: <u>SAME</u>	\$ <u>200.00</u> \$ <u>200.00</u>	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

Grand Total of all Schedules 1-IK
(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 Huntington Bank Address 1310 S. Gratiot Ave. Mt. Clemens, MI 48043 <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

**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. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or service to whom debt is owed.	4. Type of Obligation (Check one) 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 of close of this period (Item 5 minus Item 8)
Debt to: Debtor: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Bob Smith 38728 Moravian Clinton Twp., MI 48035	4. Type: <u>Charge Card</u> 5. Date Debt Was Incurred: <u>02/12/10</u> 6. Original Amount of Debt: <u>\$ 64.91</u>	02/11/11 \$ 44.91 _____ _____ _____ _____	\$ 44.91	9.63 \$ 8.88 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: Debtor: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Bob Smith 38728 Moravian Clinton Twp., MI 48035	4. Type: <u>CC</u> 5. Date Debt Was Incurred: <u>07/18-08/17/10</u> 6. Original Amount of Debt: <u>\$ 900</u>	_____ _____ _____ _____ _____	\$ 0	\$ 900.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: Debtor: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Bob Smith 38728 Moravian Clinton Twp., MI 48035	4. Type: <u>Vehicle Wireless</u> 5. Date Debt Was Incurred: <u>07/18-10/17/10</u> 6. Original Amount of Debt: <u>\$ 472.00</u>	_____ _____ _____ _____ _____	\$ 0	\$ 472.00 <input type="checkbox"/> FORGIVEN

Page Total (Outstanding 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 it at the close of the Campaign Statement or three months during the period covered by this Campaign Statement.

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



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

1. Committee ID Number 138271
2. Committee Name Committee to Elect Bob Smith

This Schedule Requires:				
<input checked="" type="checkbox"/> Debts and obligations owed by or for the committee OR <input type="checkbox"/> Debts and obligations owed by or for 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 to a bank loan, please provide information regarding the address or interest rate.	4. Type of Obligation (Description) A. Invoice date-debt was incurred B. Invoice 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 rather than 0)
Debt #1 Corp <input type="checkbox"/> Ind <input checked="" type="checkbox"/> Debtor to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Misc. Auto Exp.</u> 5. Date Debt Was Incurred: <u>08/10-10/13/10</u> 6. Original Amount of Debt: \$ <u>289</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>289.00</u> <input type="checkbox"/> FORGIVEN
Annual Balance: \$ _____				
Debt #2 Corp <input type="checkbox"/> Ind <input checked="" type="checkbox"/> Debtor to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>food-meatings</u> 5. Date Debt Was Incurred: <u>07/10-08/12/10</u> 6. Original Amount of Debt: \$ <u>246</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>246</u> <input type="checkbox"/> FORGIVEN
Annual Balance: \$ _____				
Debt #3 Corp <input type="checkbox"/> Ind <input checked="" type="checkbox"/> Debtor to or by: Bob Smith 36729 Moravian 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>0</u>	\$ <u>28.62</u> <input type="checkbox"/> FORGIVEN
Annual Balance: \$ _____				

Page Total (Outstanding debt) **\$562.52**

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 incurred during the period covered by this Campaign Statement.

Enter this total on the 12th "asset by" or the 12b "liability" of the Campaign Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee ID Number 138271
 2. Committee Name Committee to Elect Bob Smith

Table Schedule 1E:

Debts and obligations owed by or for the committee OR Debts 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.	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 8 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>Personal services</u> 5. Date Debt Was Incurred: <u>6/20/10 - 7/24/10</u> 6. Original Amount of Debt: <u>\$ 800.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 800.00</u> <input type="checkbox"/> FORGIVEN
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>Gas</u> 5. Date Debt Was Incurred: <u>1/20/11 - 2/20/11</u> 6. Original Amount of Debt: <u>\$ 720</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 720.00</u> <input type="checkbox"/> FORGIVEN
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 meetings</u> 5. Date Debt Was Incurred: <u>1/1/11 - 2/28/11</u> 6. Original Amount of Debt: <u>\$ 75.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 75.00</u> <input type="checkbox"/> FORGIVEN

Page Total (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 from forgiveness during the period covered by this Campaign Statement.

Enter the total on line 12a "owed by" or line 12c "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 includes:
 Debts and obligations owned by or for the committee. Debts and obligations owed by or for 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 (Description) 5. Maturity date when due 6. Indicate original amount of debt	7. Date and amount of each payment	8. Consideration paid to date on debt	9. Outstanding balance at close of 60-day period (Sum of lines 5 and 8)
Debt #1 Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Bob Smith 36729 Morevian Clinton Twp., MI 48035	4. Type: <u>food - groceries</u> 5. Date Due: <u>1/10/11</u> 6. Original Amount of Debt: <u>\$ 68.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ 68.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Reported: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Bob Smith 36729 Morevian Clinton Twp., MI 48035	4. Type: <u>cell phone service</u> 5. Date Due: <u>1/11-12/31/11</u> 6. Original Amount of Debt: <u>\$ 638.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ 638.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Reported: \$ _____				
Debt #3 Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Bob Smith 36729 Morevian Clinton Twp., MI 48035	4. Type: <u>travel - hotel</u> 5. Date Due: <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 Reported: \$ _____				
Page Total (Outstanding debt)				\$1,015.00
Grand Total of all Schedules 1E (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 receipt owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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

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

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

This Schedule 1E covers:
 Debts and obligations owed to or by the committee OR Debts and obligations owed to or by the committee by the committee.
(Check either a or b, also only for the purpose of filing.)

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 "Yes" in a block form, please provide information regarding the business or business name.</small>	4. Type of Obligation (Check only one) a. Include date debt was incurred b. Indicate original amount of debt	7. Date and amount of each payment	8. Consideration paid to date on debt	9. Outstanding balance of debt as of filing date (Show if more than one)
Debt to: Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Yes Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Travel- car rental</u> 5. Date Debt Was Incurred: <u>09/12/11</u> 6. Original Amount of Debt: <u>\$ 80.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ 80.00 <input type="checkbox"/> FOREIGN
<small>If bank loan, name of lender or guarantor:</small>				
Debt to: Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Yes Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Travel- airfare</u> 5. Date Debt Was Incurred: <u>07/15/11</u> 6. Original Amount of Debt: <u>\$ 354.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ 354.00 <input type="checkbox"/> FOREIGN
<small>If bank loan, name of lender or guarantor:</small>				
Debt to: Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Yes 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>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ 100.00 <input type="checkbox"/> FOREIGN
<small>If bank loan, name of lender or guarantor:</small>				
Page Total (Including debt) \$544.00 Grand Total of all Schedules 1E <u>544.00</u>				Amount Enclosed: \$ _____

Complete entire page of Schedule showing amount received by or to the committee.

A debt or obligation listed by a filer on this schedule if there was an underlying report filed on it in the closing date of the Campaign Statement or if that filer during the period covered by this Campaign Statement.

Page 5 of 15

Enter this amount on line 22a "owed by" or line 12b "owed to" of the Summary Page

**DEBTS AND OBLIGATIONS
SCHEDULE 1E**

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

CANDIDATE COMMITTEE

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

The Schedule includes:

Debts and obligations existing at the beginning of the committee OR Debts and obligations owed by or for/on 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 extension or maturity, 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. Computed amount paid to date on debt	9. Outstanding Balance at close of this period (Net of return item 8) <input type="checkbox"/> FORGIVEN
Debts Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Yes Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: EXP 5. Date Paid: 01/12-7-26-12 6. Original Amount of Debt: \$ 511.00	\$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ 511.00 <input type="checkbox"/> FORGIVEN
Blank line, name of creditor or guarantor: Debts Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Yes Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: FOOD 5. Date Paid: 7/14/12 6. Original Amount of Debt: \$ 91.00	\$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ 91.00 <input type="checkbox"/> FORGIVEN
Blank line, name of creditor or guarantor: Debts Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Yes Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: food-restaurant 5. Date Paid: 11/12-7/22/12 6. Original Amount of Debt: \$ 107.00	\$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ 107.00 <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt) **\$709.00**

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

A debt or obligation need to 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



**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. <small>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, if any.</small>	4. Type of obligation (Subscription) 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 (Item 6 minus item 8)
Debt #1 Owed to or by: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Bob Smith 36729 Moreau Clinton Twp., MI 48035	4. Type: <u>Cell phone service</u> 5. Date Debt Was Incurred: <u>01/11/12-7/20/12</u> 6. Original Amount of Debt: \$ <u>420.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ <u>420.00</u> <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 36729 Moreau Clinton Twp., MI 48035	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>	\$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ <u>114.00</u> <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 36729 Moreau Clinton Twp., MI 48035	4. Type: <u>storage mailings</u> 5. Date Debt Was Incurred: <u>8/11/12-7/22/12</u> 6. Original Amount of Debt: \$ <u>225.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ <u>225.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of lender or guarantor: _____ Amount Due: \$ _____				

Page Subtotal (Outstanding debt) **\$759.00**

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

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

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

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**DEBTS AND OBLIGATIONS
SCHEDULE 1E**

1. Candidate I.D. Number 138271

CANDIDATE COMMITTEE

2. Candidate Name Committee to Elect Bob Smith

THIS SCHEDULE SHOWS:

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

1. 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 nature and amount of any</small>	2. Type of Obligation (Description) 3. Indicate date debt was incurred 4. Include subject account of debt	7. (This may) amount of each payment	8. Amount paid to date credit	9. Outstanding balance at close of this period (Sum of items 7 less 8)
Debt of: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Owed to by: Bob Smith 38824 Ellet Clinton Twp., MI 48036	4. Type: <u>Independent account</u> 5. Date Debt Was Incurred: <u>01/12-7-23-12</u> 6. Original Amount of Debt: <u>\$ 300.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ 300.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of lender or guarantor: _____ Account Number: _____				

1. 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 nature and amount of any</small>	2. Type of Obligation (Description) 3. Indicate date debt was incurred 4. Include subject account of debt	7. (This may) amount of each payment	8. Amount paid to date credit	9. Outstanding balance at close of this period (Sum of items 7 less 8)
Debt of: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Owed to by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of lender or guarantor: _____ Account Number: _____				

1. 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 nature and amount of any</small>	2. Type of Obligation (Description) 3. Indicate date debt was incurred 4. Include subject account of debt	7. (This may) amount of each payment	8. Amount paid to date credit	9. Outstanding balance at close of this period (Sum of items 7 less 8)
Debt of: <input type="checkbox"/> Corp <input type="checkbox"/> Ind Owed to by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of lender or guarantor: _____ Account Number: _____				

Page Balance (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 if it was forgiven during the period covered by this Campaign Statement.

Enter the date on line 9b "owed by" or the 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:

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. <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. 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 Owed to or by: Corp? <input type="checkbox"/> Yes Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Gas</u> 5. Date Debt Was Incurred: <u>08/28/10 - 10/21/12</u> 6. Original Amount of Debt: <u>\$ 718</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ 718.00 <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 Clinton Twp., MI 48035	4. Type: <u>food-sign workers</u> 5. Date Debt Was Incurred: <u>10/7/12</u> 6. Original Amount of Debt: <u>\$ 126</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ 126.00 <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 Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>food-meetings</u> 5. Date Debt Was Incurred: <u>8/28/12-10/21/12</u> 6. Original Amount of Debt: <u>\$ 197</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0	\$ 197.00 <input type="checkbox"/> 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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

The Schedule Reflects:
 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 Owed to or by: Corp? <input type="checkbox"/> Yes 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 Owed to or by: Corp? <input type="checkbox"/> Yes 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 Owed to or by: Corp? <input type="checkbox"/> Yes 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)				\$630.62
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 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: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>gas</u> 5. Date Debt Was Incurred: <u>10/22/12-11/24/12</u> 6. Original Amount of Debt: \$ <u>809.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>809.00</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>Real Estate/Utilities Agreement</u> 5. Date Debt Was Incurred: <u>10/22/12-11/28/12</u> 6. Original Amount of Debt: \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <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. Date Debt Was Incurred: <u>10/22/12-11/28/12</u> 6. Original Amount of Debt: \$ <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.



**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: Stella Smith 39324 Eliot Clinton Twp., MI 48036	4. Type: <u>Independent Service</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 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	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 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	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)

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:
 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 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>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <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: 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>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <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: 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>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <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)

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.



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 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: Bob Smith 36729 Moravian Drive Clinton Twp., MI 48035 If bank loan, name of endorser or guarantor: _____	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
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Dr. Clinton Twp., MI 48035 If bank loan, name of endorser or guarantor: _____	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
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Dr. Clinton Twp., MI 48035 If bank loan, name of endorser or guarantor: _____	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

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)

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.



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 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>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>55.00</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: 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>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>200.00</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:	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)

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.



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 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: 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 7/20/14</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

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.



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 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: 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 **\$13,565.00**
(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.