



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.

1. Committee I.D. Number 138271		3. This Statement covers From: 11/25/14 to 07/20/15	
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 MACOMB 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 _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" 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 checked="" type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 11/04/14		Required ONLY if candidate is not on the ballot for the current year: <input checked="" 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 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 Type or Print Name		Signature <i>Stella A. Smith</i> Date 7/24/15	
Candidate Robert W. Smith, Jr. Type or Print Name		Signature <i>Robert W. Smith, Jr.</i> Date 7/24/15	

FILED
15 JUL 27 PM 12:56
CLERK
MACOMB COUNTY
CLERK
H.T. CLEVERSON, MICHIGAN



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>2,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,000.00</u>	(18.) \$ <u>2,000.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,000.00</u>	(20.) \$ <u>2,000.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,500.00</u>	(21.) \$ <u>1,500.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>9,170.96</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>9,170.96</u>	(23.) \$ <u>9,170.96</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>17,385.81</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>7,896.54</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>9,896.54</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>9,170.96</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>758.58</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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>12/03/14</u>	
Name & Address: Friends of Macomb 39856 Baylor Ct. Clinton Twp., MI 48038		\$ <u>500.00</u>	\$ <u>500.00</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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>04/23/15</u>	
Name & Address: Macomb Crimefighters 18033 Gaylord Clinton Twp., MI 48035		\$ <u>1500.00</u>	\$ <u>1500.00</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 # 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 \$2,000.00

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

\$2,000.00

Enter this total on
line 3a of Summary



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? ☐ Yes

Name & Address:

Bob Smith
36729 Moravian Dr.
Clinton Twp., MI 48035

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

Employer Name & Business Address:

Macomb County Commissioner
40 N. Main St.
Mt. Clemens, MI 48043

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: 11/25/14 - 7/20/15

6. Vendor Name & Address:

various stations

[Click Here for Memo Itemization](#)

\$ 156.00 \$ 156.00

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

Bob Smith
36729 Moravian Dr.
Clinton Twp., MI 48035

If over \$100.00 cumulative, please provide:
Occupation: Macomb County Commissioner

Employer Name & Address:

Macomb County
40 N. Main St.
Mt. Clemens, MI 48043

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 food/meetings

5. Date Of Receipt: 12/01/14

6. Vendor Name & Address:

Olive Garden
24845 Gratiot
Eastpointe, MI 48021

[Click Here for Memo Itemization](#)

\$ 44.00 \$ 44.00

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

Bob Smith
36729 Moravian
Clinton Twp., MI 48035

If over \$100.00 cumulative, please provide:

Occupation: Macomb County Commissioner

Employer Name & Address:

Macomb County
40 N. Main
Mt. Clemens, MI 48043

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 phone

5. Date Of Receipt: 11/25/14 - 7/20/15

6. Vendor Name & Address:

Verizon Wireless

[Click Here for Memo Itemization](#)

\$ 1100.00 \$ 1100.00

☐ Fund Raiser Contribution

Page Subtotal

\$1,300.00

\$1,300.00

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

Enter this total
on line 6 of Summary
Page

1 of 2



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)
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Contribution # 1 PAC Receipt? ☐ Yes

Name & Address:

Stella Smith
39324 Eliot St.
Clinton Twp., MI 48036

If over \$100.00 cumulative, please provide:

Occupation: retired

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: 11/25/14 - 7/26/15

6. Vendor Name & Address:

self

\$ 200.00 \$ 200.00

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address

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

5. Date Of Receipt:

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

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

5. Date Of Receipt:

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Page Subtotal

\$200.00

\$200.00

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

\$1,500.00

Enter this total
on line 6 of Summary
Page

2 of 2



**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 American Graphics Address 34895 Groesbeck Clinton Township, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>printing, mailing</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/02/14</u> Date	\$ <u>8052.04</u>
Expenditure #2 Name American Graphics Address 34895 Groesbeck Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>printing, mailing</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/23/15</u> Date	\$ <u>1058.92</u>
Expenditure #3 Name Talmer Bank Address 100 N. Main St. Mt. Clemens, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>bank charges</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/15</u> Date	\$ <u>60.00</u>
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 **\$9,170.96**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$9,170.96**

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 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>stamps, mailings, maps</u> 5. <u>Date Debt Was Incurred:</u> <u>06/01/10</u> 6. <u>Original Amount of Debt:</u> \$ <u>54.54</u>	<u>02/11/11</u> \$ <u>44.91</u> \$ \$ \$ \$	\$ <u>44.91</u>	\$ <u>9.63</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>gas</u> 5. <u>Date Debt Was Incurred:</u> <u>6/1/10-10/17/10</u> 6. <u>Original Amount of Debt:</u> \$ <u>980</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>980.00</u> <input type="checkbox"/> FORGIVEN
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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>Verizon Wireless</u> 5. <u>Date Debt Was Incurred:</u> <u>6/1/10-10/17/10</u> 6. <u>Original Amount of Debt:</u> \$ <u>472.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>472.00</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$1,461.63

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

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

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

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Misc. Auto Exp.</u> 5. <u>Date Debt Was Incurred:</u> <u>06/01/10 - 10/17/10</u> 6. <u>Original Amount of Debt:</u> \$ <u>289</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>289.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>food-meetings</u> 5. <u>Date Debt Was Incurred:</u> <u>6/1/10-10/17/10</u> 6. <u>Original Amount of Debt:</u> \$ <u>246</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>246</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>cable ties</u> 5. <u>Date Debt Was Incurred:</u> <u>10/13/10</u> 6. <u>Original Amount of Debt:</u> \$ <u>28.52</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>28.52</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$563.52

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

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the 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) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Stella Smith 39324 Eliot Clinton Twp., MI 48036	4. Type: <u>Independent services</u> 5. <u>Date Debt Was Incurred:</u> <u>06/01/10 - 12/31/10</u> 6. <u>Original Amount of Debt:</u> <u>\$ 800.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 800.00 <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>gas</u> 5. <u>Date Debt Was Incurred:</u> <u>1/1/2011-12/31/2011</u> 6. <u>Original Amount of Debt:</u> <u>\$ 720</u>	\$ \$ \$ \$ \$	\$ 0	\$ 720.00 <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>food-meetings</u> 5. <u>Date Debt Was Incurred:</u> <u>1/1/11-12/31/11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 75.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 75.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,595.00

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 itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
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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) <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>food-meetings</u> 5. <u>Date Debt Was Incurred:</u> <u>01/01/11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 66.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 66.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>cell phone service</u> 5. <u>Date Debt Was Incurred:</u> <u>1/1/11-12/31/11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 633.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 633.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>travel - hotel</u> 5. <u>Date Debt Was Incurred:</u> <u>8/15/11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 316.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 316.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,015.00

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

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>travel-car rental</u> 5. <u>Date Debt Was Incurred:</u> <u>08/15/11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 90.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 90.00 <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>travel-airlines</u> 5. <u>Date Debt Was Incurred:</u> <u>8/15/11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 354.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 354.00 <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>filing fee</u> 5. <u>Date Debt Was Incurred:</u> <u>5/1/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 100.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

\$544.00

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 itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>gas</u> 5. <u>Date Debt Was Incurred:</u> <u>01/11/12-7-22-12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 511.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 511.00 <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>food</u> 5. <u>Date Debt Was Incurred:</u> <u>7/14/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 91.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 91.00 <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>food-meetings</u> 5. <u>Date Debt Was Incurred:</u> <u>1/1/12-7/22/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 107.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 107.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$709.00

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

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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.
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Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Cell phone service</u> 5. <u>Date Debt Was Incurred:</u> <u>01/11/12 - 7/30/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 420.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 420.00 <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>cable ties</u> 5. <u>Date Debt Was Incurred:</u> <u>7/14/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 114.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 114.00 <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>stamps-mailings</u> 5. <u>Date Debt Was Incurred:</u> <u>1/1/12-7/22/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 225.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 225.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$759.00

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

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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: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Stella Smith 39324 Eliot Clinton Twp., MI 48036	4. Type: <u>Independent services</u> 5. <u>Date Debt Was Incurred:</u> <u>01/01/12 - 7-22-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>300.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>300.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	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 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	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)

\$300.00

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

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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:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
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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. <u>Date Debt Was Incurred:</u> <u>08/28/10 - 10/21/12</u> 6. <u>Original Amount of Debt:</u> <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. <u>Date Debt Was Incurred:</u> <u>10/7/12</u> 6. <u>Original Amount of Debt:</u> <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. <u>Date Debt Was Incurred:</u> <u>8/28/12-10/21/12</u> 6. <u>Original Amount of Debt:</u> <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)

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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 Clinton Twp., MI 48035	4. Type: <u>Pole pounder</u> 5. <u>Date Debt Was Incurred:</u> <u>10/07/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>27.62</u>	\$ \$ \$ \$ \$	\$ 0	\$ 27.62 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				
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. <u>Date Debt Was Incurred:</u> <u>8/28/12 - 10/21/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>412.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 412.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				
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. <u>Date Debt Was Incurred:</u> <u>8/28/12-10/21/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>200.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 200.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				

Page Subtotal (Outstanding debt)

\$639.62

Grand Total of all Schedules 1E
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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:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
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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>10/22/12-11/26/12</u> 6. Original Amount of Debt: <u>\$ 609.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 609.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>food meetings/education & materials</u> 5. Date Debt Was Incurred: <u>10/22/12-11/26/12</u> 6. Original Amount of Debt: <u>\$</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 551.12</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Cell Phone</u> 5. Date Debt Was Incurred: <u>10/22/12-11/26/12</u> 6. Original Amount of Debt: <u>\$ 316.00</u>	<u>\$</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 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)				

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

DEBTS AND OBLIGATIONS

1. Committee I.D. Number

138271

SCHEDULE 1E

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Bob Smith

This Schedule itemizes:

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

Page Subtotal (Outstanding debt)

\$697.31

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

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

138271

2. Committee Name

Committee to Elect Bob Smith

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Drive Clinton Twp., MI 48035	4. Type: <u>mileage</u> 5. Date Debt Was Incurred: <u>11/27/12</u> 6. Original Amount of Debt: <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. Date Debt Was Incurred: <u>10/10/2013</u> 6. Original Amount of Debt: <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. Date Debt Was Incurred: _____ 6. Original Amount of Debt: <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
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"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: Bob Smith 36729 Moravian Drive Clinton Twp., MI 48035 Corp? <input type="checkbox"/> Yes	4. Type: food/meeting 5. Date Debt Was Incurred: 12/27/13 6. Original Amount of Debt: \$ 49.96	\$ \$ \$ \$ \$	\$	\$ 49.96 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Bob Smith 36729 Moravian Dr. Clinton Twp., MI 48035 Corp? <input type="checkbox"/> Yes	4. Type: Phone 5. Date Debt Was Incurred: 11/27/12-12/31/13 6. Original Amount of Debt: \$ 356.00	\$ \$ \$ \$ \$	\$	\$ 356.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Bob Smith 36729 Moravian Dr. Clinton Twp., MI 48035 Corp? <input type="checkbox"/> Yes	4. Type: stamps 5. Date Debt Was Incurred: 12/21/12/12/31/13 6. Original Amount of Debt: \$ 146.00	\$ \$ \$ \$ \$	\$	\$ 146.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				\$551.96
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				

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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:

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(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 Dr.
Clinton Twp., MI 48035

4. Type: various holiday donations

5. Date Debt Was Incurred:
11/30/13

6. Original Amount of Debt:
\$ 55.00

\$
\$
\$
\$
\$

\$

\$ **55.00**

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Debt #2
Owed to or by: Corp? ☐ Yes
Stella Smith
39324 Eliot
Clinton Twp., MI 48036

4. Type: independent services

5. Date Debt Was Incurred:

6. Original Amount of Debt:
\$ 200.00

\$
\$
\$
\$
\$

Amount Endorsed: \$

\$

\$ **200.00**

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Debt #3
Owed to or by: Corp? ☐ Yes

4. Type:

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$

\$
\$
\$
\$
\$

Amount Endorsed: \$

\$

\$

☐ 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.



1. Committee I.D. Number 138271

2. Committee Name Committee To Elect Bob Smith

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.)

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes Stella Smith 39324 Eliot St. Clinton Twp., MI 48036	4. Type: <u>Independent Services</u> 5. <u>Date Debt Was Incurred:</u> <u>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 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ <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)				

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
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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 Township, MI 48035	4. Type: <u>mileage</u> 5. <u>Date Debt Was Incurred:</u> <u>07/21/14 - 10/19/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 189.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>189.00</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 Township, MI 48035	4. Type: <u>Food/meetings</u> 5. <u>Date Debt Was Incurred:</u> <u>7/21/14-10/19/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 139.77</u>	\$ \$ \$ \$ \$	\$	\$ <u>139.77</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>7/21/14 - 10/19/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 474.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>474.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

\$802.77

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:

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Stella Smith 39324 Eliot Clinton Township, MI 48036	4. Type: <u>Independent Services</u> 5. <u>Date Debt Was Incurred:</u> <u>07/21/14 - 10/11/14</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
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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
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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)

\$14,567.77

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>mileage</u> 5. <u>Date Debt Was Incurred:</u> <u>10/20/14 / 11/24/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 193.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>193.00</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 Township, MI 48035	4. Type: <u>food/meetings/workers</u> 5. <u>Date Debt Was Incurred:</u> <u>11/4/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 290.79</u>	\$ \$ \$ \$ \$	\$	\$ <u>290.79</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>Election supplies / poles</u> 5. <u>Date Debt Was Incurred:</u> <u>10/20/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 264.36</u>	\$ \$ \$ \$ \$	\$	\$ <u>264.36</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

\$748.15

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

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:				
a. <input type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee OR b. <input type="checkbox"/> Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee. (Check either a or b. Use only for the purpose checked.)				
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Township, MI 48035	4. Type: <u>election supplies/straps</u> 5. <u>Date Debt Was Incurred:</u> <u>10/20/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>53.70</u>	\$ \$ \$ \$ \$	\$	\$ <u>53.70</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 Township, MI 48035	4. Type: <u>phone</u> 5. <u>Date Debt Was Incurred:</u> <u>11/24/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>316.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>316.00</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: Stella Smith 39324 Eliot Clinton Twp., MI 48036	4. Type: <u>Independent Services</u> 5. <u>Date Debt Was Incurred:</u> <u>11/24/14</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: \$ _____		
Page Subtotal (Outstanding debt)				\$569.70
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 1E**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee To Elect Bob Smith

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
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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: American Graphics 34895 Groesbeck Clinton Township, MI 48035	4. Type: <u>Envelopes</u> 5. <u>Date Debt Was Incurred:</u> <u>10/09/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 44.52</u>	12/02/14 \$ 44.52 _____ _____ _____ _____	\$ 44.52	\$ 0.00 <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: American Graphics 34895 Groesbeck Clinton Township, MI 48035	4. Type: <u>Printing, postage, mailing</u> 5. <u>Date Debt Was Incurred:</u> <u>10/9/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,050.86</u>	12/02/14 \$ 2,050.86 _____ _____ _____ _____	\$ 2,050.86	\$ 0.00 <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: American Graphics 34895 Groesbeck Clinton Township, MI 48035	4. Type: <u>Mailers / postage</u> 5. <u>Date Debt Was Incurred:</u> <u>10/9/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,640.13</u>	12/02/14 \$ 2,640.13 _____ _____ _____ _____	\$ 2,640.13	\$ 0.00 <input type="checkbox"/> FORGIVEN
--	--	--	-------------	--

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$0.00

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

Grand Total of all Schedules 1E

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

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

44.52
2050.86
2640.13
3316.53
8052.04



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: American Graphics 34695 Groesbeck Clinton Twp., MI 48035	4. Type: <u>Mailer/postage</u> 5. <u>Date Debt Was Incurred:</u> <u>10/27/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,772.12</u>	<u>04/23/15</u> \$ <u>1,058.92</u> \$ \$ \$ \$	\$ <u>1,058.92</u>	<u>0</u> \$ 713.20 <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: American Graphics 34695 Groesbeck Clinton Twp., MI 48035	4. Type: <u>Mailer/Postage</u> 5. <u>Date Debt Was Incurred:</u> <u>11/3/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,316.53</u>	<u>12/02/14</u> \$ <u>3,316.53</u> \$ \$ \$ \$	\$ <u>3,316.53</u>	\$ <u>0.00</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) **\$0.00**

(Complete on last page of Schedule showing amounts owed by or to the committee) Grand Total of all Schedules 1E **\$0.00**

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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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>gas</u> 5. <u>Date Debt Was Incurred:</u> <u>11/25/14 - 7/20/15</u> 6. <u>Original Amount of Debt:</u> \$ <u>156.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>156.00</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>4/6/2015</u> 6. <u>Original Amount of Debt:</u> \$ <u>44.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>44.00</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>phone bill</u> 5. <u>Date Debt Was Incurred:</u> <u>12/1/14 - 7/20/15</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,100.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,100.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,300.00

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

Grand Total of all Schedules 1E

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

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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>11/25/14-7/20/15</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)				\$17,385.81

25

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