



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10/24/16 to 11/28/16

<b>1. Committee I.D. Number</b> <b>138271</b>		<b>4. Candidate Last Name</b> <b>Smith</b> <b>First Name</b> <b>Robert</b> <b>M.I.</b> <b>W.</b>	
<b>2. Committee Name</b> <b>Committee to Elect Bob Smith</b>		<b>4a. Office Sought Including District # or Community Served (If applicable)</b> <b>Macomb County Commissioner District 12</b>	
<b>5. Committee's Mailing Address</b> <b>39324 Eliot St.</b> <b>Clinton Township, MI 48036</b>  Area Code and Phone <u>(586) 465-4100</u> 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.		<b>4b. County of Residence</b> <b>MACOMB</b>	
<b>6. Treasurer's Name &amp; Residential Address</b> <b>Stella A. Smith</b> <b>39324 Eliot St.</b> <b>Clinton Township, MI 48036</b>  Area Code & Phone <u>(586) 465-4100</u>		<b>7. Treasurer's Business Address</b> <b>same as #6</b>  Area Code and Phone _____	
<b>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</b> <b>n/a</b>  Area Code and Phone _____		<b>9. TYPE OF STATEMENT</b> 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <u>11/08/16</u>	
<b>9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year</b> <b>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</b>		<b>9e. Dissolution of Candidate Committee</b> <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.	
<b>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.</b>			
<b>Current Treasurer or Designated Record keeper</b> <b>Stella A. Smith</b> Type or Print Name		<i>Stella A. Smith</i> Signature Date <b>12/8/2016</b>	
<b>Candidate</b> <b>Robert W. Smith Jr.</b> Type or Print Name		<i>Rob W. Smith Jr.</i> Signature Date <b>12/8/16</b>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 138271

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Bob Smith

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$250.00</u>	(18.) \$ <u>\$250.00</u>
<b>4. Other Receipts</b> (Schedule 1A -1, Column 6)	(4.) \$	<u></u>	(19.) \$ <u></u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>\$250.00</u>	(20.) \$ <u></u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions</b> (Schedule 1-IK, Column 7)	(6.) \$	<u>\$7,268.06</u>	(21.) \$ <u>\$7,268.06</u>
<b>7. In-Kind Expenditures</b> (Schedule 1B-IK, Column 6)	(7.) \$	<u></u>	(22.) \$ <u></u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$561.40</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u></u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$561.40</u>	(23.) \$ <u>\$561.40</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u></u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$28,862.15</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$10,002.60</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$250.00</u>	
<b>15. SUBTOTAL</b> Add lines 13 and 14	(15.) = \$	<u>\$10,252.60</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>\$561.40</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>\$9,691.20</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>11/25/16</u> Name & Address: <u>Aragona, Paul V.</u> <u>37020 Garfield Ste T-1</u> <u>Clinton Township, MI 48035</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>self - Aragona Properties</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ 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		<a href="#">Click Here for Memo Itemization</a>	
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		<a href="#">Click Here for Memo Itemization</a>	
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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal

\$250.00

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

\$250.00

Enter this total on  
line 2 of Summary

1 of 1



# 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 <u>all</u> 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: Bob Smith 36729 Moravian Dr. Clinton Twp., MI 48035  If over \$100.00 cumulative, please provide: Occupation: Attorney/Macomb County Commissioner Employer Name & Business Address:  Macomb County 40 N. Main Mt. Clemens, MI 48043  <input type="checkbox"/> Fund Raiser Contribution	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>10/24/16 - 11/28/16</u> 6. Vendor Name & Address: <u>various stations</u>	\$ <u>55.20</u>	\$ <u>55.20</u>
Contribution #2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Bob Smith 36759 Moravian Dr. Clinton Twp., MI 48035  If over \$100.00 cumulative, please provide: Occupation: Attorney/Macomb County Commissioner Employer Name & Address:  40 N. Main Mt. Clemens, MI 48043  <input type="checkbox"/> Fund Raiser Contribution	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>Phone</u> 5. Date Of Receipt: <u>10/24/16 - 11/28/16</u> 6. Vendor Name & Address: <u>Verizon Wireless</u>	\$ <u>158.00</u>	\$ <u>158.00</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Bob Smith 36759 Moravian Dr. Clinton Twp., MI 48035  If over \$100.00 cumulative, please provide: Occupation: Attorney/Macomb County Commissioner Employer Name & Address:  Macomb County 40 N. Main Mt. Clemens, MI 48043  <input type="checkbox"/> Fund Raiser Contribution	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>Meeting/food</u> 5. Date Of Receipt: <u>11/06/16 - 11/28/16</u> 6. Vendor Name & Address: <u>Jets Pizza 39101 Garfield Clinton Twp., MI 48038</u>	\$ <u>39.60</u>	\$ <u>3.9.60</u>

Page Subtotal

\$252.80

\$252.80

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

2. Committee Name Committee To Elect Bob Smith

### CANDIDATE COMMITTEE

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 <u>all</u> 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: American Graphics 34895 Groesbeck Clinton Twp., MI 48035  If over \$100.00 cumulative, please provide: Occupation: <b>Printing Company</b> 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- <b>LOAN</b> Description <u>mailings</u> 5. Date Of Receipt: <u>10/24/16</u> 6. Vendor Name & Address: American Graphics	\$ <u>3230.98</u>	\$ <u>3230.98</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: American Graphics 34895 Groesbeck Clinton Twp., MI 48035  If over \$100.00 cumulative, please provide: Occupation: <b>Printing Company</b> 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- <b>LOAN</b> Description <u>printing</u> 5. Date Of Receipt: <u>08/24/16</u> 6. Vendor Name & Address: American Graphics	\$ <u>79.50</u>	\$ <u>79.50</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: American Graphics 34895 Groesbeck Clinton Twp., MI 48035  If over \$100.00 cumulative, please provide: Occupation: <b>Printing Company</b> 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- <b>LOAN</b> Description <u>mailings</u> 5. Date Of Receipt: <u>10/31/16</u> 6. Vendor Name & Address: American Graphics	\$ <u>1852.39</u>	\$ <u>1852.39</u>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal      \$5,162.87      \$5,162.87

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 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 <u>all</u> 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: American Graphics 34895 Groesbeck Clinton Twp., MI 48035  If over \$100.00 cumulative, please provide: Occupation: <u>Printing Company</u> 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- <b>LOAN</b> Description <u>mailings</u> 5. Date Of Receipt: <u>11/03/16</u> 6. Vendor Name & Address: <u>American Graphics</u>	\$ <u>1852.39</u>	\$ <u>1852.39</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- <b>LOAN</b> 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- <b>LOAN</b> Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$      \$	
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$1,852.39** **\$1,852.39**

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

7268.06

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 <b>Chemical Bank</b>  Address 100 N. Main St. Mt. Clemens, MI 48043  <input type="checkbox"/> Fund Raiser	Purpose: <u>checks</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/15/16</u> Date	\$ <u>19.25</u>
Expenditure #2 Name <b>Bob Smith</b>  Address 36729 Moravian Dr. Clinton Twp., MI 48035  <input type="checkbox"/> Fund Raiser	Purpose: <u>robo calls reimbursement</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/28/16</u> Date	\$ <u>542.15</u>
Expenditure #3 Name <b>Combat Data</b>  Address 13262 Blaisdell St. DeWitt, MI 48820  <input type="checkbox"/> Fund Raiser	Purpose: <u>calls -\$175.00</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/16</u> Date	\$ _____
Expenditure #4 Name <b>Combat Data</b>  Address 13262 Blaisdell St. DeWitt, MI 48820  <input type="checkbox"/> Fund Raiser	Purpose: <u>calls- \$ 175.00</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/16</u> Date	\$ _____
Expenditure #5 Name <b>Combat Data</b>  Address 13262 Blaisdell St. DeWitt MI 48820  <input type="checkbox"/> Fund Raiser	Purpose: <u>calls - \$192.15</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/16</u> Date	\$ _____
Subtotal this page			\$561.40
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$561.40

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 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)  <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Bob Smith</b> 36729 Moravian Dr. Clinton Twp., MI 48035	4. Type: <u>mileage</u> 5. <u>Date Debt Was Incurred:</u> <u>10/24/16 - 11-28-16</u> 6. <u>Original Amount of Debt:</u> \$ <u>55.20</u>	\$ \$ \$ \$ \$	\$	\$ <u>55.20</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Bob Smith</b> 36729 Moravian Dr. Clinton Twp., MI 48035	4. Type: <u>Phone</u> 5. <u>Date Debt Was Incurred:</u> <u>10/24/16 - 11-28-16</u> 6. <u>Original Amount of Debt:</u> \$ <u>158.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>158.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Bob Smith</b> 36729 Moravian Dr. Clinton Twp., MI 48035	4. Type: <u>meeting/food</u> 5. <u>Date Debt Was Incurred:</u> <u>11/6/16</u> 6. <u>Original Amount of Debt:</u> \$ <u>39.60</u>	\$ \$ \$ \$ \$	\$	\$ <u>39.60</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$252.80**

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:  American Graphics 34895 Groesbeck Clinton Twp., MI 48035	4. Type: <u>mailings</u>  5. <u>Date Debt Was Incurred:</u> <u>10/24/16</u>  6. <u>Original Amount of Debt:</u> <u>\$ 3,230.98</u>	\$ \$ \$ \$ \$	\$	\$ <u>3,230.98</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:  American Graphics 34895 Groesbeck Clinton Twp., MI 48035	4. Type: <u>printing</u>  5. <u>Date Debt Was Incurred:</u> <u>8/24/16</u>  6. <u>Original Amount of Debt:</u> <u>\$ 79.50</u>	\$ \$ \$ \$ \$	\$	\$ <u>79.50</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:  American Graphics 34895 Groesbeck Clinton Twp., MI 48035	4. Type: <u>mailing</u>  5. <u>Date Debt Was Incurred:</u> <u>10/31/16</u>  6. <u>Original Amount of Debt:</u> <u>\$ 1,852.39</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,852.39</u>  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

**\$5,162.87**

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

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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:  American Graphics 34895 Groesbeck Clinton Twp., MI 48035	4. Type: <u>mailing</u>  5. <u>Date Debt Was Incurred:</u> <u>11/03/16</u>  6. <u>Original Amount of Debt:</u> <u>\$ 1,852.39</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 1,852.39</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> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</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> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u>  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

**\$1,852.39**

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

**7268.06**

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

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

1. Committee I.D. Number 138271

2. Committee Name Committee To Elect Bob Smith

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Bob Smith</b> 36729 Moravian Dr. Clinton Twp., MI 48035	4. Type: <u>Various</u> 5. <u>Date Debt Was Incurred:</u> <u>06/01/10 - 11-28-16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 18,599.09</u>	\$ \$ \$ \$ \$	\$	\$ 18,599.09 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Stella Smith</b> 39324 Eliot St. Clinton Twp., MI 48036	4. Type: <u>Various</u> 5. <u>Date Debt Was Incurred:</u> <u>06/01/10 - 11-28-16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,000.00</u>	\$ \$ \$ \$ \$	\$	\$ 3,000.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>American Graphics</b> 34895 Groesbeck Clinton Twp., MI 48035	4. Type: <u>Printing/mailling</u> 5. <u>Date Debt Was Incurred:</u> <u>8/24/16 - 11-28-16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 7,268.06</u>	\$ \$ \$ \$ \$	\$	\$ 7,268.06 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

**\$28,862.15**

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

**\$28,862.15**

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.

Page \_\_\_\_ of \_\_\_\_

Total amounts owed to Bob Smith, Stella Smith, American Graphics  
as of 11-28-16