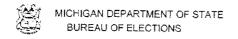
## CANDIDATE COMMITTEE COVER PAGE

## 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: 4-18-18 to 7-22-18			
1. Committee I.D. Number 139619		4. Candidate Last Name	First Name TRESE	M.I.	
2. Committee Name  CTE TRESE SERVITTO - SHITH		4a. Office Sought Including District # or Community Served (If applicable)  MACOMB COUNTY CLERK			
5. Committee's Mailing Address		4b. County of Residence 6. Treasurer's Name & Reside	1ACOMB		
11364 COVERED BRIDGE		TRESE M. SMITH			
BRUCE TWP, MI 48065		11364 COVERED BRIDGE			
Area Code and Phone 586-752-4238		BRUCE TWP, MI 48065			
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.		Area Code & Phone 586-752-4238			
7. Treasurer's Business Address  SAME AS ABOVE		Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
		NA			
				18 JUL 7	
Area Code and Phone		Area Code and Phone	3.0. 5.	<del>ra</del> F	
9a. Pre-Election OR 9b. Post-Election  Pre-Election or Post-Election Statement relates to:	is not on the current year:		by the committee to the cand by discharged and forgiven.	we settling any existending debt didate or his or he spouse is here and no longer celectible from the has no oustanding assets.	
<b>∑</b> Primary	July Quart	eny	owes no lates fees or has an	y ouslanding debt.	
General Constitution	October Quarterly		Further, if the dissolution car considered a request for the	not be granted, that this be Reporting Waiver.	
Convention			,		
Special School	9c. Annual Statement () Coverage Year		Effective date of d	issolution .	
Caucus 5	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of resi Schedule 1B and the Summ	dual funds must be reported on ary Page.	
Date of Election, Convention or Caucus					
8-7-18					
			*		
10. Verification: I/We certify that all reasonable diliger my/our knowledge and belief the contents are true, as	nce was used ocurate and co	in the preparation of this statemomplete.	ent and attached schedules (i	fany) and to the best of	
Current Treasurer or  Designated Record keeper TRESE M. 5  Type or Print Name	MITH	Ires My	Smil Date	7-25-18	
Type or Print Name		Signature	no a tra	***************************************	
Candidate TRESE M. SMITH		1 Jour M	Smil Date	7-25-18	
Type or Print Name		Signature	,		



1. Committee I.D. Number 139619

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE TRESE SERVITTO - SMITH

RECEIPTS	Column I	
3. Contributions	This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20,01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-JK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 18-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Uniternized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(4.7h. \ 0	
***************************************	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period		
(Line 5, Total Contributions & Other Receipts)	(14.) + \$	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$	
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$	
(Subtract line 16 from line 15)	(17.) \$	*