



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: <u>07/21/19</u> to <u>10/20/19</u>	
2. Committee Name CTE Bob Smith		4. Candidate Last Name Smith First Name Robert M.I. W. 4a. Office Sought Including District # or Community Served (If applicable) Macomb County Commissioner 4b. County of Residence MACOMB	
5. Committee's Mailing Address 39324 Eliot St. Clinton Twp., MI 48036 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.		6. Treasurer's Name & Residential Address Stella A. Smith 39324 Eliot St. Clinton Twp., MI 48036 Area Code & Phone <u>(586) 465-4100</u>	
7. Treasurer's Business Address same as #6 Area Code and Phone <u>(586) 465-4100</u>		8. Designated Record Keeper's Name and 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 type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input checked="" 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 lates 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 <u>Stella A. Smith</u> Date <u>10-25-19</u>	
Candidate Robert W. Smith Jr. Type or Print Name		Signature <u>Robert W. Smith Jr.</u> Date <u>10-25-19</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138271

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE BOB SMITH

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$0.00</u>	(18.) \$ <u>\$500.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$0.00</u>	(20.) \$ <u>\$500.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$636.60</u>	(21.) \$ <u>\$636.60</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u></u>	(22.) \$ <u></u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$3,509.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$3,509.00</u>	(23.) \$ <u>\$3,509.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u></u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$24,396.46</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$5,715.67</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u></u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$5,715.67</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$3,509.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$2,206.67</u>	*



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 138271

2. Committee Name CTE 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

If over \$100.00 cumulative, please provide:

Occupation: Commissioner/Attorney

Employer Name & Business Address:

Macomb County
40 N Main
Mt. Clemens, MI 48043

☐ Fund Raiser Contribution

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: 07/21/19 - 10/20/19

6. Vendor Name & Address:

various stations

[Click Here for Memo Itemization](#)

\$ 107.30 \$ 107.30

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

Bob Smith
36729 Moravian
Clinton Twp., MI

If over \$100.00 cumulative, please provide:

Occupation: Commissioner/Attorney

Employer Name & Address:

Macomb County
40 N Main
Mt. Clemens, MI 48043

☐ Fund Raiser Contribution

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: 07/21/19 - 10/20/19

6. Vendor Name & Address:

Verizon

[Click Here for Memo Itemization](#)

\$ 413.61 \$ 413.61

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

\$ 520.91

\$ 520.91

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

CANDIDATE COMMITTEE

1. Committee I. D. Number 138271

2. Committee Name CTE 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 Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: <u>Commissioner/Attorney</u> 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>food/meeting</u> 5. Date Of Receipt: <u>09/24/19</u> 6. Vendor Name & Address: Ms. Mary Restaurant 34010 Gratiot Clinton Twp., MI 48035 Click Here for Memo Itemization	\$ 54.70	\$ 54.70
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Bob Smith 36729 Moravian Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: <u>Commissioner/Attorney</u> 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>food/meeting</u> 5. Date Of Receipt: <u>09/29/19</u> 6. Vendor Name & Address: Little Caesars 19 S. Groesbeck Mt. Clemens, MI 48043 Click Here for Memo Itemization	\$ 22.26	\$ 22.26
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Bob Smith 36729 Moravian Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: <u>Commissioner/Attorney</u> 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>food/meeting</u> 5. Date Of Receipt: <u>10/15/19</u> 6. Vendor Name & Address: Juan Miguels 21342 Hall Rd. Clinton Twp., MI 48038 Click Here for Memo Itemization	\$ 38.73	\$ 38.73

Page Subtotal \$115.69 \$115.69

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 636.60

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138271
2. Committee Name CTE Bob Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Chemical Bank</u> Address <u>100 N Main St.</u> <u>Mt. Clemens, MI 48046</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>bank fees</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/16/19</u> Date	\$ <u>3.00</u>
Expenditure #2 Name <u>Bob Smith</u> Address <u>36729 Moravian</u> <u>Clinton Twp., MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>payment of debt and obligations</u> Click Here for Memo Itemization Type <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/27/19</u> Date	\$ <u>2500.00</u>
Expenditure #3 Name <u>Chemical Bank</u> Address <u>100 N. Main St.</u> <u>Mt. Clemens, MI 48046</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>bank fee</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/19</u> Date	\$ <u>3.00</u>
Expenditure #4 Name <u>Chemical Bank</u> Address <u>100 N. Main St.</u> <u>Mt. Clemens, MI 48046</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>bank fee</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/19</u> Date	\$ <u>3.00</u>
Expenditure #5 Name <u>Bob Smith</u> Address <u>36729 Moravian</u> <u>Clinton Twp., MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>payment of debt and obligation</u> Click Here for Memo Itemization Type <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/19</u> Date	\$ <u>1000.00</u>
Subtotal this page			\$3,509.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$3,509.00

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138271
2. Committee Name CTE 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>phone</u> 5. <u>Date Debt Was Incurred:</u> <u>07/21/19 - 10/20/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>413.61</u>	\$ \$ \$ \$ \$	\$	\$ <u>413.61</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>mileage</u> 5. <u>Date Debt Was Incurred:</u> <u>7/21/19 - 10/20/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>107.30</u>	\$ \$ \$ \$ \$	\$	\$ <u>107.30</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) **\$520.91**

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 CTE 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 46729 Moravian Clinton Twp, MI 48035	4. Type: <u>food/meeting</u> 5. <u>Date Debt Was Incurred:</u> <u>09/24/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>54.70</u>	\$ \$ \$ \$ \$	\$	\$ <u>54.70</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 46729 Moravian Clinton Twp., MI 48035	4. Type: <u>food/meeting</u> 5. <u>Date Debt Was Incurred:</u> <u>9/29/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>22.26</u>	\$ \$ \$ \$ \$	\$	\$ <u>22.26</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 46729 Moravian Clinton Twp., MI 48035	4. Type: <u>food/meeting</u> 5. <u>Date Debt Was Incurred:</u> <u>10/15/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>37.73</u>	\$ \$ \$ \$ \$	\$	\$ <u>38.73</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) **\$115.69**

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

636.60

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 CTE 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 36759 Moravian Clinton Twp., MI 48035	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>3,500.00</u>	\$ <u>20,996.46</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Stella Smith 39324 Eliot Clinton Twp., MI 48036	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>3,400.00</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)

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

\$24,396.46

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 _____
last report 27,759.86
+ 636.60
- 3,500.00
24,396.46

Bob 23,859.86 last report
- 3,500.00
+ 636.60
20,996.46