



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

140086

2. Committee Name

CTE Moira Smith

5. Committee's Mailing Address

41280 Utica Road
Sterling Heights, MI 48313

Area Code and Phone (586) 939-1076

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.

7. Treasurer's Business Address

41280 Utica Road
Sterling Heights, MI 48313

Area Code and Phone (586) 764-5599

3. This Statement covers From:

04/09/21

to

07/18/21

4. Candidate Last Name

Smith

First Name

Moira

M.I.

J

4a. Office Sought Including District # or Community Served (If applicable)

Sterling Heights City Council

4b. County of Residence MACOMB

6. Treasurer's Name & Residential Address

Moira Smith
41280 Utica Road
Sterling Heights, MI 48313

Area Code & Phone (586) 764-5599

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

Moira Smith
41280 Utica Road
Sterling Heights, MI 48313

Area Code and Phone (586) 764-5599

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

08/03/21

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

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

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record keeper

Moira Smith

Type or Print Name

Signature

Date

7-19-21

Candidate

Moira Smith

Date

7-19-21



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140086

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Moira Smith

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>30,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$30,000.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$30,000.00</u>	(20.) \$ <u>\$30,000.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-K, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$8,223.96</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>\$8,223.96</u>	(23.) \$ <u>\$8,223.96</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$30,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$30,000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$30,000.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$8,223.96</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$21,776.04</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140086
2. Committee Name CTE Moira 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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/29/21

Name & Address:

Moira Smith
41280 Utica Road
Sterling Heights, MI 48313

\$ 30000

\$ 30000

5. If over \$100.00 cumulative, please provide:

Occupation retiree Employer none

[Click Here for Memo Itemization](#)

Business Address 41280 Utica Road, SH MI 48313

Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **\$30,000.00**

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

\$30,000.00

Enter this total on



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 140086
2. Committee Name CTE Moira Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Discount Mugs Address 12610 NW 115th Street Medley, FL 33178 <input type="checkbox"/> Fund Raiser	Purpose: <u>frisbies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/12/21</u> Date	\$ <u>502.44</u>
Expenditure #2 Name Comerica Address Box 75000 Detroit, MI 48275 <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>06/11/21</u> Date	\$ <u>26.85</u>
Expenditure #3 Name C and G Publishing Address 13650 11 Mile Warren, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/21</u> Date	\$ <u>4100</u>
Expenditure #4 Name Italian Tribune Address Box 380407 Clinton Twp, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/21</u> Date	\$ <u>504</u>
Expenditure #5 Name Pit Stop Graphics Address 6075 18 Mile SH, MI 48314 <input type="checkbox"/> Fund Raiser	Purpose: <u>magnetic signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/21</u> Date	\$ <u>65</u>

Subtotal this page **\$5,198.29**

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

Enter this total
on line 8a of

1 of 3



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140086
2. Committee Name CTE Moira Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Wild Bill Signs Address 40207 Moravian Clinton Twp, MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: <u>signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/21</u> Date	\$ <u>1200</u>
Expenditure #2 Name Compass Graphics Address 32806 Ryan Warren, MI 48092 <input type="checkbox"/> Fund Raiser	Purpose: <u>cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/07/21</u> Date	\$ <u>67.70</u>
Expenditure #3 Name Italian Tribune Address Box 380407 Clinton Twp, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/17/21</u> Date	\$ <u>504</u>
Expenditure #4 Name Sawicki Signs Address 1522 lafayette Detroit, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/27/21</u> Date	\$ <u>942.08</u>
Expenditure #5 Name Compass Graphics Address 32806 Ryan Warren, MI 48092 <input type="checkbox"/> Fund Raiser	Purpose: <u>cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/21</u> Date	\$ <u>47.70</u>

Subtotal this page **\$2,761.48**

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

Enter this total
on line 8a of

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140086**
2. Committee Name **CTE Moira Smith**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Home Depot Address 37000 Van Dyke Sterling Heights, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: sign parts <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/14/21 Date	\$ 36.39 Click Here for Memo Itemization Type
Expenditure #2 Name C and G Publishing Address 13650 E 11 Mile Warren, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: ad <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/21 Date	\$ 227.8 Click Here for Memo Itemization Type
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page

\$264.19

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

\$8,223.96

Enter this total
on line 8a of

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140086
2. Committee Name CTE Moira 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: Moira Smith 41280 Utica Road SH MI. 48313	4. Type: <u>persoanl loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04/12/21</u> 6. <u>Original Amount of Debt:</u> <u>\$ 30,000.00</u>	<u>04/12/21</u> \$ <u>30,000.00</u> \$ \$ \$ \$	\$ <u>30,000.00</u> 	\$ <u>30,000.00</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) **\$30,000.00**

Grand Total of all Schedules 1E **\$30,000.00**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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