

## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	04/05/21	to 07	/18/21			
1. Committee I.D. Number		4. Candidate Last Name	F	irst Name		M.I.		
140086		Smith	Moira	ì		J		
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)						
CTE Moira Smith		Sterling Heights City	Council					
		4b. County of Residence MA	COMB					
5. Committee's Mailing Address 41280 Utica Road Sterling Heights, MI 48313		6. Treasurer's Name & Reside	ential Address	internetal tasumma traspungs surbusurah ginapuning pitangal Aribin dan				
		Moira Smith	41280 Utica Road					
		Sterning Heights, W	140313		* (7)	la l		
(596) 020 4076								
Area Code and Phone (586) 939-1076 If the address in this box is different from the committee		79 T						
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone (586) 764-5599				S. S. S.		
7. Treasurer's Business Address		Designated Record Keeper		dress (If the co	mmittee has	No.		
41280 Utica Road		Designated Record Keeper)  Moira Smith			The same of the sa			
Sterling Heights, MI 48313		41280 Utica Road			是 华			
		Sterling Heights, M	1 48313					
		Ctorming Floriginto, W	1 100 10					
Area Code and Phone (586) 764-5599		Area Code and Phone (586	6) 764-5599			_		
9. TYPE OF STATEMENT	T		9e. Dissolutio	on of Candida	te Committee	9		
9a. X Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the			ng this item I/W				
Pre-Election or Post-Election Statement relates to:	current year	•	by the committee to the candidate or his or her spou- by discharged and forgiven, and no longer collectible				rom	
<b>∑</b> Primary	July Quar	terly		the committee. The committee has no oustanding assets owes no lates fees or has any oustanding debt.				
	October Quarterly							
General			Further, if the d considered a re	issolution canr equest for the F	not be granted Reporting Wai	d, that this b iver.	e	
	00 -							
Special	9c. Annual Statement () Coverage Year		Effective date of dissolution					
School	[57] A							
(Com		ndment to Campaign Statement plete Item 9a, 9b, 9c or 9e to	Note: The disposition of residual funds must be reported or			ad an		
	indicate which Statement is being amended.)		Schedule 1B and the Summary Page.					
Date of Election, Convention or Caucus		,						
08/03/21								
06/03/21								
10. Verification: I/We certify that all reasonable dilig ny/our knowledge and belief the contents are true,	ence was used accurate and c	in the preparation of this statem	nent and attached	d schedules (if	any) and to th	ne best of		
Current Treasurer or Moira Smith	Man	4		7 26	21			
Designated Record keeper		Signature	ans	—— Date	7-26	)-∠		
Type or Print Name		Signature						
Candidate Moira Smith	Mora Sim	The	Date	7-26	5-21			
			1001					