



**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

Moira Smith  
41280 Utica Road  
Sterling Heights, MI 48313

Area Code and Phone (586) 764-5599

3. This Statement covers From:

08/24/2021 to 10/17/2021

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

11/02/2021

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 hereby 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

10-19-2021

Candidate

Moira Smith

Date

10-19-21



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>2,517.20</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$2,517.20</u>	(18.) \$ <u>\$32,517.50</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>\$2,517.20</u>	(20.) \$ <u>\$32,517.50</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-K, Column 7)	(6.) \$ <u>\$312.80</u>	(21.) \$ <u>\$312.80</u>
7. In-Kind Expenditures (Schedule 1B-K, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$5,877.14</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$5,777.14</u>	(23.) \$ <u>\$16,381.84</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.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$19,495.90</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$2,517.50</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$22,013.40</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$5,877.74</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$16,135.66</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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 <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>08/29/2021</u> Name & Address: <u>Sadeer Fargo</u> <u>34680 Huntley Apt K34</u> <u>SH MI 48312</u>		\$ <u>20</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ 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 <u>08/30/2021</u> Name & Address: <u>Judy Moreau</u> <u>12758 De Cook</u> <u>SH MI 48313</u>		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>none</u> Business Address _____ 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 # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/03/2021</u> Name & Address: <u>Lenorah Helser</u> <u>38895 Dodge Park</u> <u>SH MI 48312</u>		\$ <u>600</u>	\$ <u>600</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>none</u> Business Address _____ 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 # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2021</u> Name & Address: <u>Cindy Zitney</u> <u>33728 Sarafina</u> <u>SH MI 48312</u>		\$ <u>400</u>	\$ <u>400</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>health services</u> Employer <u>self employed</u> Business Address <u>home</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>	

Page Subtotal \$1,170.00

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

Enter this total on

1 of 3



**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 <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>09/17/2021</u> Name & Address: <u>Corrine Elwert</u> <u>35728 Evanston</u> <u>SH MI 48312</u>		\$ <u>60</u>	\$ <u>60</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2    PAC Receipt? <input type="checkbox"/> YES    4. Date of Receipt <u>09/20/2021</u> Name & Address: <u>District 10 GOP</u> <u>48653 Van Dyke</u> <u>Shelby Twp MI 48317</u>		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>statesmanship</u> Employer <u>GOP</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		Click Here for Memo Itemization	
3. Contribution #3    PAC Receipt? <input checked="" type="checkbox"/> YES    4. Date of Receipt <u>09/20/2021</u> Name & Address: <u>Stanley Grot for Michigan Republicans</u> <u>11927 Hiawatha Drive</u> <u>Shelby Twp MI 48315</u>		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>clerk</u> Employer <u>NOT RECD. Shelby Twp MI</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4    PAC Receipt? <input type="checkbox"/> YES    4. Date of Receipt _____ Name & Address: <u>James R Hettwer</u> <u>43351 Aspen</u> <u>SH MI 48313</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$560.00**

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

Enter this total on \_\_\_\_\_

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/28/2021</u>	
Name & Address: <b>Chester Rudnicki</b> <b>37131 Almont</b> <b>Sterling Heights, MI 48310</b>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ 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 <u>10/02/2021</u>	
Name & Address: <b>Roy Wilson</b> <b>34733 Fargo</b> <b>Sterling Heights, MI 48312</b>		\$ <u>312.5</u>	\$ <u>321.5</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>none</u> Business Address _____ 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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/2021</u>	
Name & Address: <b>Sharon Pokorski</b> <b>37115 Castleton</b> <b>Sterling Heights, MI 48312</b>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ 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 # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/13/2021</u>	
Name & Address: <b>SHUR (Sterling Heights Utica Republicans)</b> <b>44020 Trillium</b> <b>Sterling Heights, MI 48314</b>		\$ <u>325</u>	\$ <u>325</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PAC</u> Employer _____ Business Address _____ 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>	

Page Subtotal **\$787.50**

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

**\$2,517.50**

Enter this total on  
line 3a of Summary

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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 140086

### CANDIDATE COMMITTEE

2. Committee Name Committee To Elect Moira 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? <input type="checkbox"/> Yes Name & Address: <b>Paul M Smith</b> <b>41280 Utica Road</b> <b>Sterling Heights, MI 48313</b> If over \$100.00 cumulative, please provide: Occupation: <b>retiree</b> Employer Name & Business Address: <b>NONE</b>	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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- LOAN Description <u>Newspaper ad</u> 5. Date Of Receipt: <u>09/29/2021</u> 6. Vendor Name & Address: <b>C &amp; G News</b> <b>13650 11 Mile</b> <b>Warren, MI 48089</b>	\$ <b>312.80</b>	\$ <b>312.80</b>
<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- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:  Click Here for Memo Itemization	\$ _____	\$ _____
<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- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:  Click Here for Memo Itemization	\$ _____	\$ _____
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$312.80** **\$312.80**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **\$312.80**

Enter this total  
on line 6 of Summary



**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
<b>Expenditure #1</b> <b>Name Fed Ex</b> <b>Address</b> <b>37160 Van Dyke</b> <b>Sterling Hts, MI 48312</b> <input type="checkbox"/> Fund Raiser	<b>Purpose:</b> <u>copies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/30/2021</u> Date	<u>\$ 2.23</u> <a href="#">Click Here for Memo Itemization Type</a>
<b>Expenditure #2</b> <b>Name Fed Ex</b> <b>Address</b> <b>37160 Van Dyke</b> <b>Sterling Hts, MI 48312</b> <input type="checkbox"/> Fund Raiser	<b>Purpose:</b> <u>copies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/03/2021</u> Date	<u>\$ 14.31</u> <a href="#">Click Here for Memo Itemization Type</a>
<b>Expenditure #3</b> <b>Name Home Depot</b> <b>Address</b> <b>37000 Van Dyke</b> <b>Sterling Hts, MI 48312</b> <input type="checkbox"/> Fund Raiser	<b>Purpose:</b> <u>posts &amp; ties</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/2021</u> Date	<u>\$ 82</u> <a href="#">Click Here for Memo Itemization Type</a>
<b>Expenditure #4</b> <b>Name Pit Stop Graphics</b> <b>Address</b> <b>6075 18 Mile</b> <b>Sterling Heights, MI 48314</b> <input type="checkbox"/> Fund Raiser	<b>Purpose:</b> <u>signs &amp; truck letters</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/09/2021</u> Date	<u>\$ 715.</u> <a href="#">Click Here for Memo Itemization Type</a>
<b>Expenditure #5</b> <b>Name Compass Graphics</b> <b>Address</b> <b>32806 Ryan</b> <b>Warren, MI 48092</b> <input type="checkbox"/> Fund Raiser	<b>Purpose:</b> <u>cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2021</u> Date	<u>\$ 254.40</u> <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **\$1,067.94**

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

Enter this total  
on line 8a of



**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
<b>Expenditure #1</b> Name <b>Wild Bill's Signs</b> Address <b>40207 Moravian Clinton Twp, MI 48036</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>yard signs</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/14/2021</b> Date	<b>\$ 600.00</b> Click Here for Memo Itemization Type
<b>Expenditure #2</b> Name <b>C &amp; G News</b> Address <b>13650 11 Mile Warren, MI 48089</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>ads</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/16/2021</b> Date	<b>\$ 977.50</b> Click Here for Memo Itemization Type
<b>Expenditure #3</b> Name <b>Italian Tribune</b> Address <b>Box 380407 Clinton Twp, MI 48038</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>ads</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/20/2021</b> Date	<b>\$ 504.00</b> Click Here for Memo Itemization Type
<b>Expenditure #4</b> 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
<b>Expenditure #5</b> Name <b>Italian Tribune</b> Address <b>Box 380407 Clinton Twp, MI 48038</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>ads</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/04/2021</b> Date	<b>\$ 504.00</b> Click Here for Memo Itemization Type

Subtotal this page **\$2,585.20**

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

Enter this total  
on line 8a of

2





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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 <b>Wild Bill's Signs</b> Address <b>40207 Moravian Clinton Twp, MI 48036</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>yard signs</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/23/2021</b> Date	<b>\$ 600</b>
Expenditure #2 Name <b>Sterling Heights</b> Address <b>40555 Utica Road Sterling Heights, MI 48313</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>sign fee</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/27/2021</b> Date	<b>\$ 5</b>
Expenditure #3 Name <b>Compass Graphics</b> Address <b>32806 Ryan Warren, MI 48092</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>cards</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/28/2021</b> Date	<b>\$ 254</b>
Expenditure #4 Name <b>Italian Tribune</b> Address <b>Box 380407 Clinton Twp, MI 48038</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>ads</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/14/2021</b> Date	<b>\$ 504</b>
Expenditure #5 Name <b>C &amp; G News</b> Address <b>13650 11 Mile Warren, MI 48089</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>ads</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/14/2021</b> Date	<b>\$ 391</b>

Subtotal this page **\$1,363.40**

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

Enter this total  
on line 8a of  
Summary Page

3



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Wild Bill's Signs</b> Address <b>40207 Moravian Clinton Twp, MI 48036</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>signs</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/14/2021</b> Date	<b>\$ 600</b>
Expenditure #2 Name <b>Compass Graphics</b> Address <b>32806 Ryan Warren, MI 48092</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>cards</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/04/2021</b> Date	<b>\$ 254.40</b>
Expenditure #3 Name <b>Sterling Heights</b> Address <b>40555 Utica Road Sterling Heights, MI 48313</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>precinct map</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/14/2021</b> Date	<b>\$ 6.50</b>
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	\$ _____
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	\$ _____

Subtotal this page

**\$860.90**

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

**\$5,877.74**

Enter this total  
on line 8a of  
Summary Page

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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: <b>Moira Smith</b> <b>41280 Utica Road</b> <b>Sterling Heights, MI 48313</b>	4. Type: <u>personal loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04/12/2021</u> 6. <u>Original Amount of Debt:</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**

(Complete on last page of Schedule showing amounts owed by or to the committee)

Grand Total of all Schedules 1E

**\$30,000.00**

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.