



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.

3. This Statement covers From: 08/04/2021 to 10/17/2021

1. Committee I.D. Number
140086

2. Committee Name
CTE Moira Smith

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**

5. Committee's Mailing Address
**41280 Utica Road
Sterling Hts, MI 48313**

Area Code and Phone (586) 764-5599
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
**Moira Smith
41280 Utica Road
SH MI 48313**

Area Code & Phone (586) 764-5599

7. Treasurer's Business Address
same

Area Code and Phone _____

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

Area Code and Phone _____

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 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 **Moira Smith** *Moira Smith* Date **10-25-21**

Candidate **Moira Smith** *Moira Smith* Date **10-25-21**



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>2,517.20.50</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.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$2,517.20.50</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$312.50</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$5,861.20</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>\$5,861.20</u>	(23.) \$ _____
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.) \$ _____
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>\$20,547.30</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>\$23,064.80</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$5,861.20</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$17,203.60</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 <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: Corrine Elwert 35728 Evanston SH MI 48312 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	\$ 60 _____ \$ _____	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: Stanley Grot for Michigan Republicans 11927 Hiawatha Drive Shelby Twp MI 483177 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	\$ 150 _____ \$ _____	Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/2021</u> Name & Address: District 10 GOP 48653 Van Dyke Shelby Twp, MI 48317 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	\$ 250 _____ \$ _____	Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/24/2021</u> Name & Address: James R Hettwer 43351 Aspen SH MI 48313 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ 100 _____ \$ _____	Click Here for Memo Itemization

2
of 3

Page Subtotal **\$560.00**

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

Enter this total on
line 3a of Summary



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140086

CANDIDATE COMMITTEE

2. Committee Name CTE 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)	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: Paul M Smith 41280 Utica Road SH MI 48313 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: none <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 checked="" 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>09/21/2021</u> 6. Vendor Name & Address: C & G News 13650 11 Mile Warren, MI 48089 Click Here for Memo Itemization <input type="button" value="v"/>	\$ <u>312.50</u> \$ _____	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <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 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="button" value="v"/>	\$ _____ \$ _____	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <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 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="button" value="v"/>	\$ _____ \$ _____	

1/2/1

Page Subtotal **\$312.50**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$312.50**

Enter this total
on line 6 of Summary
Page



**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 SH MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: _____ <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>\$ 82.00</u>
Expenditure #2 Name Pit Stop Graphics Address 6075 18 Mile SH MI 48314 <input type="checkbox"/> Fund Raiser	Purpose: <u>signs & 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>\$ 715.00</u>
Expenditure #3 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>09/15/2021</u> Date	<u>\$ 254.40</u>
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 **\$1,051.40**

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

Enter this total
on line 8a of
Summary Page

1 of 4



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

2 of 4.

2,585.50

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



**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's Signs Address 40207 Moravian Clinton Twp, MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: <u>yard signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/2021</u> Date	<u>\$ 600</u>
Expenditure #2 Name Sterling Heights Address 40555 Utica Road Sterling Heights, MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>sign fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2021</u> Date	<u>\$ 5</u>
Expenditure #3 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>09/28/2021</u> Date	<u>\$ 254.40</u>
Expenditure #4 Name Italian Tribune Address Box 380407 Clinton Twp, MI 48038 <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>10/14/2021</u> Date	<u>\$ 504</u>
Expenditure #5 Name C & G News 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>10/14/2021</u> Date	<u>\$ 391</u>

3 of 4.

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



**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 Bills 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>10/14/2021</u> Date	<u>\$ 600.00</u> Click Here for Memo Itemization Type
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>10/04/2021</u> Date	<u>\$ 254.40</u> Click Here for Memo Itemization Type
Expenditure #3 Name City of Sterling Heights Address 40555 Utica Road SH MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>map</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/2021</u> Date	<u>\$ 6.50</u> 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 **\$860.90**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$5,861.20**

Enter this total
on line 8a of
Summary Page

4 of 4