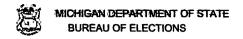


## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

# CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

				·		
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	08/04/2021 to 10	0/17/2021		
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.		
140086		Smith	Moira	J		
		4a. Office Sought Including Dis	trict # or Community Served (I	f applicable)		
2. Committee Name		Sterling Heights City Council				
CTE Moira Smith		4b. County of Residence MA	COMB			
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Address			
41280 Utica Road Sterling Hts, MI 48313		Moira Smith				
Sterling His, Wil 40313		41280 Utica Road  SH MI 48313				
		311 WII 403 13				
(E9C) 7CA EE90						
Area Code and Phone (586) 764-5599 If the address in this box is different from the commi	ittee					
mailing address on the Statement of Organization, r be sent to this address by the filing official.	nail may	Area Code & Phone (586) 7	64-5599			
7. Treasurer's Business Address		)	's Name and Address (If the co	ymmittee has a		
same		Designated Record Keeper)				
		same				
A O. d 4.50.						
Area Code and Phone	<del></del>	Area Code and Phone	9e. Dissolution of Candida	te Committee		
9. TYPE OF STATEMENT	Required Of	NLY if candidate				
9a. X Pre-Election OR 9b. Post-Election	current year	ballot for the	by the committee to the candi	Ve certify any outstanding debt idate or this or ther spouse is there		
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven, a the committee. The committee	and no longer collectible from ee has no oustanding assets.		
Primary	July Quar	terty	owes no lates fees or has any	•		
	October C	Quarterly	Further, if the dissolution cann	not be awanted that this be		
Convention			considered a request for the F	Reporting Walver.		
	_					
Special	Annu	al Statement ()	Effective date of dis	ssolution		
L_ISchool		Coverage Year				
Caucus	9d. X Amer (Com	idment to Campaign Statement plete Item 9a, 9b, 9c or 9e to				
	indica amen	te which Statement is being	Schedule 1B and the Summa	lual funds must be reported on array Page.		
		uca.,				
Date of Election, Convention or Caucus						
11/02/2021						
10. Verification: I/We certify that all reasonable dilige	nce was used	in the preparation of this statem	ent and attached schedules (if	any) and to the best of		
my/our knowledge and belief the contents are true, a				any, and to allo book of		
Current Treasurer or Moira Smith		MANU CS	m b	10-25-21		
Designated Record keeper Type or Print Name		, Signature	Date	10-20-21 		
			1			
Candidate Moira Smith		MANASTR	nh Date	10-25-21		
Time or Drint Name		Ginnatura	- Julie	<del></del>		

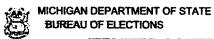


1. Committee I.D. Number 140086

# **SUMMARY PAGE**

2. Committee Name CTE Moira Smith

CANDIDATE COMMITTEE		
RECEPTS	Column I This Period	Column II
3. Contributions	THIS FORMU	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 2,517.29 .50	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$2,517.20	(18.)\$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <b>\$0.00</b>	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$2,517 <b>@3</b> .50	(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.) \$ \$5,861.20	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(6b.) \$ \$0.00	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$5,861.20	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.)\$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$30,000.00	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
	BALANCE STATEMENT	
13. Ending Salance of last report filed	(13.) \$ \$20,547.30	
(Enter zero if no previous reports have been filed.)	(14.) + \$ <b>\$2</b> ,517.50	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)		
15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$23,064.80	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <b>\$5,861.20</b>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$17,203.60	•



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 140086

2. Committee Name CTE Moira Smith

Enter this total on line 3a of Summary

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.			me, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
3. Contribution # 1 Name & Address: Corrine Elwer 35728 Evans: SH MI 48312	-	YES 4. Date of R	teceipt <u>09/17/2021</u>	<sub>\$</sub> 60	<b>\$</b>
5. If over \$100.00 cur	nulative, please pro	ovide:		Click Horo	for Memo Itemization
Occupation		Employer		—— Click nere	ior memo itemization
Business Address				_	
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of R	teceipt <u>09/20/2021</u>		
Stanley Grot for 11927 Hiawati Shelby Twp N	ha Drive	epublicans		<sub>\$</sub> 150	\$
5. <b>If over \$100.09 c</b> un	nulative, please pro	wide:		Click Here t	for Memo Itemization
Occupation		_ Employer			
Business Address				-	
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address: District 10 GC 48653 Van D Shelby Twp, I	yke	YES 4. Date of F	Receipt 09/20/2021	<sub>\$</sub> 250	_ \$
5. If over \$100.00 cun		vide:		Click Here for	or Memo Itemization
Occupation		Employer		_	
Business Address				_	
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?	YES 4. Date of	Receipt <u>09/24/2021</u>		
James R Hetty 43351 Aspen SH MI 48313	wer			<sub>\$</sub> 100	_ \$
5. If over \$100.00 cur	nulative, please pro	vide:		Cliek Horo fe	on thomas the mineties
Occupation		Employor		—— Click riefe to	or Memo Itemization
Duninga Adda		_ Employer			1
Business Address				_	
Type of Contribution:	Direct	Loan from a person	Fund Raiser	_	
	Direct		Fund Raiser Page So		_
	Direct	Loan from a person	<del></del>	es 1A	_

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## **ITEMIZED IN-KIND CONTRIBUTIONS**

#### **SCHEDULE 1-IK**

1. Committee I. D. Number 140086

U	Ar	NDI	U	41	U	U	VI	MI	ı	•	E
					 ~~				7	7	Ξ

2. Committee Name CTE Moira Smith

CANDIDATE COMIT			
Name and Address from whom received if contribution is from an individual, enter test 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.	Type of In-Kind Contribution (Check applicable box)     Date of Receipt     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: Paul M Smith	<del>y</del> ,	312.50 <sub>\$</sub>	
41280 Utica Road SH MI 48313 If over \$100.00 cumulative, please provide:	Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others- LOAN  newspaper ad		
Occupation: Employer Name & Business Address:	Description newspaper ad  5. Date Of Receipt: 09/21/2021		
none	6. Vendor Name & Address:	ick Here for Memo ster	mization 🔻
Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others- LOAN  Description  5. Date Of Receipt:  6. Vendor Name & Address:		
Fund Raiser Contribution	Cli	ick Here for Memo Iter	mization 🔽
Contribution #3 PAC Receipt? Yes Name & Address:	4.	\$_	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others- LOAN  Description  5. Date Of Receipt:  6. Vendor Name & Address:	ick Here for Memo Itel	mization 🔻
Fund Raiser Contribution		<del></del>	
i /) (	Page Subtota	\$312.50	

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

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

2 Name and address of assess as conducts when said	I d Dumana (Danwinsd Information)	E D-4-	£ 4
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Home Depot		09/08/2021	00.00
Tiome Depot			\$ <u>82.00</u>
Address	Purpose:	Date	
37000 Van Dyke			
SH MI 48312	Click H	ere tor Memo	ttemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement	<del></del>	
Expenditure #2			
Name Pit Stop Graphics		09/09/2021	\$ 715.00
• •	nima P tauck lattern	Date	\$ <u>7 13.00</u>
Address	Purpose: signs & truck letters		
6075 18 Mile	OF-1-11	6 11	
SH MI 48314	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #3			
Name Compass Graphics		09/15/2021	
Compact Crapmet	1 .		\$254.40
Address	Purpose: cards	Date	
32806 Ryan			
Warren, MI 48092	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name			
	•	Date	\$
Address	Purpose:		
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Turio (valse)	statement		
Expenditure #5	]		
Name			
		<del></del>	\$
Address	Purpose:	Date	
	Oliah U	oro for Momo	Itemization Type
	Check box if this expenditure is payment of	era ioi Mellio	пониданон туре
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subtot	al this page	\$1,051.40
		. •	Ψ1,001.70

1 of 4

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 Bill's Signs		09/14/2021	s 600.00
Title Dime Olgilo	Purpose: yard signs	Date	\$ 000.00
Address 40207 Moravian	Purpose: Yard Signs		
Clinton Twp, MI 48036	Click H	ere for Memo	Itemization Type
Cilitori Twp, Mi 40030	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name C & G News	,	09/16/2021	s 977.50
<b>.</b>	Purpose: ads	Date	
Address	Purpose:		
13650 11 Mile	Click H	ere for Memo	temization Type 🔻
Warren, MI 48089	Check box if this expenditure is payment of		
m	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name Italian Tribune		09/20/2021	- 504.00
	ade	Date	\$ <u>504.00</u>
Address Box 380407	Purpose: ads	54.0	
Clinton Twp, MI 48038	Click Ho	ere for Memo i	temization Type
Canton Twp, wa 40030	Check box if this expenditure is payment of		lenes)
Fund Raiser	debt or obligation reported on previous		
<u> </u>	statement	· · · · · · · · · · · · · · · · · · ·	
Expenditure #4			
Name			
		Date	\$
Address	Purpose:		
	Click H	ere for Memo I	ternization Type
	_		" loud
<del> </del>	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			•
Name Italian Tribune		10/04/2021	
		Date	\$504.00
Address Box 380407	Purpose: ads	Date	
Clinton Twp, MI 48038	Click H	ere for Memo	temization Type
Cilitari 1 trp, ini 10000	Check box if this expenditure is payment of		ا البينية 
Fund Raiser	debt or obligation reported on previous statement		
		al this page	\$2 X95 20
) X	a 5.50 - summ	er ano hafta	\$2,585.20
2 de 4.	Subtool  Grand Total of all S  (Complete on last page		•

Enter this total on line 8a of



### **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

140086 1. Committee I. D. Number

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		09/23/2021	s 600
Address	Purpose: yard signs	Date	
40207 Moravian			
Clinton Twp, MI 48036	Clok H	tere tor Memo	temization Type
• •	Check box if this expenditure is payment of		
Fund Raiser	debt ar obligation reported on previous statement		
Expenditure #2			
Name Sterling Heights		09/27/2021	\$ 5
Address	Purpose: sign fee	Date	
40555 Utica Road	Clint H	one for Morne	temization Type
Sterling Heights, MI 48313		or to the the	
-	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name Compass Graphics		09/28/2021	\$254,40
Address	Purpose: Cards	Date	
32806 Ryan		1	$\checkmark \setminus A$
Warren, MI 48092	Click H	ere for Memo I	ternization Type
•	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	O O O O O O O O O O O O O O O O O O O		
•			
Name Italian Tribune		10/14/2021	s 504
Address	Purpose: ads	Date	<u> </u>
Box 380407	Pulpose.		
Clinton Twp, MI 48038	Click H	ere for Memo	temization Type
Omnor Tup, in 10000	Check box if this expenditure is payment of		
Π	debt or obligation reported on previous		
Fund Raiser	statement	· · · · · · · · · · · · · · · · · · ·	
Expenditure #5			
Name C&G News		10/14/2021	
Address	Purpose: ads	Date	\$ <u>391</u>
Address	Purpose:	54.0	1
Warren, MI 48089	Click H	lere for Memo	Itemization Type
11411-011; 1111-10000	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	L	tal this page	\$1,363.40
٨ ٨	Gast.		ψ1,3U3.4U
2 / A.	Grand Total of all S (Complete on last page		

Enter this total on line 8a of



# 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		10/14/2021	s 600.00
Address	Purpose: signs	Date	*
40207 Moravian			<del></del> 1
Clinton Twp, MI 48036	Click H	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Compass Graphics		10/04/2021	* 254 40
•	carde	Date	\$ <u>254.40</u>
Address	Purpose: cards		
32806 Ryan	Click H	lere for Memo	Itemization Type
Warren, MI 48092			· · · · · · · · · · · · ·
Developing.	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		<del></del>
Expenditure #3			
Name City of Sterling Heights		10/14/2021	\$6.50
Address	Purpose: map	Date	* <u>0.50</u>
40555 Utica Road			_
SH MI 48313	Click H	ere for Memo	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4		· · · · · · · · · · · · · · · · · · ·	
Name			
		Date	\$
Address	Purpose:		
	Click H	ore for Memo	Itemization Type
	{	CIC IOI MICINO	
ln	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
Address	Primees:	Date	\$
	Purpose:		
	l <del></del>	lere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	\$860.90

444

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

\$5,861.20

Enter this total on line 8a of Summary Page