



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

<p>1. Committee I.D. Number 140086</p> <p>2. Committee Name CTE Moira Smith</p>	<p>4. Candidate Last Name Smith First Name Moira M.I. J</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Sterling Heights City Council</p> <p>4b. County of Residence MACOMB</p>	
<p>5. Committee's Mailing Address 41280 Utica Road Sterling Heights, MI 48313</p> <p>Area Code and Phone <u>(586) 764-5599</u></p> <p>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.</p>	<p>6. Treasurer's Name & Residential Address Moira Smith same address</p> <p>Area Code & Phone <u>(586) 764-5599</u></p>	
<p>7. Treasurer's Business Address same</p> <p>Area Code and Phone _____</p>	<p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) same</p> <p>Area Code and Phone _____</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/02/2021</u></p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	<p>9e. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> 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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>

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	Signature		Date	11-5-21
	Type or Print Name				
Candidate	Moira Smith	Signature		Date	11-5-21
	Type or Print Name				



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140086

2. Committee Name CTE Moira Smith

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2,517.50</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$2,517.50</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>\$2,517.50</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>\$6,252.20</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>\$6,252.20</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>\$6,252.20</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$16,812.60</u>	*



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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 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>

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 of 4.

CONNECTED \$1,754.40
11-4-21



MICHIGAN DEPARTMENT OF STATE
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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 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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
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="checkbox"/>
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 <input type="checkbox"/>

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

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Corrected
11-4-21
6,252.20