MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
18 OCT 2025 AM 11:10
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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CANDIDATE COMMITTEE COVER PAGE

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: 08/26/2025 to 10/19/2025

1. Committee I.D. Number
140558

2. Committee Name
CTE MOIRA SMITH 2025

4. Candidate Last Name: SMITH First Name: MOIRA M.I.

4a. Office Sought Including District # or Community Served (If applicable)
COUNCIL, STERLING HEIGHTS

4b. County of Residence **MACOMB COUNTY**

5. Committee's Mailing Address
41280 UTICA ROAD
STERLING HEIGHTS, 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
PAUL SMITH
41280 UTICA ROAD
STERLING HEIGHTS, MI 48313

Area Code & Phone (586) 764-6810

7. Treasurer's Business Address
41280 UTICA ROAD
STERLING HEIGHTS, MI 48313

Area Code and Phone (586) 764-6810

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
PAUL SMITH
41280 UTICA ROAD
STERLING HEIGHTS, MI 48313

Area Code and Phone (586) 764-6810

9. **TYPE OF STATEMENT**

9a. [X] Pre-Election **OR** 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [ ] Primary
- [X] General
- [ ] Convention
- [ ] Special
- [ ] School
- [ ] Caucus

Date of Election, Convention or Caucus
11/04/2025

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 oustanding assets, owes no lates fees or has any oustanding 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 _____ / _____ Submitted electronically, signature on file Date 10/18/2025
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 10/18/2025
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140558

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name CTE MOIRA SMITH 2025

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	941.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	941.00	(18.) $ 6,751.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	0.00	(19.) $ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	941.00	(20.) $ 6,751.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	0.00	(21.) $ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0.00	(22.) $ 0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	1,836.89	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	1,836.89	(23.) $ 3,363.27
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0.00	(24.) $ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed **by** the Committee (Schedule 1E)	(12a.) $	5,500.00	
b. Owed **to** the Committee (Schedule 1E)	(12b.) $	0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	4,283.62
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	941.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	5,224.62
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	1,836.89
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	3,387.73 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140558

2. Committee Name CTE MOIRA SMITH 2025

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? ☐ YES 4. Date of Receipt 09/15/2025

Name & Address:
PAUL SMITH
41280 UTICA RD
STERLING HEIGHTS, MI 48313

$500.00 $500.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer NONE

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/06/2025

Name & Address
KRAUS RON
37623 ANDREW DR
STERLING HEIGHTS, MI 48312

$41.00 $41.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/07/2025

Name & Address:
STANLEY GROT
11927 HIAWATHA DR
SHELBY TWP, MI 48315

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☑ YES 4. Date of Receipt 10/07/2025

Name & Address
CONSERVATIVE VOICES PAC
11927 HIAWATHA DR
SHELBY TWP, MI 48315

$300.00 $300.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	941.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	941.00

Enter this total on line 3a of Summary Page.

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BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140558

2. Committee Name CTE MOIRA SMITH 2025

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VISTA PRINT Address INTERNET ON LINE, MA 02451 ☐ Fund Raiser	Purpose: BUSINESS CARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/30/2025 Date	$ 117.64
Expenditure #2 Name C & G PUBLICATIONS Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: NEWSPAPER ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2025 Date	$ 1,594.00
Expenditure #3 Name WIX.COM Address ON LINE NO STREET ADDRESS AVAILABLE. SAN FRANCISCO, CA ☐ Fund Raiser	Purpose: WEB SITE HOSTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2025 Date	$ 125.25
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	$ _____

Subtotal this page	1,836.89
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1,836.89

Enter this total on line 8a of Summary Page

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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140558

2. Committee Name CTE MOIRA SMITH 2025

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 endorsers 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? ☐ Yes Owed to or by: MOIRA SMITH 41280 UTICA RD STERLING HEIGHTS, MI 48313	4. Type: PERSONAL LOAN 5. **Date Debt Was Incurred**: 05/19/2025 6. **Original Amount of Debt**: $ 500.00	$ $ $ $ $	$ 0.00	$ 500.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? ☐ Yes Owed to or by: MOIRA SMITH 41280 UTICA RD STERLING HEIGHTS, MI 48313	4. Type: PERSONAL LOAN 5. **Date Debt Was Incurred**: 06/05/2025 6. **Original Amount of Debt**: $ 5,000.00	$ $ $ $ $	$ 0.00	$ 5,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ 0				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. **Date Debt Was Incurred**: _____ 6. **Original Amount of Debt**: $ _____	$ $ $ $ $	$ _____	$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) 5,500.00

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) 5,500.00

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.