



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

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MACOMB COUNTY CLERK  
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<p>1. Committee I.D. Number <b>140558</b></p> <p>2. Committee Name <b>CTE MOIRA SMITH 2025</b></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> 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>7. Treasurer's Business Address 41280 UTICA ROAD STERLING HEIGHTS, MI 48313</p> <p>Area Code and Phone <u>(586) 764-6810</u></p>		<p>3. This Statement covers From: <u>10/20/2025</u> to <u>11/24/2025</u></p> <p>4. Candidate Last Name <b>SMITH</b> First Name <b>MOIRA</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>COUNCIL, STERLING HEIGHTS</b></p> <p>4b. County of Residence <b>MACOMB COUNTY</b></p> <p>6. Treasurer's Name &amp; Residential Address PAUL SMITH 41280 UTICA ROAD STERLING HEIGHTS, MI 48313</p> <p>Area Code &amp; Phone <u>(586) 764-6810</u></p> <p>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</p> <p>Area Code and Phone <u>(586) 764-6810</u></p>
<p><b>9. TYPE OF STATEMENT</b></p> <p>9a. <input type="checkbox"/> Pre-Election <b>OR</b> 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/04/2025</u></p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p> <p><b>9e. DISSOLUTION OF CANDIDATE COMMITTEE</b></p> <p><input checked="" type="checkbox"/> 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.</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 <u>11/24/2025</u></p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
<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.</p> <p>Current Treasurer or Designated Record keeper _____ / _____</p> <p>Candidate _____ / _____</p>		<p>Submitted electronically, signature on file</p> <p><b>11/24/2025</b></p> <p>Submitted electronically, signature on file</p> <p><b>11/24/2025</b></p>



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140558

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.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>6,751.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>6,751.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3,387.73</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3,387.73</u>	(23.) \$ <u>6,751.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>3,387.73</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,387.73</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,387.73</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0.00</u>	*



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

**140558**

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 <b>WIX.COM</b> Address <b>ON LINE NO STREET ADDRESS AVAILABLE. SAN FRANCISCO, CA</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>WEB SITE HOSTING</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2025	\$ <b>24.00</b>
Expenditure #2 Name <b>MOIRA J SMITH</b> Address <b>41280 UTICA ROAD STERLING HEIGHTS, MI 48313</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>REPAY LOAN FROM MOIRA SMITH</b> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/23/2025	\$ <b>3,363.73</b>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <a href="#">Click Here for Memo Itemization Type</a> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <a href="#">Click Here for Memo Itemization Type</a> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <a href="#">Click Here for Memo Itemization Type</a> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____	\$ _____
		Subtotal this page	<b>3,387.73</b>
		Grand Total of all Schedules 1B (Complete on last page of Schedule)	<b>3,387.73</b>

Enter this total  
on line 8a of  
Summary Page



**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.	4. Type of Obligation (Description)	5. Indicate date debt was incurred	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)
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.	6. Indicate original amount of debt				
Debt #1 Owed to or by: <b>MOIRA SMITH</b> 41280 UTICA RD STERLING HEIGHTS, MI 48313	4. Type: <u>PERSONAL LOAN</u>	5. <u>Date Debt Was Incurred:</u> <u>05/19/2025</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ <u>500.00</u> <input checked="" type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ 0

Debt #2 Owed to or by: <b>MOIRA SMITH</b> 41280 UTICA RD STERLING HEIGHTS, MI 48313	4. Type: <u>PERSONAL LOAN</u>	5. <u>Date Debt Was Incurred:</u> <u>06/05/2025</u>	11/23/25 \$ 3,363.73 \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 3,363.73	\$ <u>1,636.27</u> <input checked="" type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ 0

Debt #3 Owed to or by:	4. Type: _____	5. <u>Date Debt Was Incurred:</u> _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt)	<u>0.00</u>
Grand Total of all Schedules 1E	<u>0.00</u>

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

**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.**

Enter this total  
on line 12a "owed  
by" or line 12b  
"owed to" of the  
Summary Page