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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: 10/20/2025 to 11/24/2025

1. Committee I.D. Number

**140558**

4. Candidate Last Name

**SMITH**

First Name

**MOIRA**

M.I.

2. Committee Name

**CTE MOIRA SMITH 2025**

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. ☐ 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

11/04/2025

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 outstanding assets, owes no late 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

11/24/2025

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

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

11/24/2025

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

11/24/2025



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.) \$ <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**

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.</b> <b>SAN FRANCISCO, CA</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB SITE HOSTING</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2025</u> Date	\$ <u>24.00</u>
Expenditure #2 Name <b>MOIRA J SMITH</b>  Address <b>41280 UTICA ROAD</b> <b>STERLING HEIGHTS, MI 48313</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>REPAY LOAN FROM MOIRA SMITH</u>  <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/23/2025</u> Date	\$ <u>3,363.73</u>
Expenditure #3 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 #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	<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.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser 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? <input type="checkbox"/> Yes Owed to or by: <b>MOIRA SMITH</b> <b>41280 UTICA RD</b> <b>STERLING HEIGHTS, MI 48313</b>	4. Type: <u>PERSONAL LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/19/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	\$ <u>0.00</u>	\$ <u>500.00</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>MOIRA SMITH</b> <b>41280 UTICA RD</b> <b>STERLING HEIGHTS, MI 48313</b>	4. Type: <u>PERSONAL LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/05/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	<u>11/23/25 \$ 3,363.73</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	\$ <u>3,363.73</u>	\$ <u>1,636.27</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

0.00

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

0.00

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.