



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:

01/01/10 to 07/18/10

1. Committee I.D. Number

138271

2. Committee Name

Committee to Elect Bob Smith

5. Committee's Mailing Address

39324 Eliot
Clinton Twp., MI 48036

Area Code and Phone (586) 465-4100

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.

4. Candidate Last Name

Smith, Jr.

First Name

Robert

M.I.

W.

4a. Office Sought Including District # or Community Served (If applicable)

Macomb County Commissioner District 12

4b. County of Residence Macomb

6. Treasurer's Name & Residential Address

Stella A. Smith
39324 Eliot
Clinton Twp., MI 48036

Area Code & Phone

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

n/a

Area Code and Phone

7. Treasurer's Business Address

Same as 6

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

08/03/10

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

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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 Stella A. Smith

Type or Print Name

Signature

Date 7-22-10

Candidate Robert W. Smith Jr.

Type or Print Name

Signature

Date 7-22-10



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138271

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Bob Smith

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>17,725.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$17,725.00</u>	(18.) \$ <u>\$17,725.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u></u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$17,725.00</u>	(20.) \$ <u>\$17,725.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$642.00</u>	(21.) \$ <u>\$642.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u></u>	(22.) \$ <u></u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$7,217.46</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$7,217.46</u>	(23.) \$ <u>\$7,217.46</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u></u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$509.63</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$266.62</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$17,725.00</u>	
	(15.) = \$	<u>\$17,991.62</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$7,217.46</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$10,774.16</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271
2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/28/10</u>	
Name & Address: Maccarone III, Ralph L. 13921 Basilisco Chase Dr. Shelby Twp., MI 48315		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/28/10</u>	
Name & Address: Satterly, Byron L. 41649 Windmill St. Harrison Twp., MI 48035		\$ <u>35</u>	\$ <u>35</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>05/28/10</u>	
Name & Address: Macomb Crimefighters PAC 6705 St. Andrews St. Shelby Twp., MI 48316		\$ <u>2500</u>	\$ <u>2500</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/28/10</u>	
Name & Address: Liston, B.F. 1 S. Main Mt. Clemens, MI		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$3,085.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271
2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/10</u> Name & Address: Femminineo, Jacob M. 136 S. Wilson Mt. Clemens, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>100</u>	\$ <u>100</u>
Click Here for Memo Itemization			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/10</u> Name & Address: Krappman, George M. 6856 Oakhurst Ridge Rd. Clarkston, MI 48348 5. If over \$100.00 cumulative, please provide: Occupation <u>ATF Agent</u> Employer <u>Government</u> Business Address <u>115 Brewery Park #300 Detroit, MI 48207</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>100</u>	\$ <u>100</u>
Click Here for Memo Itemization			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/10</u> Name & Address: Hagerty, Douglas J. 16830 Park Lane Fraser, MI 48026 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>50</u>	\$ <u>50</u>
Click Here for Memo Itemization			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/10</u> Name & Address: Ruffolo, Robert 17242 Cardiff Clinton Twp., MI 48038 5. If over \$100.00 cumulative, please provide: Occupation <u>Heating & Cooling</u> Employer <u>Self Tech IV Heating & Cooling</u> Business Address <u>37895 Groesbeck Hwy. Clinton Twp., MI 48035</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>500</u>	\$ <u>500</u>
Click Here for Memo Itemization			

Page Subtotal \$750.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271
2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/28/10</u>	
Name & Address: Watts, Ernie 11060 Rosselo Warren, MI 48093		\$ <u>35</u>	\$ <u>35</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/28/10</u>	
Name & Address: Steiner, David W. 19841 Liverpool Dr. Macomb, MI 48044		\$ <u>35</u>	\$ <u>35</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/28/10</u>	
Name & Address: Lavinio, Marco E. 18341 Nardy St. Clinton Twp., MI 48036		\$ <u>35</u>	\$ <u>35</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/28/10</u>	
Name & Address: Yaroch, Jeffrey P. 35545 Pound Rd. Richmond, MI 48062		\$ <u>70</u>	\$ <u>70</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$175.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

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 05/28/10

Name & Address:

Vervaecke, Roseanne
51747 Baker Rd.
Chesterfield, MI 48047

\$ 105

\$ 105

5. If over \$100.00 cumulative, please provide:

Occupation Associate Employer Jarvis Property Restoration

Business Address 41800 Executive Dr. Harrison Twp., MI 48045

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/28/10

Name & Address

Woloszyk, Frank P.
19996 Devonshire Ln.
Macomb, MI 48044

\$ 35

\$ 35

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 05/28/10

Name & Address:

Servitto, Michael
29 Dickinson St. Unit C.
Mt. Clemens, MI 48043

\$ 35

\$ 35

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 05/28/10

Name & Address

Maccarone III, Ralph L.
13921 Basilisco Chase Dr.
Shelby Twp., MI 48315

\$ 50

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation Attorney Employer Self

Business Address Same

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

[Click Here for Memo Itemization](#)

Page Subtotal \$225.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271
2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/10</u> Name & Address: Awdey, Harry PO Box 331 Armada, MI 48005 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>35</u>	\$ <u>35</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/10</u> Name & Address: Willis, David 51532 Wilshire Ct. New Baltimore, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>70</u>	\$ <u>70</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/10</u> Name & Address: Wilson, Gordon B. 19297 Hickory Ridge Rd. Rose Twp., MI 48430 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>30</u>	\$ <u>30</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/10</u> Name & Address: Fitzgerald, George S. 43377 Rivergate Dr. Clinton Twp., MI 48038 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>70</u>	\$ <u>70</u>
		Click Here for Memo Itemization	

Page Subtotal \$205.00

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

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 05/25/10

Name & Address:

Hoezee, Mary Ann
39590 Camp
Harrison Twp., MI 48045

\$ 35

\$ 35

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 05/28/10

Name & Address

Alan, Dean David
1 S. Main
Mt. Clemens, MI 48043

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 05/28/10

Name & Address:

Cataldo, William L.
1157 Sandy Ridge Dr.
Rochester Hills, MI 48306

\$ 35

\$ 35

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 05/28/10

Name & Address

Wagner, Steven
32938 Whispering Lane
Chesterfield, MI 48047

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation Business Owner Employer Wagner Plumbing

Business Address Same

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

[Click Here for Memo Itemization](#)

Page Subtotal \$220.00

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

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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 138271
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/10</u> Name & Address: Phy, Michael C. 19708 Tanglewood Cir. Clinton Twp., MI 48038		\$ <u>35</u>	\$ <u>35</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/10</u> Name & Address: Bianchi, Ralph 48285 American Elm Dr. Macomb, MI 48044		\$ <u>35</u>	\$ <u>35</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/10</u> Name & Address: Vendittelli, Orazio A. 54803 Flamingo Shelby Twp., MI 48315		\$ <u>70</u>	\$ <u>70</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/10</u> Name & Address: Osborne, Troy 48624 Home Dr. Chesterfield, MI 48047		\$ <u>70</u>	\$ <u>70</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$210.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

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3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/28/10</u>	
Name & Address: Lane, James 16558 Woodlane Fraser, MI 48026		\$ <u>35</u>	\$ <u>35</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/10</u>	
Name & Address: Simasko, Patrick 319 N. Gratiot Mt. Clemens, MI 48043		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/10</u>	
Name & Address: Gillette, James 27932 Flanders Warren, MI 48088		\$ <u>70</u>	\$ <u>70</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/10</u>	
Name & Address: Fiore, Jeff 16505 Masonic Fraser, MI 48026		\$ <u>70</u>	\$ <u>70</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$275.00

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271
2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Stayer, David 47437 Sugarbush Chesterfield, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>35</u>	\$ <u>35</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Rose, Roy 51301 Schoenherr Shellby Twp., MI 48316 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>50</u>	\$ <u>50</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Schaf, Brian 321 N. Gratiot Mt. Clemens, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>100</u>	\$ <u>100</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Roarty, Michael 53530 Addington Macomb, MI 48042 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>35</u>	\$ <u>35</u>
		Click Here for Memo Itemization	

Page Subtotal \$220.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: DPOA PAC 1938 E. Jefferson Ave. Detroit, MI 48207		\$ <u>350</u>	\$ <u>350</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Viviano, Joseph 480 S. Main #3 Mt. Clemens, MI 48043		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Latella, John 1505 Bonner St. Ferndale, MI 48220		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CFO</u> Employer <u>Garden Fresh Salsa Co.</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Committee for Responsible Government 5802 Vincent Trail Shelby Twp., MI 48316		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$1,300.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271
2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Tobin, Therese 22568 Van Court St. Clair Shores, MI 48081		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address <u>1 S. Main Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/21/10</u> Name & Address: Pizzo, Salvatore 36277 Gratiot Clinton Twp., MI 48035		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Golden Nugget Jewelers</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/21/10</u> Name & Address: Kleinert, Michael 42294 Little Rd. Clinton Twp., MI 48036		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/10</u> Name & Address: Hosbein, Gordon 1 S. Main Mt. Clemens, MI 48043		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$550.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/10</u></p> <p>Name & Address: Walton, Dawn 7329 Mohansic Bloomfield Hills, MI 48301</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>39850 VanDyke</u> <u>Sterling Hts., MI 48313</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>1000</u>	\$ <u>1000</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/10</u></p> <p>Name & Address: Yarema, James A. 30504 Dell Lane Warren, MI 48092</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Yarema Tool & Die</u> Business Address <u>300 Minnesota</u> <u>Troy, MI 48082</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>200</u>	\$ <u>200</u>
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/10</u></p> <p>Name & Address: Magnoli, Michael 6402 Baypointe Washington, MI 48094</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Michaelangelo Builders</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>250</u>	\$ <u>250</u>
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u></p> <p>Name & Address: Sullivan, James J. 23100 Jefferson St. Clair Shores, MI 48080</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>300</u>	\$ <u>300</u>

Page Subtotal \$1,750.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138271
2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/16/10</u> Name & Address: Santino, Dr. Alphonse M. 20952 12 Mile Rd. St. Clair Shores, MI 48081		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Self</u> Business Address <u>24911 Little Mack St. Clair Shores, MI 48080</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/16/10</u> Name & Address: Torline, Donald R. 5129 S. Genesee Rd. Grand Blanc, MI 48439		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Baker College</u> Business Address <u>3495 Little Mack Clinton Twp., MI 48035</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Baratta, Christopher R. 700 Lincoln Rd. Grosse Pte., MI 48230		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>120 Market St. Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Rancilio, Leonard 5036 Starcreek Ln. Washington, MI 48094		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Rancilio Associates</u> Business Address <u>36809 Groesbeck Clinton Twp., MI 48035</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$900.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271
2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: <u>Abdo, CY</u> <u>42550 Garfield Ste 104A</u> <u>Clinton Twp., MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>600</u>	\$ <u>600</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: <u>Farnen, Ryan C.</u> <u>37360 Alpinia</u> <u>Clinton Twp., MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>VP</u> Employer <u>International Industrial Contracting</u> Business Address <u>35900 Mound Sterling Hts., MI 48310</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>150</u>	\$ <u>150</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: <u>Reynolds, Charles</u> <u>12414 Forest Glen Lane</u> <u>Shelby Twp., MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>C & R Plumbing & Heating</u> Business Address <u>51195 Fischer Park Dr. Shelby Twp., MI 48316</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>150</u>	\$ <u>150</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: <u>George, James</u> <u>19634 Westchester</u> <u>Clinton Twp., MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Real Estate Sales</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>150</u>	\$ <u>150</u>
		Click Here for Memo Itemization	

Page Subtotal **\$1,050.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271
2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Langtry, James J. 54841 Congaree Dr. Macomb, MI 48042</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address <u>1 S. Main Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>150</u>	\$ <u>150</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Wilson, Gordon B. 19297 Hickory Ridge Rd. Rose Twp., MI 48430</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Anderson Eckstein Westrick</u> Business Address <u>51301 Schoenherr Shelby Twp., MI 48316</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>150</u>	\$ <u>180</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Rose, Roy 55620 Woodbridge Dr. Shelby Twp., MI 48316</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Anderson Eckstein Westrick</u> Business Address <u>51301 Schoenherr Shelby Twp., MI 48316</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>150</u>	\$ <u>200</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Denier, James E. 47446 Fiore Trail Clinton Twp., MI 48036</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Radiologist</u> Employer <u>Eastpointe Radiologists</u> Business Address <u>36175 Harper Clinton Twp., MI 48035</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>300</u>	\$ <u>300</u>

Page Subtotal \$750.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Lustig, Dov W. 2820 Woodbine Waterford, MI 48328		\$ 300	\$ 300
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>240 Daines St. Birmingham, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Fischer, Christopher 46 Market Street Mt. Clemens, MI 48043		\$ 150	\$ 150
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Garon, Daniel 46 Market Street Mt. Clemens, MI 48043		\$ 150	\$ 150
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Hoyumpa, Vincent 46 Market Street Mt. Clemens, MI 48043		\$ 150	\$ 150
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$750.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Rancilio, Rachel 46 Market Street Mt. Clemens, MI 48043		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Kirk, Robert W. 19500 Hall Rd. Clinton Twp., MI 48038		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Doppke, Paul A. 21646 Erben St. St. Clair Shores, MI 48081		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Landscape Services</u> Business Address <u>22932 Rasch Clinton Twp., MI 48035</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Jarvis, William L. 41800 Executive Dr. Harrison Twp., MI 48045		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Jarvis Property Restoration</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$750.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

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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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u></p> <p>Name & Address:</p> <p>Roncelli, Gary 69900 Hicks Armada, MI 48005</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Self</u> Employer <u>Roncelli & Associates</u></p> <p>Business Address <u>6471 Metro Parkway Sterling Hts., MI 48312</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>150</u>	\$ <u>150</u>
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u></p> <p>Name & Address:</p> <p>Finazzo, Lori 50 Crocker Mt. Clemens, MI 48043</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Attorney</u> Employer <u>Self</u></p> <p>Business Address <u>Same</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>150</u>	\$ <u>150</u>
		Click Here for Memo Itemization	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u></p> <p>Name & Address:</p> <p>Manzella, Vincenzo 16814 Ventura Circle Clinton Twp., MI 48036</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Attorney</u> Employer <u>Self</u></p> <p>Business Address <u>39999 Garfield Clinton Twp., MI 48038</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>150</u>	\$ <u>150</u>
		Click Here for Memo Itemization	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u></p> <p>Name & Address:</p> <p>Arnone, Joseph R. 622 Canterbury Rd. Grosse Pointe, MI 48236</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Attorney</u> Employer <u>Self</u></p> <p>Business Address <u>22330 Greater Mack St. Clair Shores, MI 48080</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>300</u>	\$ <u>300</u>
		Click Here for Memo Itemization	

Page Subtotal \$750.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Martin, Delia 37335 Fiore Trail Clinton Twp., MI 48036	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u>	\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>El Charro's Restaurant</u> Business Address <u>16720 E. 14 Mile Fraser, MI48026</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Costa, Robert E. 24790 Camille Harrison Twp., MI 48035	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u>	\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Continental Industrial Services</u> Business Address <u>2711 E. Jefferson Detroit, MI 48207</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Arietta, Pauline M. 23060 Recreation St. St. Clair Shores, MI 48082	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u>	\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Secretary</u> Employer <u>Macomb County</u> Business Address <u>1 S. Main Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Viviano, Anthony J. 4751 Lockwood Washington, MI 48094	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u>	\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Sterling Heights Dodge</u> Business Address <u>39909 VanDyke Sterling Hts., MI 48312</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$600.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271
2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Tomlinson, Tim 42850 Garfield Ste.101 Clinton Twp., MI 48038		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Dolan, Jack 42850 Garfield Ste.101 Clinton Twp., MI 48038		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Pasque, Charles R. 25411 Ryan Warren, MI 48091		\$ <u>600</u>	\$ <u>600</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Paslin Co.</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Pomante, Dennis M. 57145 Starcreek Ct. Washington, MI 48094		\$ <u>60</u>	\$ <u>60</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Denn-Co Construction</u> Business Address <u>13129 23 Mile Rd. Shelby Twp., MI 48316</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$960.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/10</u>	
Name & Address: Pomante, Sharon J. 57145 Starcreek Ct. Washington, MI 48094		\$ <u>60</u>	\$ <u>60</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Denn-Co Construction</u> Business Address <u>13129 23 Mile Rd. Shelby Twp., MI 48316</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/10</u>	
Name & Address: Esposito, Paul A. 49149 Compass Point Dr. Chesterfield, MI 48047		\$ <u>90</u>	\$ <u>90</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Lexor Group</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/10</u>	
Name & Address: Bianchi, Ralph 48285 American Elm Dr. Macomb, MI 48044		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Bianchi Salon</u> Business Address <u>16650 18 Mile Rd. Clinton Twp., MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/10</u>	
Name & Address: Szolack, Ronald D. 38371 Huron Pointe Harrison Twp., MI 48045		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Flight Club</u> Business Address <u>29709 Michigan Ave. Inkster, MI 48141</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$450.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Page, Larry 9750 St. Clair Highway Casco Twp., 48064		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Electrex Co.</u> Business Address <u>41775 Production Dr. Harrison Twp., MI 48045</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Wickersham, Thomas 14863 Towering Oaks Dr. Shelby Twp., MI 48315		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>Roncelli & Associates</u> Business Address <u>6471 Metro Parkway</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Misukewicz, Paul 42140 VanDyke # 210 Sterling Hts., MI 48314		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/10</u> Name & Address: Ferlito, Anthony J. 37335 Casa Bella Ct. Clinton Twp., MI 48036		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>A.J. Ferlito Construction</u> Business Address <u>27087 Gratiot Roseville, MI 48066</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$750.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/10</u> Name & Address: <u>Zyburski, Paul F.</u> <u>321 Gratiot</u> <u>Mt. Clemens, MI 48043</u>		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/10</u> Name & Address: <u>Sorrentino, Benedetto</u> <u>35520 Forton Ct.</u> <u>Clinton Twp., MI 48035</u>		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>ICON Development</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/10</u> Name & Address: <u>Michaels, Dolores</u> <u>21600 Quinn Rd.</u> <u>Clinton Twp., MI 48035</u>		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Uni-Dig</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/10</u> Name & Address: <u>Dobbs, Steven R.</u> <u>6446 Short Cut Rd.</u> <u>Cottrellville, MI 48039</u>		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Shorebreeze Restaurant</u> Business Address <u>39890 Garfield Clinton Twp., MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$600.00

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

Enter this total on
line 3a of Summary
Page.

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/10</u> Name & Address: Femminineo, Jacob M. 136 S. Wilson Mt. Clemens, MI 48043		\$ <u>150</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/10</u> Name & Address: Moscone, Onorio 11111 Hall Rd. Ste.425 Utica, MI 48317		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Land Developer- Bona Venture Co</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal	\$450.00
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Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$17,725.00

Enter this total on
line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138271

2. Committee Name CTE Bob Smith

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. 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? <input type="checkbox"/> Yes Name & Address: Butch Hassig 37363 Fiore Trail Clinton Twp., MI 48036 If over \$100.00 cumulative, please provide: Occupation: <u>Plumbing Contractor</u> Employer Name & Business Address: Hassig & Son 5700 Frazho Warren, MI 48091	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>soda,water,alcohol,use of home, cleaning,etc.</u> 5. Date Of Receipt: <u>06/16/10</u> 6. Vendor Name & Address: <u>no specific vendors-used everything that he</u> <u>already had available in his bar & home</u>	\$ <u>357</u>	\$ <u>357</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Jarred Cloin CBJ Valet Service 33624 Clipper Ct. Chesterfield, MI 48047 If over \$100.00 cumulative, please provide: Occupation: <u>Owner of CBJ</u> Employer Name & Address: <u>same as above</u>	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>provided valet parking for guests</u> 5. Date Of Receipt: <u>06/16/10</u> 6. Vendor Name & Address:	\$ <u>285</u>	\$ <u>285</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		

Page Subtotal **\$642.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$642.00**

Enter this total
on line 6 of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138271

2. Committee Name Committee to Elect Bob Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>MI State Democratic Party</u> Address <u>6006 Townsend</u> <u>Lansing, MI 48933</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/06/10</u> Date	<u>\$ 150</u>
Click Here for Memo Itemization Type			
Expenditure #2 Name <u>MI State Democratic Party</u> Address <u>6006 Townsend</u> <u>Lansing, MI 48933</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/06/10</u> Date	<u>\$ 20</u>
Click Here for Memo Itemization Type			
Expenditure #3 Name <u>Huntington Bank</u> Address <u>PO Box 1558 EA IW37</u> <u>Columbus, Oh 43216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>checks</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/10</u> Date	<u>\$ 9.95</u>
Click Here for Memo Itemization Type			
Expenditure #4 Name <u>Sawicki & Sons</u> Address <u>1521 W. Lafayette</u> <u>Detroit, MI 48216</u> <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>06/04/10</u> Date	<u>\$ 1500</u>
Click Here for Memo Itemization Type			
Expenditure #5 Name <u>J. Baldwin Catering</u> Address <u>16981 Garfield</u> <u>Clinton Twp., MI 48039</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>catering 6-16 fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/10</u> Date	<u>\$ 1800</u>
Click Here for Memo Itemization Type			
Subtotal this page			\$3,479.95
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 138271

2. Committee Name CTE Bob Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Butch Hassig</u> Address <u>37363 Fiore Trail</u> <u>Clinton Twp., MI 48036</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>entertainment</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/10</u> Date	\$ <u>180</u>
Expenditure #2 Name <u>American Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp., MI 48035</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>printing invitations</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/10</u> Date	\$ <u>254</u>
Expenditure #3 Name <u>Sawicki & Sons</u> Address <u>1521 W. Lafayette</u> <u>Detroit, MI 48216</u> <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>06/18/10</u> Date	\$ <u>1645.56</u>
Expenditure #4 Name <u>C J Barrymores</u> Address <u>21750 Hall Rd.</u> <u>Clinton Twp., MI 48038</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>5-26 Fundraiser food costs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/10</u> Date	\$ <u>500</u>
Expenditure #5 Name <u>Lowe's</u> Address <u>35201 Gratiot</u> <u>Clinton Twp. MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>sign supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/10</u> Date	\$ <u>145.47</u>
Subtotal this page			\$ <u>2,725.03</u>
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 138271
2. Committee Name CTE Bob Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>American Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp., MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>printing letterhead, envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/10</u> Date	<u>\$ 431.58</u>
Expenditure #2 Name <u>Lowe's</u> Address <u>35201 Gratiot</u> <u>Clinton Twp., MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>sign supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/10</u> Date	<u>\$ 25.62</u>
Expenditure #3 Name <u>Grainger Company</u> Address <u>25940 Groesbeck</u> <u>Warren, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>sign straps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/10</u> Date	<u>\$ 33.66</u>
Expenditure #4 Name <u>Grainger Company</u> Address <u>25940 Groesbeck</u> <u>Warren, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>sign straps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/10</u> Date	<u>\$ 54.06</u>
Expenditure #5 Name <u>Signature Promotions</u> Address <u>44432 Reynolds</u> <u>Clinton Twp., MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>advertising on t-shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/10</u> Date	<u>\$ 292.56</u>
Subtotal this page			\$837.48
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 138271
2. Committee Name CTE Bob Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Italian American Cultural Society</u> Address <u>43843 Romeo Plank</u> <u>Clinton Twp., MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/10</u> Date	\$ <u>175</u>
Expenditure #2 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	\$ _____
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	\$ _____
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	\$ _____
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	\$ _____

Subtotal this page **\$175.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$7,217.46**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138271
2. Committee Name Committee to Elect Bob Smith

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: Stella Smith 39324 Eliot Clinton Twp., MI 48036	4. Type: <u>labels & Ink</u> 5. <u>Date Debt Was Incurred:</u> <u>07/01/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 140.94</u>	08/01/08 \$ 69.94 \$ \$ \$ \$	\$ 69.94	\$ 0 <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Stella Smith 39324 Eliot Clinton Twp., MI 48036	4. Type: <u>food/meeting</u> 5. <u>Date Debt Was Incurred:</u> <u>7-8-08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 21.20</u>	\$ \$ \$ \$ \$	\$ 0	\$ 0 <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Name Badges</u> 5. <u>Date Debt Was Incurred:</u> <u>7-14-08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 25.43</u>	03/30/09 \$ 5.00 \$ \$ \$ \$	\$ 5.00	\$ 20.43 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$20.43

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138271
2. Committee Name Committee to Elect Bob Smith

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: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>stamps</u> 5. <u>Date Debt Was Incurred:</u> <u>08/13/08</u> 6. <u>Original Amount of Debt:</u> \$ <u>25.20</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>25.20</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>printer/copier/fax</u> 5. <u>Date Debt Was Incurred:</u> <u>5-15-10</u> 6. <u>Original Amount of Debt:</u> \$ <u>429.89</u>	\$ \$ \$ \$ \$	\$ _____	\$ <u>429.89</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>stamps, mailing, maps</u> 5. <u>Date Debt Was Incurred:</u> <u>6-1-10</u> 6. <u>Original Amount of Debt:</u> \$ <u>54.54</u>	\$ \$ \$ \$ \$	\$ _____	\$ <u>54.54</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$509.63

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

Grand Total of all Schedules 1E

\$530.06

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/16/10</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>52</u>	5. Type of Fund Raising Activity <u>Dinner Party</u>	6. Address and Name (If any) of the place where the activity was held. Butch & Donna Hassig 37363 Fiore Trail Clinton Twp., MI 48036 <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions \$9,060.00

8. Other Receipts \$642.00 (In kind contributions - 60%)

9. Gross Receipts (Add lines 7 and 8) \$9,702.00

10. Total Cost of Event \$2,234.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

*Lines 7+10 represent 60% of
Contributions received + costs.*

11. ☒ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
<u>Cte Bob Smith</u>	<u>60</u>	<u>60</u>
<u>Mark Hackel for County Executive</u>	<u>40</u>	<u>40</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271
2. Committee Name Committee to Elect Bob Smith

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>05/26/10</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>55</u>	5. Type of Fund Raising Activity <u>Outdoor Barbque</u>	6. Address and Name (If any) of the place where the activity was held. CJ Barrymores 21750 Hall Rd. Clinton Twp., MI 48038 <input type="checkbox"/> Private Residence
---	---	--	--

7. Total Contributions \$6,765.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$6,765.00

10. Total Cost of Event \$500.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.