

CANDIDATE COMMITTEE COVER PAGE

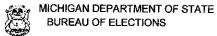
FOR OFFICIAL USE ONLY

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	4. Candidate Last Name First Name M.I.
138271	Smith, Jr. Robert W.
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)
	Macomb County Commissioner District 12
Committe to Elect Bob Smith	4b. County of Residence Macomb
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
39324 Eliot	Stella A. Smith
Clinton Twp., MI 48036	
	Clinton Twp., MI 48036
Area Code and Phone (586) 465-4100	<u> </u>
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	22 GARAN
be sent to this address by the filing official.	Area Code & Phone
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Same as 6	n/a
Asso Code and Dhana	
9. TYPE OF STATEMENT	Area Code and Phone
00 7 -	.Flection 9c. Annual Statement (Coverage Year)
Post Pre-Election OR 9b. Post	Election 9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary Gen	eral Dissolution of Candidate Committee
Convention Sch	DOI Effective Date of Dissolution
Special	
	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
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
08/03/10	Note: The disposition of residual funds must be reported on Schedule
A committee that does not have a Reporting Waiver must file all re-	1B and the Summary Page.
Schedules. Direct contributions, in-kind contributions, loans, exper If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change	puired Campaign Statements. The Campaign Statements must include all applicable diltures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
amendment to the Statement of Organization should accompany the before the filling deadline of a required campaign statement, the	ad since the information was shown on the committee's Statement of Organization, an is Campaign Statement. If a request for a Reporting Waiver is not received on or at campaign statement cannot be waived.
	n the preparation of this statement and attached schedules (if any) and to the best of implete.
Current Treasurer or Designated Record keeper Stella A. Smith	Stella a Smith 7-22-10
Type or Print Name	Signature
Candidate Robert W. Smith Jr.	1 Sund 1 7-22-10
Type or Print Name	Signature

1. Committee I.D. Number 138271

SUMMARY PAGE CANDIDATE COMMITTEE

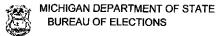
RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 17,725.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$17,725.00	(18.) \$ \$17,725.00
4. Other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



CANDIDATE COMMITTEE

138271 1. Committee I.D. Number _

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? YES 4. Date of Receipt 05/28/10		
Maccarone III, Ralph L.		
13921 Basilisco Chase Dr.	_s 50	_s 50
Shelby Twp., MI 48315	<u>\$</u> 00	\$ 00
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address		
Satterly, Byron L.	25	0.5
41649 Windmill St.	_{\$} 35	_{\$} 35
Harrison Twp., MI 48035		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address:		
Macomb Crimefighters PAC	2500	0500
6705 St. Andrews St.	_{\$} 2500	_{\$} 2500
Shelby Twp., MI 48316	Click Here to	r Memo Itemization
5. If over \$100.00 cumulative, please provide:	Official Flore to	Wichio Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
V Tall Vallet	· · · · · · · · · · · · · · · · · · ·	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address		
Liston, B.F.	F00	E00
1 S. Main Mt. Clemens, MI	_{\$} 500	_{\$} _500
5. If over \$100.00 cumulative, please provide:		
Occupation Attorney Employer Macomb County	Click Here for	Memo Itemization
Business Address Same		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
	\$3,085.00	
Grand Total of All Schedules 1A	+-,000.00	-
(Complete on last page of Schedule)	Enter this total on	ا
Page	line 3a of Summary Page.	



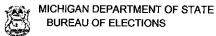
138271 1. Committee I.D. Number

CONEDUL IA	
CANDIDATE COMMITTEE 2. Com	Committee to Elect Bob Smith
Enter contributor's name and address. If contribution is from an individual, enter last n middle initial. Check box to indicate if contribution is from a Political Committee or an Committee (PAC) Report <u>all</u> contributions regardless of amount.	lame, first name, lndependent 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 Name & Address:	0/10
Femminineo, Jacob M.	
136 S. Wilson Mt. Clemens, MI 48043	_{\$} 100
5. If over \$100.00 cumulative, please provide:	
Occupation Attorney Employer Self	Click Here for Memo Itemization
Business Address Same	
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Ra	iser
Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/28/ Jame & Address	10
Krappman, George M. 6856 Oakhurst Ridge Rd. Clarkston, MI 48348`	_{\$} 100 _{\$} 100
i. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation ATF Agent Employer Government	
Business Address 115 Brewery Park #300 Detroit, MI 48207	
Type of Contribution: Direct Loan from a person Fund R	aiser
. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/28/	10
Hagerty, Douglas J.	_{\$} 50
16830 Park Lane Fraser, MI 48026	\$
. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund R	······································
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/28/ ame & Address	110
Ruffolo, Robert 7242 Cardiff	500 500
Clinton Twp., MI 48038	_{\$} 500
. If over \$100.00 cumulative, please provide:	
Occupation Heating & Cooling Employer Self Tech IV Heating	Click Here for Memo Itemization
Business Address 37895 Groesbeck Hwy. Clinton Twp., MI 48035	
Type of Contribution:	iser
	Page Subtotal \$750.00

Page 2 of 24

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

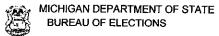
Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

138271 1. Committee I.D. Number

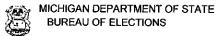
Enter contributor's name and address. If contribution is from an individual, enter last name, first nam middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	ne, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/28/10		· · · · · · · · · · · · · · · · · · ·
Watts, Ernie		
11060 Rosselo	0.7	0.5
Warren, MI 48093	_{\$} 35	_{\$} 35
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here f —	or Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address		
Steiner, David W.	0.5	
19841 Liverpool Dr.	_{\$} 35	_{\$} 35
Macomb, MI 48044		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address:		
Lavinio, Marco E. 18341 Nardy St. Clinton Twp., MI 48036	_{\$} 35	_{\$_} 35
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address		
Yaroch, Jeffrey P. 35545 Pound Rd. Richmond, MI 48062	_{\$} 70	_{\$} _70
5. If over \$100.00 cumulative, please provide:	Click Hora for	Memo Itemization
Occupation Employer	— Click Here for	wemo itemization
Business Address		
Type of Contribution:		ļ
Page Subi	total \$175.00	
Grand Total of All Schedules		-
(Complete on last page of Sched	fule) Enter this total on	J
Page 3 of <u>24</u>	line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number ______138271

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		
Vervaecke, Roseanne		
51747 Baker Rd.	105	105
Chesterfield, MI 48047	_{\$} 105	_{\$} 105
5. If over \$100.00 cumulative, please provide:	Click Horo (for Memo Itemization
Occupation Associate Employer Jarvis Property Restoration	Click nere i	or ivierno itemization
Business Address 41800 Executive Dr. Harrison Twp., MI 48045		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address		,
Woloszyk, Frank P.		
19996 Devonshire Ln.	_{\$} 35	_{\$} 35
Macomb, MI 48044		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address:		
Servitto, Michael	0.5	_
29 Dickinson St. Unit C.	_{\$} 35	_s 35
Mt. Clemens, MI 48043	Oliefe I I eve fe	
5. If over \$100.00 cumulative, please provide:	Click Here to	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:	·	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address		
Maccarone III, Ralph L.		
13921 Basilisco Chase Dr.	_{\$} 50	ູ 100
Shelby Twp., MI 48315 5. If over \$100.00 cumulative, please provide:		Ψ
•	Click Here for	r Memo Itemization
Occupation Attorney Employer Self		
Business Address Same		
Type of Contribution:		
Page Subtotal	\$225.00	1
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	J
Page 4 of 24	line 3a of Summary Page.	



CANDIDATE COMMITTEE

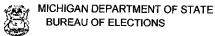
138271 1. Committee I.D. Number

Committee to Elect Bob Smith 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt 05/28/10 Name & Address: Awdey, Harry PO Box 331 ູ 35 Armada, MI 48005 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer___ Business Address Direct Type of Contribution: **Fund Raiser** Loan from a person 3. Contribution #2 PAC Receipt? YE\$ 4. Date of Receipt 05/28/10 Name & Address Willis, David 51532 Wilshire Ct. New Baltimore, MI 48047 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer, Occupation _ Business Address _ Type of Contribution: ✓ Direct **Fund Raiser** Loan from a person 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address: Wilson, Gordon B. _s 30 19297 Hickory Ridge Rd. Rose Twp., MI 48430 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation_ Employer_ **Business Address** Type of Contribution: 4 Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address Fitzgerald, George S. 43377 Rivergate Dr. Clinton Twp., MI 48038 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Employer _ **Business Address** Type of Contribution: | V | Direct Fund Raiser Loan from a person Page Subtotal \$205.00

Page 5 of 24

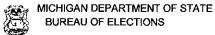
Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

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		
Hoezee, Mary Ann		
39590 Camp	25	25
Harrison Twp., MI 48045	_{\$} 35	_{\$} 35
5. If over \$100.00 cumulative, please provide:	Click Horo	for Memo Itemization
Occupation Employer	Click Here	ior Memo itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address		
Alan, Dean David		
1 S. Main	_{\$} 50	_s 50
Mt. Clemens, MI 48043	-	-
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/28/10		
Cataldo, William L.		
1157 Sandy Ridge Dr.	_{\$} 35	, 35
Rochester Hills, MI 48306	<u> </u>	Ψ <u></u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address		· · · · · · · · · · · · · · · · · · ·
Wagner, Steven		
32938 Whispering Lane	_s 100	. 100
Chesterfield, MI 48047	4	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Business Owner Employer Wagner Plumbing		. World Rollingation
Business Address Same		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Page Subtotal	6220.00	
	\$220.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		_
Page 6 of 24	Enter this total on line 3a of Summary Page.	



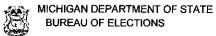
CANDIDATE COMMITTEE

1. Committee I.D. Number ____138271

2. Committee Name

Committee to Elect Bob Smith

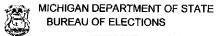
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address:		
Phy, Michael C.		
19708 Tanglewood Cir.	25	25
Clinton Twp., Mi 48038	_{\$} 35	_{\$} 35
5. If over \$100.00 cumulative, please provide:	Click Horo fo	ur Mama Itamization
Occupation Employer	Click Here ic	or Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		·
Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address		
Bianchi, Ralph	25	25
48285 American Elm Dr.	_{\$} 35	_s 35
Macomb, MI 48044		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address:		
Vendittelli, Orazio A. 54803 Flamingo Shelby Twp., MI 48315	<u>\$</u> 70	_{\$} 70
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/28/10 Name & Address	-	
Osborne, Troy		
48624 Home Dr.	_{\$} 70	. 70
Chesterfield, MI 48047	<u> </u>	3
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
Page Subtotal	\$210.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 7 of 24	line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number ______138271

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? YES 4. Date of Receipt 05/28/10		1 date of receipty
Lane, James 16558 Woodlane Fraser, MI 48026	_{\$} 35	_{\$} 35
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer	Olick Here	TO MEMO REFINZACION
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address	_	
Simasko, Patrick 319 N. Gratiot Mt. Clemens, MI 48043	<u>\$ 100</u>	_{\$} 100
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Attorney Employer Self		
Business Address Same		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/18/10		
Gillette, James 27932 Flanders Warren, MI 48088	<u>\$</u> 70	_{\$} 70
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address Type of Contribution:		
7 Turid Naiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address		
Fiore, Jeff 16505 Masonic Fraser, MI 48026	_{\$} 70	_{\$} 70
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	CIICK Here I	or Memo nemization
Business Address		
Type of Contribution:	····	
Page Subtotal	\$275.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) Page 8 of 24	Enter this total on line 3a of Summar Page.	у



CANDIDATE COMMITTEE

1. Committee I.D. Number _

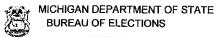
138271

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? YES 4. Date of Receipt 06/18/10 Name & Address: Stayer, David 47437 Sugarbush	25	
Chesterfield, MI 48047	_{\$} 35	_{\$} 35
5. If over \$100.00 cumulative, please provide:	Olivia III. iii	B.A. M. T. J.
Occupation Employer	Click Here to	or Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address		
Rose, Roy 51301 Schoenherr Shellby Twp., MI 48316	_{\$} _50	ş 50
5. If over \$100.00 cumulative, please provide:	Click Here fo	r.Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address:		
Schaf, Brian 321 N. Gratiot Mt. Clemens, MI 48043 5. If over \$100.00 cumulative, please provide:	\$ 100 Click Here for	\$ 100 Memo Itemization
Occupation Attorney Employer Self		
Business Address Same		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/18/10		
Roarty, Michael 53530 Addington Macomb, Ml 48042	_{\$} 35	_{\$} 35
5. If over \$100.00 cumulative, please provide:	Click Horo for	Memo Itemization
Occupation Employer	Click Here to	weno tenization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Page Subtotal	\$220.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
0 40	Enter this total on line 3a of Summary	

Page 9 of 24

Page.



CANDIDATE COMMITTEE

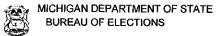
1. Committee I.D. Number _____138271

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 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 06/18/10 Name & Address: DPOA PAC 1938 E. Jefferson Ave. Detroit, MI 48207	_{\$} 350	_s 350
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here f	or Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address		
Viviano, Joseph 480 S. Main #3 Mt. Clemens, MI 48043	_{\$} 200	_{\$} 200
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Attorney Employer Self		
Business Address Same		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address:	-	
Latella, John 1505 Bonner St. Ferndale, MI 48220	_{\$} 250	_{\$} 250
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation CFO Employer Garden Fresh Salsa Co.		
Business Address Same		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address		
Committee for Responsible Government 5802 Vincent Trail Shelby Twp., MI 48316 5. If over \$100.00 cumulative, please provide:	_{\$} 500	_{\$_} 500
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		i
Page Subtotal	\$1,300.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total as	ل

Page 10 of 24

Enter this total on line 3a of Summary Page.

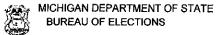


CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

1. Committee I.D. Nu	mber
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.				e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
3. Contribution # 1 Name & Address:	PAC Receipt?		YES 4. Date of Re	ceipt 06/18/10		
Tobin, Therese 22568 Van Cou	ırt					400
St. Clair Shores					_s 100	_{\$} 100
5. If over \$100.00 cur	•	vide:	i			
Occupation Attorney	/	_ E	mployer Macomb Co	unty	Click Here	for Memo Itemization
Business Address _13	S. Main Mt. Cl	eme	ns, MI 48043			
Type of Contribution:	✓ Direct	ا	Loan from a person	✓ Fund Raiser	·	
Contribution #2 Name & Address	PAC Receipt?	Y	'ES 4. Date of Red	peipt 06/21/10		
Pizzo, Salvatoro 36277 Gratiot Clinton Twp., M					_{\$} _200	_{\$} 200
5. If over \$100.00 cun		vide:			Click Here f	or Memo Itemization
Occupation Self	· · · · · · · · · · · · · · · · · · ·		oloyer Golden Nugge	t Jewelers		
Business Address Sa	me					
Type of Contribution:	✓ Direct	⊒ւ	oan from a person	Fund Raiser		,
Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of Re	ceipt 06/21/10		
Kleinert, Michae	əl				50	
42294 Little Rd.					_{\$} 50	_{\$} 50
Clinton Twp., M	I 48036				Cliek Here fo	n NAomoo Itaaniti
5. If over \$100.00 cun	nulative, please pro	vide:			Click Here ic	r Memo Itemization
Occupation		. En	nployer			
Business Address					,	
Type of Contribution:	✓ Direct		oan from a person	Fund Raiser	- H-	
3. Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of Re	eceipt 06/25/10		
Hosbein, Gordon						
1 S. Main Mt. Clemens, MI 4804	1 3				_{\$} 200	_{\$} 200
5. If over \$100.00 cun	nulative, please pro	vide:			Oliala I I ana fa	a Managa Hamada a Cara
Occupation Attorne	у	_	Employer Macomb C	County	— Click Here to	r Memo Itemization
Business Address Sa	ıme					
Type of Contribution:	✓ Direct		oan from a person	Fund Raiser		
				Page Sub	total \$550.00	
				Grand Total of All Schedules		7
			(Con	nplete on last page of Sched	lule) Enter this total on	_
Page 11 ,24					line 3a of Summary	•



CANDIDATE COMMITTEE

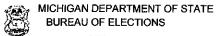
1. Committee I.D. Number

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 06/25/10 Name & Address:	-	
Walton, Dawn		
7329 Mohansic	1000	<u>.</u> 1000
Bloomfield Hills, MI 48301	_{\$} 1000	\$ 1000
5. If over \$100.00 cumulative, please provide:	Click Hara fo	r Memo Itemization
Occupation Attorney Employer Self	Click Hele IC	r Memo Remization
Business Address 39850 VanDyke Sterling Hts., MI 48313		
Type of Contribution: V Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/25/10 Name & Address	-	
Yarema, James A. 30504 Dell Lane Warren, MI 48092	_{\$} _200	_{\$} 200
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Self Employer Yarema Tool & Die		
Business Address 300 Minnesota Troy, MI 48082		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/30/10 Name & Address:		
Magnoli, Michael	250	0.50
6402 Baypointe	_{\$} 250	_{\$} 250
Washington, Mi 48094	Click Horo for	Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click nere for	Memo itemization
Occupation Self Employer Michaelangelo Builders		
Business Address Same		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address		
Sullivan, James J.		
23100Jefferson	_{\$} 300	_s 300
St. Clair Shores, MI 48080		·
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Attorney Employer Self		
Business Address Same		
Type of Contribution: Direct Loan from a person Fund Raiser		į
Page Subtotal	\$1,750.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 12 of 24	line 3a of Summary Page.	



CANDIDATE COMMITTEE

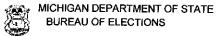
138271 1. Committee I.D. Number _

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)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/16/10 Name & Address:		,
Santino, Dr. Alphonse M. 20952 12 Mile Rd. St. Clair Shores, MI 48081	_s 150	_{\$_} 150
5. If over \$100.00 cumulative, please provide:		5 16 10 10
Occupation Physician Employer Self	Click Here	for Memo Itemization
Business Address 24911 Little Mack St. Clair Shores, MI 48080		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/16/10 Name & Address	_	
Torline, Donald R. 5129 S. Genesee Rd. Grand Blanc, MI 48439	_{\$} 300	<u>\$ 300</u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation President Employer Baker College		
Business Address 3495 Little Mack Clinton Twp., MI 48035		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address:		
Baratta, Christopher R. 700 Lincoln Rd. Grosse Pte., MI 48230	_{\$} 150	_{\$} 150
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Attorney Employer Self		
Business Address 120 Market St. Mt. Clemens, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address	_	
Rancilio, Leonard 5036 Starcreek Ln. Washington, MI 48094	_{\$} 300	_{\$} 300
5. If over \$100.00 cumulative, please provide:	Click Hara fo	or Memo Itemization
Occupation Self Employer Rancilio Associates	-	A MOUND ROUNZAUUI
Business Address 36809 Groesbeck Clinton Twp., MI 48035		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Page Subto	otal \$900.00	
Grand Total of All Schedules		
(Complete on last page of Schedu	Enter this total on line 3a of Summar	v

Page 13 of 24

Page.

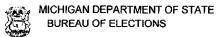


CANDIDATE COMMITTEE

1. Committee I.D. Number _____138271

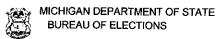
2. Committee Name	Committee to Elect Bob Smith
-------------------	------------------------------

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 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 06/18/10		
Abdo, CY		
42550 Garfield Ste 104A	600	600
Clinton Twp., MI 48038	_{\$} 600	_{\$} 600
5. If over \$100.00 cumulative, please provide:	Click Here t	or Memo Itemization
Occupation Attorney Employer Self	Ollok Fiore F	or Memo Remization
Business Address Same		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address		
Farnen, Ryan C.	450	450
37360 Alpinia	_{\$_} 150	_{\$} 150
Clinton Twp., MI 48036		
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation VP Employer International Industrial Contracting		
Business Address 35900 Mound Sterling Hts., MI 48310		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address:		
Reynolds, Charles	150	450
12414 Forest Glen Lane	_{\$} 150	_{\$} 150
Shelby Twp., MI 48315	Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide:	0,,0,(1,10,0,10	THOMO ROTHIZATION
Occupation Self Employer C & R Plumbing & Heating		
Business Address 51195 Fischer Park Dr. Shelby Twp., MI 48316 Type of Contribution: Loan from a person Fund Raiser		
- Total Maior		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address		
George, James		
19634 Westchester	ູ 150	. 150
Clinton Twp.,MI 48038	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Self Employer Real Estate Sales	Ollok Flore for	Wellio Reffilzation
Business Address Same		į
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Page Subtotal	¢4.050.00	
	\$1,050.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	_
14 2/1	Enter this total on line 3a of Summary	
Page 14 of 24	Page.	



CANDIDATE COMMITTEE

		·
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? YES 4. Date of Receipt 06/18/10 Name & Address:		
Langtry, James J. 54841 Congaree Dr. Macomb, MI 48042	_{\$} 150	_{\$} 150
5. If over \$100.00 cumulative, please provide:	Oliale I I ama fa	an Ndamaa Itaasiinatiaa
Occupation Attorney Employer Macomb County	Click Here to	or Memo Itemization
Business Address 1 S. Main Mt. Clemens, MI 48043		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address		
Wilson, Gordon B. 19297 Hickory Ridge Rd. Rose Twp., MI 48430	_{\$} 150	_{\$} 180
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Engineer Employer Anderson Eckstein Westrick		
Business Address 51301 Schoenherr Shelby Twp., MI 48316		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address:		
Rose, Roy 55620 Woodbridge Dr. Shelby Twp., MI 48316	\$ 150	_{\$} 200
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Engineer Employer Anderson Eckstein Westrick		,
Business Address 51301 Schoenherr Shelby Twp., MI 48316		
Type of Contribution: 🗸 Direct Loan from a person 📝 Fund Raiser	-	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address		
Denier, James E. 47446 Fiore Trail Clinton Twp., MI 48036 5. If over \$100.00 cumulative, please provide:	_{\$} 300	_{\$} _300
•	Click Here for	Memo Itemization
Business Address 36175 Harper Clinton Twp., MI 48035		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$750.00	
Grand Total of All Schedules 1A]
(Complete on last page of Schedule)	Enter this total on	,
Page 15 of <u>34</u>	line 3a of Summary Page.	

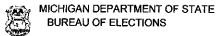


CANDIDATE COMMITTEE

1. Committee I.D. Number _

38271
38271

Enter contributor's name and address. If c middle initial. Check box to indicate if cont Committee (PAC) Report <u>all</u> contributions	ribution is from a Political C	lual, e ommi	enter last name, first name, ttee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? Name & Address:	YES 4. Date of F	Recei	ot 06/18/10		
Lustig, Dov W. 2820 Woodbine Waterford, MI 48328				_s 300	_{\$} 300
5. If over \$100.00 cumulative, please pro	vide:				
Occupation Attorney	Employer Self			Click Here f	or Memo Itemization
Business Address 240 Daines St. Bi	rmingham, MI 48009				
Type of Contribution: Direct	Loan from a person	\checkmark	Fund Raiser		
Contribution #2 PAC Receipt? Name & Address	YES 4. Date of R	eceip	06/18/10		
Fischer, Christopher 46 Market Street Mt. Clemens, MI 48043				_{\$} 150	_{\$} 150
5. If over \$100.00 cumulative, please prov				Click Here fo	or Memo Itemization
Occupation Attorney	Employer Self				
Business Address Same					
Type of Contribution:	Loan from a person	V	Fund Raiser		
Contribution # 3 PAC Receipt? Name & Address:	YES 4. Date of R	Receip	ot 06/18/10		
Garon, Daniel 46 Market Street Mt. Clemens, MI 48043 5. If over \$100.00 cumulative, please prov	ida.			\$ 150 Click Here fo	\$ 150
Occupation Attorney	Employer Self				
Business Address Same	Employer_Gon				
Type of Contribution: Direct	Loan from a person	7	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of F	Recei	ot 06/18/10	· · · · · · · · · · · · · · · · · · ·	
Hoyumpa, Vincent 46 Market Street Mt. Clemens, MI 48043	tale.			_{\$} 150	_{\$} 150
5. If over \$100.00 cumulative, please prov Occupation Attorney	Employer Self			Click Here for	Memo Itemization
Business Address Same					
Type of Contribution:	Loan from a person	V	Fund Raiser		
Page_16 of 2닉	(Cc		Page Subtotal of Total of All Schedules 1A te on last page of Schedule)	\$750.00 Enter this total on line 3a of Summary	
Page of		*		Page.	

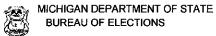


CANDIDATE COMMITTEE

138271 1. Committee I.D. Number

Committee to Elect Bob Smith 2. Committee Name

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? YES 4. Date of Receipt 06/18/10		
Rancilio, Rachel		
46 Market Street	ູ 150	<u>.</u> 150
Mt. Clemens, MI 48043	<u>\$</u>	\$ 100
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Attorney Employer Self		
Business Address Same		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address	100	
Kirk, Robert W.		
19500 Hall Rd.	_{\$} 150	_{\$} 150
Clinton Twp., MI 48038		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Attorney Employer Self		
Business Address Same		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/18/10		
Doppke,Paul A.		
21646 Erben St.	_{\$} 300	_s 300
St. Clair Shores, MI 48081		· · · · · · · · ·
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Self Employer Landscape Services		
Business Address 22932 Rasch Clinton Twp., MI 48035		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address		
Jarvis, William L.		
41800 Executive Dr.	_s 150	ຸ 150
Harrison Twp., MI 48045		Ф
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Self Employer Jarvis Property Restoration		
Business Address Same		
Type of Contribution:		
	\$750.00	
	Ψ1.00.00	•
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Faradi	J
Page 17 of 24	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number ______138271

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 06/18/10		
Roncelli, Gary 69900 Hicks Armada, Mi 48005	_s 150	_{\$} 150
5. If over \$100.00 cumulative, please provide:		
Occupation Self Employer Roncelli & Associates	Click Here fo	or Memo Itemization
Business Address 6471 Metro Parkway Sterling Hts., MI 48312		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address		
Finazzo, Lori 50 Crocker Mt. Clemens, Mi 48043	_{\$} 150	_{\$} 150
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Attorney Employer Self		
Business Address Same		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	_	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address:		
Manzella, Vincenzo 16814 Ventura Circle Clinton Twp., MI 48036	_{\$} 150	_{\$} 150
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Attorney Employer Self		
Business Address 39999 Garfield Clinton Twp., MI 48038		
Type of Contribution: 🗸 Direct Loan from a person 🗸 Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address		
Arnone, Joseph R. 622 Canterbury Rd. Grosse Pointe, MI 48236	§ 300	<u>\$_300</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Attorney Employer Self		
Business Address 22330 Greater Mack St. Clair Shores, MI 48080		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Page Subtotal	\$750.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) Page18 of	Enter this total on line 3a of Summary Page.	•

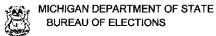


1. Committee I.D. Number 138271

Committee to Elect Bob Smith **CANDIDATE COMMITTEE** 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt 06/18/10 YES Name & Address: Martin, Delia 37335 Fiore Trail 150 150 Clinton Twp., MI 48036 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer_El Charro's Restaurant Occupation Self 16720 E. 14 Mile Fraser, MI48026 Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 4. Date of Receipt 06/18/10 PAC Receipt? YES Name & Address Costa, Robert E. ູ 150 24790 Camille 150 Harrison Twp., MI 48035 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation President Employer Continental Industrial Services Business Address 2711 E. Jefferson Detroit, MI 48207 Type of Contribution: Direct Loan from a person **Fund Raiser** 3. Contribution # 3 PAC Receipt? 4. Date of Receipt 06/18/10 Name & Address: Arietta, Pauline M. § 150 23060 Recreation St. 150 St. Clair Shores, MI 48082 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Secretary **Employer Macomb County** Business Address 1 S. Main Mt. Clemens, MI 48043 Type of Contribution: 🗸 Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? 4. Date of Receipt 06/18/10 YES Name & Address Viviano, Anthony J. 4751 Lockwood 150 Washington, MI 48094 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Self Employer Sterling Heights Dodge Business Address 39909 VanDyke Sterling Hts., MI 48312 Type of Contribution: | | Direct Loan from a person Fund Raiser Page Subtotal \$600.00 Grand Total of All Schedules 1A (Complete on last page of Schedule)

Page 19 of 24

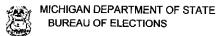
Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138271

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)
Contribution # 1 PAC Receipt? Name & Address:	YES 4. Date of F	Receipt (06/18/10		
Tomlinson, Tim 42850 Garfield Ste.101 Clinton Twp., MI 48038 5. If over \$100.00 cumulative, please pro	vide:			_{\$_} 150	_{\$_} 150
Occupation Attorney	Employer Self			Click Here fo	r Memo Itemization
Business Address Same	_ Limployer		 		
Type of Contribution: Direct	Loan from a person	√ Fu	und Raiser		
3. Contribution #2 PAC Receipt? Name & Address	YES 4. Date of F	Receipt O	6/18/10	,	
Dolan, Jack 42850 Garfield Ste.101 Clinton Twp., MI 48038				_{\$} _150	_{\$} _150
5. If over \$100.00 cumulative, please pro				Click Here for	r Memo Itemization
Occupation Attorney	Employer Self		 		
Business Address Same			 		
Type of Contribution: Direct	Loan from a person	√ F	fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address:	YES 4. Date of	Receipt 0	06/18/10		
Pasque, Charles R. 25411 Ryan Warren, MI 48091				_{\$} 600	_{\$} 600
5. If over \$100.00 cumulative, please pro	vide:			Click Here for	Memo Itemization
Occupation Self	Employer Paslin Co.		· · · · · · · · · · · · · · · · · · ·		
Business Address Same		·			
Type of Contribution: Direct	Loan from a person		und Raiser		
3. Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of	Receipt (06/18/10		,
Pomante, Dennis M. 57145 Starcreek Ct. Washington, MI 48094				<u>\$ 60 </u>	_{\$_} 60
5. If over \$100.00 cumulative, please pro				Click Here for	Memo Itemization
Occupation Self	_ Employer Denn-Co	o Constr	ruction		
Business Address 13129 23 Mile Rd	. Shelby Twp., MI 4	8316			
Type of Contribution:	Loan from a person	√ Fu	und Raiser		
			Page Subtotal	\$960.00	
	(0		Total of All Schedules 1A on last page of Schedule)		
Page 20 of 24			,	Enter this total on line 3a of Summary Page.	

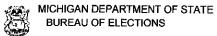


CANDIDATE COMMITTEE

1. Committee I.D. Number _____138271

2. Committee Name	Committee to	Elect Bob	Smith

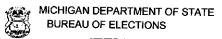
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/18/10 Pomante, Sharon J.	-	
57145 Starcreek Ct.	_{\$} 60	_s 60
Washington, MI 48094	<u>\$</u>	<u> </u>
5. If over \$100.00 cumulative, please provide: Occupation Self Employer Denn-Co Construction	Click Here	for Memo Itemization
Business Address 13129 23 Mile Rd. Shelby Twp., MI 48316		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address		-
Esposito, Paul A. 49149 Compass Point Dr. Chesterfield, MI 48047	_{\$} _90	_{\$} 90
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Self Employer Lexor Group		
Business Address Same		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/18/10		
Bianchi, Ralph 48285 American Elm Dr. Macomb, MI 48044	_{\$} 150	_{\$} 150
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Self Employer Bianchi Salon		
Business Address 16650 18 Mile Rd. Clinton Twp., MI 48038		
Type of Contribution: 🗸 Direct Loan from a person 📝 Fund Raiser		
. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/18/10 lame & Address		
Szolack, Ronald D. 38371 Huron Pointe Harrison Twp., MI 48045	_{\$} 150	_{\$} 150
i. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Self Employer Flight Club		
Business Address 29709 Michigan Ave. Inkster, MI 48141		
Type of Contribution:		
Page Subtotal	\$450.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Sage_21 of 24	Enter this total on line 3a of Summary Page.	,



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138271

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 06/18/10		
Page, Larry		
9750 St. Clair Highway	_s 300	° 300
Casco Twp., 48064	\$	\$ 000
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Self Employer Electrex Co.	001010101	or morno normaduon
Business Address 41775 Production Dr. Harrison Twp., MI 48045		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address		
Wickersham, Thomas 14863 Towering Oaks Dr. Shelby Twp., MI 48315	_{\$} 150	_{\$} 150
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Sales Employer Roncelli & Associates		
Business Address 6471 Metro Parkway		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address:		
Misukewicz, Paul 42140 VanDyke # 210 Sterling Hts., MI 48314	_{\$} _150	_{\$} 150
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Attorney Employer Self		1
Business Address Same		
Type of Contribution: V Direct Loan from a person V Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/18/10 Name & Address	-	
Ferlito, Anthony J. 37335 Casa Bella Ct. Clinton Twp., MI 48036	_{\$} 150	_{\$} 150
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Self Employer A.J. Ferlito Construction	CHOIC FIGURE	Mono Romization
Business Address 27087 Gratiot Roseville, MI 48066		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Page Subtotal	\$750.00	
Grand Total of All Schedules 1A		1
(Complete on last page of Schedule)	Enter this total on	J
Page 22 of 24	line 3a of Summary Page.	



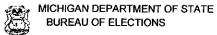
CANDIDATE COMMITTEE

1. Committee I.D. Number ______138271

2. Committee Name Committee to Elect Bob Smith

Page.

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 06/25/10 Name & Address:		. date of rodolpty
Zyburski, Paul F.		
321 Gratiot	450	150
Mt. Clemens, MI 48043	_{\$} 150	_{\$} 150
5. If over \$100.00 cumulative, please provide:	Click Here t	or Memo Itemization
Occupation Attorney Employer Self	Olick Hele I	or Memo Remization
Business Address Same		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/25/10 Name & Address		
Sorrentino, Benedetto		
35520 Forton Ct.	_{\$} 150	_{\$} 150
Clinton Twp., MI 48035		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Self Employer ICON Development		
Business Address Same		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/25/10		·
Michaels, Dolores		
21600 Quinn Rd.	_{\$} 150	_s 150
Clinton Twp., MI 48035		*
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Self Employer Uni-Dig		
Business Address Same		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/25/10 Name & Address	<u> </u>	
Dobbs, Steven R.		
6446 Short Cut Rd.	ູ 150	ູ 150
Cottrellville, MI 48039 5. If over \$100.00 cumulative, please provide:	<u> </u>	\$
Occupation Self Employer Shorebreeze Restaurant	Click Here for	Memo Itemization
Business Address 39890 Garfield Clinton Twp., MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$600.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 23 of 24	line 3a of Summary	•



CANDIDATE COMMITTEE

138271 1. Committee I.D. Number

2. Committee Name

Committee to Elect Bob Smith

middle initial. Check box Committee (PAC) Repor	x to indicate if cont rt <u>all</u> contributions	ribution is from a Political regardless of amount.	/idual, e Commi	enter last name, first name, ttee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date of	f Recei	pt 06/25/10		
Femminineo, Jac 136 S. Wilson Mt. Clemens, MI					_s 150	_{\$} 250
5. If over \$100.00 cumu		vide:				
Occupation Attorney		_ Employer_Self			Click Here	for Memo Itemization
Business Address Sam	ne					
Type of Contribution:	Direct	Loan from a person	✓	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of	Receip	ot 06/25/10		
Moscone, Onorio 11111 Hall Rd. 3 Utica, MI 48317					_{\$} 300	_{\$} 300
5. If over \$100.00 cumu	lative, please pro				Click Here	for Memo Itemization
Occupation Self		Employer Land Devel	oper-	Bona Venture Co		
Business Address Sam	ie					
Type of Contribution: ✓		Loan from a person	V	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of	f Recei	pt	_	
					\$	_ \$
					Click Here f	or Memo Itemization
5. If over \$100.00 cumul	lative, please pro	vide:			OHOR HEIGH	OF PROTECT RECITIZATION
Occupation		Employer		· ··		
Business Address Type of Contribution:	Direct [l can from a person		Fund Daise		
3. Contribution # 4	<u> </u>	Loan from a person	4 De	Fund Raiser		
Name & Address	PAC Receipt?	YES 4. Date o	t Recei	ipt		
					\$	œ.
5. If over \$100.00 cumul	lative, please prov	vide:				- Ψ
Occupation	•				Click Here fo	or Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
			L	Page Subtota	\$450.00	
			Gra	nd Total of All Schedules 1A		
		(ete on last page of Schedule	Enter this total on	_
Page 24 of 24					line 3a of Summar Page.	y



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMM	ITTEE 2. Committee Name CTE BOD SMILIT		
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 all 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	Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Butch Hassig 37363 Fiore Trail Clinton Twp., MI 48036 If over \$100.00 cumulative, please provide: Occupation: Plumbing Contractor Employer Name & Business Address: Hassig & Son 5700 Frazho Warren, MI 48091 Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description soda, water, alcohol, use of home, cleaning, etc. 5. Date Of Receipt: 06/16/10 6. Vendor Name & Address:	\$57 \$_k Here for Memo Ite	357
Contribution # 2 PAC Receipt? Yes Name & Address Jarred Cloin CBJ Valet Service 33624 Clipper Ct. Chesterfield, MI 48047 If over \$100.00 cumulative, please provide: Occupation: Owner of CBJ Employer Name & Address: same as above	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☑ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description provided valet parking for guests 5. Date Of Receipt: 06/16/10 6. Vendor Name & Address:	85 \$	285 emization
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4.	\$ ck Here for Memo It	emization
Fund Raiser Contribution	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 Page

Page 1 of 1



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number _

13827	1
-------	---

2. Committee Name Committee to Elect Bob Smith

3. Name and address of person or vendor to whom paid	145		
Expenditure #1	4. Purpose (Required Information)	5. Date	6. Amount
<u> </u>			
Name MI State Democratic Party		05/06/10	\$ 150
Address	Purpose: Donation	Date	
6006 Townsend Lansing, MI 48933	Clic	k Here for Memo	Itemization Type
	Check box if this expenditure is payment of		7 1 -
Fund Raiser	debt or obligation reported on previous statement	,,	
Expenditure #2			
Name MI State Democratic Party		05/06/10	\$ 20
Address	Purpose: Donation	Date	
6006 Townsend	Click	Here for Mome	Itemization Type
Lansing, MI 48933	₌		Remization Type
Fund Raiser	Check box if this expenditure is payment o debt or obligation reported on previous	f	
Expenditure #3	statement		
Name Huntington Bank			
		05/11/10	\$ 9.95
Address PO Poy 4559 FA NA/OZ	Purpose: checks	Date	
PO Box 1558 EA IW37 Columbus, Oh 43216	Click	Here for Memo I	temization Type
——————————————————————————————————————	Check box if this expenditure is payment of		Typo
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Sawicki & Sons		06/04/10	
Address	Signe	Date	\$ <u>1500</u>
1521 W. Lafayette	Purpose: Signs		·
Detroit, MI 48216	Click i	Here for Memo It	emization Type
	Check box if this expenditure is payment of		-
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
^{Name} J. Baldwin Catering	ĺ	06/46/40	
Address	Purpose: catering 6-16 fundraiser	06/16/10 Date	\$ 1800
16981 Garfield	uipose.	Date	
Clinton Twp., MI 48039	Click H	lere for Memo ite	emization Type
√ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	\$3,479.95
	Grand Total of all S (Complete on last page	Schedules 1B of Schedule)	
			Enter this total

on line 8a of Summary Page



SCHEDULE 1B CANDIDATE COMMITTEE

2. Committee Name CTE Bob Smith

2 Name and address of			
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Butch Hassig		06/16/10	\$ 180
Address	Purpose: entertainment	Date	¥ <u>100</u>
37363 Fiore Trail			
Clinton Twp., MI 48036	Click	Here for Mem	ltemization Type
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2		<u> </u>	····-
Name American Graphics		06/16/10	s 254
Address	Purpose: printing invitations	Date	
34895 Groesbeck	OF-LA		
Clinton Twp., MI 48035	Circk	nere for Memo	Itemization Type
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			···.
Name Sawicki & Sons	7	06/18/10	* 104E E0
Address	Purpose: signs	Date	\$ <u>1645.56</u>
1521 W. Lafayette	Fulpose. 3		
Detroit, MI 48216	Click H	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4		 -	
Name C J Barrymores			
		06/18/10	\$ 500
Address	Purpose: 5-26 Fundraiser food costs	Date	
21750 Hall Rd.			
Clinton Twp., MI 48038	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		į
Expenditure #5			
Name Lowe's		06/28/10	
Address	_{Purpose:} sign supplies	Date	\$ 145.47
35201 Gratiot	ruipose. O III-	Date	
Clinton Twp. MI 48035		ere for Memo	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subtot	al this page	\$2,725.03
		}	Ψ2,123.03
	Grand Total of all S (Complete on last page		
	, ,	/ [Enter this total

Enter this total on line 8a of Summary Page



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 American Graphics		06/29/10	404
Address	Purpose: printing letterhead,envelopes	Date	\$ <u>431.58</u>
34895 Groesbeck		lara far Mama	Itemization Type
Clinton Twp., MI 48035		ICIC IOI IVICITIO	nemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	_	
Expenditure #2			
Name Lowe's		06/30/10	\$ 25.62
Address	Purpose: sign supplies	Date	
35201 Gratiot	Click H	lere for Memo	Itemization Type
Clinton Twp., MI 48035	Chack hav if this avanditure is navment of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Grainger Company		06/30/10	\$ 33.66
Address	Purpose: sign straps	Date	<u></u>
25940 Groesbeck	Click H	ere for Memo I	temization Type
Warren, MI 48089	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	satement		
Name Grainger Company		06/30/10	\$ 54.06
Address	Purpose: sign straps	Date	
25940 Groesbeck		4 14 1	4
Warren, MI 48089		ere for iviemo i	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		:
Expenditure #5	-		
Name Signature Promotions		07/14/10	
Address	Purpose: advertising on t-shirts	Date	\$ <u>292.56</u>
44432 Reynolds	Click H	lere for Memo I	temization Type
Clinton Twp., MI 48036	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	I	
	Subtot	tal this page	\$837.48
	Grand Total of all S (Complete on last page	l l	

Enter this total on line 8a of Summary Page

 $_{\text{Page}}\underline{3}_{\text{of}}\underline{4}_{\text{-}}$



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 Italian American Cultural Society		07/15/10	s 175
Address	Purpose: advertising	Date	
43843 Romeo Plank	Click h	lere for Memo	Itemization Type
Clinton Twp., MI 48038	l — ·	ioro ior monio	nonazadon Typo
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	_	
Expenditure #2	-		,
Name			\$
		Date	Ψ
Address	Purpose:		
	Click H	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	ototemen	· · · · · · · · · · · · · · · · · · ·	
Name			`
			\$
Address	Purpose:	Date	
	Click H	ere for Memo	temization Type
	Check box if this expenditure is payment of	oro tor morrio	nemzanom rype
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name			
INGING			c
Address	Dimensi	Date	\$
	Purpose:		
	Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	- CHAOMOIN	·····	
Name			
			\$
Address	Purpose:	Date	
	Click H	ere for Memo	temization Type
	Check box if this expenditure is payment of		3 p
Fund Raiser	debt or obligation reported on previous statement		
	Subtot	al this page	\$175.00
	Grand Total of all S		\$7,217.46
	(Complete on last page	of Schedule)	Ψ·,·∪

Enter this total on line 8a of Summary Page

Page 4 of 4



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

138271

SCHEDULE 1E	Committo	a ta Elaat Bah Co	na:4la	
CANDIDATE COMMITTEE 2.0	Committee Name COMMITTEE	e to Elect Bob Sr	MEN	
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com	nmittee OR b. Debi	is and obligations owed <u>to</u> ourpose checked.)	r forgiven by the cor	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: labels & Ink	08/01/08 \$ 69.94		
Stella Smith 39324 Eliot Clinton Twp., MI 48036	5. Date Debt Was Incurred: 07/01/08 6. Original Amount of Debt: \$_140.94	\$ \$ \$	\$ <u>69.94</u>	\$_0 √ FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: Stella Smith 39324 Eliot Clinton Twp., MI 48036 If bank loan, name of endorser or guarantor:	4. Type: food/meeting 5. Date Debt Was Incurred: 7-8-08 6. Original Amount of Debt: \$ 21.20	\$\$Am	\$ 0 ount Endorsed: \$	\$_0 ✓ FORGIVEN
Debt #3 Corp? Yes Owed to or by:	4. Type: Name Badges	03/30/09 \$ 5.00		
Bob Smith 36729 Moravian Clinton Twp., MI 48035	5. <u>Date Debt Was Incurred</u> : 7-14-08 6. <u>Original Amount of Debt</u> : \$_25.43	\$ \$ \$	\$ 5.00	\$_20.43
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
(Co	omplete on last page of Schedule s	Grand Total o	(Outstanding debt) of all Schedules 1E r to the committee)	\$20.43
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during	le if there was an outstanding ar the period covered by this Camp	nount owed on it at the ck algn Statement.	osing date of	Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page
Page / of <u> </u>				



DEBTS AND OBLIGATIONS SCHEDULF 1F

1. Committee I.D. Number 13

138271

OULLDOLL IL	Committe	so to Float Date O	***	
CANDIDATE COMMITTEE 2.	Committee Name COMMITTEE	ee to Elect Bob S	mith	
This Schedule itemizes:				
a Debts and obligations owed <u>by</u> or forgiven the co	mmittee OR b. Deb	ots and obligations owed <u>to</u> opurpose checked.)	or forgiven <u>by</u> the co	ommittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at clos of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: stamps	s		
Bob Smith 36729 Moravian Clinton Twp., MI 48035	5. <u>Date Debt Was Incurred:</u> 08/13/08 6. <u>Original Amount of Debt:</u>	\$	\$ <u>0</u>	\$_25.20
	\$ 25.20	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: printer/copier/fax	\$	ant Lindolsed. # =	
Bob Smith 36729 Moravian	5. <u>Date Debt Was Incurred</u> : 5-15-10	s		
Clinton Twp., MI 48035	6. Original Amount of Debt:	\$ \$	\$	\$_429.89
If hank loan, name of anderson	<u>\$_429.89</u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes		Am	ount Endorsed: \$_	
Owed to or by:	4. Type: stamps,mailing,maps	\$	ı	
Bob Smith 36729 Moravian	5. <u>Date Debt Was Incurred</u> :	\$		
Clinton Twp., MI 48035	6-1-10		i	54.54
. ,	6. Original Amount of Debt: \$ 54.54	\$	\$	\$ <u>54.54</u>
		\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
		Page Subtotal (Outstanding debt)	\$509.63
			- '	

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.

Grand Total of all Schedules 1E \$530.06 (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

Page 2 of 2

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

138271

1. Committee I.D. Number

2. Committee Name Committee to Elect Bob Smith

	- USE	A SEPARATE SH	EET FOR EACH EVENT	•
3. Date Event Was Held		er of Individuals Attending pating (whichever is	5. Type of Fund Raising Activity	Address and Name (If any) of tr place where the activity was held.
06/16/10	grouci	52	Dinner Party	Butch & Donna Hassig 37363 Fiore Trail Clinton Twp., MI 48036 Private Residence
7. Total Contributions		\$9,060.00		
. Other Receipts		\$642.00 (In kind contributions -60%)		
9. Gross Receipts (Add lines 7 and 8)		\$9,702.00		
10. Total Cost of Event (Total Cost includes In-Kind Contributions		\$2,234.00 and All Expenditures Made For the Event)		a 7-10 represent 60 beiting received + cost
11. Check if event was a joi	nt fund ra	iser and complete the	following:	butiers received + ev
Co-Sponsor(s)		Contribution S (%)	plit	Expenditure Split (%)
Cte Bob Smith		60		60
Mark Hackel for County Executive		40		40
				
		<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.

Page 1 of 2



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

138271 Mumbas

i. Committee i.b. Ne	IIIIDGI	
2. Committee Name	Committee to Elect Bob	Smith

- USE A SEPARATE SHEET FOR EACH EVENT -							
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.				
05/26/10	55	Outdoor Barbque	CJ Barrymores 21750 Hall Rd. Clinton Twp., Mł 48038 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 (Total Cost includes In-Kind Co	\$500.00 ntributions and All Expenditures	Made For the Event)					
11. Check if event was a jo	int fund raiser and complete the	following:					
Co-Sponsor(s)	Contribution S (%)	Contribution Split (%)					
	<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.

Page 2 of 2