



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: 07/19/10 to 08/23/10

1. Committee I.D. Number

138271

4. Candidate Last Name First Name M.I.  
Smith, Jr. Robert W.

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

Macomb County Commissioner District 12

4b. County of Residence Macomb

2. Committee Name

Committee to Elect Bob Smith

5. Committee's Mailing Address

39324 Eliot  
Clinton Twp., MI 48036

6. Treasurer's Name & Residential Address

Stella A. Smith  
39324 Eliot  
Mt. Clemens, MI 48036

Area Code & Phone (586) 465-4100

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.

7. Treasurer's Business Address

Same as 6

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

n/a

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

Stella A. Smith Date 9-2-10

Signature

Candidate Robert W. Smith Jr.

Type or Print Name

Robert W. Smith Jr. Date 9-2-10

Signature



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>9,608.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$9,608.00</u>	(18.) \$ <u>\$27,333.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$9,608.00</u>	(20.) \$ <u>\$27,333.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$700.00</u>	(21.) \$ <u>\$1,342.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$922.82</u>	
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.) \$ <u>\$922.82</u>	(23.) \$ <u>\$8,140.28</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (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)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$509.63</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$10,774.16</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$9,608.00</u>	
	(15.) = \$ <u>\$20,382.16</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$922.82</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$19,459.34</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)
<p>3. Contribution #1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/23/10</u></p> <p>Name &amp; Address: Walters, Irit 1436 Pierce St. Birmingham, MI 48009</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 type="checkbox"/> Fund Raiser</p>		\$ <u>200</u>	\$ <u>200</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/23/10</u></p> <p>Name &amp; Address: Breitfeld, Erika 45748 Rathmore Dr. Macomb, MI 48044</p> <p>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</p>		\$ <u>50</u>	\$ <u>50</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/23/10</u></p> <p>Name &amp; Address: Miller, Arthur J. Jr. 11139 Olice Warren, MI 48093</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u>      Employer <u>Leader Consultants</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>300</u>	\$ <u>300</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/29/10</u></p> <p>Name &amp; Address: Jacklyn, Andrea S. 969 Huntington Mt. Clemens, MI 48043</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 type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ <u>100</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$650.00

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)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/29/10</u> Name & Address: <u>Paluzzi III, Joseph</u> <u>27085 Gratiot Ave.</u> <u>Roseville, MI 48066</u>		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Self - Michigan Home 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		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution #2</b> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>07/29/10</u> Name & Address: <u>Macomb County Assistant Prosecutors PAC</u> <u>26495 Ryan Rd.</u> <u>Warren, MI 48091</u>		\$ <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 type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/29/10</u> Name & Address: <u>Semaan, Emil</u> <u>4944 Fairway Ridge</u> <u>West Bloomfield, MI 48043</u>		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney - Intern</u> Employer <u>Macomb County</u> Business Address <u>1 S. Gratiot Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/29/10</u> Name & Address: <u>Robinette, Ernest L. Jr.</u> <u>48518 Tilch Rd.</u> <u>Macomb Twp., MI 48044</u>		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>49850 Van Dyke 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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$1,750.00

Grand Total of All Schedules 1A  
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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

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>07/29/10</u> Name &amp; Address: <u>Robinette, Oglia</u> <u>2233 Lindell</u> <u>Sterling Hts., MI 48310</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u>      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>500</u>	\$ <u>500</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/29/10</u> Name &amp; Address: <u>Robinette, Eileen M.</u> <u>48518 Tilch Rd.</u> <u>Macomb Twp., MI 48044</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u>      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>500</u>	\$ <u>500</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/29/10</u> Name &amp; Address: <u>Berg, Robert E. Jr.</u> <u>39850 Van Dyke # 100</u> <u>Sterling Hts., MI 48313</u></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 type="checkbox"/> Fund Raiser</p>		\$ <u>500</u>	\$ <u>500</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/29/10</u> Name &amp; Address: <u>Palazzolo, Joseph P.</u> <u>39850 VanDyke</u> <u>Sterling Hts., MI 48313</u></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 type="checkbox"/> Fund Raiser</p>		\$ <u>500</u>	\$ <u>500</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$2,000.00

Grand Total of All Schedules 1A  
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3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/29/10</u>	
Name & Address: Tomko, Thomas J. 2121 Cut Crystal Lane Shelby Twp., MI 48316		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>39850 Van Dyke Ste. 200 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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/29/10</u>	
Name & Address: Spitzer, Thomas 39850 Van Dyke Sterling Hts., MI 48313		\$ <u>500</u>	\$ <u>500</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/19/10 7-30</u>	
Name & Address: Ciaffone, Michael 31771 Sheman Ave. Madison Hts., MI 48071		\$ <u>26</u>	\$ <u>26</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>08/19/10 7-36</u>	
Name & Address: Clancy, Bob 325 North Ave Mt. Clemens, MI 48043		\$ <u>24</u>	\$ <u>24</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 \$1,050.00

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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)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/30/10</u> Name & Address: Colgrove, John 44035 N. Groesbeck Clinton Twp., MI 48036		\$ <u>48</u>	\$ <u>48</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>07/30/10</u> Name & Address: Congemi, Donna 11235 Hemlock Dr. Sterling Hts., MI 48312		\$ <u>40</u>	\$ <u>40</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>07/30/10</u> Name & Address: Debuck, Ray 4735 22 Mile Rd. Shellby Twp., MI 48317		\$ <u>26</u>	\$ <u>26</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>07/30/10</u> Name & Address: Deldin, Mark 22934 Edgewater St. Clair Shores, MI 48082		\$ <u>40</u>	\$ <u>40</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 **\$154.00**

Grand Total of All Schedules 1A  
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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>07/30/10</u> Name &amp; Address: Denault, Donald P. 15731 Marcie Fraser, MI 48026</p> <p>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</p>		\$ <u>26</u>	\$ <u>26</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/31/10</u> Name &amp; Address: Ferlito, Anthony J. 37335 Casa Bella Ct. Clinton Twp., MI 48036</p> <p>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</p>		\$ <u>80</u>	\$ <u>230</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/30/10</u> Name &amp; Address: Fitzgibbons, Jennifer 1301 W. Long Lake Rd. # 250 Troy, MI 48098</p> <p>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</p>		\$ <u>24</u>	\$ <u>24</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/30/10</u> Name &amp; Address: Fitzgibbons, James 1301 W. Long Lake Rd. # 250 Troy, MI 48098</p> <p>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</p>		\$ <u>24</u>	\$ <u>24</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$154.00

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 # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u></p> <p>Name &amp; Address: Foster, Eric C. 41700 Conger Bay Dr. Harrison Twp., MI 48045</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</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>48</u>	\$ <u>48</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u></p> <p>Name &amp; Address: Gambaro, Donna 41300 Windmill Harrison Twp., MI 48045</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</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>26</u>	\$ <u>26</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u></p> <p>Name &amp; Address: Green, Kimberly J. 28781 Berwick Ct. Chesterfield, MI 48047</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</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>26</u>	\$ <u>26</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u></p> <p>Name &amp; Address: Hassig, Adam 37363 Fiore Trail Clinton Twp., MI 48036</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</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>48</u>	\$ <u>48</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$148.00

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

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)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Hernandez, Thomas A. 49405 Compass Pte. Dr. CHesterfield, MI 48047		\$ <u>26</u>	\$ <u>26</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	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Holsbeke, Christopher 43103 Riverway Clinton Twp., MI 48038		\$ <u>24</u>	\$ <u>24</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	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Jones, Theresa 40210 Hayes Clinton Twp., MI 48038		\$ <u>26</u>	\$ <u>26</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	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Juncevic, Dino 52756 Blueridge Dr. Shelby Twp., MI 48316		\$ <u>78</u>	\$ <u>78</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 \$154.00

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)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES <b>4. Date of Receipt</b> <u>07/30/10</u> Name & Address: Kehrig, Donald 34950 E. Islandview Dr. Harrison Twp., MI 48045		\$ <u>26</u>	\$ <u>26</u>
<b>5. If over \$100.00 cumulative, please provide:</b> 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		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES <b>4. Date of Receipt</b> <u>07/30/10</u> Name & Address: Lambiris, Jason 35296 Mound Rd. Sterling Hts., MI 48310		\$ <u>26</u>	\$ <u>26</u>
<b>5. If over \$100.00 cumulative, please provide:</b> 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		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES <b>4. Date of Receipt</b> <u>07/30/10</u> Name & Address: Luks, Henry J. 18738 Rockport Roseville, MI 48066		\$ <u>26</u>	\$ <u>26</u>
<b>5. If over \$100.00 cumulative, please provide:</b> 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		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES <b>4. Date of Receipt</b> <u>07/30/10</u> Name & Address: Mann, Bob 51145-D Washington St. New Baltimore, MI 48047		\$ <u>26</u>	\$ <u>26</u>
<b>5. If over \$100.00 cumulative, please provide:</b> 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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$104.00

Grand Total of All Schedules 1A  
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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>07/30/10</u>	
Name & Address: Nitz, John A. 57477 Willow Way Court Washington, MI 48094		\$ <u>26</u>	\$ <u>26</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>07/30/10</u>	
Name & Address: CTE R. Notte 44291 Constellation Dr. Sterling Hts., MI 48314		\$ <u>26</u>	\$ <u>26</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>07/30/10</u>	
Name & Address: Odell, Lt. Col. Donald E. 31810 N. River Rd. Harrison Twp., MI 48047		\$ <u>26</u>	\$ <u>26</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>07/30/10</u>	
Name & Address: O'Donnell, Michael 41000 Executive Dr. Harrison Twp., MI 48045		\$ <u>48</u>	\$ <u>48</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 \$126.00

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

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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)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Oehmke, Wayne O. 17610 21 Mile Rd. Macomb, MI 48044		\$ <u>52</u>	\$ <u>52</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	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Patamia, Rocco 18350 Tara Dr. Clinton Twp., MI 48036		\$ <u>140</u>	\$ <u>140</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> 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	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Patrician, David B. 3140 Baypoint Dr. Rochester Hills, MI 48309		\$ <u>26</u>	\$ <u>26</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	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Pearl, Ken 38316 Santa Barbara Clinton Twp., MI 48036		\$ <u>26</u>	\$ <u>26</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 \$244.00

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 all 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>07/30/10</u>	
Name & Address: Phy, Michael C. 19708 Tanglewood Clinton Twp., MI 48038		\$ <u>26</u>	\$ <u>61</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>07/30/10</u>	
Name & Address: Pretzer, Jeff 50490 Central Industries Dr. Shelby Twp., MI 48315		\$ <u>48</u>	\$ <u>48</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>07/30/10</u>	
Name & Address: Prue, Donald P. 4759 NW 3rd Street Deerfield Beach, FL 33442		\$ <u>52</u>	\$ <u>52</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>07/30/10</u>	
Name & Address: Reynolds, Dean 38150 Woodcrest Clinton Twp., MI 48036		\$ <u>26</u>	\$ <u>26</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 \$152.00

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)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Riehl, James 49446 Goulette Pt. 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>48</u>	\$ <u>48</u>
		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Robinson, Deborah A. 2775 Acorn Rd. Bloomfield Hills, MI 48302 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>48</u>	\$ <u>48</u>
		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Rombach, Thomas C. 43957 Hillsboro 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>30</u>	\$ <u>30</u>
		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Rossell, Ronald 342 Brook Romeo, MI 48065 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>26</u>	\$ <u>26</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$152.00

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)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: St. Pierre, Cecil 2 Crocker Blvd # 202 Mt. Clemens, MI 48043		\$ <u>52</u>	\$ <u>52</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	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Stewart, Ray 15910 26 Mile Rd. Macomb, MI 48042		\$ <u>48</u>	\$ <u>48</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	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Griannandrea, Mario PO Box 268 Milford, MI 48381		\$ <u>26</u>	\$ <u>26</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	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Strollis, Vito 205 N. Gratiot Mt. Clemens, MI 48043		\$ <u>26</u>	\$ <u>26</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 \$152.00

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 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 07/30/10

Name & Address:

Thoen, Paul Michael  
42850 Garfield # 101  
Clinton Twp., MI 48038

\$ 30

\$ 30

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/30/10

Name & Address

Vagnetti, Nick  
37809 S. Groesbeck  
Clinton Twp., MI 48036

\$ 24

\$ 24

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 07/30/10

Name & Address:

Vagnetti, Sam  
37809 S. Groesbeck  
Clinton Twp., MI 48036

\$ 24

\$ 24

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 07/30/10

Name & Address

Verhaeghe, Carol A.  
49502 Regatta St.  
Chesterfield, MI 48047

\$ 24

\$ 24

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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Page Subtotal

\$102.00

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>07/30/10</u> Name & Address: Verhaeghe, Edward J. 49502 Regatta St. 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>24</u>	\$ <u>24</u> <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/30/10</u> Name & Address: Whitman, Alan D. 18639 Warwick St. Beverly Hills, MI 48025 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>26</u>	\$ <u>26</u> <a href="#">Click Here for Memo Itemization</a>
3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/30/10</u> Name & Address: Williams, Denise 29410 Grandview St. Harrison Twp., MI 48045 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>48</u>	\$ <u>48</u> <a href="#">Click Here for Memo Itemization</a>
3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/30/10</u> Name & Address: Williams, Jeffrey W. 29440 Rose St. Madison Hts., MI 48071 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>48</u>	\$ <u>48</u> <a href="#">Click Here for Memo Itemization</a>

Page Subtotal \$146.00

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)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Wydyka, Wayne M. 2060 Coolidge Hwy. Berkley, MI 48072		\$ <u>26</u>	\$ <u>26</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		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/31</u> Name & Address: Yono, Mario 51715 Baker Chesterfield, MI 48047		\$ <u>48</u>	\$ <u>48</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		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Yono, Mark 47174 Jefferson Chesterfield, MI 48047		\$ <u>48</u>	\$ <u>48</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		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/10</u> Name & Address: Yono, Mike 47391 Jefferson Chesterfield, MI 48047		\$ <u>48</u>	\$ <u>48</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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$170.00

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)
<b>3. Contribution #1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/19/10</u> Name & Address: Blum, Michael 38378 Huron Pointe Dr. Harrison Twp., MI 48045		\$ <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>32300 Northwestern Hwy # 230 Farmington Hills, MI 48334</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	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/19/10</u> Name & Address: Costa, Robert E. 24790 Camille Harrison Twp., MI 48045		\$ <u>100</u>	\$ <u>250</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	
<b>3. Contribution #3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/19/10</u> Name & Address: Ferrante, Sante 6626 Gratiot Detroit, MI 48207		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Ferrante Mfg. 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	
<b>3. Contribution #4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/19/10</u> Name & Address: Gordon, Steven G. One Town Square #1200 Southfield, MI 48076		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Signatures Assoc.</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 \$400.00

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)
<b>3. Contribution # 1</b> PAC Receipt? <input checked="" type="checkbox"/> YES <b>4. Date of Receipt</b> <u>08/19/10</u> <b>Name &amp; Address:</b> Hingst, Eric PAC GCSI 21 Century Pac 3711 Beechtree Lane Okemos, MI 48862		\$ <u>100</u>	\$ <u>100</u>
<b>5. If over \$100.00 cumulative, please provide:</b> 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		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES <b>4. Date of Receipt</b> <u>08/19/10</u> <b>Name &amp; Address</b> Muawad, Aline E. 7626 Acorn Hill Ct. West Bloomfield, MI 48323		\$ <u>200</u>	\$ <u>200</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES <b>4. Date of Receipt</b> <u>08/19/10</u> <b>Name &amp; Address:</b> Muawad, Elias 7626 Acorn Hill Ct. West Bloomfield, MI 48323		\$ <u>200</u>	\$ <u>200</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>36700 Woodward Bloomfield Hills, MI 48304</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES <b>4. Date of Receipt</b> <u>08/19/10</u> <b>Name &amp; Address</b> Napoleon, Benny 12210 Monica St. Detroit, MI 48204		\$ <u>100</u>	\$ <u>100</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation <u>Sheriff</u> Employer <u>Wayne 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		<a href="#">Click Here for Memo Itemization</a>	

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)
<p>3. Contribution #1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/19/10</u></p> <p>Name &amp; Address:</p> <p>Southway, Kevin 38372 Huron Pointe Dr. Harrison Twp., MI 48045</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>CRNA</u>      Employer <u>Mt. Clemens Regional Medical Center</u></p> <p>Business Address <u>1000 Harrington</u> <u>Mt. Clemens, MI 48043</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>100</u>	\$ <u>100</u>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/19/10</u></p> <p>Name &amp; Address:</p> <p>Towner, Charles M. 39757 Brylor Ct. Clinton Twp., MI 48038</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>38770 Garfield Ste.100</u> <u>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>100</u>	\$ <u>100</u>
<p>3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/20/10</u></p> <p>Name &amp; Address:</p> <p>Levin for Congress PO Box 37 Roseville, MI 48066</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____      Employer _____</p> <p>Business Address _____</p> <p>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 #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name &amp; Address:</p> <p>_____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ _____	\$ _____

Page Subtotal

\$1,200.00

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

9,608.00

Enter this total on  
line 3a 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 <b>Families Against Narcotics</b>  Address Christ United Church 34385 Garfield Fraser, MI 48026 <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>07/28/10</u> Date	<u>\$ 125</u>
Expenditure #2 Name <b>Lowe's</b>  Address 35201 Gratiot Clinton Twp., MI 48035 <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>08/02/10</u> Date	<u>\$ 37.22</u>
Expenditure #3 Name <b>Reverend Bradley-Ministerial Alliance</b>  Address 22645 Quinn Rd. Clinton Twp., MI 48035 <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>08/10/10</u> Date	<u>\$ 150</u>
Expenditure #4 Name <b>Michigan Sign Services</b>  Address 44171 N. Groesbeck Clinton Twp., MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: <u>Banner</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/11/10</u> Date	<u>\$ 200</u>
Expenditure #5 Name <b>Church of Christ</b>  Address 23575 15 Mile Rd. Clinton Twp., MI 48035 <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>08/16/10</u> Date	<u>\$ 85</u>

Subtotal this page **\$597.22**  
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
<b>Expenditure #1</b> Name <u>Office Max</u>  Address <u>33840 S. Gratiot</u> <u>Clinton Twp., MI 48035</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/17/10</u> Date	\$ <u>78.76</u>
<b>Expenditure #2</b> Name <u>Meijers</u>  Address <u>40445 S. Groesbeck</u> <u>Clinton Twp., MI 48036</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/17/10</u> Date	\$ <u>46.84</u>
<b>Expenditure #3</b> Name <u>Charles Pasque</u>  Address <u>25411 Ryan Rd.</u> <u>Warren, MI 48091</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Refund over-limit donation</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/10</u> Date	\$ <u>100</u>
<b>Expenditure #4</b> Name <u>Cy Abdo</u>  Address <u>42550 Garfield</u> <u>Clinton Twp., MI 48038</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Refund over-limit donation</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/10</u> Date	\$ <u>100</u>
<b>Expenditure #5</b> 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			\$325.60
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$922.82

Enter this total  
on line 8a of  
Summary Page





# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 138271

2. Committee Name Committee to Elect 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: Jarvis Restorations 41800 Executive Dr. Harrison Twp., MI 48045  If over \$100.00 cumulative, please provide: Occupation: <u>Business Owner</u> Employer Name & Business Address: <u>Self - same as above</u>	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>Fundraiser Reception</u> 5. Date Of Receipt: <u>07/27/10</u> 6. Vendor Name & Address: <u>Various Vendors hired and paid for by Bill Jarvis</u>	\$ <u>350</u>	\$ <u>500</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: Ron Szolack 38371 Huron Pointe Dr. Harrison Twp., MI 48045  If over \$100.00 cumulative, please provide: Occupation: <u>Business Owner</u> Employer Name & Address: <u>Self- Flight Club</u> <u>29709 Michigan Ave.</u> <u>Inkster, MI 48141</u>	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>Fundraiser reception</u> 5. Date Of Receipt: <u>08/11/10</u> 6. Vendor Name & Address: <u>Various vendors hired and paid for by Ron Szolack</u>	\$ <u>350</u>	\$ <u>500</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution			
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:  <a href="#">Click Here for Memo Itemization</a>	\$ _____	\$ _____
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$700.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **\$700.00**

Enter this total  
on line 6 of Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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 &amp; 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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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 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? <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>	\$ \$ \$ \$ \$	\$ 0	\$ 25.20 <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>	\$ \$ \$ \$ \$	\$	\$ 429.89 <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>	\$ \$ \$ \$ \$	\$	\$ 54.54 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$509.63**

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

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>07/27/10</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>55</u>	5. Type of Fund Raising Activity  <u>Reception</u>	6. Address and Name (If any) of the place where the activity was held. <u>Jarvis Restorations</u> <u>41800 Executive Dr.</u> <u>Harrison Twp., MI 48045</u> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions \$2,008.00  
8. Other Receipts \$350.00 (In-kind contribution -40%)  
9. Gross Receipts (Add lines 7 and 8) \$2,358.00  
10. Total Cost of Event \$0.00  
(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 (%)
<u>Mark Hackel for County Commissioner</u>	<u>60</u>	<u>60</u>
<u>CTE Bob Smith</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>
<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>08/11/10</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>15</u>	5. Type of Fund Raising Activity  <u>Reception</u>	6. Address and Name (If any) of the place where the activity was held.  Ron Szolack 38371 Huron Pointe Dr. Harrison Twp., MI 48045 <input checked="" type="checkbox"/> Private Residence
---	---	--	--

7. Total Contributions \$1,200.00  
8. Other Receipts \$350.00 (In-kind Contribution - 40%)  
9. Gross Receipts (Add lines 7 and 8) \$1,550.00  
10. Total Cost of Event \$0.00  
(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 (%)
<u>Mark Hackel for COunty Executive</u>	<u>60</u>	<u>60</u>
<u>CTE Bob Smith</u>	<u>40</u>	<u>40</u>
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- 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.

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COMMITTEE TO ELECT BOB SMITH  
ROBERT W. SMITH, JR. 07-08  
36728 MORAVIAN DR.  
CLINTON TWP., MI 48035

2008/07/08

1073

DATE 8-18-10

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