CANDIDATE COMMITTEE COVER PAGE

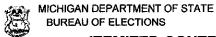
FOR OFFICIAL USE ONLY

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	4. Candidate Last Name First Name M.I.			
138271	Smith, Jr. Robert W.			
	4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name	Macomb County Commissioner District 12			
Committee to Elect Bob Smith	4b. County of Residence Macomb			
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address			
39324 Eliot	I STALLA A SMITH			
Clinton Twp., MI 48036	39324 Eliot			
	Mt. Clemens, MI 48036			
Area Code and Phone (586) 465-4100	Service m			
If the address in this box is different from the committee	5 × 0 1			
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.	Area Code & Phone (586) 465-4100			
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
Same as 6	n/a			
A L LBI	Area Code and Phone			
9. TYPE OF STATEMENT	Alea Code and Findle			
5. TIPE OF STATEMENT	9c Annual Statement (Coverage Year)			
9a. Pre-Election OR 9b. ✓ Pos	t-Election 9c Annual Statement (Coverage Year)			
	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c			
Pre-Election or Post-Election Statement relates to:	or 9e to indicate which Statement is being amended)			
Ger	9e. Dissolution of Candidate Committee			
Primary Ger	Effective Date of Dissolution			
Convention	nool			
Special Cau	By checking this item, IWVe 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			
08/03/10	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 re Schedules. Direct contributions, in-kind contributions, loans, expe	equired Campaign Statements. The Campaign Statements must include all applicable enditures, and outstanding debts count against the \$1,000 Reporting Walver threshold.			
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany before the filing deadline of a required campaign statement, the statement of	ged since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or that campaign statement cannot be waived.			
10. Verification: IVWe certify that all reasonable diligence was used my\u00f3our knowledge and belief the contents are true, accurate and c	in the preparation of this statement and attached schedules (if any) and to the best of omplete.			
Current Treasurer or Designated Record keeper Stella A. Smith	, Stella (1. Smith Date 9-2-10			
Type or Print Name	Signature			
Candidate Robert W. Smith Jr.	, Ru Dutt. Date 9-2-10			
Type or Print Name	Signature			

271	
	7 1

SUMMARY PAGE CANDIDATE COMMITTEE

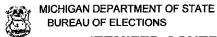
CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 9,608.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$9,608.00	(18.) \$ \$27,333.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$9,608.00	(20.) \$ \$27,333.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$700.00	(21.) \$ \$1,342.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$922.82	
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.) \$ \$922.82	(23.) \$ \$8,140.28
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
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.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	· ·	(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.) \$ \$10,774.16	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$9,608.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$20,382.16	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$922.82	
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$ \$19,459.34	*
(Subtract line 16 from line 15)	(***)	



CANDIDATE COMMITTEE

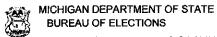
1. Committee I.D. Number 138271

Enter contributor's name and address. If contribution is middle initial. Check box to indicate if contribution is fr Committee (PAC) Report <u>all</u> contributions regardless of	om a Political Comm		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES Name & Address:	4. Date of Rece	ipt 07/23/10	•	•
Walters, Irit				•
1436 Pierce St.			_{\$} 200	ູ 200
Birmingham, MI 48009			<u>\$</u>	\$ 200
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization
	er Macomb COu	inty		
Business Address 1 S. Main Mt. Clemens, MI	48043			
Type of Contribution: ✓ Direct Loan fr	om a person	Fund Raiser		
Contribution #2 PAC Receipt? YES Name & Address YES	4. Date of Recei	pt 07/23/10		
Breitfeld, Erika			50	50
45748 Rathmore Dr.			_{\$} _50	_{\$} _50
Macomb, MI 48044				
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization
Occupation Employer				
Business Address				
Type of Contribution:	om a person	Fund Raiser		
3. Contribution #3 PAC Receipt? YES Name & Address:	4. Date of Rece	o7/23/10		
Miller, Arthur J. Jr.			_s 300	200
11139 Olice			\$ 000	_{\$} 300
Warren, MI 48093			Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:				
Occupation Business Owner Employe	Leader Consul	tants		
Business Address Same				
Type of Contribution:	om a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES Name & Address	4. Date of Rec	eipt 07/29/10		
Jacklyn, Andrea S.			400	400
969 Huntington			_{\$} 100	_{\$_} 100
Mt. Clemens, MI 48043 5. If over \$100.00 cumulative, please provide:				
	Magamb Ca	ac mater	Click Here for	Memo Itemization
Occupation Attorney Empl	oyer Macomb Co	ounty		
Business Address 1 S. Main Mt. Clemens,	MI 48043			
Type of Contribution: Direct Loan for	rom a person	Fund Raiser		
		Page Subtotal	\$650.00	
	Gi	rand Total of All Schedules 1A		
		plete on last page of Schedule)	Enter this total on	I
Page 1 of 20			line 3a of Summary Page.	



CANDIDATE COMMITTEE

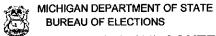
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 07/29/10		
Paluzzi III, Joseph 27085 Gratiot Ave. Roseville, MI 48066	_{\$} 250	_{\$} 250
5. If over \$100.00 cumulative, please provide: Occupation Builder Employer Self - Michigan Home Builders	Click Here	for Memo Itemization
Business Address Same		
Type of Contribution: Direct Loan from a person Fund Raiser	.,	
8. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/29/10		
Macomb County Assistant Prosecutors PAC 26495 Ryan Rd. Warren, MI 48091	_{\$} 500	_{\$} 500
5. If over \$100.00 cumulative, please provide:	Click Here	for 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 07/29/10		
Semaan, Emil 4944 Fairway Ridge West Bloomfield, MI 48043	_{\$} 500	_{\$} 500
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Attorney - Intern Employer Macomb County		
Business Address 1 S. Gratiot Mt. Clemens, MI 48043		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/29/10 Name & Address		
Robinette, Ernest L. Jr. 48518 Tilch Rd. Macomb Twp., Ml 48044	_{\$} 500	\$ 500
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Attorney Employer Self		
Business Address 49850 Van Dyke Sterling Hts., MI 48313		
Type of Contribution:		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 2 of 20	Enter this total on line 3a of Summa Page.	ry



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138271

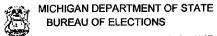
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/29/10 Name & Address:		
Robinette, Ogla 2233 Lindell Sterling Hts., MI 48310	_{\$} 500	_{\$} 500
5. If over \$100.00 cumulative, please provide:	Click Here f	for Memo Itemization
Occupation Homemaker Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser	waren	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/29/10 Name & Address		
Robinette, Eileen M. 48518 Tilch Rd. Macomb Twp., MI 48044	_{\$} 500	_{\$} 500
5. if over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Homemaker Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	<u> </u>	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/29/10 Name & Address:	-	
Berg, Robert E. Jr. 39850 Van Dyke # 100 Sterling Hts., MI 48313	\$ 500	_{\$} 500
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		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/29/10 Name & Address		
Palazzolo, Joseph P. 39850 VanDyke Sterling Hts., MI 48313	_{\$} 500	ş_500
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Attorney Employer Self	JAK FIOLD N	
Business Address same		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Page Subtota Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 3 of 20	line 3a of Summar Page.	у



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 07/29/10	-	
Name & Address: Tomko, Thomas J. 2121Cut Crystal Lane Shelby Twp., MI 48316	_{\$} 500	_{\$} 500
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Attorney Employer Self	Ollow Field	101 Memo Remization
Business Address 39850 Van Dyke Ste. 200 Sterling Hts., MI 48313		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/29/10 Name & Address		
Spitzer, Thomas 39850 Van Dyke Sterling Hts., MI 48313	_{\$} 500	ş 500
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Attorney Employer Self	2	
Business Address Same		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/19/10 7 -3 0	_	
Ciaffone, Michael 31771 Sheman Ave. Madison Hts., MI 48071	_{\$} 26	_{\$} 26
	Click Here	for Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 08/19/10 7-36 Name & Address	•	
Clancy, Bob 325 North Ave Mt. CLemens, MI 48043	_{\$} 24	<u>\$ 24</u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer	CHOK FIOIO	to morne todillement
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Page Subtot	al \$1,050.00	
Grand Total of All Schedules 1/ (Complete on last page of Schedule	A	
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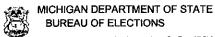


CANDIDATE COMMITTEE

1. Committee I.D. Number ______138271

2. Committee Name

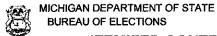
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/30/10		
Colgrove, John 44035 N. Groesbeck Clinton Twp., MI 48036 5. If over \$100.00 cumulative, please provide:	_{\$} 48	_{\$} 48
Occupation Employer	Click Here	for Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address		
Congemi, Donna 11235 Hemlock Dr. Sterling Hts., MI 48312	_{\$} _40	_{\$} 40
5. If over \$100.00 cumulative, please provide:	Click Here	for 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 07/30/10 Name & Address:	-	
Debuck, Ray 4735 22 Mile Rd. Shellby Twp., MI 48317	_{\$} 26	<u>\$ 26</u>
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address		
Deldin, Mark 22934 Edgewater St. Clair Shores, MI 48082	ş 4 0	<u>\$ 40</u>
5. If over \$100.00 cumulative, please provide:	Click Here t	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: 🗸 Direct Loan from a person 🗸 Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule	Enter this total on	
Page 5 of <u>20</u>	line 3a of Summa Page.	ıry



CANDIDATE COMMITTEE

2. Committee Name

	ress. If contribution is from an individual, enter last name, first nan ate if contribution is from a Polítical Committee or an Independent ributions regardless of amount.	me, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Name & Address:	Receipt? YES 4. Date of Receipt 07/30/10	· · ·	
Denault, Donald P. 15731 Marcie Fraser, MI 48026		_{\$} 26	_{\$} 26
5. If over \$100.00 cumulative, p	ease provide:	Click Horo f	or Memo Itemization
Occupation	Employer	— Click nere i	or wellio itemization
Business Address		_	
Type of Contribution: Virect	Loan from a person Fund Raiser		
3. Contribution #2 PAC F Name & Address	Receipt? YES 4. Date of Receipt 07/31/10		
Ferlito, Anthony J. 37335 Casa Bella Ct. Clinton Twp., MI 48036		_{\$} 80	_{\$} 230
5. If over \$100.00 cumulative, p	ease provide:	Click Here for	or Memo Itemization
Occupation	Employer		
Business Address		-	
Type of Contribution:	Loan from a person Fund Raiser		
3. Contribution # 3 PAC F	teceipt? YES 4. Date of Receipt 07/30/10		
Fitzgibbons, Jennifer 1301 W. Long Lake Ro Troy, MI 48098	. # 250	_{\$} 24	_{\$} 24
5. If over \$100.00 cumulative, p	ease provide:	Click Here fo	r Memo Itemization
Occupation	Employer	-	
Business Address			
Type of Contribution: Direct	Loan from a person 🗸 Fund Raiser		·····
3. Contribution # 4 PAC Name & Address	Receipt? YES 4. Date of Receipt 07/30/10		
Fitzgibbons, James 1301 W. Long Lake Rd Troy, MI 48098	. # 250	_{\$} 24	<u>\$_24</u>
5. If over \$100.00 cumulative, p	ease provide:	Click Here fo	r Memo Itemization
Occupation	Employer		Welle Remization
Business Address		_	
Type of Contribution: Virginia	t Loan from a person V Fund Raiser		
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Page 6 of 20		line 3a of Summar Page.	y

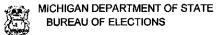


CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name

Enter contributor's nan middle initial. Check b Committee (PAC) Rep	ox to indicate if cont	tribution is from a Po	litical Commit	nter last name, first name, tee or an Independent	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 Receip	t 07/30/10	<u></u>	
Foster, Eric C. 41700 Conger E Harrison Twp., I	•				_{\$} 48	_{\$} 48
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here f	or Memo Itemization
Occupation		Employer				0. 11101110 11011112011011
Business Address				<u>,</u>		
Type of Contribution:	Direct	Loan from a pe	rson 🗸	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. [ate of Receip	07/30/10		
Gambaro, Donn 41300 Windmill Harrison Twp., N					_{\$} 26	<u>\$ 26</u>
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation		_ Employer				
Business Address	· · · · · · · · · · · · · · · · · · ·					
Type of Contribution:	✓Direct	Loan from a per	rson 🗸	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES 4.	Date of Receip	ot 07/30/10	<u></u>	
Green, Kimberly 28781 Berwick (Chesterfield, MI 5. If over \$100.00 curr	Ct. 48047	vide:			\$ 26 Click Here fo	\$ 26 or Memo Itemization
Occupation		_ Employer			•	
Business Address						
Type of Contribution:	✓ Direct	Loan from a pe	rson 🗸	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4.	Date of Recei	pt 07/30/10		
Hassig, Adam 37363 Fiore Tra Clinton Twp., Mi					_{\$} 48	_{\$_} 48
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	✓ Direct	Loan from a pe	erson 🗸	Fund Raiser		
				Page Subtota	\$148.00	
				nd Total of All Schedules 1A ete on last page of Schedule		
7 of 20	_				line 3a of Summary Page.	1

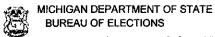


CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name	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 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		
Hernandez, Thomas A. 49405 Compass Pte. Dr. CHesterfield, MI 48047	_{\$} 26	_{\$} 26
5. If over \$100.00 cumulative, please provide:	Click Here t	for Memo Itemization
Occupation Employer	Click Flere	ioi ivierno nernizadori
Business Address		•
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address		
Holsbeke, Christopher 43103 Riverway Clinton Twp., Ml 48038	_{\$} 24	_{\$} 24
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 # 3 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address:		
Jones, Theresa 40210 Hayes Clinton Twp., MI 48038	_{\$} 26	_{\$} 26
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address		
Juncevic, Dino 52756 Blueridge Dr. Shelby Twp., Ml 48316	_{\$} 78	_{\$} 78
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		
Page Subtotal	\$154.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 8 of 20	line 3a of Summar Page.	у

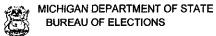


CANDIDATE COMMITTEE

1. Committee i.D. Number ______138271

Committee to Elect Bob Smith 2. Committee Name

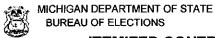
	ox to indicate if cont	ribu	tion is from a Political C		ter last name, first name, se or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?		YES 4. Date of F	Receipt	07/30/10		
Kehrig, Donald							
34950 E. Island	view Dr.					26	26
Harrison Twp.,						<u>\$</u> 26	\$ 20
5. If over \$100.00 cum	ulative, please pro	vid	9:			Click Here	for Memo Itemization
Occupation	·····	_	Employer			Click Here	for weino itemization
Business Address							
Type of Contribution:	Direct		Loan from a person	✓	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of F	Receipt	07/30/10		
Lambiris, Jason						26	26
35296 Mound R						_{\$} 26	_{\$} 26
Sterling Hts., MI							
5. If over \$100.00 cum	ulative, please pro	vide) :			Click Here	for Memo Itemization
Occupation		. Er	nployer	······································	· · · · · · · · · · · · · · · · · · ·		
Business Address					· · · · · · · · · · · · · · · · · · ·		
Type of Contribution:	✓ Direct		Loan from a person	\checkmark	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of I	Receipt	07/30/10		
Luks, Henry J.						26	00
18738 Rockport						_{\$} 26	_ <u>\$</u> 26
Roseville, MI 48	066					Click Here f	or Memo Itemization
5. If over \$100.00 cum	ulative, please pro	vide) :			Chek Hele h	or wellio itemization
Occupation	·	. 8	Employer				
Business Address	<u> </u>						
Type of Contribution:	✓ Direct		Loan from a person	✓	Fund Raiser		<u></u>
Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of	Receip	t 07/30/10		i
Mann, Bob							
51145-D Washir	-					_s 26	ູ 26
New Baltimore,							Y
5. If over \$100.00 cum	ulative, please pro	vid	9:			Click Here for	or Memo Itemization
Occupation		-	Employer				
Business Address							
Type of Contribution:	Direct		Loan from a person	7	Fund Raiser		
	<u> </u>		, P	¥.,	Page Subtotal	\$104.00	
				<u> </u>	•	ψ104.00	-
			(0		d Total of All Schedules 1A te on last page of Schedule)	L	
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$_{Page}$ 9 of 20	_					Page.	



CANDIDATE COMMITTEE

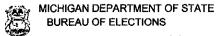
1. Committee I.D. Number _____138271

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 07/30/10 Name & Address:		
Nitz, John A.		
57477 Willow Way Court	, 26	. 26
Washington, MI 48094	<u>\$_</u> 20	<u>\$</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	Ollok Floro lo	WOMO KOMEZUKOM
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address		·
CTE R. Notte	06	00
44291 Constellation Dr.	<u>\$</u> 26	_{\$_} 26
Sterling Hts., MI 48314		
5. If over \$100.00 cumulative, please provide:	Click Here for	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 07/30/10 Name & Address:		
Odell, Lt. Col. Donald E.	_s 26	00
31810 N. River Rd.	<u>\$ 20 </u>	_{\$} 26
Harrison Twp., MI 48047	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address		
O'Donnell, Michael	40	40
41000 Executive Dr.	_{\$} 48	_{\$} 48
Harrison Twp., MI 48045 5. If over \$100.00 cumulative, please provide:		
5. If OVER \$ 100.00 cultituative, please provide.	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
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Page 10 of 26	line 3a of Summary Page.	



CANDIDATE COMMITTEE

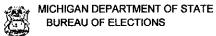
Enter contributor's name and addr middle initial. Check box to indicat Committee (PAC) Report <u>all</u> contri	e if contribution is from a Political			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
	eceipt? YES 4. Date of	of Receip	t 07/30/10		
Name & Address: Oehmke, Wayne O. 17610 21 Mile Rd. Macomb, MI 48044				_{\$} 52	_{\$} 52
5. If over \$100.00 cumulative, ple	ase provide:			Click Here t	for Memo Itemization
Occupation	Employer			-	
Business Address		ينفس			
Type of Contribution: Direct	Loan from a person	✓	Fund Raiser		
3. Contribution #2 PAC Re Name & Address	ceipt? YES 4. Date of	of Receip	t 07/30/10	_	
Patamia, Rocco 18350 Tara Dr. Clinton Twp., MI 48036				_{\$} 140	<u>\$ 140</u>
5. If over \$100.00 cumulative, ple	ase provide:			Click Here f	or Memo Itemization
Occupation Retired	Employer				
Business Address					
Type of Contribution: Direct	Loan from a person	V	Fund Raiser		
3. Contribution # 3 PAC Re Name & Address:	ceipt? YES 4. Date	of Recei	ot 07/30/10		
Patrician, David B. 3140 Baypoint Dr. Rochester Hills, MI 4830 5. If over \$100.00 cumulative, ple				\$ 26 Click Here fo	\$ 26 or Memo Itemization
Occupation	Employer				
Business Address	· · · · · · · · · · · · · · · · · · ·				
Type of Contribution:	Loan from a person	✓	Fund Raiser		
3. Contribution #4 PAC R Name & Address	ceipt? YES 4. Date	of Rece	ipt 07/30/10		
Pearl, Ken 38316 Santa Barbara Clinton Twp., MI 48036				_{\$} 26	_{\$_} 26
5. If over \$100.00 cumulative, ple	ase provide:			Click Here fo	or Memo Itemization
Occupation	Employer		 	_	
Business Address					
Type of Contribution: Virect	Loan from a person	✓	Fund Raiser		
			Page Subto and Total of All Schedules ete on last page of Schedu	1A ule) Enter this total on	
Page 11 of 20				line 3a of Summar Page.	y



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.	e, 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:	_	
Phy, Michael C. 19708 Tanglewood Clinton Twp., MI 48038	_{\$} 26	_§ 61
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 ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address	_	
Pretzer, Jeff 50490 Central Industries Dr. Shelby Twp., MI 48315	_{\$} 48	<u>\$ 48</u>
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 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address:		
Prue, Donald P. 4759 NW 3rd Street Deerfield Beach, FL 33442	\$ 52	_ \$ 52
5. If over \$100.00 cumulative, please provide:	Click Here t	or Memo Itemization
Occupation Employer		
Business Address		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address		
Reynolds, Dean 38150 Woodcrest Clinton Twp., MI 48036	_{\$} 26	<u>\$</u> 26
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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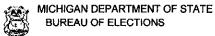


CANDIDATE COMMITTEE

Committee to Elect Bob Smith

Robinson, Deborah A. 2775 Acorn Rd. Bloomfield Hills, MI 48302 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemiza	or Each
Name & Address: Riehl, James 49446 Goulette Pt. New Baltimore, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation Employer	
Riehl, James 49446 Goulette Pt. New Baltimore, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation Employer	
OccupationEmployer Click Here for Memo Itemization Business Address Type of Contribution:	
Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address Robinson, Deborah A. 2775 Acorn Rd. Bloomfield Hills, MI 48302 5. If over \$100.00 cumulative, please provide: Cick Here for Memo Itemization.	ation
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address Robinson, Deborah A. 2775 Acorn Rd. Bloomfield Hills, MI 48302 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemizar	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address Robinson, Deborah A. 2775 Acorn Rd. Bloomfield Hills, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation Employer	
Robinson, Deborah A. 2775 Acorn Rd. Bloomfield Hills, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation Employer	
2775 Acorn Rd. Bloomfield Hills, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation Employer	
Occupation Employer	·
	ation
Business Address	
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address:	
Rombach, Thomas C. 43957 Hillsboro Dr. Clinton Twp., MI 48038	
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemizat	ation
Occupation Employer	
Business Address	
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address	
Rossell, Ronald 342 Brook Romeo, MI 48065	
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemizat	ation
Occupation Employer	
Business Address	
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	
Page Subtotal \$152.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary Page.	

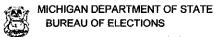
Page 13 of 0



CANDIDATE COMMITTEE

1. Committee I.D. Number ______138271 2. Committee Name Committee to Elect Bob Smith

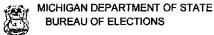
	x to indicate if cont	ibu	ibution is from an individua tion is from a Political Con rdless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?		YES 4. Date of Re	ceipt	07/30/10		
St.Pierre, Cecil							:
2 Crocker Blvd #	202					52	52
Mt. Clemens, MI						_{\$} 52	_{\$} 52
5. If over \$100.00 cumu		vide):			Cliak Hara fa	ur Mama Itamiwatian
Occupation		_	Employer			Click nere to	r Memo Itemization
Business Address							
Type of Contribution:	Direct		Loan from a person	✓	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Rec	ceipt	07/30/10		, , ,
Stewart, Ray 15910 26 Mile Ro Macomb, Mi 480						_{\$} 48	_{\$} 48
5. If over \$100.00 cumu		/ide	:			Click Here fo	r Memo Itemization
Occupation		En	nployer				
Business Address							
Type of Contribution:	Direct [Loan from a person	✓	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of Re	ceip	07/30/10		
Griannandrea, M PO Box 268 Milford, MI 4838						_{\$} 26	_{\$} 26
5. If over \$100.00 cumu		vlde	:			Click Here for	Memo Itemization
Occupation		E	mployer		······································		
Business Address							
Type of Contribution:	Direct		Loan from a person	✓	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of Ro	eceip	ot 07/30/10		
Strollis, Vito 205 N. Gratiot Mt. Clemens, MI	48043					_§ 26	_{\$} 26
5. If over \$100.00 cumu		vide	: :			Click Here for	Memo Itemization
Occupation		-	Employer			CHOR HEIG IOI	Mono Romization
Business Address	······································				· · · · · · · · · · · · · · · · · · ·		
Type of Contribution:	✓ Direct		Loan from a person	✓	Fund Raiser		
					Page Subtotal	\$152.00	
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Page 14 of 20			·	-	ŕ	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 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:	Click Here fo	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 07/30/10 Name & Address		
Vagnetti, Nick 37809 S. Groesbeck Clinton Twp., MI 48036	<u>\$ 24 </u>	ş <u>24</u>
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 07/30/10 Name & Address:		
Vagnetti, Sam 37809 S. Groesbeck	_{\$} 24	_{\$} 24
Clinton Twp., MI 48036 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
<u>-</u> .		
Occupation Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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:	Click Here for	Memo Itemization
Occupation Employer	O. O. C.	World Rolling
Business Address		
Type of Contribution:		
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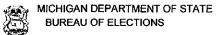


CANDIDATE COMMITTEE

138271 1. Committee I.D. Number

Committee to Elect Bob Smith 2. Committee Name

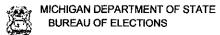
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address:		
Verhaeghe, Edward J. 49502 Regatta St. Chesterfield, MI 48047	_{\$} 24	_{\$} 24
5. if over \$190.00 cumulative, please provide:	Click Here	for 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 07/30/10 Name & Address		
Whitman, Alan D. 18639 Warwick St. Beverly Hills, MI 48025	_{\$} 26	_{\$} 26
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 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address:		
Williams, Denise 29410 Grandview St. Harrison Twp., MI 48045	_{\$} 48	<u>\$ 48</u>
5. If over \$100.00 cumulative, please provide:	Click Here to	or Memo Itemization
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/30/10 Name & Address	•	
Williams, Jeffrey W. 29440 Rose St. Madison Hts., MI 48071	_{\$} 48	_{\$} 48
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		
Page Subtot	al \$146.00	
Grand Total of All Schedules 1/ (Complete on last page of Schedule	e)	
Page 16 of 20	Enter this total on line 3a of Summa Page.	



CANDIDATE COMMITTEE

Committee to Elect Bob Smith 2. Committee Name

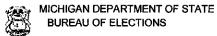
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3. Contribution #1 PAC Receipt? YES 4. Date of Ro	teceip	t 07/30/10		
Wydyka, Wayne M. 2060 Coolidge Hwy. Berkley, MI 48072 5. If over \$100.00 cumulative, please provide:			_{\$} 26	_§ 26
			Click Here	for Memo Itemization
Business Address				
Type of Contribution:	V	Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt Address	eceip	07/30/31	· ·	
Yono, Mario 51715 Baker Chesterfield, MI 48047			_{\$} 48	<u>\$ 48</u>
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	√	Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of R Name & Address:	Receip	ot 07/30/10		
Yono, Mark 47174 Jefferson Chesterfield, MI 48047			_{\$} 48	_{\$} 48
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 # 4 PAC Receipt? YES 4. Date of F Name & Address	Recei	ot 07/30/10		••••
Yono, Mike 47391 Jefferson Chesterfield, MI 48047			ş 48	<u> </u>
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	V	Fund Raiser		
		Page Subtotal	\$170.00	
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Page 17 of 20			Enter this total on line 3a of Summa Page.	



CANDIDATE COMMITTEE

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 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 08/19/10		
Blum, Michael		
38378 Huron Pointe Dr.	100	ູ 100
Harrison Twp., MI 48045	_{\$} 100	§ 100
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Attorney Employer Self	Olloit 11010 to	or weine nemization
Business Address 32300 Northwestern Hwy # 230 Farmington Hills, MI 48334		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/19/10 Name & Address		
Costa, Robert E.		
24790 Camille	_{\$} 100	_s 250
Harrison Twp., MI 48045	-	¥
5. If over \$100.00 cumulative, please provide:	Click Here fo	r 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? YES 4. Date of Receipt 08/19/10 Name & Address:		
Ferrante, Sante	400	
6626 Gratiot	_{\$} 100	_{\$} 100
Detroit, MI 48207	0,114	
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Owner Employer Ferrante Mfg. CO.		
Business Address Same		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	1	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/19/10 Name & Address		
Gordon, Steven G.		
One Town Square #1200	_s 100	ູ 100
Southfield, MI 48076		Ψ
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation President Employer Signatures Assoc.		1
Business Address Same		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
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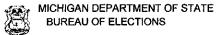


CANDIDATE COMMITTEE

1. Committee I.D. Number _____138271

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 08/19/10 Name & Address:		
Hingst, Eric		
PAC GCSI 21 Century Pac 3711 Beechtree Lane Okemos, MI 48862	_{\$} 100	_{\$} 100
5. If over \$100.00 cumulative, please provide:	Oli ala I I a ma da	
Occupation Employer	Click Here to	r Memo Itemization
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/19/10 Name & Address		
Muawad, Aline E. 7626 Acorn Hill Ct. West Bloomfield, MI 48323	<u>\$</u> 200	_{\$} 200
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Homemaker Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	_	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/19/10 Name & Address:		
Muawad, Elias 7626 Acorn Hill Ct. West Bloomfield, MI 48323	<u>\$ 200</u>	<u>\$ 200</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Attorney Employer Self		
Business Address 36700 Woodward Bloomfield Hills, MI 48304		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/19/10 Name & Address		
Napoleon, Benny 12210 Monica St. Detroit, MI 48204	<u>\$ 100</u>	_{\$_} 100
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Sheriff Employer Wayne County	Ollow Flore for	Weillo Remization
Business Address same		
Type of Contribution: 🗸 Direct Loan from a person 📝 Fund Raiser		
Page Subtotal	\$600.00	
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Page 19 of 20	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

138271 1. Committee I.D. Number _

2 Committee Name Committee to Elect Bob Smith

OANDIDATE OOMINITTEE 2. Oominidee Hame		
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 08/19/10 Name & Address:		
Southway, Kevin 38372 Huron Pointe Dr. Harrison Twp., MI 48045	_{\$_} 100	_{\$} 100
5. If over \$100.00 cumulative, please provide: Occupation CRNA Employer Mt. Clemens Regional Medical Center	Click Here fo	or Memo Itemization
Business Address 1000 Harrington Mt.Clemens, MI 48043 Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/19/10 Name & Address		
Towner, Charles M. 39757 Brylor Ct. Clinton Twp.,MI 48038	<u>\$ 100</u>	<u>\$ 100</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Attorney Employer Self		
Business Address 38770 Garfield Ste.100 Clinton Twp., MI 48038		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		_
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/20/10 Name & Address:		
Levin for Congress PO Box 37	_{\$} 1000	_{\$} 1000
Roseville, MI 48066 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 Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
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 Fund Raiser		
Page Subtotal	ψ1, <u>250.00</u>	
Grand Total of All Schedules 1A	9,608.00	
(Complete on last page of Schedule)	F-4-4-2-4-4-1	-

Page 20 of 10

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 Families Against Narcotics		07/28/10	s 125
Address	Purpose: Donation	Date	
Christ United Church		Here for Memo	Itemization Type
34385 Garfield Fraser, MI 48026	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	outonout.		· · · · · · · · · · · · · · · · · · ·
Name Lowe's		08/02/10	\$ 37.22
Address	Purpose: sign supplies	Date	
35201 Gratiot	Click I	Here for Memo	Itemization Type
Clinton Twp., MI 48035	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Reverend Bradley-Ministerial Alliance		08/10/10	\$ 150
Address	Purpose: Donation	Date	
22645 Quinn Rd.	Click I	Here for Memo	temization Type
Clinton Twp., MI 48035	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Michigan Sign Services		08/11/10	
	Purpose: Banner	Date	\$ <u>200</u>
Address	Purpose:		
44171 N. Groesbeck Clinton Twp., MI 48036	Click I	lere for Memo	temization Type
Olinton Twp., Wil 40000	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5		<u> </u>	
Name Church of Christ		08/16/10	
Address	Purpose: Donation	Date	\$ <u>85</u>
23575 15 Mile Rd.		Here for Memo	Itemization Type
Clinton Twp., MI 48035	Check box if this expenditure is payment of		nemization type
Fund Raiser	debt or obligation reported on previous statement		
	Subto	otal this page	\$597.22
	Grand Total of all		
	(Complete on last page	e of Schedule)	

Enter this total on line 8a of Summary Page

1 2



SCHEDULE 1B CANDIDATE COMMITTEE

Committee I. D. Number 138271

r. Commutee i. D. Numb	· · · · · · · · · · · · · · · · · · ·
2. Committee Name C7	E Bob Smith

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Office Max		08/17/10	s 78.76
Address	Purpose: Office Supplies	Date	
33840 S. Gratiot		lana far blanna	Itomination Town
Clinton Twp., MI 48035	Click	iere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2		· · · · · · · · · · · · · · · · · · ·	
Name Meijers		08/17/10	s 46.84
•	Purpose: Office Supplies	Date	\$ 40.04
Address	Purpose: CTITOS CAPPITOS		
40445 S. Groesbeck	Click H	ere for Memo	temization Type
Clinton Twp., MI 48036	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3		· · · · · · · · · · · · · · · · · · ·	
Name Charles Pasque		08/22/10	\$ 100
Address	Purpose: Refund over-limit donation	Date	100
25411 Ryan Rd.			
Warren, MI 48091		ere for Memo I	temization Type
	LCheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name Cy Abdo		08/22/10	\$ 100
Address	Purpose: Refund over-limit donation	Date	\$ <u>100</u>
42550 Garfield	OF-L-U		
Clinton Twp., MI 48038		ere for ivietho i	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
	Click H	ere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		,
	statement	al this page	#
	Subiol	al this page	\$325.60
	Grand Total of all S	1	\$922.82

Enter this total on line 8a of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138271

CANDID	ATE C	IMO:	NITTE	ΞE
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2. Committee Name Committee to Elect Bob Smith

OANDIDATE COM			
 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. 	Type of In-Kind Contribution (Check applicable box) Date of Receipt 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? Yes Name & Address: Jarvis Restorations 41800 Executive Dr. Harrison Twp., M1 48045 If over \$100.00 cumulative, please provide: Occupation: Business Owner Employer Name & Business Address: Self - same as above	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Fundraiser Reception 5. Date Of Receipt: 07/27/10 6. Vendor Name & Address:	350 §	500 mization
Contribution # 2 PAC Receipt? Yes Name & Address Ron Szolack 38371 Huron Pointe Dr.	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	50 \$	500
Harrison Twp., MI 48045 If over \$100.00 cumulative, please provide: Occupation: Business Owner Employer Name & Address: Self- Flight Club 29709 Michigan Ave. Inkster, MI 48141 Fund Raiser Contribution	Description Fundraiser reception 5. Date Of Receipt: 08/11/10 6. Vendor Name & Address: Various vendors hired and paid for by Ron Szolack	ck Here for Memo Ite	mization
Contribution #3 PAC Receipt? Yes Name & Address:	4.	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	ck Here for Memo Ite	emization
Fund Raiser Contribution	Page Subtotal	\$700.00	
	Grand Total of all Schedules 1-lk (Complete on last page of Schedule)	\$700.00	

on line 6 of Summary Page

Page 1 of 1



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

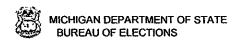
138271

Committee to Elect Bob Smith

CANDIDATE COMMITTEE 2.0	Committee Name COMMITTEE	e in Elect Don Si	THUT	
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Deb	ts and obligations owed <u>to</u> curpose checked.)	r forgiven <u>by</u> the co	mmittee.
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 toan, 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 & lnk	08/01/08 _{\$} 69.94		
Stella Smith 39324 Eliot Clinton Twp., MI 48036	5. <u>Date Debt Was Incurred</u> : 07/01/08 6. <u>Original Amount of Debt</u> : \$ 140.94	\$ \$ \$	\$ 69.94	\$_0 ✓FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	······
Debt #2 Corp? Yes Owed to or by:	4. Type: food/meeting	\$		
Stella Smith 39324 Eliot	5. Date Debt Was Incurred: 7-8-08	\$		
Clinton Twp., MI 48036	6. Original Amount of Debt: \$_21.20	\$	\$ 0	<u> </u>
If bank loan, name of endorser or guarantor:		\$An	ount Endorsed: \$_	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>	\$	s 5.00	s 20.43
	\$ 25.43	\$		FORGIVEN
If bank loan, name of endorser or guarantor:	·	An	nount Endorsed: \$_	
		· ·	(Outstanding debt)	\$20.43
(Co	mplete on last page of Schedule s	howing amounts owed by o	of all Schedules 1E r to the committee)	Enter this total on line 12a "owed
A debt or obligation must be shown on this Schedul	e if there was an outstanding an	nount owed on it at the clo	sing date of	by"" or line 12b "owed to" of the

tatement or it was forgiven during the period covered by this Campaign Statement.

Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number _____1

38	271			

CAND	IDATE	COM	MITTEI	Ξ
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2. Committee Name Committee to Elect Bob Smith

CANDIDATE COMMITTEE **				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the co	nmmittee OR b. Debt neck either a or b. Use only for the pu	s and obligations owed <u>to</u> or	r forgiven <u>by</u> the con	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	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: stamps	\$		
Bob Smith 36729 Moravian	5. Date Debt Was Incurred:	 .		
Clinton Twp., MI 48035	08/13/08	\$	\$ <u>0</u>	s 25.20
,	6. Original Amount of Debt:	\$	*	
	\$ 25.20	<u> </u> 		FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: printer/copier/fax	\$		
Bob Smith	5. <u>Date Debt Was Incurred</u> :	 \$		
36729 Moravian	5-15-10	\$		
Clinton Twp., MI 48035	6. Original Amount of Debt:		l _{\$}	\$_429.89
	\$_429.89	<u> </u>		FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		An	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: stamps,mailing,maps	<u> </u>		
Bob Smith	5. Date Debt Was Incurred:	\$	Į.	
36729 Moravian	6-1-10	s		E4 E4
Clinton Twp., MI 48035	6. Original Amount of Debt:	\$	\$	\$ 54.54
	\$_54.54	s		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	\$509.63
(Complete on last page of Schedule s	Grand Total a chowing amounts owed by o	of all Schedules 1E or to the committee)	\$530.06
				Enter this total

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.

by"" or line 12b "owed to" of the **Summary Page**

Page 2 of 2



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number

Committee to Flect Bob Smith

OANDIDATE OO		2. Com	mittee Name COMMITTEE	to Elect Don Stilli
	- USE A	A SEPARATE SH	EET FOR EACH EVE	NT -
Date Event Was Held		of Individuals Attending ating (whichever is	5. Type of Fund Raising Activit	place where the activity was held.
/27/10	greater)	55	Reception	Jarvis Restorations 41800 Executive Dr. Harrison Twp., MI 48045 Private Residence
otal Contributions		\$2,008.00	<u> </u>	
ther Receipts			- kind contribu	tion -40%)
ross Receipts (Add lines 7 a	and 8)	\$2,358.00		
Total Cost of Event al Cost includes In-Kind Cor	ntributions	\$0.00 and All Expenditures	Made For the Event)	
✓ Check if event was a joi	nt fund ra	iser and complete the	following:	
Co-Sponsor(s)		Contribution S (%)	plit	Expenditure Split (%)
Mark Hackel for COunty Commissioner		60		60
CTE Bob Smith		40		40
	,			
				
		 		
The committee is require period covered by the C		Statement.		raising event held during the

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

CANDIDATEC	CIVIIVIII	2. Con	mittee Name COMMITTEE TO	Elect Bob Smith
	- USE /	A SEPARATE SH	EET FOR EACH EVENT	-
3. Date Event Was Held	or Particip	r of Individuals Attending ating (whichever is	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.
08/11/10	greater)	15	Reception	Ron Szolack 38371 Huron Pointe Dr. Harrison Twp., MI 48045 Private Residence
7. Total Contributions		\$1,200.00		
8. Other Receipts		\$350.00	r- kind contribution	L-40%)
9. Gross Receipts (Add lines	7 and 8)	\$1,550.00		
	and o)	\$0.00	 	
Total Cost of Event (Total Cost includes In-Kind C	ontributions		Made For the Event)	
11. Check if event was a				
Co-Sponsor(s)		Contribution § (%)	Split	Expenditure Split (%)
Mark Hackel for COunty Execut	ive	60		60
CTE Bob Smith	-	40		40
			···········	
Control Control				
				
				4-W-1-111
	_			
				
 period covered by the Receipts and expend 	Campaign itures listed	Statement. on a Fund Raiser Sci	er Schedule for each fund rais nedule must also be reported le (1-IK), Itemized Expenditure	on the Itemized Contributions

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page 2 of 2

VIEW FRONT	N FRONT & BACK	E ZOOM IN Q	ZOOM OUT	PRINT IMA
COMMITTEE TO ELECT BO ROBERT W. SMITH, JR 36729 MORAVIAN DR. CLINTON TWP., MI 4803)B SMITH 1.07-08	DATE S-1	8-/0	1073
PAY TO THE Cy abdo			\$/0L	
Huntington MEMO MEMO	<u> </u>	W5,	ut	4.
* 5 5 5			G 4)	•
Josephine Stanting College College College Stanting College College Stanting C			A LIE des LON OB	h s
A managed of the first of the f			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACCT.
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	>> CLOSE		1 KH.	