

# CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

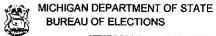
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 08/24/10 to 10/17/10
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
138271	Smith, Jr. Robert W.
2 Committee Name	4a. Office Sought Including District # or Community Served (If applicable)
Committee to Elect Bob Smith	Macomb County Commissioner District 12
	4b. County of Residence Macomb
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
39324 Eliot  Clinton Turn   ML 49036	Stella A. Smith
Clinton Twp., MI 48036	39324 Eliot
	Clinton Twp., MI 48036
Area Code and Phone (586) 465-4100	TACA TACA CACA
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.	[
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 an Designated Record keeper)
Same as 6	
	n/a creation in the creation i
	SEE 39
	2x
Area Code and Phone	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post-	t-Election 9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary Gene	9e. Dissolution of Candidate Committee
Convention	nool Effective Date of Dissolution
Special	
Cauc	By checking this item, I/We certify that the committee has no assets or
Date of Election, Convention or Caucus	outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
11/02/10	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 rec Schedules. Direct contributions, in-kind contributions, loans, expen	equired Campaign Statements. The Campaign Statements must include all applicable inditures, 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 change amendment to the Statement of Organization should accompany th before the filing deadline of a required campaign statement, the	ed since the information was shown on the committee's Statement of Organization, an his Campaign Statement. If a request for a Reporting Walver is not received on or lat campaign statement cannot be waived.
Verification: I\We certify that all reasonable diligence was used in ny\u00faur knowledge and belief the contents are true, accurate and core.	in the preparation of this statement and attached schedules (if any) and to the best of mplete.
Current Treasurer or Stella A. Smith	A+11. $A$
Designated Record keeper Type or Print Name	
•	A Signature
Candidate Robert W. Smith Jr.	1 Rw D muth pr Date 10-22-10
Type or Print Name	Signature

1. Committee I.D. Number 138271

## **SUMMARY PAGE CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Bob Smith

RECEIPTS	Column I	Column il
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 4,240.00	_
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	_
c. Subtotal of "Contributions"	(3c.) \$ \$4,240.00	(18.) \$ \$31,573.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$4,240.00	\$ \$31,573.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <b>\$2,890.52</b>	(21.) \$ \$4,232.52
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$9,035.47	_
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.) \$ \$9,035.47	(23.) \$ \$17,175.73
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(100.) \$	_
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$3,345.58	_
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	<del></del>
13. Ending Balance of last report filed	(13.) \$ \$19,459.34	<u> </u>
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$4,240.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$23,699.34	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$9,035.47	<del></del>
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$14,664.00	<b>.</b>

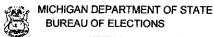


## **CANDIDATE COMMITTEE**

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
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/01/10		date of receipt)
Walslh, Vicki		
729 Vinewood Ave.	, 200	, 200
Birmingham, MI 48009	<u>\$ 200</u>	<u>\$ 200</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Attorney Employer Macomb County	Ollok 11070 K	or morno normadion
Business Address 1 S. Main Mt. Clemens, MI 48043		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/01/10  Name & Address		· · · · · · · · · · · · · · · · · · ·
Sowerby, William J.	200	000
37860 Saddle Lane	<u>\$ 200</u>	<sub>\$</sub> 200
Clinton Twp., MI 48036		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Clinton Twp. Treasurer Employer Charter Township of Clinton		
Business Address 40700 Romeo Plank Rd. Clinton Twp., MI 48038		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/01/10 Name & Address:		
DPOA Political Action Group	500	0 77 0
1938 E. Jefferson Ave.	<sub>\$</sub> 500	<sub>\$</sub> 850
Detroit, MI 48207	Clink bloss for	Mana Hamination
5. If over \$100.00 cumulative, please provide:	Click riere for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/01/10  Name & Address		
Rose, Roy		
55620 Woodbridge Dr.	<sub>s</sub> 25	225
Shelby Twp., MI 48316	<u> </u>	<b>3</b>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Engineer Employer Anderson, Eckstein & Westrick		
Business Address 51301 Schoenherr Shelby Twp., MI 48316		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Page Subtotal	\$925.00	'
Grand Total of All Schedules 1A		_
(Complete on last page of Schedule)	Enter this total on	J
Page 1 of 7	line 3a of Summary Page.	,

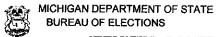


### **CANDIDATE COMMITTEE**

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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 09/01/10		
Bukowski, Paul J.		:
319 N. Gratiot	250	A / -
Mt. CLemens, MI 48043	<sub>\$</sub> 250	<u>\$ 250</u>
5. if over \$100.00 cumulative, please provide:	Click Horo fo	or Memo Itemization
Occupation Attorney Employer Self	Click nere it	or Memo Remization
Business Address Same		
Type of Contribution: V Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/21/10  Name & Address		
McMullen, John	400	100
2864 Courville Dr.	<sub>\$</sub> 100	<sub>\$_</sub> 100
Bloomfield Hills, MI 48302		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Business Owner Employer Self- Xtreme Facades		
Business Address 23808 Dequindre Warren, MI 48091		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/21/10 Name & Address:		
Esshaki, Jim	00	
16431 Washington	<sub>\$</sub> 80	<sub>\$</sub> 80
Birmingham, MI 48009	Clink Horn for	Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click nere for	wemo temization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		· · · · · · · · · · · · · · · · · · ·
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/0 ₹/10  Name & Address		
Lustig, Allison N.		
2820 Woodbine Dr.	<sub>s</sub> 500	<b>、500</b>
Waterford, MI 48328		Ψ
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Homemaker Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$930.00	'
Grand Total of All Schedules 1A		•
(Complete on last page of Schedule)	Enter this total on	J
Page 2 of 7	line 3a of Summary Page.	

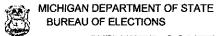


## **CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271

	Committee	to	Flect	Roh	Smith
Committee Name	COMMITTEE	w	FIGOR	DOD	OHILLI

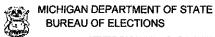
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/01/10		
Hindman, Natalie Ann		
49522 Keycove	<b>.</b> 40	<u>,</u> 40
New Baltimore, MI 48047	ş <u>40</u>	\$ 40
5. If over \$100.00 cumulative, please provide:	Click Here t	or Memo Itemization
Occupation Employer	00	or wome normadion
Business Address		
Type of Contribution:   ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/02/10  Name & Address		•
Simasko, Patrick	450	050
319 N. Gratiot	<sub>\$</sub> 150	<sub>\$</sub> 250
Mt. Clemens, MI 48043		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Attorney Employer Self		
Business Address Same		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/02/10  Name & Address:	,	
Walters, Irit	<sub>s</sub> 100	200
1436 Pierce St.	\$ 100	<sub>\$</sub> 300
Birmingham, MI	Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide:	00,0,0,0	. Morris Horrisandri
Occupation Attorney Employer Macomb County		
Business Address 1 S. Main Mt. Clemens, MI 48043  Type of Contribution:  Loan from a person  Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/02/10 Name & Address		
Brown, John	400	400
43790 Utica Rd. Sterling Hts., MI 48314	<sub>\$</sub> 100	<sub>\$</sub> 100
5. If over \$100.00 cumulative, please provide:		
Occupation Business Owner Employer Self	Click Here for	r Memo Itemization
Business Address Same		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$390.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 3 of 7	line 3a of Summary Page.	



#### CANDIDATE COMMITTEE

138271 1. Committee I.D. Number \_

	CANDIDAT	E COI	MMITTEE		2. Committee Name Co	mmittee to Ele	ct Bob Smith
	k box to indicate it	contributi	ion is from a Polítical		nter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Reco	ipt?	YES 4. Date of	of Receipt	10/02/10		
Name & Address: Vicari, Joseph P. 5601 Enterprise C Warren, MI 48092	L.					<sub>\$</sub> 250	<sub>\$</sub> 250
5. If over \$100.00 d						Click Horo f	or Memo Itemization
Occupation Busin	ess Owner	E	mployer Self - Ar	ndiamo'	S	Click Hele I	or Memo nemization
Business Address _	SAMe						
Type of Contribution	n: V Direct		Loan from a person	✓	Fund Raiser		
3. Contribution #2 Name & Address	PAC Recei	pt?	YES 4. Date of	of Receipt	10/02/10		
Venditelli, Ora 54803 Flamin Shelby Twp.,	go					<sub>\$</sub> 60	<sub>\$</sub> 130
5. If over \$100.00 c		provide:	:			Click Here for	or Memo Itemization
Occupation Sales	Rep.		ployer_Unique Fa		g		
Business Address	300 Standard I	Pkwy. A	Auburn Hills, MI	48321			
Type of Contribution	: Direct	i	oan from a person	<b>✓</b>	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Recei	pt?	YES 4. Date	of Receip	t 10/02/10		
Ange, John S 3031 Alden C Port Huron, M	t.					\$ 60	\$ 60
5. If over \$100.00 c	umulative, pieas	provide:	:			Click Here to	r Memo Itemization
Occupation		E	mployer				
Business Address	. C Disposi			[7]			
Type of Contribution			Loan from a person	<b>∀</b>	Fund Raiser		<del> </del>
3. Contribution # 4 Name & Address	PAC Rece	ipt?	YES 4. Date	of Recei	10/02/10		
Sheikh, Azhar Esq 47 Crocker Mt. Clemens, Ml 4						<sub>\$</sub> 30	<sub>s</sub> 30
5. If over \$100.00 c	umulative, pleas	e provide:	:			Click Here fo	or Memo Itemization
Occupation		· · · · · · · · · · · · · · · · · · ·	Employer		<del> </del>		
Business Address _							
Type of Contribution	n: Direct		Loan from a person	V	Fund Raiser		
					Page Subtotal	\$400.00	<del>                                    </del>
					nd Total of All Schedules 1A te on last page of Schedule)	Enter this total on	
Page 4 of 7	<del></del>					line 3a of Summary Page.	<b>!</b> .



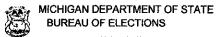
## **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_\_138271

2. Committee Name \_

Committee to Elect Bob Smith

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/02/10  Name & Address:	ų	
Nixon, Michael 36728 Moravian	<sub>s</sub> 30	<b>,</b> 30
Clinton Twp., MI 48035	\$	₽
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		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/02/10  Name & Address		
Santia, Carlo 35890 Monterey Dr. Clinton Twp., MI 48035	<sub>\$</sub> 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 # 3 PAC Receipt? YES 4. Date of Receipt 10/02/10  Name & Address:		
Vandeputte, Matthew J. 26228 Fairwood Dr. Chesterfield, Mi 48052	ş 90	<sub>\$</sub> _90
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	<b>.</b>	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/02/10 Name & Address		
Towner, Charles M. 39757 Brylor Ct. Clinton Twp., MI 48038	<sub>\$</sub> 100	<sub>\$_</sub> 200
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Attorney Employer Self	2,300,1101010	
Business Address 38770 Garfield # 100 Clinton Twp., MI 48038		
Type of Contribution:		
Page Subtotal	\$250.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 5 of 7	Enter this total on line 3a of Summary Page.	



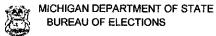
## **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_138271

2. Committee Name

Committee to Elect Bob Smith

	ox to indicate if con	contribution is from an indivic tribution is from a Political C regardless of amount.			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 F	Receip	10/02/10		
Deldin, Mark F.						
22934 Edgewate	er				00	70
St. Clair Shores					<sub>\$</sub> 30	<u>\$ 70</u>
5. If over \$100.00 cum		ovide:			01: 1.11	e na 1, 1, 1
Occupation	,	Employer	·-···		Click Here	for Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person	<b>✓</b>	Fund Raiser		
Contribution #2  Name & Address	PAC Receipt?	YES 4. Date of R	eceip	10/02/10		
Macomb County	Assistant Pro	osecutor's PAC				
26495 Ryan Rd.		33334.57.5			<sub>\$</sub> 500	<sub>s</sub> 1000
Warren, MI 4809						<u> </u>
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here f	or Memo Itemization
Occupation		_ Employer				
Business Address	<del> </del>					
Type of Contribution:	Direct	Loan from a person	✓	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of I	Receip	ot 10/02/10		
Garon, Dan					60	
480Market Stree	et				<sub>\$</sub> 60	<sub>s</sub> 210
Mt. Clemens, MI	48043					
5. If over \$100.00 cum	uiative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation Attorney		Employer Self				
Business Address Sam	ie					
Type of Contribution:		Loan from a person	<b>V</b>	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of	Recei	pt 10/02/10		
Steiner, David W	<i>1</i> .					
19841 Liverpool					<sub>s</sub> 30	<b>.</b> 65
Macomb, Mi 480						. 0
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 person	1	Fund Raiser		
		***		Page Subtotal	\$620.00	
				nd Total of All Schedules 1A		_
		(C	omple	ete on last page of Schedule)	Enter this total on	
Page 6 of 7					line 3a of Summar Page.	,



## **CANDIDATE COMMITTEE**

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 10/02/10 Name & Address:		
Utarnachitt, Dr. Richard V. 39239 Moravian Clinton Twp., MI 48036	<b>300</b>	<sub>s</sub> 300
5. If over \$100.00 cumulative, please provide:		
Occupation Physician Employer Self	Click Here fo	r Memo Itemization
Business Address 15945 19 Mile Rd. Clinton Twp., MI 48038		
Type of Contribution:	,	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/02/10 Name & Address		
DPOA Political Action Committee 1938 E. Jefferson Ave. Detroit, MI 48207	<sub>\$</sub> _300	<sub>\$</sub> 1150
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 10/14/10  Name & Address:		
Jacklyn, Andrea 969 Huntington Mt. Clemens, MI 48043	<sub>\$</sub> 100	ş 200
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Attorney Employer Macomb County		
Business Address 1 S. Gratiot Mt. Clemens, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/14/10  Name & Address		
Macomb Leadership PAC 6705 St. Andrews Shelby Twp., MI 48316	<sub>\$</sub> 25	<sub>\$</sub> _25
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	Office Total	Welfio Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$725.00	
Grand Total of All Schedules 1A	\$4,240.00	
(Complete on last page of Schedule) Pageof	Enter this total on line 3a of Summary Page.	ı



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

138271

2. Committee Name Committee to Elect Bob Smith

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Diane Socks		09/08/10	s 175
Address	Purpose: Photographer	Date	<b>4</b> 173
51474 Fox Hill Trail		1 6 14	la ancienta de la companione de la compa
Chesterfield, MI 48047	CIICK	tere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2		-	
Name Lavers, Pam	:	09/08/10	<b>\$ 600</b>
Address	Purpose: Independent Assistant	Date	
27870 Lauren St. E.	Click H	lere for Memo	Itemization Type
Harrison Twp., MI 48045	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3		<del></del>	
Name American Graphics		09/10/10	\$ 1277.30
Address	Purpose: Printing	Date	
34895 Groesbeck		ere for Momo (	temization Type
Clinton Twp., MI 48035		ere ioi ivietilo i	ternization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			·····
Name Signature Promotions		09/11/10	
Address		Date	\$ <u>165.36</u>
Address	Purpose: T-Shirts		
44432 Reynolds	Click H	ere for Memo I	temization Type
Clinton Twp., MI 48036	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			····
Name Clinton Township Senior Center			
·	Burnosa: Donation	09/12/10	\$ 250
Address	Purpose: DOTTATION	Date	
40700 Romeo Plank Clinton Twp., MI 48038	Click H	ere for Memo I	temization Type
— Chriton Twp., Wii 40030	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	· · · · · · · · · · · · · · · · · · ·	
	Subtota	al this page	\$2,467.66
	Grand Total of all S (Complete on last page		
	(complete on last page	o. conoduio) [	Enter this total

Enter this total on line 8a of Summary Page

Page \_\_\_\_\_of \_\_\_\_



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee 1. D. Number 138271

Committee to Elect Bob Smith

CANDIDATE COMMITTEE 2.0	Committee Name Community	م روه	U X 000
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		<del></del>	
Name FineLine Graphics		09/21/10	\$ 190.80
Address	Purpose: Ads	Date	
21188 Hall Rd.	•	Liono fon Manno	Manager Trans
Clinton Twp., MI 48038	Click	mere for iviento	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
<sup>Name</sup> Fay-Way		09/25/10	¢ 511 00
•	Nail File advertisements	Date	\$ <u>511.90</u>
Address	Purpose: Nail File advertisements		
16220 Toulouse	Click I	Here for Memo	Itemization Type
Fraser, MI 48026			
CT <sub>C - 4 Poly 4</sub>	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		·····
Expenditure #3			
<sup>Name</sup> Italian Tribune		09/25/10	<b>\$ 277</b>
Address	Purpose: Newspaper Ad	Date	<u> </u>
21852 23 Mile Rd.	Cliebal	l f	
Macomb, MI 48044		tere for ivierno	temization Type
m	L_ICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	<del> </del>	
Expenditure #4			
Name Madison's Pub		10/04/10	. 005
Address	Purpose: Fundraiser	Date	\$ 285
	Purpose:		
15 N. Walnut	Click H	lere for Memo I	temization Type
Mt. Clemens, MI 48043	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Madison's		10/06/10	
Address	Purpose: Fundraiser	Date	\$ <u>285</u>
15 N. Walnut	Purpose.		
Mt. Clemens, MI 48043	<del> </del>	lere for Memo	temization Type
——————————————————————————————————————	Check box if this expenditure is payment of debt or obligation reported on previous		
✓ Fund Raiser	statement		
······································	Subto	tal this page	\$1,549.70
	Grand Total of all S		
	(Complete on fast page	: or orriednie) [	

Enter this total on line 8a of Summary Page



## **ITEMIZED EXPENDITURES SCHEDULE 1B** CANDIDATE COMMITTEE

1. Committee I. D. Number \_\_

1	3	8	2	7	1
1	J	О	Z	1	1

2. Committee Name Committee to Elect Bob Smith

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Italian Cultural Center		10/06/10	\$ 158.42
Address	Purpose: Pizza donation for meeting	Date	100.42
43843 Romeo Plank			
Clinton Twp., MI 48038	Click H	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2	Statement		
Name Italian Cultural Center		10/06/10	\$ 52.80
Address	Purpose: Additional pizza donation for meeting	Date	
43843 Romeo Plank	Click H	ere for Memo	Itemization Type
Clinton Twp., MI 48038			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Italian Cultural Center		10/06/10	\$ 100
Address	Purpose: Donation	Date	·
43843 Romeo Plank			14 i
Clinton Twp., MI 48038	. r	ere for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name Sawicki & Son		10/09/10	\$ 787.05
Address	<sub>Purpose:</sub> signs	Date	
1521 W. Lafayette			
Detroit, MI 48216		ere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			· · · · · · · · · · · · · · · · · · ·
Name Clark Graphics	,	10/09/10	. 547.00
Address	Purpose: Invitations for free pasta dinner	Date	\$ <u>517.38</u>
21914 Schmeman	Assess	nea fan 14 1	tomination T
Warren, MI	Click He Check box if this expenditure is payment of	ere ioi iviemo I	Itemization Type
Fund Raiser	debt or obligation reported on previous statement		
	Subtota	al this page	\$1,615.65
	Grand Total of all S (Complete on last page		

Page 3 of 5

Enter this total on line 8a of **Summary Page** 



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

138271

2. Committee Name Committee to Elect Bob Smith CANDIDATE COMMITTEE 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) 6. Amount Expenditure #1 10/11/10 Name Pam Lavers \$ 1055.59 Date Independent Assistant \$1,000; postage 55.59 Address 27870 Lauren St. E. Click Here for Memo Itemization Type Harrison Twp., MI 48045 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 Name Fern Hill Banquet Hall 10/11/10 \$ 1200.00 Purpose: Free Pasta Dinner Night Address 17600 Clinton River Rd. Click Here for Memo Itemization Type Clinton Twp., MI 48038 Check box if this expenditure is payment of debt or obligation reported on previous Y Fund Raiser statement Expenditure #3 Name Marilyn Lane \$590.41 Purpose: Free Pasta Dinner exp. Address 16558 Woodlane Memo Itemization Below Fraser, MI 48026 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement do not include in totals Expenditure #4 Marilyn Lane 10/12/10 Purpose: Robo calls/free pasta dinner Address Memo Itemization Below Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement do not include in totals Expenditure #5 Name Marilyn Lane 10/12/10 Invite Design/free pasta dinner Date Address Memo Itemization Below Check box if this expenditure is payment of debt or obligation reported on previous **Fund Raiser** statement Subtotal this page \$2.845.00 Grand Total of all Schedules 1B

(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

Page 4 of 5



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

138271

2. Committee Name Committee to Elect Bob Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name Marilyn Lane  Address	Purpose: Mass Mailing/free pasta dinner	Do'nst v 10/12/11 Date	\$ 468.08
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	o Itemization)	
Expenditure #2  Name Lowe's  Address	Purpose: sign poles	10/12/10 Date	\$ <u>156.46</u>
35201 Gratiot Clinton Twp., Mt 48035	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Memo	Itemization Type
Expenditure #3  Name Pam Lavers  Address  27870 Lauren St. E.  Harrison Twp., MI 48045	[	10/08/10 Date	\$ 200
Fund Raiser  Expenditure #4  Name Pam Lavers	L—Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/10	
Address  27870 Lauren St. E.  Harrison Twp., MI 48045  Fund Raiser	Purpose: Independent Assistant	Date	\$ 200 temization Type
Expenditure #5 Name Address	Purpose:	Date	\$
Fund Raiser		lere for Memo	Itemization Type
	Subtot Grand Total of all S	al this page	\$ <i>556.46</i> \$9,035.47

ete on last page of Schedule)

Enter this total
on line 8a of

enter this total on line 8a of Summary Page



## ITEMIZED IN-KIND CONTRIBUTIONS

**SCHEDULE 1-IK** 

1. Committee I. D. Number	13827	1				
			 	_	 	 

CANDIDATE COM	AITTEE 2. Committee Name Committee to Ele	ect Bob Smith	1
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	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: Bob Smith 36729 Moravian Clinton Twp., Mi 48035  If over \$100.00 cumulative, please provide: Occupation: Fire Marshal Employer Name & Business Address: Charter Twp. of Clinton 40700 Romeo Plank Clinton Twp., MI 48038	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description gas used for campaign purposes  5. Date Of Receipt: 06/01/10 to / D - 17 - 10  6. Vendor Name & Address:	980	\$ 980 temization
Fund Raiser Contribution  Contribution # 2 PAC Receipt? Yes Name & Address  Bob Smith 36729 Moravian Clinton Twp., MI 48035  If over \$100.00 cumulative, please provide: Occupation: Fire Marshal Employer Name & Address: Charter Twp. of Clinton 40700 Romeo Plank Clinton Twp., MI 48038	Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others- LOAN  Description <u>Cell phone excess usage and costs</u> 5. Date Of Receipt: 06/01/10 to 10 - 17 - 10  6. Vendor Name & Address:	172 s	472
Fund Raiser Contribution  Contribution #3 PAC Receipt? Yes Name & Address:  3ob Smith 36729 Moravian Clinton Twp., MI 48035  If over \$100.00 cumulative, please provide: Occupation: Fire Marshal Employer Name & Address: Charter Twp. of Clinton 40700 Romeo Plank Clinton Twp., MI 48038  Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated \$ 26 ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others LOAN Description Misc. auto expenses- tire, repair,oil,depreciation,etc  5. Date Of Receipt: 06/01/10 - (***) - (***) - (***) - (***) 6. Vendor Name & Address:  Mark's Auto repair 9166 Marine City Hwy. Casco, MI 48064	39 \$	289
	Page Subtotal  Grand Total of all Schedules 1-If  (Complete on last page of Schedule	ζ (	\$1,741.00

Page



## **ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK** 

1. Committee I. D. Number 138271

2. Committee Name Committee to Elect Bob Smith

CANDIDA I E CUIVIF	MITTEE 2. Committee Hame	······································	
3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an independent Committee (Both are commonly called PACs). Report all in-kind contributions.	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:	4. Endorsement or Guarantee of Bank Loan		
Bob Smith 36729 Moravian Clinton Twp., MI 48035	Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others  Conductive Purchased by Candidate or Others-LOAN	246	246
If over \$100.00 cumulative, please provide:  Occupation: Fire Marshal	Description food for meetings		
Employer Name & Business Address:  Charter Twp. of Clinton 40700 Romeo Plank  Clinton Twp., MI 48038  Fund Raiser Contribution	5. Date Of Receipt: 06/01/10 to 10/17/10 6. Vendor Name & Address:  Jets Pizza 39101 Garfield Clinton Twp., MI 48038	ick Here for Memo Iten	nization
Contribution # 2 PAC Receipt? Yes Name & Address  Bob Smith 36729 Moravian Clinton Twp., MI 48038	Goods or Services Purchased by Candidate or Others- LOAN	28.52 s 2	28.52
If over \$100.00 cumulative, please provide:  Occupation: Fire Marshal  Employer Name & Address:	Description Cable ties  5. Date Of Receipt: 10/13/10		
Charter Twp. of Clinton 40700 Romeo Plank Clinton Twp., MI 48038	6. Vendor Name & Address:  Lowe's 35201 Gratiot Clinton Twp., MI 48035	ck Here for Memo Item	nization
Contribution #3 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan	20 8	800
Stella Smith 39324 Eliot Clinton Twp., MI 48036	Goods Donated or Loaned  Services Donated \$ 80  ✓ Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others- LOAN	<u> </u>	000
tf over \$100.00 cumulative, please provide: Occupation: retired Employer Name & Address:	Stella Smith	ck Here for Memo Item	nization
Fund Raiser Contribution	39324 Eliot Clinton Twp., MI 48036		
	Page Subtotal  Grand Total of all Schedules 1-Ik	Ψ1,074.02	1,074.52
	(Complete on last page of Schedule)	1	



## **ITEMIZED IN-KIND CONTRIBUTIONS**

SCHEDULE 1-IK

CANDIDATE COMMITTE	E
--------------------	---

2. Committee Name Committee to Elect Bob Smith

OANDIDA I E 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.	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? Yes Name & Address: City Pub Sports Grill 15505 15 Mile Rd. Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description pizza for fundraiser  5. Date Of Receipt: 09/21/10  6. Vendor Name & Address:	75 sk Here for Memo II	\$ 75 remization
Contribution # 2 PAC Receipt? Yes Name & Address  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4.	\$ k Here for Memo It	
Fund Raiser Contribution  Contribution #3 PAC Receipt? Yes  Name & Address:  If over \$100.00 cumulative, please provide:  Occupation:  Employer Name & Address:	4.	\$ k Here for Memo It	emization
Fund Raiser Contribution	Page Subtotal	¢75.00	¢75.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	\$75.00 \$2,890.52	\$75.00

on line 6 of Summary Page

Page 3 of 3



1. Committee I.D. Number

SCHEDULE 1E	Committe	e to Elect Bob Sr	mith	
CANDIDATE COMMITTEE 2.0	Committee Name COTTITUTE	e to Flect Bob 31	IIIU1	<del></del>
This Schedule itemizes:				
	nmittee OR b. Debt ck either a or b. Use only for the pu	ts and obligations owed <u>to</u> ourpose 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 loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Name Badges	08/01/08 \$ 5.00		
Stella Smith 39324 Eliot Clinton Twp., MI 48036	5. <u>Date Debt Was Incurred</u> : 07/14/08 6. <u>Original Amount of Debt</u> : \$25.43	\$ \$ \$ \$	\$ 5.00	\$_20.43 FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035  If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: stamps  5. Date Debt Was Incurred: 8/13/08  6. Original Amount of Debt: \$ 25.20  4. Type: printer/copier/fax  5. Date Debt Was Incurred: 5/15/10  6. Original Amount of Debt:	\$	ss	\$ 25.20 FORGIVEN
	\$ <u>429.89</u>	\$	•	FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
(C	omplete on last page of Schedule s	Grand Total	(Outstanding debt) of all Schedules 1E or to the committee)	\$475.52
A debt or obligation must be shown on this Scheduthis Campaign Statement or it was forgiven during Page of	ile If there was an outstanding ar	nount owed on it at the ck	•	Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page



1. Committee I.D. Number

SCHEDULE 1E	Committee	e to Elect Bob Si	mith	
CANDIDATE COMMITTEE 2.0	Committee Name	e to elect bob Si	THE	
This Schedule itemizes:	······································	**************************************		
aDebts and obligations owed <u>by</u> or forgiven the com (Che	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> ourpose checked.)	or forgiven <u>by</u> the cor	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 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	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,mailings,maps	\$		
Bob Smith 36729 Moravian Clinton Twp., MI 48035	5. <u>Date Debt Was Incurred</u> : 06/01/10 6. <u>Original Amount of Debt</u> : \$ 54.54	\$ \$ \$	\$	\$_54.54 FORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:  Bob Smith 36729 Moravian Dr. Clinton Twp., MI 48035  If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes Owed to or by:	4. Type: gas campaign purposes  5. Date Debt Was Incurred: 6/1/10 to 10/17/10  6. Original Amount of Debt:  \$ 980  4. Type: Verizon Wireless	\$\$An	\$nount Endorsed: \$	\$_980
Bob Smith 36729 Moravian Dr. Clinton Twp., MI 48035	5. <u>Date Debt Was Incurred</u> : 6/1/10 to 10/17/10 6. <u>Original Amount of Debt</u> :  \$_472	\$ \$ \$	\$	\$ 472 FORGIVEN
If bank loan, name of endorser or guarantor:		An	mount Endorsed: \$	
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during t	omplete on last page of Schedule si le if there was an outstanding an the period covered by this Campa	Grand Total of the count owed on it at the characters of the count owed on it at the characters of the		\$1,506.54  Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page
rayeOI				



1. Committee I.D. Number

SCHEDULE 1E	Committee	e to Elect Bob Sr	mith	
CANDIDATE COMMITTEE 2.0	committee Name	e to Flect Dob 31	* IIU !	····
This Schedule itemizes:				
	mittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> o rpose 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 loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Misc. Auto Expenses	\$		
Bob Smith	5. Date Debt Was Incurred:	g.		-
36729 Moravian	06/01/10 - 10 - 17 - 10			
Clinton Twp., MI 48035	6. Original Amount of Debt:	<u> </u>	s	\$ 289
	200	\$		
	\$_289	<b>\$</b>	1	FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: food for meetings	\$	Juni Endorsea. \$	
Bob Smith	5. Date Debt Was Incurred:			ļ
36729 Moravian	6/1/10 - 10-17-10	\$		
Clinton Twp., MI 48035	6. Original Amount of Debt:	<u> </u>		e 246
•	s 246	\$		, ¥
	Ψ	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			anunt Endage d. G	
Debt #3 Corp? Yes	Cable ties	- AII:	ount Endorsed: \$	
Owed to or by:	4. Type: Cable ties			
Bob Smith	5. <u>Date Debt Was Incurred</u> :	<u> </u>		
36729 Moravian	10/13/10	\$		
Clinton Twp., MI 48035	6. Original Amount of Debt:	· ·	\$	\$ 28.52
	<b>\$</b> 28.52	Ψ		FORGIVEN
		<u> </u>		
if bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	*** * *********************************
				\$563.52
		Page Subtotal	(Outstanding debt)	Ψ303.32
(Co	mplete on last page of Schedule sh	Grand Total o	of all Schedules 1E	
(00	implete on last page of conteating of	lowing amounts owed by of	to the confinatee)[	Enter this total
A debt or obligation must be shown on this Schedul this Campaign Statement or it was forgiven during t	e if there was an outstanding am he period covered by this Campa	ount owed on it at the clo lign Statement.	sing date of	on line 12a "owed by"" or line 12b "owed to" of the Summary Page
Page 3 of 4				



1. Committee I.D. Number

SCHEDULE 1E	Committee	e to Elect Bob Si	mith	
CANDIDATE COMMITTEE 2.0	Committee Name	e to Flect Dob 3		
This Schedule itemizes:	······································		<del></del>	
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> c irpose 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 loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Independent Services	\$		3
Stella, Smith 39324 Eliot Clinton Twp., MI 48036	5. <u>Date Debt Was Incurred</u> :  06/01/10 6. <u>Original Amount of Debt</u> :  \$ 800	\$ \$ \$ \$	\$	\$_800
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:  If bank loan, name of endorser or guarantor:	4. Type:  5. Date Debt Was Incurred:  6. Original Amount of Debt:  \$	\$\$	\$	\$FORGIVEN
Debt #3 Corp? Yes Owed to or by:	4. Type:  5. Date Debt Was Incurred:  6. Original Amount of Debt:  \$	\$ \$ \$ \$	\$	\$FORGIVEN
if bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
(Co A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during t	omplete on last page of Schedule si le if there was an outstanding am he period covered by this Campa	Grand Total of the country own of the cluster of the country own the cluster own the cluster own own own the cluster own own the cluster own own own the cluster own	•	\$800.00 \$3,345.58 Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page
Page 4 of 4				-



#### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

138271

1. Committee I.D. Number

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

	- USE A SEPARATE SH	EET FOR EACH EVENT	
3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.
09/30/10	42	Reception	Madison's Pub 15 North Walnut Mt. Clemens, MI 48043 Private Residence
Total Contributions	\$2,220.00		
Other Receipts	-174		
Gross Receipts (Add lines 7	and 8) \$2,220.00		
). Total Cost of Event otal Cost includes In-Kind Co	\$570.00  ntributions and All Expenditures	Made For the Event	
	int fund raiser and complete the	·	
Co-Sponsor(s)	Contribution S	inlit	Francis difference Co. 19
,	(%)	phic	Expenditure Split (%)
		<u>.</u>	

Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.

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

Page 1 of 2



### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

138271 1. Committee I.D. Number

2 Committee Name Committee to Elect Bob Smith

		2. Committee Name 30111		
	- USE A SEPARA	TE SHEET FOR EAC	H EVENT -	
3. Date Event Was Held	Number of Individuals At or Participating (whichever greater)	tending 5. Type of Fund Rais is	sing Activity	Address and Name (If any) of the place where the activity was held.
09/21/10	20	Pizza Rec	eption	City Pub Sports Grill 15505 15 Mile Rd. Clinton Twp., MI 48035 Private Residence
7. Total Contributions	\$540.00	)	_	
8. Other Receipts				
9. Gross Receipts (Add lines 7	and 8) \$540.00	)	<u></u>	
10. Total Cost of Event (Total Cost includes In-Kind Co	\$0.00	nditures Made For the Eve		
11. Check if event was a jo	•		<b>,</b>	
Co-Sponsor(s)		bution Split (%)		Expenditure Split (%)
				***************************************
M****				
	<del></del>			
The committee is require	ed to file a separate Fur	nd Raiser Schedule for eac	ch fund 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.

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