



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>08/24/10</u> to <u>10/17/10</u>		
4. Candidate Last Name Smith, Jr.	First Name Robert	M.I. W.
4a. Office Sought Including District # or Community Served (If applicable) Macomb County Commissioner District 12		
4b. County of Residence Macomb		
6. Treasurer's Name & Residential Address Stella A. Smith 39324 Eliot Clinton Twp., MI 48036		
Area Code & Phone <u>(586) 465-4100</u>		
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) n/a		
Area Code & Phone _____		

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

5. Committee's Mailing Address 39324 Eliot Clinton Twp., MI 48036
Area Code and Phone <u>(586) 465-4100</u>
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address Same as 6
Area Code and Phone _____

9. TYPE OF STATEMENT	
9a. <input checked="" type="checkbox"/> Pre-Election	OR
9b. <input type="checkbox"/> Post-Election	
Pre-Election or Post-Election Statement relates to:	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Convention	<input type="checkbox"/> School
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus
Date of Election, Convention or Caucus <u>11/02/10</u>	

9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)
9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
9e. <input type="checkbox"/> Dissolution of Candidate Committee
Effective Date of Dissolution _____
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper Stella A. Smith	<i>Stella A. Smith</i> Signature
Date	<u>10-22-10</u>
Candidate Robert W. Smith Jr.	<i>RW Smith Jr</i> Signature
Date	<u>10-22-10</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138271

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Bob Smith

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4,240.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$4,240.00</u>	(18.) \$ <u>\$31,573.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u></u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$4,240.00</u>	(20.) \$ <u>\$31,573.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$2,890.52</u>	(21.) \$ <u>\$4,232.52</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u></u>	(22.) \$ <u></u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$9,035.47</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$9,035.47</u>	(23.) \$ <u>\$17,175.73</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u></u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$3,345.58</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$19,459.34</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$4,240.00</u>	
	(15.) = \$	<u>\$23,699.34</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$9,035.47</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$14,664.00</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/01/10</u>	
Name & Address: <u>Walslh, Vicki</u> <u>729 Vinewood Ave.</u> <u>Birmingham, MI 48009</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address <u>1 S. Main</u> <u>Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/01/10</u>	
Name & Address: <u>Sowerby, William J.</u> <u>37860 Saddle Lane</u> <u>Clinton Twp., MI 48036</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Clinton Twp. Treasurer</u> Employer <u>Charter Township of Clinton</u> Business Address <u>40700 Romeo Plank Rd.</u> <u>Clinton Twp., MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/01/10</u>	
Name & Address: <u>DPOA Political Action Group</u> <u>1938 E. Jefferson Ave.</u> <u>Detroit, MI 48207</u>		\$ <u>500</u>	\$ <u>850</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/01/10</u>	
Name & Address: <u>Rose, Roy</u> <u>55620 Woodbridge Dr.</u> <u>Shelby Twp., MI 48316</u>		\$ <u>25</u>	\$ <u>225</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Anderson, Eckstein & Westrick</u> Business Address <u>51301 Schoenherr</u> <u>Shelby Twp., MI 48316</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$925.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/01/10</u> Name & Address: <u>Bukowski, Paul J.</u> <u>319 N. Gratiot</u> <u>Mt. Clemens, MI 48043</u>		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/21/10</u> Name & Address: <u>McMullen, John</u> <u>2864 Courville Dr.</u> <u>Bloomfield Hills, MI 48302</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Self- Xtreme Facades</u> Business Address <u>23808 Dequindre</u> <u>Warren, MI 48091</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/21/10</u> Name & Address: <u>Esshaki, Jim</u> <u>16431 Washington</u> <u>Birmingham, MI 48009</u>		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/07/10</u> Name & Address: <u>Lustig, Allison N.</u> <u>2820 Woodbine Dr.</u> <u>Waterford, MI 48328</u>		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$930.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/10</u> Name & Address: <u>Hindman, Natalie Ann</u> <u>49522 Keycove</u> <u>New Baltimore, MI 48047</u>		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/02/10</u> Name & Address: <u>Simasko, Patrick</u> <u>319 N. Gratiot</u> <u>Mt. Clemens, MI 48043</u>		\$ <u>150</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/02/10</u> Name & Address: <u>Walters, Irit</u> <u>1436 Pierce St.</u> <u>Birmingham, MI</u>		\$ <u>100</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address <u>1 S. Main Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/02/10</u> Name & Address: <u>Brown, John</u> <u>43790 Utica Rd.</u> <u>Sterling Hts., MI 48314</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$390.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/10</u>	
Name & Address: Vicari, Joseph P. 5601 Enterprise Ct. Warren, MI 48092		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Self - Andiamo's</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/10</u>	
Name & Address: Venditelli, Orazio A. 54803 Flamingo Shelby Twp., MI 48315		\$ <u>60</u>	\$ <u>130</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales Rep.</u> Employer <u>Unique Fabricating</u> Business Address <u>800 Standard Pkwy. Auburn Hills, MI 48321</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/10</u>	
Name & Address: Ange, John S. 3031 Alden Ct. Port Huron, MI 48060		\$ <u>60</u>	\$ <u>60</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/10</u>	
Name & Address: Sheikh, Azhar Esq. 47 Crocker Mt. Clemens, MI 48043		\$ <u>30</u>	\$ <u>30</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$400.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/10</u>	
Name & Address: Nixon, Michael 36728 Moravian Clinton Twp., MI 48035		\$ <u>30</u>	\$ <u>30</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/10</u>	
Name & Address: Santia, Carlo 35890 Monterey Dr. Clinton Twp., MI 48035		\$ <u>30</u>	\$ <u>30</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/10</u>	
Name & Address: Vandeputte, Matthew J. 26228 Fairwood Dr. Chesterfield, MI 48052		\$ <u>90</u>	\$ <u>90</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/10</u>	
Name & Address: Towner, Charles M. 39757 Brylor Ct. Clinton Twp., MI 48038		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>38770 Garfield # 100 Clinton Twp., MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$250.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/10</u>	
Name & Address: Deldin, Mark F. 22934 Edgewater St. Clair Shores, MI 48082		\$ <u>30</u>	\$ <u>70</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/02/10</u>	
Name & Address: Macomb County Assistant Prosecutor's PAC 26495 Ryan Rd. Warren, MI 48091		\$ <u>500</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/10</u>	
Name & Address: Garon, Dan 480Market Street Mt. Clemens, MI 48043		\$ <u>60</u>	\$ <u>210</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/10</u>	
Name & Address: Steiner, David W. 19841 Liverpool Dr. Macomb, MI 48044		\$ <u>30</u>	\$ <u>65</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$620.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/10</u>	
Name & Address: Utarnachitt, Dr. Richard V. 39239 Moravian Clinton Twp., MI 48036		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Self</u> Business Address <u>15945 19 Mile Rd. Clinton Twp., MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/02/10</u>	
Name & Address: DPOA Political Action Committee 1938 E. Jefferson Ave. Detroit, MI 48207		\$ <u>300</u>	\$ <u>1150</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/10</u>	
Name & Address: Jacklyn, Andrea 969 Huntington Mt. Clemens, MI 48043		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address <u>1 S. Gratiot Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/14/10</u>	
Name & Address: Macomb Leadership PAC 6705 St. Andrews Shelby Twp., MI 48316		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$725.00

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

\$4,240.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Diane Socks</u> Address <u>51474 Fox Hill Trail</u> <u>Chesterfield, MI 48047</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Photographer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/10</u> Date	\$ <u>175</u>
Expenditure #2 Name <u>Lavers, Pam</u> Address <u>27870 Lauren St. E.</u> <u>Harrison Twp., MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Independent Assistant</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/10</u> Date	\$ <u>600</u>
Expenditure #3 Name <u>American Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp., MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/10</u> Date	\$ <u>1277.30</u>
Expenditure #4 Name <u>Signature Promotions</u> Address <u>44432 Reynolds</u> <u>Clinton Twp., MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/10</u> Date	\$ <u>165.36</u>
Expenditure #5 Name <u>Clinton Township Senior Center</u> Address <u>40700 Romeo Plank</u> <u>Clinton Twp., MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/10</u> Date	\$ <u>250</u>

Subtotal this page **\$2,467.66**

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number

138271

2. Committee Name

Committee to Elect Bob Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>FineLine Graphics</u> Address <u>21188 Hall Rd.</u> <u>Clinton Twp., MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ads</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/21/10</u> Date	\$ <u>190.80</u>
Expenditure #2 Name <u>Fay-Way</u> Address <u>16220 Toulouse</u> <u>Fraser, MI 48026</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Nail File advertisements</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/10</u> Date	\$ <u>511.90</u>
Expenditure #3 Name <u>Italian Tribune</u> Address <u>21852 23 Mile Rd.</u> <u>Macomb, MI 48044</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Newspaper Ad</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/10</u> Date	\$ <u>277</u>
Expenditure #4 Name <u>Madison's Pub</u> Address <u>15 N. Walnut</u> <u>Mt. Clemens, MI 48043</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/10</u> Date	\$ <u>285</u>
Expenditure #5 Name <u>Madison's</u> Address <u>15 N. Walnut</u> <u>Mt. Clemens, MI 48043</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/10</u> Date	\$ <u>285</u>
Subtotal this page			\$ <u>1,549.70</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Italian Cultural Center</u> Address <u>43843 Romeo Plank</u> <u>Clinton Twp., MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Pizza donation for meeting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/10</u> Date	\$ <u>158.42</u>
Expenditure #2 Name <u>Italian Cultural Center</u> Address <u>43843 Romeo Plank</u> <u>Clinton Twp., MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Additional pizza donation for meeting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/10</u> Date	\$ <u>52.80</u>
Expenditure #3 Name <u>Italian Cultural Center</u> Address <u>43843 Romeo Plank</u> <u>Clinton Twp., MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/10</u> Date	\$ <u>100</u>
Expenditure #4 Name <u>Sawicki & Son</u> Address <u>1521 W. Lafayette</u> <u>Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/10</u> Date	\$ <u>787.05</u>
Expenditure #5 Name <u>Clark Graphics</u> Address <u>21914 Schmeman</u> <u>Warren, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Invitations for free pasta dinner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/10</u> Date	\$ <u>517.38</u>
Subtotal this page			\$ <u>1,615.65</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138271
2. Committee Name 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 Pam Lavers Address 27870 Lauren St. E. Harrison Twp., MI 48045 <input type="checkbox"/> Fund Raiser	Purpose: <u>Independent Assistant \$1,000; postage 55.59</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/10</u> Date	\$ <u>1055.59</u>
Expenditure #2 Name Fern Hill Banquet Hall Address 17600 Clinton River Rd. Clinton Twp., MI 48038 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Free Pasta Dinner Night</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/10</u> Date	\$ <u>1200.00</u>
Expenditure #3 Name Marilyn Lane Address 16558 Woodlane Fraser, MI 48026 <input type="checkbox"/> Fund Raiser	Purpose: <u>Free Pasta Dinner exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/10</u> Date	\$ <u>590.41</u> <div style="border: 1px solid black; padding: 2px;">Memo Itemization Below</div>
Expenditure #4 Name Marilyn Lane Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Robo calls/free pasta dinner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/10</u> Date	\$ <u>89</u> <i>do not include in totals</i> Memo Itemization Below
Expenditure #5 Name Marilyn Lane Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Invite Design/free pasta dinner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/10</u> Date	\$ <u>33.33</u> <i>do not include in totals</i> Memo Itemization Below
Subtotal this page			\$ <u>2,845.00</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Marilyn Lane Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Mass Mailing/free pasta dinner</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/11</u> Date	<u>\$ 468.08</u>
Expenditure #2 Name Lowe's Address 35201 Gratiot Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>sign poles</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/10</u> Date	<u>\$ 156.46</u>
Expenditure #3 Name Pam Lavers Address 27870 Lauren St. E. Harrison Twp., MI 48045 <input type="checkbox"/> Fund Raiser	Purpose: <u>Independent Assistant</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/10</u> Date	<u>\$ 200</u>
Expenditure #4 Name Pam Lavers Address 27870 Lauren St. E. Harrison Twp., MI 48045 <input type="checkbox"/> Fund Raiser	Purpose: <u>Independent Assistant</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/10</u> Date	<u>\$ 200</u>
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			<u>\$ 556.46</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>\$9,035.47</u>



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138271

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Bob Smith

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Bob Smith 36729 Moravian Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: <u>Fire Marshal</u> Employer Name & Business Address: Charter Twp. of Clinton 40700 Romeo Plank Clinton Twp., MI 48038 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>gas used for campaign purposes</u> 5. Date Of Receipt: <u>06/01/10 to 10-17-10</u> 6. Vendor Name & Address: <u>Various gas stations</u> Click Here for Memo Itemization	\$ <u>980</u>	\$ <u>980</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Bob Smith 36729 Moravian Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: <u>Fire Marshal</u> Employer Name & Address: Charter Twp. of Clinton 40700 Romeo Plank Clinton Twp., MI 48038 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>cell phone excess usage and costs</u> 5. Date Of Receipt: <u>06/01/10 to 10-17-10</u> 6. Vendor Name & Address: <u>Verizon Wireless</u> <u>PO Box 25505</u> <u>Lehigh, PA 18002</u> Click Here for Memo Itemization	\$ <u>472</u>	\$ <u>472</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Bob Smith 36729 Moravian Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: <u>Fire Marshal</u> Employer Name & Address: Charter Twp. of Clinton 40700 Romeo Plank Clinton Twp., MI 48038 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Misc. auto expenses- tire, repair,oil,depreciation,etc</u> 5. Date Of Receipt: <u>06/01/10 to 10-17-10</u> 6. Vendor Name & Address: <u>Mark's Auto repair</u> <u>9166 Marine City Hwy.</u> <u>Casco, MI 48064</u> Click Here for Memo Itemization	\$ <u>289</u>	\$ <u>289</u>

Page Subtotal \$1,741.00 \$1,741.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138271

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Bob Smith

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Bob Smith 36729 Moravian Clinton Twp., MI 48035</p> <p>If over \$100.00 cumulative, please provide: Occupation: <u>Fire Marshal</u> Employer Name & Business Address: Charter Twp. of Clinton 40700 Romeo Plank Clinton Twp., MI 48038</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>food for meetings</u></p> <p>5. Date Of Receipt: <u>06/01/10 to 10/17/10</u></p> <p>6. Vendor Name & Address: Jets Pizza 39101 Garfield Clinton Twp., MI 48038</p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>246</u></p>	<p>\$ <u>246</u></p>
<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Bob Smith 36729 Moravian Clinton Twp., MI 48038</p> <p>If over \$100.00 cumulative, please provide: Occupation: <u>Fire Marshal</u> Employer Name & Address: Charter Twp. of Clinton 40700 Romeo Plank Clinton Twp., MI 48038</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Cable ties</u></p> <p>5. Date Of Receipt: <u>10/13/10</u></p> <p>6. Vendor Name & Address: Lowe's 35201 Gratiot Clinton Twp., MI 48035</p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>28.52</u></p>	<p>\$ <u>28.52</u></p>
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Stella Smith 39324 Eliot Clinton Twp., MI 48036</p> <p>If over \$100.00 cumulative, please provide: Occupation: <u>retired</u> Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Independent Services</u></p> <p>5. Date Of Receipt: <u>06/01/10 to 10/17/10</u></p> <p>6. Vendor Name & Address: Stella Smith 39324 Eliot Clinton Twp., MI 48036</p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>800</u></p>	<p>\$ <u>800</u></p>
Page Subtotal		\$ <u>1,074.52</u>	\$ <u>1,074.52</u>

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138271

2. Committee Name Committee to Elect Bob Smith

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 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:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>pizza for fundraiser</u> 5. Date Of Receipt: <u>09/21/10</u> 6. Vendor Name & Address: City Pub Sports Grill (on site pizza supplies)	\$ <u>75</u>	\$ <u>75</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution #2 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

\$75.00

\$75.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

\$2,890.52

Enter this total
on line 6 of Summary
Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the 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) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Stella Smith 39324 Eliot Clinton Twp., MI 48036	4. Type: <u>Name Badges</u> 5. <u>Date Debt Was Incurred:</u> <u>07/14/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 25.43</u>	08/01/08 \$ 5.00 \$ \$ \$ \$	\$ 5.00	\$ 20.43 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>stamps</u> 5. <u>Date Debt Was Incurred:</u> <u>8/13/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 25.20</u>	\$ \$ \$ \$ \$	\$	\$ 25.20 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>printer/copier/fax</u> 5. <u>Date Debt Was Incurred:</u> <u>5/15/10</u> 6. <u>Original Amount of Debt:</u> <u>\$ 429.89</u>	\$ \$ \$ \$ \$	\$	\$ 429.89 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$475.52

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

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>stamps, mailings, maps</u> 5. <u>Date Debt Was Incurred:</u> <u>06/01/10</u> 6. <u>Original Amount of Debt:</u> <u>\$ 54.54</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 54.54</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Dr. Clinton Twp., MI 48035	4. Type: <u>gas campaign purposes</u> 5. <u>Date Debt Was Incurred:</u> <u>6/1/10 to 10/17/10</u> 6. <u>Original Amount of Debt:</u> <u>\$ 980</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 980</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Dr. Clinton Twp., MI 48035	4. Type: <u>Verizon Wireless</u> 5. <u>Date Debt Was Incurred:</u> <u>6/1/10 to 10/17/10</u> 6. <u>Original Amount of Debt:</u> <u>\$ 472</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 472</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,506.54

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

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Misc. Auto Expenses</u> 5. <u>Date Debt Was Incurred:</u> <u>06/01/10 - 10-17-10</u> 6. <u>Original Amount of Debt:</u> \$ <u>289</u>	\$ \$ \$ \$ \$	\$	\$ <u>289</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>food for meetings</u> 5. <u>Date Debt Was Incurred:</u> <u>6/1/10 - 10-17-10</u> 6. <u>Original Amount of Debt:</u> \$ <u>246</u>	\$ \$ \$ \$ \$	\$	\$ <u>246</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Cable ties</u> 5. <u>Date Debt Was Incurred:</u> <u>10/13/10</u> 6. <u>Original Amount of Debt:</u> \$ <u>28.52</u>	\$ \$ \$ \$ \$	\$	\$ <u>28.52</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$563.52

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

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Stella, Smith 39324 Eliot Clinton Twp., MI 48036	4. Type: <u>Independent Services</u> 5. <u>Date Debt Was Incurred:</u> <u>06/01/10</u> 6. <u>Original Amount of Debt:</u> \$ <u>800</u>	\$ \$ \$ \$ \$	\$	\$ <u>800</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$800.00

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

\$3,345.58

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/30/10</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>42</u>	5. Type of Fund Raising Activity <u>Reception</u>	6. Address and Name (If any) of the place where the activity was held. <u>Madison's Pub</u> <u>15 North Walnut</u> <u>Mt. Clemens, MI 48043</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$2,220.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$2,220.00

10. Total Cost of Event \$570.00

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), 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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/21/10</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>20</u>	5. Type of Fund Raising Activity <u>Pizza Reception</u>	6. Address and Name (If any) of the place where the activity was held. <u>City Pub Sports Grill</u> <u>15505 15 Mile Rd.</u> <u>Clinton Twp., MI 48035</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$540.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$540.00

10. Total Cost of Event \$0.00

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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