### CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

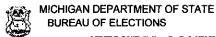
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 10/18/10 to 11/22/10			
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.			
138271	Smith, Jr. Robert W.			
	4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name	Macomb County Commissioner District 12			
Committee to Elect Bob Smith	4b. County of Residence			
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address			
39324 Eliot	Stella A. Smith			
Clinton Twp., MI 48036	39324 Eliot			
	Clinton Twp., MI 48036			
	Edin C			
Area Code and Phone If the address in this box is different from the committee	TO THE			
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (586) 465-4100			
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the confinitee has a Designated Record keeper)			
same as 6	n/a			
	™ Zஜ≖ —			
Area Code and Phone	Area Code and Phone			
9. TYPE OF STATEMENT				
9a. Pre-Election OR 9b. Pos	t-Election 9c. Annual Statement (Coverage Year)			
	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c			
Pre-Election or Post-Election Statement relates to:	or 9e to indicate which Statement is being amended)			
Primary Ger	9e. Dissolution of Candidate Committee			
	Effective Date of Dissolution			
Convention	loci			
Special	icus			
	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if			
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.			
11/02/10	Note: The disposition of residual funds must be reported on Schedule			
A committee that does not have a Reporting Waiver must file all re	1B and the Summary Page.			
Schedules. Direct contributions, in-kind contributions, loans, expe	equired Campaign Statements. The Campaign Statements must include all applicable enditures, and outstanding debts count against the \$1,000 Reporting Walver threshold.			
amendment to the Statement of Organization should accompany before the filling deadline of a required campaign statement, t	ged since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or that campaign statement cannot be waived.			
	in the preparation of this statement and attached schedules (if any) and to the best of omplete.			
_	A Land A line			
Current Treasurer or Designated Record keeper Stella A. Smith	, Stelle M. Ameth Date 12/1/10			
Type or Print Name	Signature			
Robert W. Smith Jr.	12/1/10			
Candidate	Date			
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 II
	This Period	Cumulative this election cycle
3. Contributions	2 200 00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 3,300.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$3,300.00	(18.) \$ \$34,873.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$3,300.00	(20.) \$ \$34,873.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(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.) \$ \$15,531.00	
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.) \$ \$15,531.00	(23.) \$ \$32,706.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements     a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$3,345.58	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$14,664.00	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$3,300.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ \$17,964.00	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$15,531.00	
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$ \$2,433.00	•
(Subtract line 16 from line 15)		

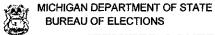


## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

#### CANDIDATE COMMITTEE

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

<b>0</b> /111	, ·	_					
Enter contributor's name an middle initial. Check box to Committee (PAC) Report <u>all</u>	indicate if conti	ribu	tion is from a Political Com	-		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: UAW MI V-PAC 8000 E. Jefferson Detroit, MI 48214	PAC Receipt?	✓	YES 4. Date of Rec	ceip	11/01/10	<sub>\$</sub> 2000	<sub>\$</sub> 2000
5. If over \$100.00 cumulati	ve, please pro	vid	<b>9</b> :				
Occupation			Employer		, , , , , , , , , , , , , , , , , , ,	Click Here for	r Memo Itemization
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
Contribution #2 P  Name & Address	AC Receipt?		YES 4. Date of Rec	eipt	11/01/10		
Soave, Anthony 3400 E. Lafayette Detroit, MI 48207						<sub>\$</sub> _500	<sub>\$</sub> 500
5. If over \$100.00 cumulati	ve, please pro	vide	<b>:</b> :			Click Here for	Memo Itemization
Occupation Business Ow	vner	Er	nployer_Self - Soave E	nte	erprises		
Business Address Same							,
Type of Contribution:   D	irect		Loan from a person		Fund Raiser		
3. Contribution #3 P Name & Address:	AC Receipt?		YES 4. Date of Re	ceip	<sup>et</sup> 11/01/10		
Sowerby, William J. 37860 Saddle Lane Clinton Twp., MI 48	•					§ 100	ş 300
5. If over \$100.00 cumulati	ve, please pro	vide	<b>:</b> :			Click Here for	Memo Itemization
Occupation Clinton Twp.	Treasurer	. 6	mployer Charter Twp.	of	Clinton		
Business Address 40700 R		Cli	nton Twp., MI 48038				
Type of Contribution: 🗸 🖸	Direct		Loan from a person		Fund Raiser		
Contribution # 4 f  Name & Address	PAC Receipt?	<b>√</b>	YES 4. Date of Re	cei	pt 11/15/10		
Macomb Assistant F 1 South Main Mt. Clemens, MI 48 5. If over \$100.00 cumulati	043					<sub>\$</sub> 500	<sub>\$_</sub> 1000
						Click Here for	Memo Itemization
Occupation		-	Employer				
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
					Page Subtotal and Total of All Schedules 1A set on last page of Schedule)	\$3,100.00	
Pageof			(00)		and the second s	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

	x to indicate if cont	ontribution is from an individual ribution is from a Political Colregardless of amount.			6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?	YES 4. Date of Re	ecei	pt 11/21/10		
Name & Address: Thomas, Peter M	1					
5018 Seven Lake					200	200
Washington Twp					<sub>\$</sub> 200	<sub>\$</sub> 200
5. If over \$100.00 cumu		vide:			,	
Occupation Business		_ Employer Self - Cash	Ex	change	Click Here fo	or Memo Itemization
Business Address 364		Clinton Twp., MI 4803		· ——————		
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution #2	PAC Receipt?	YES 4. Date of Re	eceir	ot		
Name & Address	•	· <del>··········</del>				
					\$	<b>.</b> \$
					<b>_</b>	
5. If over \$100.00 cumu	łative, please pro	vide:			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 R	ecei	pt	<u></u>	
Name & Address:	•			•		
					\$	\$
					Click Here fo	r Memo Itemization
5. If over \$100.00 cumu	ılative, please pro	vide:			Short Hore to	omo nomization
Occupation		Employer				
Business Address	<u>.</u>					
Type of Contribution:	Direct	Loan from a person	L	Fund Raiser		
3. Contribution # 4	PAC Receipt?	YES 4. Date of R	Rece	pipt		
Name & Address				<del></del>		
					<b>\$</b>	\$
5. If over \$100.00 cumu	ılative, please pro	vide:				
					Click Here fo	r Memo Itemization
Business Address		Г		L F4 D-2		
Type of Contribution:	Direct	Loan from a person		Fund Raiser	<del>,</del>	- <del></del>
				Page Subtotal	\$200.00	_
				and Total of All Schedules 1A	\$3,300.00	
		(Co	omp	lete on last page of Schedule)	Enter this total on	_
Page 2 of 2					line 3a of Summary Page.	1



## 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		<del>'</del>	
Name Mike Trandell		10/19/10	\$ 160.00
Address	Purpose: signs, election assistance	Date	<del> </del>
14464 Toussaint Court		lere for Memo I	temization Type
Sterling Hts., MI 48313			- <b>2</b> in -
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name American Graphics		10/20/10	\$ 2070.39
Address	Purpose: printing,addressing,mailing	Date	·
34895 Groesbeck	Click H	ere for Memo I	temization Type
Clinton Twp., MI 48035	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement	_	·
Expenditure #3			
Name Pam Lavers		10/25/10	\$ 200.00
Address	Purpose: Reimburse for stamps	Date	
27870 Lauren St. E.	Click H	ere for Memo I	temization Type
Harrison Twp., MI 48045	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		i
Expenditure #4			
Name American Graphics		10/25/10	
•	Rumasa. Printing	Date	\$ <u>1088.15</u>
Address	Purpose: Filiting		
34895 Groesbeck	Click H	ere for Memo I	temization Type
Clinton Twp., MI 48035	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Pam Lavers		10/26/10	
Address	Purpose: Reimburse for stamps	Date	\$ 300.00
27870 Lauren St. E.			
Harrison Twp., MI 48045	Click H Check box if this expenditure is payment of	lere for Memo I	temization Type
·	debt or obligation reported on previous		
Fund Raiser	statement	lal this same I	00015 = 1
	Subtot	tal this page	\$3,818.54
	Grand Total of all S (Complete on last page		
	(complete on last page		Enter this total

Enter this total on line 8a of Summary Page

Page \_\_\_\_\_ of \_\_\_\_



# SCHEDULE 1B CANDIDATE COMMITTEE

138271 138271

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

			<del></del>
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Italian Tribune		10/26/10	\$ 277.00
Address	Purpose: Advertising	Date	
PO Box 380407	Click H	lere for Memo	Itemization Type
Clinton Twp., MI 48038			7,
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Pam Lavers		10/26/10	\$ <u>1000.00</u>
Address	Purpose: Independent Assistance	Date	
27870 Lauren St. E.	Click H	lere for Memo	Itemization Type
Harrison Twp., MI 48045			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3	obtomow.		_
Name Macomb County Asst. Prosecutor's PAC		10/28/10	s 500.00
Address	Purpose: refund excess contributions	Date	\$ <u>500.00</u>
1 S. Main	OF-L U	<b>6 1</b> 4 1	
Mt. Clemens, MI 48043	Cilck H	ere for Memo	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
News			
Robert W. Smith, Jr.		11/01/10	\$ 400.00
Address	Purpose: Election expenses	Date	100.00
	rurpose.		
36729 Moravian	Memo	Itemization Bel	ow
Clinton Twp., MI 48035	Charle have if this avanabilities is normant of		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Dunkin Donuts		11/02/10	(454.40)
Address	Purpose: Donuts,coffee supplies,etc.	Date	\$ 151.46
4 S. Groesbeck	(Memo	Itemization)	
Clinton Twp., MI 48036	Check box if this expenditure is payment of "	,	
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subtot	al this page	\$2,177.00
	Grand Total of all S		
	(Complete on last page	of Schedule)	

Enter this total on line 8a of Summary Page

2 0 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 Gordon Foods		11/01/10	(\$ 39.53)
Address	Purpose: Coffee & refreshments supplies	Date	( <u>00.00</u> )
34300 Gratiot	Тирозе.		
Clinton Twp., MI 48035	(Memo	Itemization)	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2	statement		
Name Jets Pizza		11/01/10	(\$ <u>59.01</u> )
Address	Purpose: food for meeting	Date	<u></u>
39101 Garfield	(Memo	Itemization)	
Clinton Twp., MI 48038	l <b>—</b>	<del></del>	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Bob Smith		11/02/10	(\$ 150.00)
Address	Purpose: gas/coffee cars & car going to all precincts	Date	
36729 Moravian	(Memo	Itemization)	
Clinton Twp., MI 48035	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name American Graphics	,	11/03/10	\$ 5592.55
Address	Purpose: Printing,addressing,mailing	Date	
34895 Groesbeck	Click H	ere for Memo	Itemization Type
Clinton Twp., MI 48035			, , ,
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			" •
Name Main Street Strategies		11/05/10	\$ 1247.3 <b>4</b>
Address	Purpose: Robo calls	Date	¥ <u>1247.54</u>
530 W. Ionia Ste. C.	Click H	ere for Memo	Itemization Type
Lansing, MI 48933	Check box if this expenditure is payment of	ord for morno	itoriizadon 13po
Fund Raiser	debt or obligation reported on previous statement		
	Subtot	al this page	\$6,839.89
	Grand Total of all S (Complete on last page		

Enter this total on line 8a of Summary Page



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

1. Committee I. D. Number	1382/1	
2. Committee Name Com	nmittee to Elect Bob Smith	

Name City Pub Sports & Grill  Address  Purpose: Election night party  Click Here for Memo Itemization Type  Clinton Twp., MI 48035  Fund Raiser  Expenditure #3  Name Mike Patten  Address  37480 Charter Oaks Blvd. Clinton Twp., MI 48036  Fund Raiser  Expenditure #4  Name Bruce Grumbling  Address  Purpose: Independent campaign assistance  Purpose: Independent accounting assistance  Click Here for Memo Itemization Type	3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Address 35468 Mound Rd. Sterling Hts., MI 48310    Fund Raiser   Citick Here for Memo Itemization Type	Expenditure #1		<del></del>	
Click Here for Memo Itemization Type	Name Mass Mailing		11/05/10	\$ 272.33
Sterling Hts., MI 48310	Address	Purpose: Mailing services	Date	<del></del>
Check box if this expenditure is payment of debt or obligation reported on previous statement	35468 Mound Rd.	Click H	lere for Memo	Itemization Type
Fund Raiser   Statement   S	Sterling Hts., MI 48310	<u></u>		· ·
Name City Pub Sports & Grill  Address  Purpose: Election night party  Purpose: Election night party  Click Here for Memo Itemization Type  Check box if this expenditure is payment of doff or obligation reported on previous statement  Address  Address  Address  Address  Address  Purpose: Set tobray calent conjuder equip for decidin mental.  Purpose: Set tobray calent conjuder equip for decidin mental.  Purpose: Click Here for Memo Itemization Type  Set softway calent compalign assistance  Expenditure #4  Name Bruce Grumbling  Address  28307 Joan  St. Clair Shores, MI 48081  Fund Raiser  Expenditure #5  Name Stella Smith  Address  Purpose: Independent accounting assistance  Click Here for Memo Itemization Type  Click Hore for Memo Itemization Typ	<b>—</b>	debt or obligation reported on previous		
Address  15505 15 Mile Rd. Clinton Twp., MI 48035  Fund Raiser  Expenditure #3  Name Mike Patten  Address  37480 Charter Oaks Blvd. Clinton Twp., MI 48036  Fund Raiser  Expenditure #4  Name Bruce Grumbling  Address  28307 Joan St. Clair Shores, MI 48081  Fund Raiser  Expenditure #5  Name Stella Smith  Address  28307 Joan St. Clair Shores, MI 48081  Fund Raiser  Expenditure #5  Name Stella Smith  Address  29324 Eliot Clinton Twp., MI 48036  Fund Raiser  Expenditure #6  Name Stella Smith  Address  293324 Eliot Clinton Twp., MI 48036  Fund Raiser  Subtotal this page  \$1,678.50  \$1,678.50	Expenditure #2			
Substate this expenditure #3   Click Here for Memo Itemization Type	Name City Pub Sports & Grill			\$ 505.17
Clinton Twp., MI 48035  Fund Raiser  Expenditure #3  Name Mike Patten  Address  Address  Purpose: Set toploay catalation reported on previous  Statement  Til/05/10 Date  \$ 501.00 Date  \$ 501.00 Date  \$ 501.00 Date  Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Independent campaign assistance  Purpose: Independent accounting assistance  Expenditure #4  Name Bruce Grumbling  Address  28307 Joan  St. Clair Shores, MI 48081  Fund Raiser  Expenditure #5  Name Stella Smith  Address  39324 Eliot Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Independent accounting assistance  Purpose: Independent accounting assistance  Click Here for Memo Itemization Type  Subtotal this page	Address	Purpose: Election night party	Date	
Check box if this expenditure is payment of debt or obligation reported on previous statement	15505 15 Mile Rd.	Click H	ere for Memo	temization Type
Fund Raiser   Set under the provious	Clinton Twp., MI 48035			
Name Mike Patten  Address 37480 Charter Oaks Blvd. Clinton Twp., MI 48036  Fund Raiser  Expenditure #4  Name Bruce Grumbling  Address 28307 Joan St. Clair Shores, MI 48081  Fund Raiser  Expenditure #5  Name Stella Smith  Address 283034 Eliot Clinton Twp., MI 48036  Fund Raiser  Expenditure #5  Name Stella Smith  Address Purpose: Independent accounting assistance  Purpose: Independent accounting assistance  Purpose: Independent accounting assistance  Click Here for Memo Itemization Type  Click Hox if this expenditure is payment of debt or obligation reported on previous statement  Click Here for Memo Itemization Type  Click Hox if this expenditure is payment of debt or obligation reported on previous  Statement  Click Here for Memo Itemization Type  Click Hox if this expenditure is payment of debt or obligation reported on previous  Statement  Subtotal this page \$1,678.50	Fund Raiser	debt or obligation reported on previous	-	
Address  37480 Charter Oaks Blvd. Clinton Twp., MI 48036  Fund Raiser  Expenditure #4  Name Bruce Grumbling Address  28307 Joan St. Clair Shores, MI 48081  Fund Raiser  Expenditure #5  Name Stella Smith Address  293324 Eliot Clinton Twp., MI 48036  Fund Raiser  Expenditure #5  Name Stella Smith Address  Purpose: Independent accounting assistance  Click Here for Memo Itemization Type  Cleck box if this expenditure is payment of debt or obligation reported on previous  Statement  Click Here for Memo Itemization Type  Click Hore for Memo Itemization Type  Cleck box if this expenditure is payment of debt or obligation reported on previous  Statement  Click Here for Memo Itemization Type  Cleck box if this expenditure is payment of debt or obligation reported on previous  Statement  Subtotal this page  \$1,678.50  Stream Total of all Schedules 1B	Expenditure #3			
37480 Charter Oaks Blvd. Clinton Twp., MI 48036  Fund Raiser  Expenditure #4  Name Bruce Grumbling Address 28307 Joan St. Clair Shores, MI 48081  Fund Raiser  Expenditure #5  Name Stella Smith Address 283934 Eliot Clinton Twp., MI 48036  Fund Raiser  Click Here for Memo Itemization Type  Click Hore for Memo Itemization Type  11/21/10 Date \$ 250.00  Click Here for Memo Itemization Type  Subtotal this page  \$ 1,678.50	Name Mike Patten		11/05/10	\$ 501.00
Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous  Statement  Expenditure #4  Name Bruce Grumbling  Address  28307 Joan  Click Here for Memo Itemization Type  Subtotal this page  \$1,678.50	Address	Set up/buy cable/computer equip for election results Purpose:	Date	
Clinton Twp., MI 48036  Fund Raiser  Expenditure #4  Name Bruce Grumbling  Address  28307 Joan  St. Clair Shores, MI 48081  Fund Raiser  Expenditure #5  Name Stella Smith  Address  39324 Eliot  Clinton Twp., MI 48036  Fund Raiser  Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Independent accounting assistance  Purpose: Independent accounting assistance  Click Here for Memo Itemization Type  Lindependent accounting assistance  Click Here for Memo Itemization Type  Subtotal this page  \$1,678.50  Grand Total of all Schedules 1B	37480 Charter Oaks Blvd.	Olivio II		
Fund Raiser   debt or obligation reported on previous statement	Clinton Twp., MI 48036	<del> </del>	ere for Memo I	temization Type
Address  28307 Joan  St. Clair Shores, MI 48081  Fund Raiser  Expenditure #5  Name Stella Smith  Address  39324 Eliot  Clinck Here for Memo Itemization Type  Independent accounting assistance  Click Here for Memo Itemization Type  ### 150.00    Date   St. Old	Fund Raiser	debt or obligation reported on previous		
Address  Purpose: Independent campaign assistance  Purpose: Independent campaign assistance  Purpose: Independent campaign assistance  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure #5  Name Stella Smith  Address  39324 Eliot  Clink Here for Memo Itemization Type  Purpose: Independent accounting assistance  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page \$1,678.50  Grand Total of all Schedules 1B	Expenditure #4		•	
Address  28307 Joan St. Clair Shores, MI 48081  Check box if this expenditure is payment of debt or obligation reported on previous  Expenditure #5  Name Stella Smith  Address 39324 Eliot Clinton Twp., MI 48036  Fund Raiser  Fund Raiser  Click Here for Memo Itemization Type  * 150.00  Click Here for Memo Itemization Type  Subtotal this page  \$1,678.50  Grand Total of all Schedules 1B	Name Bruce Grumbling		11/21/10	* 250.00
St. Clair Shores, MI 48081    Check box if this expenditure is payment of debt or obligation reported on previous statement    Check box if this expenditure is payment of debt or obligation reported on previous statement    Expenditure #5   Name Stella Smith	Address	Purpose: Independent campaign assistance	Date	\$ <u>250.00</u>
St. Clair Shores, MI 48081    Check box if this expenditure is payment of debt or obligation reported on previous statement    Expenditure #5   Name Stella Smith   Address   Independent accounting assistance   Date   \$150.00	28307 Joan	Click II	ana fan Maria I	tomination Tuna
Fund Raiser  Expenditure #5  Name Stella Smith  Address  39324 Eliot  Clinton Twp., MI 48036  Fund Raiser  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page  \$1,678.50  Grand Total of all Schedules 1B	St. Clair Shores, MI 48081		ere for Mellio i	terrization Type
Name Stella Smith  Address  39324 Eliot Clinton Twp., MI 48036  Fund Raiser  Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page  \$1,678.50  Grand Total of all Schedules 1B	Fund Raiser	debt or obligation reported on previous		
Address  39324 Eliot Clinton Twp., MI 48036  Fund Raiser  Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page \$1,678.50  Grand Total of all Schedules 1B	Expenditure #5			
Address  39324 Eliot Clinton Twp., MI 48036  Fund Raiser  Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page \$1,678.50  Grand Total of all Schedules 1B	Name Stella Smith		11/21/10	¢ 150 00
39324 Eliot Clinton Twp., MI 48036  Fund Raiser  Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page \$1,678.50  Grand Total of all Schedules 1B	Address	Purpose: Independent accounting assistance	Date	» <u>150.00</u>
Clinton Twp., MI 48036  Fund Raiser  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page \$1,678.50  Grand Total of all Schedules 1B	39324 Eliot	· -		
Fund Raiser  debt or obligation reported on previous statement  Subtotal this page \$1,678.50  Grand Total of all Schedules 1B			ere for Memo I	temization Type
Grand Total of all Schedules 1B	_	debt or obligation reported on previous		
		Subtot	al this page	\$1,678.50
/			1	

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



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

138271

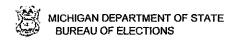
1. Committee I. D. Number

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 Mike Fisher		11/21/10	s 750
Address	Purpose: election office rent	Date	
35555 Garfield	Click	Here for Memo	Itemization Type
Clinton Twp., MI 48035			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	_	
Expenditure #2			
Name Pam Lavers		11/21/10	• 0E0 ·
	Independent Assistant	Date	\$ 250
Address	Purpose: Independent Assistant	2410	
27870 Lauren St. E.	Click	Here for Memo	Itemization Type
Harrison Twp., MI 48045		Tiere for Memo	nonneadon Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3		<del></del>	
Name Huntington Banks		11/21/10	\$ 16.95
Address	Purpose: Bank fee & checks	Date	
PO Box 1558 EA1W37			
Columbus, OH 43216	Click !	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
			\$
Address	Purpose:	Date	
	Click I	Here for Memo	Itemization Type
_	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
			\$
Address	Purpose:	Date	
	Click I	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	1010 101 11101110	
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	\$1,016.95
	Grand Total of all (Complete on last page		\$15,530.88

Enter this total on line 8a of Summary Page



1. Committee I.D. Number

138271

CANDIDATE	COMMITTEE
-----------	-----------

3 Committee Name Committee to Elect Bob Smith

CANDIDATE COMMITTEE 2.1	Committee Name			
This Schedule itemizes:			<del></del>	
a Debts and obligations owed by or forgiven the cor	nmittee OR b. Debt eck either a or b. Use only for the pu	s and obligations owed <u>to</u> o irpose checked.)	r 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	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	5. <u>Date Debt Was Incurred</u> : 07/14/08			
Clinton Twp., MI 48036	6. Original Amount of Debt:	\$	\$ 5.00	\$ 20.43 FORGIVEN
If bank loan, name of endorser or guarantor:		* \$ Am	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: stamps	\$		
Bob Smith 36729 Moravian	5. <u>Date Debt Was Incurred</u> : 8/13/08	<b></b>		
Clinton Twp., MI 48035	6. Original Amount of Debt: \$ 25.20	\$ \$	<b> </b>	\$ 25.20
	<b>5</b>	\$		FORGIVEN
If bank loan, name of endorser or guarantor: Amount Endorsed: \$				
Debt #3 Corp? Yes Owed to or by:	4. Type: printer/copier/fax	<u> </u>		
Bob Smith 36729 Moravian	5. <u>Date Debt Was Incurred</u> : 5/15/10	<u> </u>		
Clinton Twp., MI 48035	6. Original Amount of Debt: \$ 429.89	\$	<sub>\$</sub>	\$ 429.89
	\$	<b>\$</b>		FORGIVEN
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$_	
		-	(Outstanding debt) of all Schedules 1E	\$475.52
(Complete on last page of Schedule showing amounts owed by or to the committee)  Enter this total				

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

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



1. Committee I.D. Number

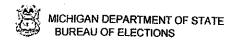
138271

CANDIDATE COMMITTEE 2.0	Committee Name Committe	e to Elect Bob S	mith	
This Schedule itemizes:				
	nmittee OR b. Debi	is and obligations owed <u>to</u> curpose checked.)	or forgiven by 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: stamps,mailings,maps	s		
Bob Smith	5. Date Debt Was Incurred:	\$		
36729 Moravian	06/01/10	*		
Clinton Twp., MI 48035	6. Original Amount of Debt		\$	\$ <u>54.54</u>
	<sub>\$</sub> 54.54	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		\$	1	,
Debt #2 Corp? Yes		Am	ount Endorsed: \$	
Owed to or by:	4. Type: gas campaign purposes	\$		
Bob Smith	5. Date Debt Was Incurred:	4		
36729 Moravian Dr.	6/1/10 to 10/17/10			
Clinton Twp., MI 48035	6. Original Amount of Debt:	\$	I <sub>\$</sub>	\$ 980
	\$ <u>980</u>	<u> </u>		FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		Arr	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: Verizon Wireless	\$		
Bob Smith	5. Date Debt Was Incurred:	\$		
36729 Moravian Dr.	6/1/10 to 10/17/10			
Clinton Twp., MI 48035	6. Original Amount of Debt:	<u> </u>	<b>.</b> s	<sub>\$</sub> 472
	<sub>\$</sub> 472	<u> </u>		FORGIVEN
				PORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	\$1,506.54
(Co	omplete on last page of Schedule si	Grand Total on nowing amounts owed by or	of all Schedules 1E r to the committee)	
A debt or abligation what he storm on 45 - 0.1 - 1.	*- ** 4b		~	Enter this total on line 12a "owed by"" or line 12b

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.

on line 12a "owe by"" or line 12b "owed to" of the Summary Page

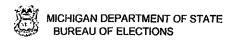
Page 2 of 4



Page 3 of 4

1. Committee I.D. Number \_

CANDIDATE COMMITTEE 2.0	Committee Name Committee	e to Elect Bob S	mith	
This Schedule itemizes:			<del></del>	
a Debts and obligations owed by or forgiven the com	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> o	or 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 36729 Moravian Clinton Twp., MI 48035	5. <u>Date Debt Was Incurred</u> :  06/01/10 10 +17 - 10 6. <u>Original Amount of Debt</u> :  \$ 289	\$ \$	\$	\$289FORGIVEN
If bank loan, name of endorser or guarantor:		\$	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by: Bob Smith	4. Type: food for meetings 5. Date Debt Was Incurred:	\$	Dan Eridoised: \$ _	
36729 Moravian Clinton Twp., MI 48035	6/1/10 - (0-17-10 6. Original Amount of Debt:	\$\$	\$	\$_246
If bank loan, name of endorser or guarantor:	\$_246	\$	ount Endorsed: \$	FORGIVEN
Debt #3 Corp? Yes Owed to or by:	4. Type: Cable ties	\$		
Bob Smith 36729 Moravian	5. <u>Date Debt Was Incurred</u> : 10/13/10	\$		
Clinton Twp., MI 48035	6. Original Amount of Debt:	\$	\$	\$ 28.52
	\$ 28.52	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$	
(Cor	mplete on last page of Schedule sh	Grand Total a	Outstanding debt)	\$563.52
(Complete on last page of Schedule showing amounts owed by or to the committee)  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.				Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page



1. Committee I.D. Number

138271

OANDIE	\ TE A	^****************************	
CANDI	JAIE U	CHAILALLE	

2. Committee Name Committee to Elect Bob Smith

CANDIDATE COMMITTEE ===				
This Schedule itemizes:				
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> 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: Independent Services	\$		
Stella, Smith	5. <u>Date Debt Was Incurred</u> :	\$		
39324 Eliot	06/01/10	\$		200
Clinton Twp., MI 48036	6. Original Amount of Debt	\$	\$	\$ 800
	\$ <u>800</u>			FORGIVEN
If bank loan, name of endorser or guarantor:		\$\$	· ount Endorsed: \$	
Debt #2 Corp? Yes	7	Ains	Julii Endorseo: \$	1
Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt:	\$	   s	<sub>\$</sub>
	\$		<u> </u>	FORGIVEN
		\$		
If bank loan, name of endorser or guarantor: Amount Endorsed: \$				
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
owed to dr by.	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt:	<u> </u>	s	\$
	\$	3		FORGIVEN
		<b></b> \$.		
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	\$800.00
(Co	omplete on last page of Schedule s	Grand Total howing amounts owed by o	of all Schedules 1E r to the committee)	\$3,345.58

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.

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

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