



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: 10/18/10 to 11/22/10

1. Committee I.D. Number

138271

4. Candidate Last Name First Name M.I.

Smith, Jr. Robert W.

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

Macomb County Commissioner District 12

4b. County of Residence

2. Committee Name

Committee to Elect Bob Smith

5. Committee's Mailing Address

39324 Eliot
Clinton Twp., MI 48036

6. Treasurer's Name & Residential Address

Stella A. Smith
39324 Eliot
Clinton Twp., MI 48036

Area Code & Phone (586) 465-4100

Area Code and Phone

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address

same as 6

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

n/a

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☒ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

11/02/10

9c. ☐ Annual Statement (Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Stella A. Smith

Type or Print Name

Stella A. Smith
Signature

Date

12/1/10

Candidate Robert W. Smith Jr.

Type or Print Name

Robert W. Smith Jr.
Signature

Date

12/1/10



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>3,300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$3,300.00</u>	(18.) \$ <u>\$34,873.00</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>\$3,300.00</u>	(20.) \$ <u>\$34,873.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u></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>\$15,531.00</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>\$15,531.00</u>	(23.) \$ <u>\$32,706.00</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>\$14,664.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$3,300.00</u>	
	(15.) = \$	<u>\$17,964.00</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$15,531.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$2,433.00</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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/01/10</u> Name & Address: UAW MI V-PAC 8000 E. Jefferson Detroit, MI 48214		\$ <u>2000</u>	\$ <u>2000</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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/01/10</u> Name & Address: Soave, Anthony 3400 E. Lafayette Detroit, MI 48207		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Self - Soave Enterprises</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/01/10</u> Name & Address: Sowerby, William J. 37860 Saddle Lane Clinton Twp., MI 48036		\$ <u>100</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Clinton Twp. Treasurer</u> Employer <u>Charter Twp. of Clinton</u> Business Address <u>40700 Romeo Plank 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 # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/15/10</u> Name & Address: Macomb Assistant Prosecutor's PAC 1 South Main Mt. Clemens, MI 48043		\$ <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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$3,100.00

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>11/21/10</u> Name & Address: <u>Thomas, Peter M.</u> <u>5018 Seven Lakes Dr. South</u> <u>Washington Twp., MI 48095</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Self - Cash Exchange</u> Business Address <u>36487 S. Gratiot Clinton Twp., MI 48035</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 _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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 _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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 _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$200.00**

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

\$3,300.00

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 Mike Trandell Address 14464 Toussaint Court Sterling Hts., MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>signs, election assistance</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/10</u> Date	<u>\$ 160.00</u>
Expenditure #2 Name American Graphics Address 34895 Groesbeck Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>printing,addressing,mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/10</u> Date	<u>\$ 2070.39</u>
Expenditure #3 Name Pam Lavers Address 27870 Lauren St. E. Harrison Twp., MI 48045 <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimburse for stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/10</u> Date	<u>\$ 200.00</u>
Expenditure #4 Name American Graphics Address 34895 Groesbeck Clinton Twp., MI 48035 <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>10/25/10</u> Date	<u>\$ 1088.15</u>
Expenditure #5 Name Pam Lavers Address 27870 Lauren St. E. Harrison Twp., MI 48045 <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimburse for stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/10</u> Date	<u>\$ 300.00</u>

Subtotal this page **\$3,818.54**

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 Tribune</u> Address <u>PO Box 380407</u> <u>Clinton Twp., MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/10</u> Date	\$ <u>277.00</u>
Expenditure #2 Name <u>Pam Lavers</u> Address <u>27870 Lauren St. E.</u> <u>Harrison Twp., MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Independent Assistance</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/10</u> Date	\$ <u>1000.00</u>
Expenditure #3 Name <u>Macomb County Asst. Prosecutor's PAC</u> Address <u>1 S. Main</u> <u>Mt. Clemens, MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>refund excess contributions</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/10</u> Date	\$ <u>500.00</u>
Expenditure #4 Name <u>Robert W. Smith, Jr.</u> Address <u>36729 Moravian</u> <u>Clinton Twp., MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election expenses</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/10</u> Date	\$ <u>400.00</u>
Expenditure #5 Name <u>Dunkin Donuts</u> Address <u>4 S. Groesbeck</u> <u>Clinton Twp., MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donuts,coffee supplies,etc.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/10</u> Date	(\$ <u>151.46</u>)
Subtotal this page			\$ <u>2,177.00</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 Gordon Foods Address 34300 Gratiot Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Coffee & refreshments supplies</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/10</u> Date	<u>\$ 39.53</u>
Expenditure #2 Name Jets Pizza Address 39101 Garfield Clinton Twp., MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>food for meeting</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/10</u> Date	<u>\$ 59.01</u>
Expenditure #3 Name Bob Smith Address 36729 Moravian Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>gas/coffee cars & car going to all precincts</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/10</u> Date	<u>\$ 150.00</u>
Expenditure #4 Name American Graphics Address 34895 Groesbeck Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing,addressing,mailing</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>11/03/10</u> Date	<u>\$ 5592.55</u>
Expenditure #5 Name Main Street Strategies Address 530 W. Ionia Ste. C. Lansing, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Robo calls</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>11/05/10</u> Date	<u>\$ 1247.34</u>
Subtotal this page			\$6,839.89
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 Mass Mailing Address 35468 Mound Rd. Sterling Hts., MI 48310 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/10</u> Date	\$ <u>272.33</u>
Expenditure #2 Name City Pub Sports & Grill Address 15505 15 Mile Rd. Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Election night party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/10</u> Date	\$ <u>505.17</u>
Expenditure #3 Name Mike Patten Address 37480 Charter Oaks Blvd. Clinton Twp., MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: <u>Set up/buy cable/computer equip for election results</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/10</u> Date	\$ <u>501.00</u>
Expenditure #4 Name Bruce Grumbling Address 28307 Joan St. Clair Shores, MI 48081 <input type="checkbox"/> Fund Raiser	Purpose: <u>Independent campaign assistance</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/21/10</u> Date	\$ <u>250.00</u>
Expenditure #5 Name Stella Smith Address 39324 Eliot Clinton Twp., MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: <u>Independent accounting assistance</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/21/10</u> Date	\$ <u>150.00</u>
Subtotal this page			\$ <u>1,678.50</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 Mike Fisher Address 35555 Garfield Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>election office rent</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/21/10</u> Date	\$ <u>750</u>
Expenditure #2 Name Pam Lavers Address 27870 Lauren St. E. Harrison Twp., MI 48045 <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>11/21/10</u> Date	\$ <u>250</u>
Expenditure #3 Name Huntington Banks Address PO Box 1558 EA1W37 Columbus, OH 43216 <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank fee & checks</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/21/10</u> Date	\$ <u>16.95</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			\$1,016.95
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$15,530.88

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the 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>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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: 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>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>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>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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: 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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

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