



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.

<b>1. Committee I.D. Number</b> 138271		<b>3. This Statement covers From:</b> 07/23/12 to 08/27/12	
<b>2. Committee Name</b> Committee to Elect Bob Smith		<b>4. Candidate Last Name</b> Smith, Jr. <b>First Name</b> Robert <b>M.I.</b> W. <b>4a. Office Sought Including District # or Community Served (If applicable)</b> Macomb County Commissioner District 12 <b>4b. County of Residence</b> Macomb	
<b>5. Committee's Mailing Address</b> 39324 Eliot Clinton Twp., MI 48036  Area Code and Phone (586) 465-4100 <small>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.</small>		<b>6. Treasurer's Name &amp; Residential Address</b> Stella A. Smith 39324 Eliot Clinton Twp., MI 48036  Area Code & Phone (586) 465-4100	
<b>7. Treasurer's Business Address</b> same as #6  Area Code and Phone _____		<b>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</b> none  Area Code and Phone _____	
<b>9. TYPE OF STATEMENT</b> 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input 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 08/07/12			
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.			
<b>10. Verification:</b> 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 <b>Stella A. Smith</b> Type or Print Name		Signature <i>Stella A. Smith</i> Date 9/4/12	
Candidate <b>Robert W. Smith Jr.</b> Type or Print Name		Signature <i>RW Smith</i> Date 9/4/12	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$500.00</u>	(18.) \$ <u>\$8,012.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$	<u></u>	(19.) \$ <u></u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>\$500.00</u>	(20.) \$ <u>\$8,012.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$	<u></u>	(21.) \$ <u></u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$	<u></u>	(22.) \$ <u></u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$578.60</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>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$	<u>\$578.60</u>	(23.) \$ <u>\$1,362.60</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u></u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$6,947.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$7,619.00</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$500.00</u>	
	(15.) = \$	<u>\$8,119.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(16.) - \$	<u>\$579.00</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(17.) \$	<u>\$7,540.00</u>	
<b>17. ENDING BALANCE</b>			



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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>08/24/12</u>	
Name & Address: Gargaro, Eugene A. 22 Renaud Rd. Grosse Pointe Shores, MI 48236		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address <u>20630 Harper Ste.118 Harper Woods, MI 48225</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>08/24/12</u>	
Name & Address: Bricklayers Local 1 Michigan PAC 21031 Ryan Rd. Warren, MI 48091		\$ <u>50.00</u>	\$ <u>50.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>08/24/12</u>	
Name & Address: Plumbers Local 98 State PAC 555 Horace Brown Dr. Madison Hts., MI 48071		\$ <u>200.00</u>	\$ <u>200.00</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		(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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$500.00

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

\$500.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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
<b>Expenditure #1</b> 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>07/27/12</u> Date	\$ <u>328.60</u> Click Here for Memo Itemization Type
<b>Expenditure #2</b> Name <u>Charter Twp. of Clinton</u> Address <u>40700 Romeo Plank.</u> <u>Clinton Twp., MI 4838</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/24/12</u> Date	\$ <u>250.00</u> Click Here for Memo Itemization Type
<b>Expenditure #3</b> 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	\$ _____ Click Here for Memo Itemization Type
<b>Expenditure #4</b> 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	\$ _____ Click Here for Memo Itemization Type
<b>Expenditure #5</b> 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	\$ _____ Click Here for Memo Itemization Type
Subtotal this page			\$ <b>578.60</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$ <b>578.60</b>

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 Owed to or by: Corp? <input type="checkbox"/> Yes  <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>stamps, mailings, maps</u> 5. Date Debt Was Incurred: <u>06/01/10</u> 6. Original Amount of Debt: <u>\$ 54.54</u>	02/11/11 \$ 44.91 \$ \$ \$	\$ 44.91	\$ 9.63 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes  <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>gas</u> 5. Date Debt Was Incurred: <u>6/1/10-10/17/10</u> 6. Original Amount of Debt: <u>\$ 980</u>	\$ \$ \$ \$	\$ 0	\$ 980.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes  <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>Verizon Wireless</u> 5. Date Debt Was Incurred: <u>6/1/10-10/17/10</u> 6. Original Amount of Debt: <u>\$ 472.00</u>	\$ \$ \$ \$	\$ 0	\$ 472.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$1,461.63**

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. <input checked="" type="checkbox"/> Debts and obligations owed by or forgiven the committee OR b. <input type="checkbox"/> 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 Owed to or by: Corp? <input type="checkbox"/> Yes  Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>Misc. Auto Exp.</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>	\$ \$ \$ \$ \$	\$ 0	\$ <u>289.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes  Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>food-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>	\$ \$ \$ \$ \$	\$ 0	\$ <u>246</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes  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>	\$ \$ \$ \$ \$	\$ 0	\$ <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)				

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

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(Check either a or b. Use only for the purpose checked.)

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Stella Smith</b> <b>39324 Elliot</b> <b>Clinton Twp., MI 48036</b>	4. Type: <u>Independent services</u> 5. <u>Date Debt Was Incurred:</u> <u>08/01/10 - 12/31/10</u> 6. <u>Original Amount of Debt:</u> <u>\$ 800.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 800.00</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: <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>gas</u> 5. <u>Date Debt Was Incurred:</u> <u>1/1/2011-12/31/2011</u> 6. <u>Original Amount of Debt:</u> <u>\$ 720</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 720.00</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: <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>food-meetings</u> 5. <u>Date Debt Was Incurred:</u> <u>1/1/11-12/31/11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 75.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0</u>	<u>\$ 75.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,595.00

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 Owed to or by: Corp? <input type="checkbox"/> Yes  Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: food-meetings 5. Date Debt Was Incurred: 01/01/11 6. Original Amount of Debt: \$ 66.00	\$ \$ \$ \$ \$	\$ 0	\$ 66.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes  Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: cell phone service 5. Date Debt Was Incurred: 1/1/11-12/31/11 6. Original Amount of Debt: \$ 633.00	\$ \$ \$ \$ \$	\$ 0	\$ 633.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes  Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: travel - hotel 5. Date Debt Was Incurred: 8/15/11 6. Original Amount of Debt: \$ 316.00	\$ \$ \$ \$ \$	\$ 0	\$ 316.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,015.00

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

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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 Owed to or by: Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>travel-car rental</u> 5. Date Debt Was Incurred: <u>08/15/11</u> 6. Original Amount of Debt: <u>\$ 90.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 90.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>travel-airlines</u> 5. Date Debt Was Incurred: <u>8/15/11</u> 6. Original Amount of Debt: <u>\$ 354.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 354.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>filing fee</u> 5. Date Debt Was Incurred: <u>5/1/12</u> 6. Original Amount of Debt: <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 100.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$544.00**

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

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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 Owed to or by: Corp? <input type="checkbox"/> Yes  <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>gas</u> 5. Date Debt Was Incurred: <u>01/11/12-7-22-12</u> 6. Original Amount of Debt: <u>\$ 511.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 511.00 <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: \_\_\_\_\_

Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes  <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>food</u> 5. Date Debt Was Incurred: <u>7/14/12</u> 6. Original Amount of Debt: <u>\$ 91.00</u>	Amount Endorsed: \$	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
	\$ \$ \$ \$ \$	\$ 0	\$ 91.00 <input type="checkbox"/> FORGIVEN	

If bank loan, name of endorser or guarantor: \_\_\_\_\_

Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes  <b>Bob Smith</b> <b>36729 Moravian</b> <b>Clinton Twp., MI 48035</b>	4. Type: <u>food-meetings</u> 5. Date Debt Was Incurred: <u>1/1/12-7/22/12</u> 6. Original Amount of Debt: <u>\$ 107.00</u>	Amount Endorsed: \$	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
	\$ \$ \$ \$ \$	\$ 0	\$ 107.00 <input type="checkbox"/> FORGIVEN	

If bank loan, name of endorser or guarantor: \_\_\_\_\_

Page Subtotal (Outstanding debt)

**\$709.00**

Grand Total of all Schedules 1E  
(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



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 Owed to or by: Corp? <input type="checkbox"/> Yes  Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: Cell phone service 5. Date Debt Was Incurred: 01/11/12 - 7/30/12 6. Original Amount of Debt: \$ 420.00	\$ \$ \$ \$ \$	\$ 0	\$ 420.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes  Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: cable ties 5. Date Debt Was Incurred: 7/14/12 6. Original Amount of Debt: \$ 114.00	\$ \$ \$ \$ \$	\$ 0	\$ 114.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes  Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: stamps-mailings 5. Date Debt Was Incurred: 1/1/12-7/22/12 6. Original Amount of Debt: \$ 225.00	\$ \$ \$ \$ \$	\$ 0	\$ 225.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$759.00

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.

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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 Owed to or by: Corp? <input type="checkbox"/> Yes  Stella Smith 39324 Eliot Clinton Twp., MI 48036	4. Type: <u>Independent services</u> 5. <u>Date Debt Was Incurred:</u> <u>01/01/12 - 7-31-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>300.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>300.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes	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 Owed to or by: Corp? <input type="checkbox"/> Yes	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)

**\$300.00**

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

**\$6,947.15**

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