

### 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: 07/23/12 08/27/12
1. Committee I.D. Number	4. Cardidate Last Name
138271	Smith Ir
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)
Committee to Elect Bob Smith	Macomb County Commissioner District 12
	4b. County of Residence Macomb
5. Committee's Mailing Address 39324 Eliot	6. Treasurer's Name & Residential Address
Clinton Twp., MI 48036	Stella A. Smith
	39324 Eliot
	Clinton Twp., MI 48036
Area Code and Phone (586) 465-4100	The second secon
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.	Area Code & Phone (586) 465-4100
7. Treasurer's Business Address	8. Designated Record keeper's Name and Malling Add.
same as #6	
	none
Area Code and Phone	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post-	-Election 9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
✓ Primary Gene	eral 9e. Dissolution of Candidate Committee
Convention	col Effective Date of Dissolution
Special	cus Exchanging the state of the
Date of Election, Convention or Caucus	By checking this item. NWe certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if
08/07/12	the Reporting Waiver.
	Note: The disposition of residual funds must be reported on Schedule
A committee that does not have a Reporting Waiver must file all requested	quired Campaign Statements. The Campaign Statements must include all applicable
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed	districts, and outstanding debts count against the \$1,000 Reporting Waiver threshold.  It since the information was shown on the committee's Statement of Organization on
before the filing deadline of a required campaign statement, tha	nortures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.  ad since the information was shown on the committee's Statement of Organization, an iss Campaign Statement. If a request for a Reporting Waiver is not received on or at campaign statement cannot be waived.
nylour knowledge and belief the contents are true, accurate and com	n the preparation of this statement and attached schedules (if any) and to the best of mplete.
urrent Treasurer or Stella A.Smith	Atalla a. Smith 9/4/12
Type or Print Name	Signature Date 3/4/12
Candidate Robert W. Smith Jr.	1 Rw Inth 9/4/12
Type or Print Name	Signature Date
Authority granted under P.A. 388 of 1976	

# MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

1. Committee I.D. Number 138271

SUMM	<b>ARY</b>	PAC	3E
CANDIDATE	COL	MMI	ITEE

2. Committee Name Committee to Elect Bob Smith

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	500.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 500.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	¢e 042 00
c. Subtotal of "Contributions"	(3c.) \$ \$500.00	(18.) \$ \$8,012.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$500.00	(20.) \$ \$8,012.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	<u> </u>	
a. (temized (Schedule 1B, Column 6)	(8a.) \$ \$578.60	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	#4 160 CO
9. TOTAL EXPENDITURES (Add Line 8s + Line 8b + Line 8c)	(9.) \$ \$578.60	(23.) \$ \$1,362.60
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)  11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.)\$	
(Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$6,947.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$7,619.00	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ \$500.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ \$8,119.00	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$579.00	·
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$ \$7,540.00	*



### **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 nam middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	ne, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/24/12 Name & Address:		
Gargaro, Eugene A. 22 Renaud Rd. Grosse Pointe Shores, MI 48236	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:	0	
Occupation Attorney Employer self	Click Here t	or Memo Itemization
Business Address 20630 Harper Ste.118 Harper Woods, MI 48225		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/24/12  Name & Address		
Bricklayers Local 1 Michigan PAC 21031 Ryan Rd. Warren, MI 48091	<sub>s</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt?  ✓ YES 4. Date of Receipt 08/24/12  Name & Address:		
Plumbers Local 98 State PAC 555 Horace Brown Dr. Madison Hts., MI 48071	<sub>\$</sub> 200.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:	(Memo Itemiz	ation)
Occupation Employer		
Business Address		
Type of Contribution: J Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name & Address		
Turio di Addinossi		
	\$	\$
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for —	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subt	total \$500.00	
Grand Total of All Schedules		
(Complete on last page of Sched	Enter this total on line 3a of Summary Page	J



### ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

138271

CANDIDATE COMMITTEE	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 American Graphics		07/27/12	\$ 328.60	
Address	Purpose: printing	Date		
34895 Groesbeck		ak Mara far Idamı		
Clinton Twp., MI 48035			Itemization Type	
Fund Raiser	Check box if this expenditure is payment debt or obligation reported on previous statement	of		
Expenditure #2				
Name Charter Twp. of Clinton		08/24/12	\$ 250.00	
Address	Purpose: ad	Date	<u>,                                     </u>	
40700 Romeo Plank.	Clic	k Here for Memo	Itemization Type	
Clinton Twp.,MI 4838	l <del></del> -		темпери сурс	
Fund Raiser	Check box if this expenditure is payment debt or obligation reported on previous statement	of		
Expenditure #3	Statement			
Name				
	ĺ		\$	
Address	Purpose:	Date		
	Clic	k Here for Memo	Itemization Type	
	Check box if this expenditure is payment		.,,,,,,	
Fund Raiser	debt or obligation reported on previous	~		
Expenditure #4	statement			
Name	ļ			
			\$	
Address	Purpose:	Date		
		. (4		
	<u></u>	Here for Memo	itemization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	ıf		
Expenditure #5			<u>, , , , , , , , , , , , , , , , , , , </u>	
Name				
			s	
Address	Purpose:	Date		
	Click	Here for Memo	Itemization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		• • • • • • • • • • • • • • • • • • •	
Lung Naisei	statement			
	Sub	total this page	\$578.60	
	Grand Total of al (Complete on last pag		\$578.60	
		L	Enter this total	

on line 8a of Summary Page

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

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



DEBTS AND OBLIGATIONS (	Committee I.D. Number 138	3271		
SCHEDULE 1E	TO THE PARTY OF TH			
CANDIDATE COMMITTEE 2.	Committee Name Committee	ee to Elect Bob S	mith	
This Schedule ilemizes:				
a Debts and obligations owed by or forgiven the cor (Ch	ninitiee OR b. Dei eck either a or b. Use only for the p	ot bewe ancispildo bns atd	or fongiven <u>by</u> the c	ommittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation     (Description)     Indicate date debt was	7. Date and amount of each payment	8. Cumulative	9. Oulstanding Balance at close
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.	6. Indicate original amount of debt		date on debt	of this period (item 6 minus Item 8)
Clebit #1 Corp? Yes Owed to or by:	4. Type: stemps,mollings,maps	02/11/11 5 44.91		
Bob Smith	5. Date Bebt Was Incurred:			
36729 Moravian	06/01/10	<b>\$</b>		
Clinton Twp., MI 48035	6. Original Amount of Debt:	s	s 44.91	\$ <u>9.63</u>
	ş 54.54			FORGIVEN
If benk toan, name of endorser or guarantor:		\$		<u>                                   </u>
Debt #2 Corp? Yes Owed to or by:	4. Type: gas		und Endorsed: \$	1
Bob Smith		\$		
36729 Moravian	5. <u>Date Debt Was Incurred</u> : 6/1/10-10/17/10	\$		
Clinton Twp., Mt 48035	6. Original Amount of Debt:	\$	_	000.00
	s 980	· _ · •	\$ 0	\$ 980.00
	* ************************************	¢		FORGIVEN
If bank loan, name of endorser or guarantor.				
Oebt #3 Corp? Yes Owed to or by:	4. Type: Verizon Wireless	Amo	ount Endorsed: \$	
Bob Smith		s		
36729 Moravian	5. <u>Date Debt Was Incorred</u> : 6/1/10-10/17/10	<u> </u>		İ
Clinton Twp., MI 48035	6. Original Amount of Debt:	s		
'	s 472.00	\$	\$ 0	\$ 472.00
	112,000			FORGIVEN
If bank loan, name of endorser or guaranter:		A		ł
		Amo	unt Endorsed: \$	
		Page Subtotal (C	)uistanding dabi)	\$1,461.63
(Con	oplete on last page of Schedule sh	Grand Total of owing amounts owed by or t	eil Schedules 1E o the committee)	
A debt or obligation must be shown on this Schedule this Campaign Statement or it was forgiven during the	Mar		Ing date of	Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS 1.0	ommittee I.D. Number1382	271		
SCHEDULE 1E	Committe	e to Elect Bob Sr	nith	
CANDIDATE COMMITTEE 2. C	ommittee Name	e to Fleet Dob Ol	1 114 1	
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	is and obligations owed <u>to</u> ourpose chacked.)	r forgiven <u>by</u> the cor	πmittee.
Name and Malfing 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 guerantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to pr by:	4. Type: Misc. Auto Exp.	<u> </u>		
Bob Smith	S. Date Debt Was Incurred:		1	
36729 Moravian	06/01/10-10/17/10	•		200.00
Clinton Twp., MI 48035	6. Original Amount of Debt		\$ 0	\$ 289.00
	\$ 289			FORGIVEN
		<b>s</b>	1	, <u>.</u>
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$	
Obed to or by:	4. Type: food-meetings	\$		
Bob Smith	5. Date Debt Was Incurred:	ss		
36729 Moravian	6/1/10-10/17/10	g	,	240
Clinton Twp., MI 48035	6. Original Amount of Debt:		\$ 0	\$ 246
	<u>\$ 246</u>	<del>3</del>		FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: cable ties	\$		
Bob Smith	5. Date Debt Was Incurred:	<u> </u>	·	
36729 Moravian	10/13/10	s		
Clinton Twp., Mf 48035	6. Original Amount of Debt:	\$	\$ D	s_28.52
	\$ 28.52			FORGIVEN
		\$		
If bank toan, name of endorser or guarantor:		An	nount Endorsed: \$	
Page Subtotal (Outstanding debt) \$563				
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

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

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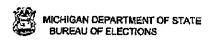


DEBTS AND OBLIGATIONS 1.0	committee I.D. Number	271		
SCHEDULE 1E				
CANDIDATE COMMITTEE 2.0	committee Name Committe	e to Elect Bob Si	mith	
This Schedule itemizes:	· · · · · · · · · · · · · · · · · · ·			
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Deb	ts and obligations owed jo c urpose checked.)	or forgiven <u>by</u> the co	mmittee.
3. Name and Mailing Address of person, vendor or financial inelitution 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 guerantors, 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 6)
Debt #1 Corp? Yes Owed to or by:	4. Type: Independent services	s		
Stella Smith 39324 Eliot Clinton Twp., MI 48036	5. Date Bebt Was Incurred:  06/01/10 -/2/34/0 6. Original Amount of Debt: 8_800.00	\$ \$ \$ \$	s <u>0</u>	s_800.00
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: Bob Smith	4. Type: gas 5. Date Debt Was Incurred:	\$		
36729 Moravian	1/1/2011-12/31/2011	<u> </u>		
Clinton Twp., MI 48035	6. Original Amount of Dubt:	<b></b>	s 0	\$ 720.00
	\$ <u>720</u>	<u> </u>		FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:  Debt #3 Core? Yes		An	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: food-meetings	<u> </u>	!	
Bob Smith	5. Date Debt Was Incurred:	s		!
36729 Moravian	1/1/11-12/31/11	s		
Clinton Twp., MI 48035	6. Original Amount of Debt:	s	ş <u>0</u>	\$ 75.00
1	\$_75.00	-		FORGIVEN
		<b>5</b>		
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
		-	(Outstanding debt)	\$1,595.00
(Co	emplete on last page of Schedule s	Grand Total howing amounts owed by o	of all Schedules 1E r to the committee)	·
	Enter this total on line 12a *owec			

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

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DEBTS AND OBLIGATIONS	1. Committee I.D. Number
SCHEDULE 1E	2. Committee Name Committee to Elect Bob Smith

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owedby or forgiven the c	ommittee OR b. Debi	ts and obligations owed <u>to</u> o	r forgiven <u>by</u> the co	mmittee.
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	7. Date and amount of each payment	Cumulative     payment to     date on debt	9. Outstanding Balance at close of this period (item 6 minus Itam 8)
Debt #1 Corp? Yes  Owed to or by:	4. Type: food-meetings	s		
Bob Smith 36729 Moravian Clinton Twp., Mi 48035	5. Date Debt Was Incorred: 01/01/11 6. Original Amount of Debt \$ 66.00	\$ \$	s <u>0</u>	\$ 66.00 FORGIVEN
if bank loan, name of endorser or guarantor:		5 Ame	· ount Endorsed:\$	• 
Debt #2 Corp? Yes Owed to or by:	4. Type: cell phone service	\$	and Chastest. 9	
Bob Smith 36729 Moravian Clinton Twp., MI 48035	5. <u>Date Debt Was Jacured</u> : 1/1/11-12/31/11 6. <u>Original Amount of Debt</u> : \$ 633.00	\$ \$ \$	\$ 0	§ 633.00
If bank loan, name of endorser or guaranton		\$Arr	ount Endorsed; 5	FORGIVEN
Debt #3 Corp? Yes Owed to or by: Bob Smith 36729 Moravian	4. Type: travel - hotel 5. Date Debt Was Incurred: 8/15/11	\$ \$		
Clinton Twp., MI 48035	6. Original Amount of Debt: \$ 316.00	\$	\$ 0	\$ 316.00 FORGIVEN
If bank loan, name of endorser or guarantor:		Arr	ount Endorsed: \$_	
	Complete on last page of Schedule s	Grand Total	(Outstanding debt)	\$1,015.00
,	Amerikana att taar huffa ot oottaggia 8	meany amounts awas by 0.	. ID DIE COMMINGE)[	Enter this total

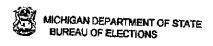
A debt or obligation must be shown on this Schodule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Emer this total on line 12e "awed by"" or line 12b "owed to" of the Summary Page

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DEBTS AND OBLIGATIONS 1.	Committee I.D. Number 138	3271		
SCHEDULE 1E	<del></del>			<del> </del>
	Committee Name Committee	ee to Elect Bob S	Smith	
This Schedule itemizes:				
Bolte and obligations and the control				
a ✓ Debts and obligations owed by or forgiven the cor (Cha	ministee OR b. De eck either a or b. Use only for the	bts and obligations owed to	or forgiven by the c	ommittee.
J. Name and Malling Address of parson yender or	4. Type of Obligation	7. Date and amount of		
financial institution to whom debt is owed.	(Description) 5. Indicate date debt was	each payment	8. Cumulative payment to	Outstanding     Balance at close
Check box to indicate whether debt is owed to an	incurred		date on debt	of this period
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or	6. indicate original amount of debt		1	(ftem 6 minus Item 8)
quarantors, if any.	or deaf		1	,
Debt #1 Corp? Yes Owed to or by:	4. Type: travel-car rental			
Bob Smith	4. Type: ward out remai		]	1
36729 Moravian	5. Date Debt Was Incurred	<b>s</b>		
Clinton Twp., MI 48035	08/15/11		1	1
Canton 149., MI 48035	6. Original Amount of Debt		\$ 0	90.00
	s 90.00			
ĺ.	3	J •	ł	FORGIVEN
If bank loan, name of endorser or guarantor:				
Debt #2 Corp? Yes	4. Type: travel-airlines	Am.	unt Endorsed: \$ -	<del>                                     </del>
Owed to or by:	4. Type: day of Zalidies	\$	Ĭ	
Bob Smith 36729 Moravian	5. Date Debt Was Incurred:	e	Į	
Clinton Twp., MI 48035	8/15/11			l
Cinton 1 Wp., MI 40035	6. Original Amount of Debt:		s 0	s 354.00
	s_354.00	5		
		\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	armit Ford	ľ
Debt #3 Corp? Yes	4. Type; filing fee	MI	ount Endorsed: 5	
Owed to or by:		<u> </u>		
36729 Moravian	5. Date Debt Was Incurred:	\$		ĺ
Clinton Twp., MI 48035	5/1/12	•		
Olinton Twp., Mr 40035	6. Original Amount of Debt:		\$ 0	s 100.00
	\$_100.00	\$	Ψ (	
		\$		FORGIVEN
if bank loan, name of endorser or guarantor:		<b></b>		
		AIR	ount Endorsed: \$	
		Dago Published		\$544.00
			Jutstanding debi)	
(Con	rplete on last page of Schedule sh	Grand Total of owing amounts owed by or	all Schedules 1E	ĺ
				Enter this total
A debt or obligation must be shown on this Schedule this Campeign Statement or it was forgiven during the	if there were on autotaciding			on line 12a "owed by" or line 12b
this Campeign Statement or it was forgiven during the	period covered by this Campai	over owed on it at the clos Ign Statement		"owed to" of the
		- ···	:	Summary Page
Page 5 of 8				



Stella Smith

SCHEDULE 1E  CANDIDATE COMMITTEE  2. Committee Name  Committee to Elect Bob Smith  This Schedule itemizes:  a Debts and obligations owed by or forgiven 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.  4. Type of Obligation  7. Date and amount of  8. Cumulative  9. Outstanding	DEBTS AND OBLIGATIONS	Committee I.D. Number 138	8271		
Debts and obligations owed by or forgiven the committee   OR	•				
a Pobbts and obligations owed by or forgiven the committee  OR b. Debts and obligations owed by or forgiven by the committee.  3. Name and Making Address of person, vendor or finencial institution to when debt is owed to a finencial institution to when debt is owed to a fine comparated business. If and it is a bark loan, please incorporated business. If and it is a bark loan, please is microphysical debt is owed to a fine comparation regarding the endorrees or guarantor.  Doot \$1 \tag{1}\$  Original Amount of Debt \$2 \tag{2}\$  Original Amount of Debt \$3 \tag{3}\$  Original Amount of Debt \$3 \tag{4}\$  Original Amount of Debt \$4 \tag{5}\$  Original Amount of Debt \$5 \tag{5}	CANDIDATE COMMITTEE 2.	Committee Name Committ	ee to Elect Bob S	Smith	
S. Name and Mailing Address of person, vendor or financial institution to whom debt is owned.  A. Type of Obligation (Osciciption)  S. Indicate date debt is a bank to an incorporated business. If debt is a bank to an, please provide information regarding the endovers or guarantor.  Oncic best or indicate whether debt is owned.  S. Indicate date debt was incurred.  S. Indicate date debt was incurred.  S. Date Best was incurred.  S. Date Debt Was institution to whom debt is owned.  S. Date Debt Was instituted.  S	This Schedule itemizes:				
S. Name and Mailing Activate of person, vendor or financial institution to when derits owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bark loan, please provide information regarding the endorrees or justestions. If any.  Debt 81 Corp? Yes  Owed to or by:  Bob Smith  36729 Moravian  Clinton Twp., MI 48035  If bank loan, name of endorser or guarantor.  Debt 82 Corp? Yes  Owed to or by:  Bob Smith  36729 Moravian  Clinton Twp., MI 48035  If bank loan, name of endorser or guarantor.  Debt 83 Corp? Yes  Owed to or by:  Bob Smith  S. Date Belt Was laceured:  7/14/12  S. Original Amount of Debt:  \$ 91.00  FORGIVEN  If bank loan, name of endorser or guarantor.  Debt 83 Corp? Yes  Owed to or by:  Bob Smith  S. Date Belt Was laceured:  7/14/12  S. Original Amount of Debt:  \$ 91.00  FORGIVEN  If bank loan, name of endorser or guarantor.  Debt 83  Cure to or by:  Bob Smith  S. Date Belt Was laceured:  7/14/12  S. Original Amount of Debt:  \$ 107.00  S. Amount Endorsed: \$  Page Subtotal (Outstanding debt)  FORGIVEN  If bank loan, name of endorser or guarantor.  A debt or obligation must be shown on this Schedule if there was an outstanding amount. It was done of by:  Page Subtotal (Outstanding debt)  FORGIVEN  If bank loan, name of endorser or guarantor.  A debt or obligation must be shown on this Schedule if there was an outstanding amount. It wored on it at the closing disto of "riep 125" or input of the Company Statement of the twas forgiven during the period covered by this Carmaning Statement or it was forgiven during the period covered by this Carmaning Statement or it was forgiven during the period covered by this Carmaning Statement or it was forgiven during the period covered by this Carmaning Statement or it was forgiven during the period covered by this Carmaning Statement or it was forgiven during the period covered by this Carmaning Statement or it was forgiven during the period covered by this Carmaning Statement or it was forgiven during the period covered by this C	a Debts and obligations owed by or forgiven the co	rmittee OR b. De	bts and obligations owed to	or forgiven by the c	ommittee.
Check box to indicate whether debt is owed to an incorporated business. If debt is a basik loan, please provide information organization and the place of the provide information organization organization and the place of the provide information organization and the place of the plac	V. PORTO SIN MERIOD ACCORDO AL TRACAM MARIA	4. Type of Obligation (Description)	7. Date and amount of	8. Cumulative	9. Outstanding
Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035    Sais Beh Was Iscurred:	provide information regarding the endorsers or	incurred 6. Indicate original amount	each payings	payment to date on debt	Balance at close of this period (Item 6 minus
Solution		4. Type: gas			
Clinton Twp., MI 48035  6. Original Amount of Debt: 5 511.00  If bank loan, name of endorser or guarantor:  Debt #2 Corp? Yes	Bob Smith				
Social Amount of Debt   Social Schedules   Social	36729 Moravian				]
# Some of endorser or guarantor:    Some of endorser or guarantor:	Clinton Twp., MI 48035	01/11/12-7-32-12	s		. i
If bank loan, name of endorser or guarantor:  Debt #2		6. Original Amount of Debt		\$ 0	\$ 511.00
If bank loan, name of endorser or guarantor:    Satisfact   Satisf		s 511.00			FORGIVEN
Owes to or by:  Bob Smith 36729 Moravian Clinton Twp., MI 48035  6. Oddinal Amount of Debt: \$ 91.00  \$ 91.00  FORGIVEN  If bank loan, name of endorser or guarantor:  Debt 33  Corp? Yes  4. Type: food-meetings Section of the secured:  Debt 43  Owed to or by:  Bob Smith 36729 Moravian Clinton Twp., MI 48035  6. Original Amount of Debt:  \$ 1/1/12-7/22/12  \$ 107.00  \$ 107.00  \$ 107.00  \$ 107.00  Clinton Twp., MI 48035  Amount Endorsed: \$ 107.00  FORGIVEN  FORGIVEN  Amount Endorsed: \$ 107.00  FORGIVEN  Amount Endorsed: \$ 107.00  FORGIVEN  Adebt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of othe Campaign Statement or it was forgiven during the period covered by this Campaign Statement  Section 12a Towed by "or line 12a Towed on the Campaign Statement or it was forgiven during the period covered by this Campaign Statement  Section 1 at the closing date of the covered by this Campaign Statement  Section 2 at the closing date of the covered by this Campaign Statement  Covered by this Campaign Statement  Section 2 at the closing date of the covered by this Campaign Statement	If bank loan, name of endorser or guarantor:				I L. Ji Cittary II
Bob Smith 36729 Moravian Clinton Twp., MI 48035  5. Date Debt Was Incurred: 7/14/12 5. Original Amount of Debt: \$ 91.00  \$ 91.00  \$ FORGIVEN  If bank losn, name of endorser or guarantor:  Debt #3 Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035  6. Original Amount of Debt: \$ 107.00  \$ 107.00  \$ 4. Type: food-meetings \$ 5 Date Debt Was Incurred: \$ 5 Amount Endorsed: \$ 1/1/12-7/22/12 \$ 1/1/12-7/22/1	1 Oubit 1168	food.	1 Ame	xmt Endorsed: \$ _	
36729 Moravian Clinton Twp., MI 48035  8. Original Amount of Debt: \$ 91.00  \$ 91.00  \$ PORGIVEN  If bank loan, name of endorser or guarantor:  Debt #3 Corp? Yes  4. Type: food-meetings  Bob Smith 36729 Moravian  1/1/12-7/22/12  \$ 107.00  \$ 107.00  \$ 107.00  \$ Amount Endorsed: \$  Page Subtotal (Outstanding debt)  (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 the Campaign Statement or it was forgiven during the period covered by this Campaign Statement.			\$	Í	[ ]
Clinton Twp., MI 48035  8. Original Amount of Debt: \$ 91.00  \$ PARCIVEN  If bank loan, name of endorser or guarantor:  Debt #3 Corp Yes Owed to or by:  Bob Smith 36729 Moravian Clinton Twp., MI 48035  6. Original Amount of Debt: \$ 1/1/12-7/22/12  Clinton Twp., MI 48035  6. Original Amount of Debt: \$ 107.00  \$ 107.00  \$ Page Subtotal (Outstanding debt)  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 the Campaign Statement or it was forgiven during the period covered by this Campaign Statement  S 91.00  \$ 107.00  \$				ļ	
\$ 91.00 \$					
If bank lean, name of endorser or guarantor:  Debt #3 Corp? Yes 4. Type: food-meetings \$  Gwed to or by:  Bob Smith  5. Det Debt Was Inscurred: \$  1/1/12-7/22/12 \$  Clinton Twp., MI 48035 6. Original Amount of Debt: \$  \$ 107.00 \$  FORGIVEN  If bank loan, name of endorser or guarantor:  Amount Endorsed: \$  Page Subtotal (Outstanding debt)  (Complete on last page of Schedule showing amounts owed by or to the committee)  Complete on last page of Schedule showing amounts owed by or to the committee on this Schedule if there was an outstanding amount owed on it at the closing date of the Campaign Statement or it was forgiven during the period covered by this Campaign Statement.	13000		<del></del>	s 0	s 91.00
If bank loan, name of endorser or guarantor:  Debt #3		\$ 91.00			
Debt #3 Corp? Yes 4. Type: food-meetings \$  Gwed to or by:  Bob Smith  36729 Moravian  Clinton Twp., MI 48035  6. Ontainel Amount of Debt:  \$ 107.00  \$ 107.00  \$ 107.00  \$ PORGIVEN  If bank loan, name of endorser or guarantor:  Amount Endorsed: \$  Page Subtotal (Outstanding debt)  (Complete on last page of Schedule showing amounts owed by or to the committee)  A debt or obligation must be shown an this Schedule if there was an outstanding amount owed on it at the closing date of the Campaign Statement or it was forgiven during the period covered by this Campaign Statement or it was forgiven during the period covered by this Campaign Statement or it was forgiven during the period covered by this Campaign Statement  A contract Endorsed: \$  \$ 107.00  \$ \$ 107.00  \$ \$ \$ 107.00  \$ \$ \$ 107.00  \$ \$ \$ \$ 107.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	If bank losn, name of endorser or quarantor		\$		LIFORGIVEN
Owed to or by:  Bob Smith 36729 Moravian Clinton Twp., MI 48035  6. Original Amount of Debt: \$ 107.00  \$ 107.00  \$ 107.00  \$ 4. Type: flood-meetings \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Debt#3 Com? Yes		Am.	ount Endorsed: \$	
36729 Moravian  Clinton Twp., MI 48035  6. Original Amount of Debt: \$ 107.00  \$ 107.00  \$ 107.00  \$ Page Subtotal (Outstanding debt)  (Complete on last page of Schedule showing amounts owed by or to the committee)  A debt or chilgation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement  The property of the control of the	Owed to or by:	4. Type: food-meetings	\$		
Clinton Twp., MI 48035  6. Original Amount of Debt: \$ 107.00  \$ 107.00  \$ FORGIVEN  If bank loan, name of endorzer or guarantor:  Page Subtotal (Outstanding debt)  (Complete on last page of Schedule showing amounts owed by or to the committee)  A debt or chilgation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of "owed by" or line 12b "owed to" of the "owed to" or the "owed to" of the "owed to" of the "owed to" or the "owed to" owed to "owed to" or the "owed to" owed to "owed to" or the "owed to" owed to  owed to "owed to" owed to "owed to" owed to "owed to" owed to "		5. Date Debt Was Incurred:	S	İ	!
### 107.00  \$ 107.00  \$ 107.00  \$ 107.00  \$ FORGIVEN  ### FORGIVEN  #### FORGIVEN  #### FORGIVEN  ###################################		1/1/12-7/22/12			
\$ 107.00  \$ FORGIVEN  If bank loan, name of endorser or guarantor:  Page Subtotal (Outstanding debt)  (Complete on last page of Schedule showing amounts owed by or to the committee)  A debt or chilgation 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  FORGIVEN	Citrioti Twp., Mt 48035	6. Original Amount of Debt:		. 0	107.00
Page Subtotal (Outstanding debt)  (Complete on last page of Schedule showing amounts owed by or to the committee)  A debt or chilgation 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		\$_107.00	<u> </u>	*	<u> </u>
Page Subtotal (Outstanding debt)  (Complete on last page of Schedule showing amounts owed by or to the committee)  A debt or chiligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement  A mount Endorsed: \$  709.00  Enter this total on line 12a "owed by or to the committee)  Enter this total on line 12a "owed by" or line 12b "owed to" of the owed to the closing date of the company of the campaign Statement.			<u> </u>		LI FORGIVEN
Grand Total of all Schedules 1E  (Complete on last page of Schedule showing amounts owed by or to the committee)  A debt or chiligation 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  Grand Total of all Schedules 1E  Enter this total on line 12a "owed by "or it in enter 12b" or it in enter 12b" owed to "of the owed to "of the owed to "of the owed to "of the ower to "or it in enter 12b" owed to "of the owed to "of the owed to "of the owed to "of the ower to "or it in enter 12b" owed to "of the ower to "or it in enter 12b" owed to	w sank loan, name of endorser or guarantor:		Ank	unt Endorsed: \$	
Grand Total of all Schedules 1E  (Complete on last page of Schedule showing amounts owed by or to the committee)  A debt or chiligation 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  Grand Total of all Schedules 1E  Enter this total on line 12a "owed by "or it in enter 12b" or it in enter 12b" owed to "of the owed to "of the owed to "of the owed to "of the ower to "or it in enter 12b" owed to "of the owed to "of the owed to "of the owed to "of the ower to "or it in enter 12b" owed to "of the ower to "or it in enter 12b" owed to					<b>\$700.00</b>
A debt or chilgation 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.			Page Subtotal (0	Outstanding debt)	₩/ U9.UU
A debt or abligation 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.	(Con	iplete on last page of Schedule sh	Grand Total of lowing amounts owed by or t	in me committee)[_	
Page (C) of 9	1 0	if there was an outstanding am period covered by this Campai	ount owed on it at the closing Statement.	ing date of	on line 12a "owed by"" or line 12b "owed to" of the



DEBTS AND OBLIGATIONS 1. Committee I.D. Number 138271							
SCHEDULE 1E							
CANDIDATE COMMITTEE 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 en 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: Cell phone service	s					
Bob Smith 36729 Moravian Clinton Twp., MI 48035 If bank loan, name of endorser or guarantor:	5. Date Debt Was Incurred:  01/11/12 - 7 32 12  6. Original Amount of Debt:  \$ 420.00	\$ \$ \$	s <u>0</u>	\$_420,00 FORGIVEN			
		Amc	unt Endorsed: \$				
Owed to or by:	4. Type; cable ties	<u> </u>					
Bob Smith	5. Date Debt Was Incurred:	s					
36729 Moravian	7/14/12	•					
Clinton Twp., MI 48035	6. Original Amount of Debt:	<u></u>	\$ 0	s 114.00			
	s_114.00			FORGIVEN			
If bank loan, name of endorser or guaranter:		\$					
Debt#3 Corp? Yes		AR	ount Endorsed: \$				
Owed to or by:	4. Type: stamps-mailings		ļ				
Bob Smith	5, Date Debt Was Incurred:	<u> </u>					
36729 Moravian	1/1/12-7/22/12	s					
Clinton Twp., MI 48035	6. Original Amount of Debt:		\$ <u>0</u>	s 225.00			
	\$_225.00	3		FORGIVEN			
		s		, ONOIVEIT			
If bank loan, name of endorser or guarantor: Amount Endorsed: \$							
				\$759.00			
		Page Subtotal (	(Outstanding debt)	Ψ/ 33.00			
ira	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 dwed on it at the closing date of this Campaign Statement or it was forgived during the period covered by this Campaign Statement.							
Pageof8							



DEBTS AND OBLIGATIONS 1.0	Committee I.D. Number 138	3271					
SCHEDULE 1F							
CANDIDATE COMMITTEE 2.0	Committee to Elect Bob Smith						
This Schedule itemizes:							
a Debts and obligations owedby 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 awad 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. Date Debt Was Incurred:						
39324 Eliot	01/01/12 - 7-12-12						
Clinton Twp., MI 48036	6. Original Amount of Debt	<u> </u>	\$ 0	ş_300.00			
	s 300.00	<u> </u>		FORGIVEN			
Mark long and mark to the second seco	I * **********************************	<u> </u>	F	CHOIVE			
If bank loan, name of endorser or guarantor:	·	Ama	ount Endorsed: \$				
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$					
	5. Date Debt Was Incurred:	•					
			ļ				
	6. Original Amount of Debt:	13	l s	\$			
	\$			FORGIVEN			
If bank toan, name of endorser or guarantor: Amount Endorsed: \$							
Debt #3 Corp? Yes Owed to or by:	4. Type;	s					
	5. Date Debt Was Incurred:	s					
:		s					
	6. Original Amount of Debt:	\$	\$	\$			
	<u> </u>	4		FORGIVEN			
		<b>S</b>					
If bank loan, name of endorser or guarantor: Amount Endorsed: \$							
		Page Subtotel	(Outstanding debt)	\$300.00			
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)							
Enter this to on line 12a by a debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of "owed to" of line 12a by "or line 12a by" or line 12a by "or line 12a by							