



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

12 OCT 26 AM 8:50

CARPELLER SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

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: 08/28/12 to 10/21/12

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 Macomb

2. Committee Name

Committee to Elect Bob Smith

5. Committee's Mailing Address

39324 Eliot
Clinton Twp., MI 48038

6. Treasurer's Name & Residential Address

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

Area Code and Phone (586) 465-4100

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

same as #6

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

none

Area Code and Phone

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

11/06/12

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 10/25/12

Candidate Robert W. Smith, Jr.

Type or Print Name

Robert W. Smith, Jr.

Signature

Date 10/25/12



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>5,400.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$5,400.00</u>	(18.) \$ <u>\$13,412.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$386.00</u>	(19.) \$ <u>\$386.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$5,786.00</u>	(20.) \$ <u>\$13,798.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>1,680.62</u>	(21.) \$ <u>1,680.62</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>\$8,008.93</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>\$8,008.93</u>	(23.) \$ <u>\$9,371.53</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>8,627.62</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>\$7,540.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$5,786.00</u>	
	(15.) = \$	<u>\$13,326.00</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$8,009.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$5,317.00</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 Name & Address: Tomlinson, Timothy 42850 Garfield Clinton Twp., MI	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Baratta, Christopher R. 700 Lincoln Rd. Grosse Pointe, MI 48230	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u>	\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: Fischer, Christopher 48 Market St. Ste 2B Mt. Clemens, MI 48043	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u>	\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: Garon, Daniel 48 Market St. Ste 2B Mt. Clemens, MI 48043	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u>	\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$220.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Hoyumpa, Vincent 48 Market St. Ste 2B Mt. Clemens, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>40</u>	\$ <u>40</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Rancilio, Rachel 48 Market St. Ste.2B Mt. Clemens, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>40</u>	\$ <u>40</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Gatti, Julie 120 Market St. Mt. Clemens, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>75</u>	\$ <u>75</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Local 1 PAC MEA 38550 Garfield Clinton Twp., MI 48038 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>200</u>	\$ <u>200</u>
		Click Here for Memo Itemization	

Page Subtotal \$355.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Goldberg, Dana 1526 Cherokee Ave. Royal Oak, MI 48067		\$ <u>75</u>	\$ <u>75</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Arietta, Paulette 23060 Recreation St. St. Clair Shores, MI 48082		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Basirico, Grazio 13867 Ironwood Dr. Shelby Twp., MI 48315		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-20-12</u> Name & Address: Burns, Jeffrey 23118 Middlesex St. St. Clair Shores, MI 48080		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$195.00

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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Bricklayers Local 1 21031 Ryan Rd. Warren, MI 48091		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Harding, William 53565 Oak Grove Dr. Shelby Twp., MI 48315		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Phy, Michael C. 19708 Tanglewood Cir. Clinton Twp., MI 48038		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Raydayal, Farrah C. 66 Windsor St. Unit 329 Detroit, MI 48201		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$250.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/12</u>	
Name & Address: McCarthy Jr., Joseph D. 2041 S. Parker St. Marine City, MI 48039		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/12</u>	
Name & Address: Simasko, James M. 319 N. Gratiot Mt. Clemens, MI 48043		\$ <u>120</u>	\$ <u>120</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/12</u>	
Name & Address: Diegel, Mary Jo 3270 Gtandview Ct. Shelby Twp., MI 48316		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/12</u>	
Name & Address: Fox, Steven 48436 Brittany Parc Dr. Macomb, MI 48044		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$240.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Howard, David L. 45684 Village Blvd. Shelby Twp., MI 48315		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Esposito, Paul 49419 Compass Pointe Chesterfield, MI 48047		\$ <u>125</u>	\$ <u>125</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Self- Sunset Homes</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Torey, Michael 12309 Volpe Dr. Sterling Hts., MI 48312		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Keith, Craig S. 39239 Lorian Dr. Sterling Hts., MI 48313		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$245.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Dailey, William 469 Calvin Grosse Pte. Farms, MI 48236		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Friends of Macomb PAC 39856 Brylor Ct. Clinton Twp., MI 48038		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Macherzak, Michael 57067 Covington Washington, MI 48094		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Randall, Erin R. 8446 Stanford S. Apt C. Washington, MI 48094		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$660.00

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

Enter this total on _____

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Vandoorne, Thomas J. 46547 Old Oak Lane Macomb, MI 48042		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Jacklyn, Andrea 969 Huntington St. Mt. Clemens, MI 48043		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address <u>1 S. Main Mt. Clemens, MI48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Miller Jr., Arthur J. 11139 Olive Warren, MI 48093		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Political Consultant</u> Employer <u>self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Macomb County Asst. Prosecutor's PAC 1 N. Main Mt. Clemens, MI 48043		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$490.00**

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/12</u>	
Name & Address: Petrella, Bart 15330 Walden Ct. Macomb, MI 48044		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/12</u>	
Name & Address: Towner, Charles M. 39757 Brylor Ct. Clinton Twp., MI 48038		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/12</u>	
Name & Address: CTE Kenneth Pearl 38316 Santa Barbara Clinton Twp., MI 48036		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/12</u>	
Name & Address: Kassab, Andrew A. 3873 Forrester Blvd. Auburn Hills, MI 48326		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address <u>1 S. Main Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$320.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Hackel for Couty Executive 12900 Hall Rd. Ste 510 Sterling Hts., MI 48313 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>100</u>	\$ <u>100</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Venditelli, Orazio 5483 Flamingo Shelby Twp., MI48315 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>80</u>	\$ <u>80</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Gorczyca, David 1600 E. Jefferson rosse Pte., MI 48230 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>250</u>	\$ <u>250</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Bianchi, Ralph 48285 American Elm Dr. Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>80</u>	\$ <u>80</u>
		Click Here for Memo Itemization	

Page Subtotal \$510.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Wilson, Gordon B. 14350 Fruitwood Washington, MI 48094 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>40</u>	\$ <u>40</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: DPOA 1938 E. Jefferson Ave. Detroit, MI 48207 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>500</u>	\$ <u>500</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Krall, Thomas G. 282 Rivard Blvd. Grosse Pointe, MI 48230 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>40</u>	\$ <u>40</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/12</u> Name & Address: Femminineo, Jacob 110 S. Main Mt. Clemens, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>150</u>	\$ <u>150</u>
		Click Here for Memo Itemization	

Page Subtotal \$730.00

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 all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/12</u>	
Name & Address: Biretta, Eric 110 S. Main Mt. Clemens, MI 48043		\$ <u>80</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/12</u>	
Name & Address: Viviano, Vincent 6705 St. Andres Shelby Twp., MI 48315		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrative Aide</u> Employer <u>Macomb County Executive Office</u> Business Address <u>1 S. Main 9th Floor Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/20/12</u>	
Name & Address: Sterling PAC 35710 Mound Sterling Hts., MI 48310		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/12</u>	
Name & Address: Cataldo, William 1137 Sandy Ridge Dr. Rochester Hills, MI 48306		\$ <u>50</u>	\$ <u>50</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 **\$330.00**

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>10/04/12</u> Name & Address: Slanec, Darra 43177 Rivergate Dr. Clinton Twp., MI 48038		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb County</u> Business Address <u>1 S. Main Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/12/12</u> Name & Address: Abbate, Dominic 2500 Royal View Dr. Oakland, MI 48363		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/12</u> Name & Address: Sorrentino, Benny 35520 Forton Clinton Twp., MI 48035		\$ <u>75.00</u>	\$ <u>75.00</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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/12</u> Name & Address: Pizzo, Salvatore 36277 Gratiot Ave. Clinton Twp., MI 48035		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$315.00

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

Enter this total on
line 2a of Summary

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**CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Bob Smith

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.						6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt?	<input type="checkbox"/> YES	4. Date of Receipt	<u>10/17/12</u>			
Name & Address: Czachor, Phillip M. 68655 Campground Rd. Washington, MI 48095						\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide:						Click Here for Memo Itemization	
Occupation _____ Employer _____							
Business Address _____							
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser							
3. Contribution #2	PAC Receipt?	<input type="checkbox"/> YES	4. Date of Receipt	<u>10/21/12</u>			
Name & Address: Gargaro Jr., Eugene 22 Renaud Rd. Grosse Pte Shores, MI 48236						\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide:						Click Here for Memo Itemization	
Occupation <u>Attorney</u> Employer <u>self</u>							
Business Address <u>20630 Haraper Woods 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							
3. Contribution #3	PAC Receipt?	<input type="checkbox"/> YES	4. Date of Receipt	<u>10/21/12</u>			
Name & Address: Hoezee, Mary Ann 39590 Camp Harrison Twp., MI 48045						\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide:						Click Here for Memo Itemization	
Occupation _____ Employer _____							
Business Address _____							
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser							
3. Contribution #4	PAC Receipt?	<input type="checkbox"/> YES	4. Date of Receipt				
Name & Address:						\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:						Click Here for Memo Itemization	
Occupation _____ Employer _____							
Business Address _____							
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser							

Page Subtotal	\$540.00
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Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$5,400.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

2. Committee Name Committee to Elect Bob Smith

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: American Graphics 34895 Groesbeck Clinton Twp., MI 48035	Date of Receipt <u>10/20/12</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ <u>386.00</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Page Subtotal			\$386.00
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			\$386.00

Enter this total on
line 4 of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 138271

2. Committee Name Committee to Elect Bob Smith

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Bob Smith 36729 Moravian Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: Commissioner Employer Name & Business Address: Macomb County Board of Commissioners 1 S. Main Mt. Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Gas</u> 5. Date Of Receipt: <u>08/28/12 - 10/21/12</u> 6. Vendor Name & Address: Various gas stations	\$ 718	\$ 718
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Bob Smith 36729 Moravian Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: Commissioner Employer Name & Address: Macomb County Board of Commissioners 1 S. Main Mt. Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>food/sign workers</u> 5. Date Of Receipt: <u>10/17/12</u> 6. Vendor Name & Address: Buffalo Wild Wings 15745 15 Mile Clinton Twp., MI 48035	\$ 126	\$ 126
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Bob Smith 36729 Moravian Mt. Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: Commissioner Employer Name & Address: Macomb County Board of Commissioners 1 S. Main Mt. Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food / meetings</u> 5. Date Of Receipt: <u>08/28/12 - 10/21/12</u> 6. Vendor Name & Address: Jets Pizza 39101 Garfield Clinton Twp., MI 48038	\$ 68	\$ 68

Page Subtotal **\$912.00** **\$912.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **138271**

CANDIDATE COMMITTEE

2. Committee Name **Committee to Elect Bob Smith**

3. Name and Address from whom received
if contribution is from an individual, enter last
name first. Check box to indicate if contribution
is from a Political Committee or an Independent
Committee (Both are commonly called PACs).
Report all in-kind contributions.

4. Type of In-Kind Contribution (Check applicable box)

5. Date of Receipt

6. Name & Address of Vendor from whom goods or services were
purchased

7. Amount or
Fair Market
Value

8. Cumulative
for Election
Cycle (Through
date in Item 5)

Contribution # 1

PAC Receipt? ☐ Yes

Name & Address:

Bob Smith
36729 Moravian
Clinton Twp., MI 48035

If over \$100.00 cumulative, please provide:

Occupation: **Commissioner**

Employer Name & Business Address:

Macomb County Board of Commissioners
1 S. Main
Mt. Clemens, MI 48043

☐ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- **LOAN**

Description **Food/meetings**

5. Date Of Receipt: **08/28/12 - 10/21/12**

6. Vendor Name & Address:

Subway
20 N. Groesbeck
Mt. Clemens, MI 48043

(Memo Itemization)

\$ **63**

\$ **63**

Contribution # 2

PAC Receipt? ☐ Yes

Name & Address:

Bob Smith
36729 Moravian
Clinton Twp., MI 48035

If over \$100.00 cumulative, please provide:

Occupation: **Commissioner**

Employer Name & Address:

Macomb County Board of Commissioners
1 S. Main
Mt. Clemens, MI 48043

☐ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- **LOAN**

Description **Food/meetings**

5. Date Of Receipt: **08/28/12 - 10/21/12**

6. Vendor Name & Address:

Krogers
37187 Groesbeck
Clinton Twp., MI 48035

(Memo Itemization)

\$ **66**

\$ **66**

Contribution #3

PAC Receipt? ☐ Yes

Name & Address:

Bob Smith
36729 Moravian
Clinton Twp., MI 48035

If over \$100.00 cumulative, please provide:

Occupation: **Commissioner**

Employer Name & Address:

Macomb County Board of Commissioners
1 S. Main
Mt. Clemens, MI 48043

☐ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- **LOAN**

Description **Pole pounder**

5. Date Of Receipt: **10/07/12**

6. Vendor Name & Address:

Lowe's
35115 Gratiot
Clinton Twp., MI 48035

Click Here for Memo Itemization

\$ **27.62**

\$ **27.62**

Page Subtotal

\$ **156.62**

\$ **156.62**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138271

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Bob Smith

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Bob Smith 36729 Moravian Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: Commissioner Employer Name & Business Address: Macomb County Board of Commissioners 1 S. Main Mt. Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: Cell phone 5. Date Of Receipt: 08/28/12 - 10/31/12 6. Vendor Name & Address: Verizon Wireless PO Box 25505 Lehigh, PA 18002	\$ 412	\$ 412
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Stella Smith 39324 Eliot Clinton Twp., MI 48036 If over \$100.00 cumulative, please provide: Occupation: retired Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: Independent Services 5. Date Of Receipt: 08/28/12 - 10/31/12 6. Vendor Name & Address:	\$ 200	\$ 200
Contribution # 3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$

Page Subtotal \$612.00 \$612.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$1,680.62

Enter this total
on line 6 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 Stella Smith Address 39324 Eliot Clinton Twp., MI 48036 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Stamps <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/12</u> Date	<u>\$ 135.00</u>
Expenditure #2 Name Clinton Twp. Senior Center Address 40730 Romeo Plank Clinton Twp., MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: Octoberfest Ad <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/13/12</u> Date	<u>\$ 175.00</u>
Expenditure #3 Name Madison's Pub Address 15 N. Walnut Mt. Clemens, MI 418043 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Fundraiser Party <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/12</u> Date	<u>\$ 375.25</u>
Expenditure #4 Name US Post Office Address 155 S. Main Mt. Clemen, MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: stamps <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/12</u> Date	<u>\$ 160.00</u>
Expenditure #5 Name Italian Tribune Address 21852 23 Mile Rd. Macomb, MI 48042 <input type="checkbox"/> Fund Raiser	Purpose: advertising <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/12</u> Date	<u>\$ 277.00</u>
Subtotal this page			\$122.25
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 Dough Masters Address 1146 Rankin Troy, MI48083 <input type="checkbox"/> Fund Raiser	Purpose: <u>donuts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/12</u> Date	<u>\$ 87.50</u>
Expenditure #2 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>10/15/12</u> Date	<u>\$ 4000.00</u>
Expenditure #3 Name Clinton Township Goodfellows Address 40700 Romeo Plank Clinton Twp.,MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Spagetti dinner tickets donated for advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/12</u> Date	<u>\$ 328.00</u>
Expenditure #4 Name Manhattan Printers & Mailers Address 51132 Milano Dr. Macomb, MI 48042 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/12</u> Date	<u>\$ 1354.76</u>
Expenditure #5 Name MTS Educational Center Address 22645 Quinn Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/12</u> Date	<u>\$ 200.00</u>

Subtotal this page **\$5,970.26**

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>Walter Nowinski</u> Address <u>1915 W. Fort St. Apt. 401</u> <u>Detroit, MI 49216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Developing literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/12</u> Date	\$ <u>777.40</u>
Expenditure #2 Name <u>In Focus Campaigns</u> Address <u>PO Box 10726</u> <u>Fort Worth, Texas 10726</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>robo calls</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/12</u> Date	\$ <u>139.02</u>
Expenditure #3 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 #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			\$916.42
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$8,008.93

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 ID 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 guarantor, if any.

Debt #1
Owed to or by: ☐ Corp? ☐ Yes
Bob Smith
36729 Moravian
Clinton Twp., MI 48035

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)

4. Type: stamps, mailings, trips
5. Date Debt Was Incurred: 06/01/10
6. Original Amount of Debt: \$ 54.54

02/11/11 \$ 44.91

\$ 44.91

\$ 9.63

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Debt #2
Owed to or by: ☐ Corp? ☐ Yes
Bob Smith
36729 Moravian
Clinton Twp., MI 48035

4. Type: gas
5. Date Debt Was Incurred: 6/1/10-10/17/10
6. Original Amount of Debt: \$ 980

Amount Endorsed: \$

\$ 0

\$ 980.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Debt #3
Owed to or by: ☐ Corp? ☐ Yes
Bob Smith
36729 Moravian
Clinton Twp., MI 48035

4. Type: Verizon Wireless
5. Date Debt Was Incurred: 6/1/10-10/17/10
6. Original Amount of Debt: \$ 472.00

Amount Endorsed: \$

\$ 0

\$ 472.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

\$1,461.63

(Complete on last page of Schedule showing amounts owed by or to the committee)

Grand Total of all Schedules 1E

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 Corp? <input type="checkbox"/> Yes Owed to or by: 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 Corp? <input type="checkbox"/> Yes Owed to or by: 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 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>	\$ \$ \$ \$ \$	\$ 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)				

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 guarantor, 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. Date Debt Was Incurred: <u>08/01/10 - 12/31/10</u> 6. Original Amount of Debt: <u>\$ 800.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 800.00 <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: <u>Gas</u> 5. Date Debt Was Incurred: <u>1/1/2011-12/31/2011</u> 6. Original Amount of Debt: <u>\$ 720</u>	\$ \$ \$ \$ \$	\$ 0	\$ 720.00 <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: <u>food-meetings</u> 5. Date Debt Was Incurred: <u>1/1/11-12/31/11</u> 6. Original Amount of Debt: <u>\$ 75.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 75.00 <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)

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 endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>food-meetings</u> 5. Date Debt Was Incurred: <u>01/01/11</u> 6. Original Amount of Debt: <u>\$ 66.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 66.00 <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>cell phone service</u> 5. Date Debt Was Incurred: <u>1/1/11-12/31/11</u> 6. Original Amount of Debt: <u>\$ 633.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 633.00 <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>travel - hotel</u> 5. Date Debt Was Incurred: <u>8/15/11</u> 6. Original Amount of Debt: <u>\$ 316.00</u>	\$ \$ \$ \$ \$	\$ 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)

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 guarantor, 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>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 Bob Smith 36729 Moravian Clinton Twp., MI 48035	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 Bob Smith 36729 Moravian Clinton Twp., MI 48035	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)

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 guarantor, if any.

Debt #1 Corp? ☐ Yes

Owed to or by:
Bob Smith
36729 Moravian
Clinton Twp., MI 48035

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)

4. Type: gas

5. Date Debt Was Incurred:

01/11/12 - 7-22-12

6. Original Amount of Debt:

\$ 511.00

\$ 0

\$ 511.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Debt #2 Corp? ☐ Yes

Owed to or by:
Bob Smith
36729 Moravian
Clinton Twp., MI 48035

4. Type: food

5. Date Debt Was Incurred:

7/14/12

6. Original Amount of Debt:

\$ 91.00

Amount Endorsed: \$

\$ 0

\$ 91.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Debt #3 Corp? ☐ Yes

Owed to or by:
Bob Smith
36729 Moravian
Clinton Twp., MI 48035

4. Type: food-meetings

5. Date Debt Was Incurred:

1/1/12-7/22/12

6. Original Amount of Debt:

\$ 107.00

Amount Endorsed: \$

\$ 0

\$ 107.00

☐ 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.

Page 6 of 10

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: <u>Cell phone service</u> 5. Date Debt Was Incurred: <u>01/11/12 - 7/30/12</u> 6. Original Amount of Debt: <u>\$ 420.00</u>	\$ \$ \$ \$ \$	\$ 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: <u>cable ties</u> 5. Date Debt Was Incurred: <u>7/14/12</u> 6. Original Amount of Debt: <u>\$ 114.00</u>	\$ \$ \$ \$ \$	\$ 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: <u>stamps-mailings</u> 5. Date Debt Was Incurred: <u>1/1/12-7/22/12</u> 6. Original Amount of Debt: <u>\$ 225.00</u>	\$ \$ \$ \$ \$	\$ 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)

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.

Page 1 of 10

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 Corp? ☐ Yes

Owed to or by:

Stella Smith
39324 Eliot
Clinton Twp., MI 48036

4. Type: Independent services

5. Date Debt Was Incurred:

01/01/12 - 7-22-12

6. Original Amount of Debt:

\$ 300.00

\$

\$

\$

\$

\$

\$ 0

\$ 300.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Corp? ☐ Yes

Owed to or by:

4. Type:

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$

\$

\$

\$

\$

\$

\$

\$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Corp? ☐ Yes

Owed to or by:

4. Type:

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$

\$

\$

\$

\$

\$

\$

\$

☐ 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)

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>gas</u> 5. <u>Date Debt Was Incurred:</u> <u>08/28/10 - 10/21/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>718</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>718.00</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: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>food-sign workers</u> 5. <u>Date Debt Was Incurred:</u> <u>10/7/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>126</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>126.00</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: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: <u>food-meetings</u> 5. <u>Date Debt Was Incurred:</u> <u>8/28/12-10/21/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>197</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>197.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,041.00

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. <input type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee OR b. <input type="checkbox"/> Debts and obligations owed <u>to</u> or forgiven <u>by</u> 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>Pole pounder</u> 5. <u>Date Debt Was Incurred:</u> <u>10/07/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>27.62</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>27.62</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>cell phone</u> 5. <u>Date Debt Was Incurred:</u> <u>8/28/12 - 10/21/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>412.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>412.00</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: Stella Smith 39324 Eliot Clinton Twp., MI 48036	4. Type: <u>Independent Services</u> 5. <u>Date Debt Was Incurred:</u> <u>8/28/12-10/21/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>200.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>200.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$639.62

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

\$8,627.62

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/20/12</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>71</u>	5. Type of Fund Raising Activity <u>Social Gathering</u>	6. Address and Name (If any) of the place where the activity was held. <input type="checkbox"/> Private Residence
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7. Total Contributions \$5,400.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$5,400.00

10. Total Cost of Event \$510.25
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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