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CANDIDATE COMMITTEE COVER PAGE

MACOME COURTY CLERK MT. CLEMERS. MICHIGAM

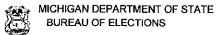
FOR OFFICIAL USE ONLY

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: 08/28		0/21/12
1. Committee I.D. Number	4. Candidate La	st Name	First Name	M.I.
138271	Smith, Jr.		Robert	W.
2. Committee Name	4a. Office Sought	Including District # or	Community Served ((if applicable)
	Macomb C	ounty Commis	sioner Distric	t 12
Committee to Elect Bob Smith	4b. County of Res	sidence Macomb		
5. Committee's Mailing Address	6. Treasurer's Na	me & Residential Add	ress	
39324 Eliot	Stella A. Sn	nith		
Clinton Twp., MI 48038	39324 Eliot			
	Clinton Twp	o., 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 & Pho	ne (586) 465-4100	 	
7. Treasurer's Business Address	Designated Record Designated Record	ecord keeper's Name a ord keeper)	and Mailing Address	(If the committee has a
same as #6	none			
Area Code and Phone	Area Code and P	lhana		
9. TYPE OF STATEMENT	Alea Code and F	Tione		
9a. Pre-Election OR 9b. Post	t-Election	9c. Annual Stat	tement (Coverage Year)
Pre-Election or Post-Election Statement relates to:			to Campaign Statem cate which Statement	nent (Complete Item 9a, 9b, 9c t is being amended)
Primary Ger	neral	9e. Dissolution of	of Candidate Commit	tee
	Effective Date of Dissolution			olution
Convention	1001			
Special	cus	-		
				e committee has no assets or s. Further, I/We request that if
Date of Election, Convention or Caucus		the dissolution cannot the Reporting Waiver	•	s be considered a request for
11/06/12		Note: The disposition	n of residual funds mi	ust be reported on Schedule
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, expe	equired Campaign §	1B and the Summary Statements. The Cam	 	ust include all applicable
Schedules. Direct contributions, in-kind contributions, loans, expet france of the information listed in items 2, 4, 5, 6, 7, or 8 has change	inditures, and outsta led since the inform	anding debts count ag ation was shown on th	ainšt the \$1,000 Rep ne committee's State	orting Waiver threshold. ment of Organization, an
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany to before the filing deadline of a required campaign statement, to	his Campaign State hat campaign state	ement. If a request for ement cannot be wai	r a Reporting Waive ved.	er is not received on or
10. Verification: I\We certify that all reasonable diligence was used my\u00e3our knowledge and belief the contents are true, accurate and co	in the preparation of omplete.	of this statement and a	ttached schedules (ii	fany) and to the best of
Current Treasurer or Stella A. Smith	A to 00	a a. Smit	1.	10/25/12
Designated Record keeper Type or Print Name	Signature	, /	Date Date	
Pohort W Smith Ir	$V_{i} \leq$	A		40/0E/40
Candidate Robert W. Smith, Jr.	, pu	mu /	Date Date	10/25/12
Type or Print Name	Signature		~	

1. Committee I.D. Number 138271

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 5,400.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$5,400.00	(18.) \$ \$13,412.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$386.00	(19.) \$ \$386.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$5,786.00	(20.) \$ \$13,798.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		•
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 1, 680,62	(21.) \$ 1, 680.62
7. In-Kind Expenditures (Schedule 1B-lK, Column 6)	(7.) \$	(22.) \$
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.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _\$8,008.93	(23.) \$ \$9,371.53
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations a. Owed by the Committee (Schedule 1E)	(12a.)\$ 8.627.62	
b. Owed to the Committee (Schedule 1E)	(40) \) 0	
	(12b.) \$BALANCE STATEMENT	1
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ \$7,540.00	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$5,786.00	
	(15.) = \$_\$13,326.00	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$8,009.00	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$5,317.00	



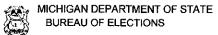
CANDIDATE COMMITTEE

1. Committee I.D. Number ______138271

2. Committee Name

Committee to Elect Bob Smith

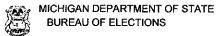
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/20/12		
Tomlinson, Timothy 42850 Garfield Clinton Twp.,MI	_s 100	_{\$} 100
5. If over \$100.00 cumulative, please provide:	·	_
Occupation Attorney Employer Self	Click Here	for Memo Itemization
Business Address Type of Contribution: Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address		
Baratta, Christopher R. 700 Lincoln Rd. Grosse Pointe, MI 48230	_{\$} 40	_{\$} 40
5. If over \$100.00 cumulative, please provide:	Click Here t	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address:		
Fischer, Christopher 48 Market St. Ste 2B Mt. Clemens, MI 48043	_{\$} 40	_{\$} 40
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address		
Garon, Daniel 48 Market St. Ste 2B Mt. Clemens, MI 48043 5. If over \$100.00 cumulative, please provide:	ş 4 0	_{\$_} 40
	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 1 of 14	\$220.00 Enter this total on line 3a of Summar Page.	y



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138271

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? YES 4. Date of Receipt 09/20/12 Name & Address: Hoyumpa, Vincent		
48 Market St. Ste 2B Mt. Clemens, MI 48043	_{\$} 40	_s 40
5. If over \$100.00 cumulative, please provide:	Ψ	
Occupation Employer	Click Here f	or Memo Itemization
Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address		
Rancilio, Rachel 48 Market St. Ste.2B Mt. Clemens, MI 48043	<u>\$</u> 40	ş 40
5. If over \$100.00 cumulative, please provide:	Click Here for	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 09/20/12 Name & Address:		
Gatti, Julie 120 Market St. Mt. Clemens, MI 48043	_{\$} 75	_{\$} 75
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
T did relief		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address		
Local 1 PAC MEA 38550 Garfield Clinton Twp., MI 48038	_{\$} 200	_{\$} 200
5. If over \$100.00 cumulative, please provide:	Click Horo fo	r Memo Itemization
Occupation Employer	Olick Here to	i Weino Remization
Business Address		
Type of Contribution:		
Page Subtotal	\$355.00	·
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_
Page 2 of 14	line 3a of Summary Page.	•



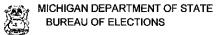
CANDIDATE COMMITTEE

1. Committee I.D. Number ______138271

2. Committee Name

Committee to Elect Bob Smith

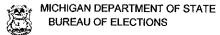
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/20/12		
Goldberg, Dana		
1526 Cherokee Ave.	75	75
Royal Oak, MI 48067	_{\$} 75	_{\$} 75
5. If over \$100.00 cumulative, please provide:	Click Horo	for Memo Itemization
Occupation Employer	Click Hele	or Memo Remization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	····	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address		•
Arietta, Paulette	40	40
23060 Recreation St.	_{\$} 40	<u>\$ 40 </u>
St. Clair Shores, MI 48082		
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address:		
Basirico, Grazio	40	40
13867 Ironwood Dr.	_{\$} 40	_{. \$} 40
Shelby Twp., MI 48315	Click Horo fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click Here it	or wemo itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-20-12		
Burns, Jeffrey	40	4.0
23118 Middlesex St.	_{\$} 40	s 40
St. Clair Shores, MI 48080		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: V Direct Loan from a person V Fund Raiser		
Page Subtotal	\$195.00	
Grand Total of All Schedules 1A		_
(Complete on last page of Schedule)	Enter this total an	J
3 14	Enter this total on line 3a of Summar	1
Page $\frac{3}{\text{of}} \frac{14}{14}$	Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number 138271

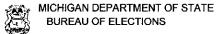
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address:		
Bricklayers Local 1 21031 Ryan Rd. Warren, MI 48091	_{\$} 80	_{\$} 80
5. If over \$100.00 cumulative, please provide:	Click Horo f	or Memo Itemization
Occupation Employer	Click Fiele	or Memo Remiszation
Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	A	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address		
Harding, William 53565 Oak Grove Dr. Shelby Twp., MI 48315	_{\$} 50	_{\$} 50
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 09/20/12 Name & Address:		·
Phy, Michael C. 19708 Tanglewood Cir. Clinton Twp., MI 48038	_{\$} _80	\$ 80
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address	,	
Raydayal, Farrah C. 66 Windsor St. Unit 329 Detroit, MI 48201	_{\$} 40	_{\$_} 40
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer	0,10,1,10,10,10	
Business Address		
Type of Contribution:		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 4 of 14	\$250.00 Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number ______138271

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? YES 4. Date of Receipt 09/20/12 Name & Address:		· ·
McCarthy Jr., Joseph D. 2041 S. Parker St. Marine City, MI 48039	_{\$} 40	. 40
5. If over \$100.00 cumulative, please provide:	4	
Occupation Employer	Click Here	for Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address		
Simasko, James M. 319 N. Gratiot Mt. Clemens, MI 48043	_{\$} _120	_{\$} 120
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Attorney Employer self		
Business Address same		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address:		
Diegel, Mary Jo 3270 Gtandview Ct. Shelby Twp., MI 48316	<u>\$</u> 40	_ <u>\$</u> 40
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address	-	
Fox, Steven 48436 Brittany Parc Dr. Macomb,MI 48044	_{\$} 40	<u>\$ 40</u>
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		o. Momo Romzagon
Business Address		
Type of Contribution:		
Page Subtota	\$240.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule	Enter this total on	
Page 5 of 14	line 3a of Summai Page.	У

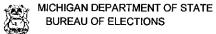


CANDIDATE COMMITTEE

1. Committee I.D. Number _____

2. 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? YES 4. Date of Receipt 09/20/12 Name & Address: Howard, David L.		
45684 Village Blvd.	_s 40	_* 40
Shelby Twp.,MI 48315	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address		
Esposito, Paul 49419 Compass Pointe Chesterfield, MI 48047	_{\$} _125	_{\$} 125
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Business Owner Employer Self- Sunset Homes		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address:		
Torey, Michael 12309 Volpe Dr.	_{\$} 40	_{\$} 40
Sterling Hts., MI 48312	Click Horo for	Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click Hele lor	wemo tempation
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address		
Keith, Craig S. 39239 Lorien Dr. Sterling Hts., MI4 8313	_{\$} 40	_{\$_} 40
5. If over \$100.00 cumulative, please provide:	- 44	
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution:		
Page Subtotal	\$245.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 6 of 14	Enter this total on line 3a of Summary Page.	-



CANDIDATE COMMITTEE

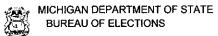
1. Committee I.D. Number _____138271

2. Committee Name Committee to Elect Bob Smith

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? YES 4. Date of Receipt 09/20/12 Name & Address:	_	
Dailey, William 469 Calvin Grosse Pte. Farms, MI 48236	_{\$} 80	_{\$} 80
5. If over \$100.00 cumulative, please provide:	Clieb Hann	. fan B.C
Occupation Employer	Click Here	for Memo Itemization
Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address		
Friends of Macomb PAC 39856 Brylor Ct. Clinton Twp., MI 48038	_{\$} 500	_{\$} 500
5. If over \$100.00 cumulative, please provide:	Click Here	for 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 09/20/12 Name & Address:	_	
Macherzak, Michael 57067 Covington	<u>\$</u> 40	\$40 for Memo Itemization
Washington, MI 48094 5. If over \$100.00 cumulative, please provide:	Click Here	ior wemo itemization
5. If over \$100.00 cumulative, please provide:	Click Here	ior wemo itemization
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here	for wemo itemization
5. If over \$100.00 cumulative, please provide:	Click Here	or wemo itemization
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:	Click Here	ior wemo itemization
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:	Click Here	
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:	ş40	
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:	ş40	_ \$_40
5. If over \$100.00 cumulative, please provide: Occupation	ş40	_ \$_40
5. If over \$100.00 cumulative, please provide: Occupation	ş40	_ \$_40
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:	\$ 40 Click Here	_ \$_40

7 of 14

Enter this total on

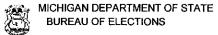


CANDIDATE COMMITTEE

2. Committee Name

Committee to Elect Bob Smith

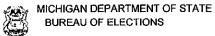
	If contribution is from an individual, enter last name, first name, ontribution is from a Political Committee or an Independent as regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution #1 PAC Receip Name & Address:	t? YES 4. Date of Receipt 09/20/12		
Vandoorne, Thomas J. 46547 Old Oak Lane Macomb, MI 48042		_{\$_} 40	_{\$} 40
5. If over \$100.00 cumulative, please	provide:	Click Here for	r Memo Itemization
Occupation	Employer		
Business Address			
Type of Contribution: Direct	Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt Name & Address	YES 4. Date of Receipt <u>09/20/12</u>		
Jacklyn, Andrea 969 Huntington St. Mt. Clemens, Ml 48043		<u>\$_100</u>	_{\$} 100
5. If over \$100.00 cumulative, please [rovide:	Click Here for	Memo Itemization
Occupation Attorney	Employer Macomb County		
Business Address 1 S. Main Mt. 0	Clemens, MI48043		
Type of Contribution:	Loan from a person		
3. Contribution # 3 PAC Receipt Name & Address:	? YES 4. Date of Receipt 09/20/12		
Miller Jr., Arthur J. 11139 Olive		_{\$} 150	_{\$} 150
Warren, MI 48093 5. If over \$100.00 cumulative, please (arovide:	Click Here for	Memo Itemization
Occupation Political Consultant	Employer_self		
Business Address same			
Type of Contribution: Direct	Loan from a person		
3. Contribution # 4 PAC Receip Name & Address	? YES 4. Date of Receipt 09/20/12		
Macomb County Asst. Pros 1 N. Main Mt. Clemens, MI 48043	ecutor's PAC	_{\$} 200	_{\$_} 200
5. If over \$100.00 cumulative, please	provide:	Click Hore for	Memo Itemization
Occupation	Employer	Chek Here IOI	Wello Remization
Business Address			
Type of Contribution: Virect	Loan from a person Fund Raiser		
	Page Subtotal	\$490.00	
	Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 8 of 14		line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138271

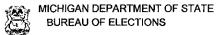
Enter contributor's name and address. If a middle initial. Check box to indicate if con Committee (PAC) Report all contributions	tribution is from a Politica			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? Name & Address:	YES 4. Date	of Receip	09/20/12	· · · · · · · · · · · · · · · · · · ·	
Petrella, Bart 15330 Walden Ct. Macomb, MI 48044				_{\$} 80	_s 80
5. If over \$100.00 cumulative, please pro	vide:			<u> </u>	· · · · · · · · · · · · · · · · · · ·
Occupation	Employer			Click Here t	or Memo Itemization
	Linployer				
Business Address Type of Contribution: Direct	Loan from a person	ı √	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address	YES 4. Date	of Receipt	09/20/12		
Towner, Charles M. 39757 Brylor Ct. Clinton Twp., MI 48038				_{\$} _100	_{\$} 100
5. If over \$100.00 cumulative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation Attorney	_ Employer_self				
Business Address Same	_				
Type of Contribution: ✓ Direct	Loan from a person	V	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address:			t 09/20/12		····
CTE Kenneth Pearl 38316 Santa Barbara Clinton Twp., MI 48036				_{\$} 40	_{\$} 40
5. If over \$100.00 cumulative, please pro	vide:			Click Here fo	r Memo Itemization
Occupation	_ Employer				
Business Address Type of Contribution: Direct	Loan from a person	√	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address	YES 4. Date	e of Recei	ot 09/20/12		
Kassab, Andrew A. 3873 Forrester Blvd. Auurn Hills, MI 48326				_{\$} 100	_{\$_} 100
5. If over \$100.00 cumulative, please pro	vide:			0" 1 11	8.6 10 1 12
Occupation Attorney	_ Employer Maco	mb Cou	nty	Click Here to	r Memo Itemization
Business Address 1 S. Main Mt. C	lemens, MI 48043				
Type of Contribution:	Loan from a person		Fund Raiser		
0 (1)			Page Subtotal nd Total of All Schedules 1A ete on last page of Schedule)	\$320,00 Enter this total on line 3a of Summary	
Page 9 of 14				Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138271

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? YES 4. Date of Receipt 09/20/12 Name & Address:		
Hackel for Couty Executive 12900 Hall Rd. Ste 510 Sterling Hts., MI 48313	_{\$} 100	_{\$} 100
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		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address		
Venditelli, Orazio 5483 Flamingo Shelby Twp., MI48315	_{\$} 80	_{\$_} 80
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address:		
Gorczyca, David 1600 E. Jefferson rosse Pte., MI 48230	_{\$} 250	_{\$} 250
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Attorney Employer self		
Business Address same Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address		
Bianchi, Ralph 48285 American Elm Dr. Macomb, MI 48044	_{\$} 80	_{\$_} 80
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$510.00 Enter this total on	
Page 10 of 14	line 3a of Summary Page.	



CANDIDATE COMMITTEE

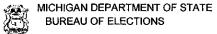
1. Committee I.D. Number _

138271

2. Committee Name

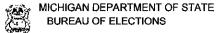
Committee to Elect Bob Smith

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? YES 4. Date of Receipt 09/20/12 Name & Address:		
Wilson, Gordon B.		ļ
14350 Fruitwood	_s 40	. 40
Washington, MI 48094	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address	· " " "	
DPOA	500	F00
1938 E. Jefferson Ave. Detroit, MI 48207	_{\$} 500	_{\$} 500
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	0.10.1.7,070.10.	morno itomization
Business Address		
		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address:		
Krall, Thomas G.	40	40
282 Rivard Blvd.	_{\$} 40	_{\$} _40
Grosse Pointe, MI 48230	Click Here for	Memo Itemization
5. If over \$190.00 cumulative, please provide:	Click Here loi	Memo nemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address		
Femminineo, Jacob	450	4 = 0
110 S. Main	_{\$} 150	_s 150
Mt. Clemens, MI 48043		
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Attorney Employer Self		
Business Address Same		
Type of Contribution: Direct Loan from a person Fund Raiser		:
Page Subtotal	\$730.00	
Grand Total of All Schedules 1A		•
(Complete on last page of Schedule)	Enter this total on	J
Page 11 of 14	line 3a of Summary Page.	



CANDIDATE COMMITTEE

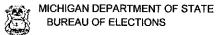
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address:		
Biretta, Eric		
110 S. Main	_s 80	_s 80
Mt. Clemens, MI 48043	\$	\$
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 #2 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address		
Viviano, Vincent	400	400
6705 St. Andres Shelby Twp., MI 48315	_{\$} _100	_{\$} _100
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Administrative Aide Employer Macomb County Executive Office		
Business Address 1 S. Main 9th Floor Mt. Clemens, MI 48043		
Type of Contribution: Loan from a person Fund Raiser	_	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/20/12 Name & Address:		-
Sterling PAC	100	400
35710 Mound	_{\$} 100	_{\$} 100
Sterling Hts., MI 48310	Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide:	Short Hoto 15	, wome normand
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	.	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/04/12 Name & Address		
Cataldo, William	5 0	50
1137 Sandy Ridge Dr.	_{\$} 50	_{\$_} 50
Rochester Hills, MI 48306 5. If over \$100.00 cumulative, please provide:		
	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$330.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_
Page of / 4	line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138271

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? YES 4. Date of Receipt 10/04/12 Name & Address:		
Slanec, Darra		
43177 Rivergate Dr.	4.5.5	400
Clinton Twp., MI 48038	_{\$} 100	_{\$} 100
5. If over \$100.00 cumulative, please provide:	-	
Occupation Attorney Employer Macomb County	Click Here for	or Memo Itemization
4.0. Maile - N. Oleman - M. 400.40		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/12/12		
Name & Address		
Abbate, Dominic	40	40
2500 Royal View Dr.	_{\$} 40	_{\$} 40
Oakland, MI 48363		
5. If over \$100.00 cumulative, please provide:	Click Here for	r 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 10/17/12 Name & Address:		
Sorrentino, Benny	75.00	75.00
35520 Forton	_{\$} 75.00	_{\$} 75.00
Clinton Twp., MI 48035	OF LILE C	
5. If over \$100.00 cumulative, please provide:	Click Here to	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/17/12 Name & Address		
Pizzo, Salvatore		
36277 Gratiot Ave.	ູ 100	ຼ 100
Clinton Twp., MI 48035	V	\$
5. If over \$100.00 cumulative, please provide:	Click Hara for	Memo Itemization
Occupation Business Owner Employer Self	Office (1616 to)	Memo Remization
Business Address same		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Page Subtotal	\$315.00	
	+3.0.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		J
13~14	Enter this total on	



1. Committee I.D. Number

138271

CANDIDATE COMMITTEE

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)
Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date	of Receipt	10/17/12		
Czachor, Phillip 68655 Campgr Washington, M	ound Rd.				_s 250	_{\$} 250
5. If over \$100.00 cu	mulative, please pro	vide:			Click Horo f	or Memo Itemization
Occupation		_ Employer	·····		Cilck Here i	or Memo Remization
Business Address		· · · · · · · · · · · · · · · · · · ·				
Type of Contribution:	√ Direct	Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date	of Receipt	10/21/12		
Gargaro Jr., Eu 22 Renaud Rd. Grosse Pte Sho	_				_{\$} _250	_{\$} 250
5. If over \$100.00 cui	mulative, please pro	vide:			Click Here for	or Memo Itemization
Occupation Attorney	у	Employer_self				
		ods Ste 118 Harp	er Wood	ls, MI 48225		
Type of Contribution:		Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date	of Receip	10/21/12		
Hoezee, Mary A 39590 Camp Harrison Twp., 5. If over \$100.00 cui	MI 48045	vide:			\$ 40.00 Click Here fo	\$ 40.00 r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	✓ Direct	Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	of Receip	ot	V	
			٠		\$	\$
5. If over \$100.00 cur	mulative, please prov	vide:			Click Here fo	r Memo Itemization
Occupation		Employer			0.1011 1010 10	. Womo Romization
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
· .**		****		Page Subtotal	\$540.00	
				nd Total of All Schedules 1A te on last page of Schedule)	\$5,400.00 Enter this total on	
Page 14 of 14					line 3a of Summary	



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

Fund Raiser

Fund Raiser

Date of Receipt

1. Committee I.D. Number 138271

Loan from a Lending Institution

Interest

interest

Refund \Rebate Other (Specify)

Refund \Rebate Other (Specify)

		2. Committee Name Committee	to Elect Bob Smith
3. Name & Address From Whom Red	ceived 4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt 10/20/12	Loan from a Lending Institu	
American Graphics		Interest	\$ 386.00
34895 Groesbeck		<u> </u>	
Clinton Twp.,MI 48035		✓ Refund \Rebate	Click for Memo Itemization Type
Chittori Twp.,ivii 40000	Fund Raiser	Other (Specify)	<u> </u>
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending Instit	ution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institu	ition
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	<u>-</u> _
Receipt #4	Date of Receipt		4
Name & Address:		Loan from a Lending Institu	ution \$
		Interest	<u></u>
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	··········
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institu	tion
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #6 Name & Address:	Date of Receipt	Loan from a Lending Institu	ution

\$386.00 (Complete on last page of Schedule) Enter this total on line 4 of Summary Page

Page Subtotal

Grand Total of All Schedules 1A -1

Click for Memo Itemization Type

Click for Memo Itemization Type

\$386.00

Page 1 of 1

Receipt #7

Name & Address:



Page 1 of 3

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK 2. Committee Name Committee to Elect Bob Smith

Page

CANDIDATE COMMI	TTEE 2. Committee Name	7. Amount or 8. Cu	ımulative
if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent	5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	Fair Market for El	lection e (Through in Item 5)
Name & Address: Bob Smith 36729 Moravian Clinton Twp., MI 48035	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 ☐ Loane ☐ Cas	18 _{\$} 718	<u> </u>
Occupation: Commissioner Employer Name & Business Address:	5. Date Of Receipt: 08/28/12 - 10/21/12	Here for Memo Itemizati	ion
Fund Raiser Contribution 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	4. Sendorsement 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/sign workers 5. Date Of Receipt: 10/17/12 6. Vendor Name & Address: Buffalo Wild Wings Clic	26 \$ 12	
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: Bob Smith 36729 Moravian Mt. Clemens, MI 48043	Clinton Twp., MI 48035 4.	+t land	cesta
If over \$100.00 cumulative, please provide: Occupation: Commissioner Employer Name & Address: Macomb County Board of Commissioners 1 S. Main Mt. Clemens, MI 48043	Description Food / meetings 5. Date Of Receipt: 08/28/12 -/o/3///2 6. Vendor Name & Address: Jets Pizza 39101 Garfield Clinton Twp., MI 48038	ber mosting generation)	68 63 66
Fund Raiser Contribution	Page Subtotal Grand Total of all Schedules 1-li (Complete on last page of Schedule	(912.00
		on line 6 of Summan	,



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number __138271

CANDIDATE CO	MMITTEE 2. Committee Name Committee	to E	lect Bob S	mith
f contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independence (Both are commonly called PACs). Report all in-kind contributions.	Type of In-Kind Contribution (Check applicable box) Date of Receipt		7. Amount o	Or 8 Cumulati
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	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others Description FOOd/meetings 5. Date Of Receipt: 08/28/12 - / 0/24/13 6. Vendor Name & Address: Subway	- LOAN	, 63	\$ 66
Mt. Clemens, MI 48043 Fund Raiser Contribution	20 N. Groesbeck Mt. Clemens, MI 48043	A)	Aemo Itemization	n)
Contribution # 2 PAC Receipt? Yes Name & Address Bob Smith 36729 Moravian Clinton Twp., MI 48035	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-	\$ 6	66	\$ 66
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	Description Food/meetings 5. Date Of Receipt: 08/28/12 - / 0/21//2 6. Vendor Name & Address: Krogers 37187 Groesbeck Clinton Twp., MI 48035		emo łtemization)	
Contribution #3 PAC Receipt? Yes Name & Address: Bob Smith 36729 Moravian Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: Commissisoner Employer Name & Address: Macomb County Board of Commissioners 1 S. Main Mt. Clemens, MI 48043	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-Loaned Description Pole pounder 5. Date Of Receipt: 10/07/12 6. Vendor Name & Address: Lowe's 35115 Gratiot	DAN	.62 Here for Memo	\$ 27.62
Fund Raiser Contribution	Clinton Twp., MI 48035	btotal	\$156.62	\$150.00
p 2	Grand Total of all Schedule: (Complete on last page of Sche	s 1-IK edule)	Enter this total on line 6 of Sumi	\$156.62 mary
Page 2 of 3			- -	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138271

CANDIDATE COMN	ITTEE 2. Committee Name Committee to Elec	T ROD SUMIN	
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.	Type of In-Kind Contribution (Check applicable box) Date of Receipt 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	Goods or Services Purchased by Candidate or Others 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	412 s_	412
Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Yes Yes Stella Smith 39324 Eliot Clinton Twp.,MI 48036 If over \$100.00 cumulative, please provide: Occupation: retired Employer Name & Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description Independent Services 5. Date Of Receipt: 08/28/12 -/ □/ →// → 6. Vendor Name & Address:	200 \$	200 emization
Fund Raiser Contribution Contribution #3 PAC Receipt? Ye Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods Donated or Loaned Services Donated \$	\$ Click Here for Memo It	lemization
Fund Raiser Contribution	Page Subtot	\$612.00	\$612.00
	Grand Total of all Schedules 1	** \$1,680.62	

Enter this total on line 6 of Summary Page

(Complete on last page of Schedule)



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	138271	
2. Committee Name Com	mittee to Elect Bob Smit	'n

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Stella Smith		09/08/12	\$ 135.00
Address	Purpose: Stamps	Date	
	Tupose.		
39324 Eliot	Click F	lere for Memo I	Itemization Type
Clinton Twp.,MI 48036	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	·		
Name Clinton Twp. Senior Center		09/13/12	\$ 175.00
Address	Purpose: Octoberfest Ad	Date	
40730 Romeo Plank	Click H	lere for Memo I	temization Type
Clinton Twp., MI 48038	<u> </u>		,
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
·			
Name Madison's Pub		09/25/12	\$ 375.25
Address	Purpose: Fundraiser Party	Date	
15 N. Walnut	Click H	ere for Memo l'	temization Type
Mt. Clemens, MI 418043	r	CIC IOI WICING	ioniization Type
▼ Fund Raiser	LICheck box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4	- October 1997		
Name US Post Office		10/02/12	\$ 160.00
Address	stamns	Date	\$ <u>100.00</u>
Address	Purpose: stamps		
155 S. Main	Click	ere for Memo l	temization Type
Mt. Clemen, MI 48046	CHCK II	ele loi Mellio II	lemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
•			
Name Italian Tribune		10/10/12	. 077 00
Address	Purpose: advertising	Date	\$ <u>277.00</u>
	i ui pose.		
21852 23 Mile Rd.	Click H	lere for Memo l	temization Type
Macomb, MI 48042	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	\$122.25
	Grand Total of all S (Complete on last page		
	(Complete on last page	or ourequie) [Enter this total
			Enter this total

Page ____ of ____

on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

nittee I. D. Number	1002	• •			
				-	

2. Committee Name Committee to Elect Bob Smith

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1	,		
Name Dough Masters		10/11/12	\$ 87.50
Address	Purpose: donuts	Date	<u> </u>
1146 Rankin		tere for Memo	temization Type
Troy, MI48083			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2		•	
Name American Graphics		10/15/12	\$ 4000.00
Address	Purpose: Printing	Date	
34895 Groesbeck	Click H	lere for Memo I	temization Type
Clinton Twp., MI 48035			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3	7		
Name Clinton Township Goodfellows		10/15/12	\$ 328.00
Address	Purpose: Spagetti dinner tickets donated for advertising	Date	
40700 Romeo Plank		lara for Mama l	temization Type
Clinton Twp.,MI 48038	_[]	iere ioi ivieriio i	ternization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			_
Name Manhattan Printers & Mailers		10/15/12	\$ 1354.76
Address	Purpose: Mailing	Date	\$ 1334.70
51132 Milano Dr.			
Macomb, MI 48042		iere for iviento i	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			,, _.
Name MTS Educational Center		10/16/12	
Address	Purpose: donation	Date	\$ 200.00
22645 Quinn	Click H	lere for Memo I	temization Type
Clinton Twp., MI 48035	Check box if this expenditure is payment of		,,,,
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	\$5,970.26
	Grand Total of all S (Complete on last page	i	. —
	, , ,	′ ι	Enter this total

Enter this total on line 8a of Summary Page

2 of 3



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

2. Committee Name	Committee to Elect Bob Smith	

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Walter Nowinski		10/19/12	\$ 777.40
Address	Purpose: Developing literature	Date	
Address 1915 W. Fort St. Apt. 401	Purpose		
Detroit, MI 49216	Click I	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name In Focus Campaigns		10/19/12	s 139.02
Address	Purpose: robo calls	Date	
PO Box 10726	Click F	lere for Memo	Itemization Type
Fort Worth, Texas 10726			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name			
			\$
Address	Purpose:	Date	
	Click H	lere for Memo	temization Type
	Check box if this expenditure is payment of		,,
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
			\$
Address	Purpose:	Date	
	Click H	lere for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
			\$
Address	Purpose:	Date	
	Click F	lere for Memo	temization Type
•	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	\$916.42
	Grand Total of all S (Complete on last page		\$8,008.93

Enter this total on line 8a of Summary Page

Page 3 of 3



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee LD. Number __138271

Debts and obligations owed by or forgives the (Name and Mailing Address of person, vendor or financial institution as	meck either a or b. Use only for the	bis and obligations owed <u>fo</u> purpose checked.)	or forgiven by the co	mmiliee.
Check hox to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endersers or quarantors, 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 peyment to date on debi	9. Outstanding Balance at close of this period (item 6 minus item 5)
Owed to or by: Bob Smith	4. Type: stamps,mellings,coops	02/11/11 5 44.91		
36729 Moravian Clinton Twp., M/ 48035	5. Date Debt Was Incorred: 06/01/10	- 5		
omaca 1 wp., wa 48035	6. Original Amount of Debt:	s	s 44.91	\$_9.63
if bank tozn, came of endorser or guarantor.	\$ 54.54			FORGIVEN
Delv #2				
Owed to ar by: Sob Smith	4. Type: 986	s Amou	rd Endorsed: \$	
6729 Moravjan	5. Date Debt Was Incurred: 6/1/10-10/17/20	s	1	
Clinton Twp., MI 48035	6. Original Amount of Dain:		, 0	00.088
	<u>\$ 980</u>			FORGIVEN
bank town, meme of endorser or guarantor;			-	
Owed to or by:	4. Type: Verizon Wireless	S Amou	nt Endorsed: \$	
ob Smith 3729 Moravian	5. Date Debt Was Incorred:	\$		
inton Twp., MI 48035	6/1/10-10/17/10 6. Ottoinal Amount of Debt:		0 5	472.00
	\$ 472.00			FORGIVEN
pank loan, name of endorser or guarantor:				
		Amoun	t Endorsed: \$	
•		Page Sublotal (Out	standing debi) \$1	,461.63
	iplete on last page of Schedule show			
ebt or obligation must be shown on this Schedule Campaign Statement or it was forgiven during the			Ent on i	er this total ine 12a "owed or line 12b ed to" of the



DEBTS	AND	OBL	.IGA	TIONS
-		2111	C 4E	7

138271 1. Committee LD. Number

SCHEDULE 1E		Committee to Elect Bob Smith
· · · · · · · · · · · · · · · · · · ·	2. Committee Name	
CANDIDATE COMMITTEE		

CANDIDATE CUMMITTEE	ويوادوك ويوادي والمستور والمتعولات والموادية والمتعود والمتعود والمتعود			
This Schedule itemizes:	—	and obligations owed <u>to</u> or	fombion by the cart	miltes.
Debts and obligations owedby or forgiven the comm	nitiee OR b. [_]Debts *k either a or b. Use only for the pu	pose chacked.)		
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 guarantons, if any.	4. Type of Obligation (Description) 5. Indicate dato 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 (flem 6 minus Item 8)
Debt#1 Corp? Yes Owed to pr by:	4. Type: Misc. Auto Exp.			
Bob Smith 36729 Moravian Clinton Twp., MI 48035	5. Date Debt Was Incurred: 06/01/10 - 10 1/1/10 6. Original Amount of Debt \$ 289	\$\$	\$ <u>0</u>	\$_289.60 FORGIVEN
if bank loan, name of endorser or guarantor.		Am	ount Endorsed: \$	
Oebt#2 Corp? Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: food-meetings 5. Date Debt Was Incorred: 6/1/10-10/17/10 6. Original Amount of Debt: 5. 246	\$\$	\$ D	\$ 246
Debt #3 Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: Cable ties 5. Date Debt Was Incurred: 10/13/10 6. Original Amount of Dabt: \$ 28.52	\$ \$ \$	\$ 0	\$ 28.52
If bank loan, name of endorser or guarantor:			Amount Endorsed:	\$563.52
	(Complete on last page of Schedul	Grand Tot d bewe structure griwoda al d test to bewer travers		X)
A debt or obligation must be shown on this Scho this Campaign Statement or it was forgiven duri	edule if there was an outstanding ng the period covered by this Ca	g amount owed on it at the mpaign Statement.	elosing date of	by" or i

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.

Page 2 of 10



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee i.D. Number 138271

CANDIDATE COMMITTEE 2:	Committee Name COTTITUTE	e to Fiect Bob Si	men	
This Schedule itemizes:				
	nmittee OR b. Debi	ts and obligations owad to o utpose chacked.)	or forgiven <u>by</u> the co	mmittee.
Name and Maling 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 Cam? Yes Owed to or by:	4, Type: Independent services	s		
Stella Smith	5. Date Bebt Was Incurred:	i s		
39324 Eliot	08/01/10-12/3/10	<u>e</u>	ļ	
Clinton Twp., MI 48036	6. Original Amount of Debt:		s <u>0</u>	s_800.00
	\$_800.00	<u> </u>		FORGIVEN
if bank loan, name of endorser or guarantor:	,	<u> </u>	[L
		Ame Ame	ount Endorsed: \$	
Debt #2 Com? Yes Owed to or by:	4. Type: gas	\$		
Bob Smith	5. Date Debt Was Incurred;	ę		
36729 Moravian	1/1/2011-12/31/2011		!	
	11/12/11-12/31/2017	1	1	₹
Clinton Twp., MI 48035	6. Odolnal Amount of Debt	<u> </u>	s <u>c</u>	s_720.00
Clinton Twp., MI 48035	***************************************	<u> </u>	\$ <u>G</u>	1-7
	6. Odolnal Amount of Debt	<u> </u>	s <u>C</u>	5 720.00
Clinton Twp., MI 48035 If bank loan, name of endorser or guarantor:	6. Odolnal Amount of Debt	\$\$	s C	1-7
	6. Odolnal Amount of Debt	\$\$	•	1-7
If bank loan, name of endorser or guarantor:	6. Original Amount of Dabi: \$ 720	\$Am	•	1-7
If bank loan, name of endorser or guarantor: Debt #3 Com? Yes Owed to or by: Bob Smith 36729 Moravian	6. Oxiolinal Amount of Debt: § 720 4. Type: food-meetings	\$ Am	•	1-7
If bank loan, name of endorser or guarantor: Debt #3 Com? Yes Owed to or by: Bob Smith 36729 Moravian	6. Original Amount of Dabi: \$ 720 4. Type: food-meetings 5. Date Dabt Was Incurred:	\$ Am	aunt Endorsed: \$	1-7
If bank loan, name of endorser or guarantor: Debt #3 Com? Yes Owed to or by: Bob Smith 36729 Moravian	6. Original Amount of Dabt: \$ 720 4. Type: food-meetings 5. Date Dabt Was Incurred: 1/1/11-12/31/11	\$ Am	•	FORGIVEN
If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes Owed to or by:	6. Original Amount of Dabt: § 720 4. Type: food-meetings 5. Date Debt Was Incurred: 1/1/11-12/31/11 6. Original Amount of Dabt:	\$ Am	aunt Endorsed: \$	FORGIVEN

Page Subtotal (Outstanding debt)

Grand Total of all Schadules 15

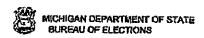
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

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

\$1,595.00

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DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee i.D. Number 13827

1382/1	

	. Committee Name Committe	e to Elect Bob Sr	nith	
CANDIDATE COMMITTEE	COMMISSO WEEK			
This Schedule itemizes:				
	mmittee OR b. Deb neck either a or b, i.lse only for the p	ts and obligations owed <u>to</u> ourpose checked.)	r forgiven <u>by</u> the co	mmilitee.
Name and Malking Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period
Check box to indicate whether debt is awed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	incurred			(item 6 minus item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: food-meetings	s		
Bob Smith 36729 Moravian	5. Date Debt Was Incurved:	s		
Clinton Twp., MI 48035	01/01/11	<u> </u>	_ ^	s 66.00
	6. Original Amount of Debt	5	\$ 0	*
	s 66.00	\$		FORGIVEN
if bank loan, name of endorser or guarantor:		Armo	unt Endorsed:\$	
Debt #2 Corp? Yes Owned to or by:	4. Type: cell phone service	\$		
Bob Smith	5. Date Debt Was Incurred:	\$		
36729 Moravian	1/1/11-12/31/11	s		C20 00
Clinton Twp., MI 48035	6. Original Amount of Debt:	\$	\$ _0	§ 633.00
	s 633.00			FORGIVEN
If bank lean, name of endorser or quaranton			ount Endorsed: 5	i
Debt#3 Corp? Yes	4. Type: travel - holei	, , , , , , , , , , , , , , , , , , ,	ONK ENDOISON: \$	
Owed to or by:				
Bob Smith 36729 Moravian	5. Date Debt Was Insurred: 8/15/11	<u> </u>		
Clinton Twp., MI 48035	6, Original Amount of Dulat:	S	s 0	s 316.00
• •	s 316.00	\$	*	FORGIVEN
	7			LIFORGIVEN
If bank loan, name of enduraer or gusternior;		Am	ount Endorsed; \$_	
		Page Sublotal (Outstanding debit	\$1,015.00
(Complete on last page of Schedule s	Grand Total o howing amounts owed by or	f all Schedules 1E to the committee)	Emer this ental

A debt or obligation must be shown on this Schodule II there was an outstanding amount awad 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 "owed by" or line 12b "owed to" of the Summery Page

Page 4 of 10



DEBTS A	(ND	OB	LK	BAT	ions
SO	HFT) I	F	4 III	

1. Committee I.D. Number 138271

CANDIDATE COMMITTEE 2	Committee Name Committee	ee to Elect Bob S	mith	
This Schadule Itamizes:				
a Debts and obligations owed by or forgiven the co	minitize OR b. De leck either a or b. Use only for ine	bis and obligations owed <u>to</u> : PU IDOSE check ed.)	or forgiven <u>by</u> the o	ommittee.
3. Name and Malling 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 guerantes. If any.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumuselive payment to date on debt	9. Outstanding Balance at close of this period (flem 6 minus item 8)
Debt #1 Corp? Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: travel-car rental 5. Pate Debt Was Insucred: 08/15/11 6. Original Amount of Dabt: \$ 90.00	\$ \$ \$	\$ <u>0</u>	\$ 90.00 FORGIVEN
If bank loan, name of enderser or guarantor:			unt Endocsed: 5	•
Comp? Yes Cowed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035 If bank toan, name of endorser or guarantor: Dets #3 Dwed to or by: Bob Smith 16729 Moravian Clinton Twp., MI 48035	4. Type: travel-airlines 5. Date Debt Was Incurred: 8/15/1† 6. Original Amount of Debt: \$ 354.00 4. Type: filing fee 5. Date Debt Was Incurred: 5/1/12 6. Original Amount of Debt: \$ 100.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	s C	\$ 354.00 FORGIVEN \$ 180.00
		Amo	unt Endorsed: \$	
(Con debt or obligation must be abown on this Schedule ils Cempelgn Statement or it was forgiven during th	apicts on last page of Schedule shi if there was an outstanding amo period covered by this Campai	annik sanoning omog by GLI	all Schedules 1E of the committee)	Enter this lotal on line 12a "owed by" of line 12b owed to" of the
ago <u>5</u> of 18			\$	Summary Page



DEBTS AND OBLIGATIONS 138271 1. Committee LD, Number SCHEDULE 1E 2. Committee Name Committee to Elect Bob Smith **CANDIDATE COMMITTEE** This Schedule itemizes: a Debts and obligations owed by or longwen the committee a committee OR to. Debts and obligations awad to or forgiven by the committee. (Check of their a or b. Use only for the purpose checked.) 3. Name and Mailing Address of person, vendor or 4. Type of Obligation (Description) 5. Indicate date debt was financial institution to whom debt is owed. 7. Date and amount of 8. Cumulative 9. Outstanding Balance at close each payment Check box to indicate whether debt is owed to an payment to date on debt incorporated business. If debt is a bank loan, please provide alformation regarding the endorsers or incurred of this period 6. Indicate original amount (itom & minus of debt guarantors, if any. ltem 8) Debt #1 Corp? Yes Owed to or by: 4. Type: gas **Bob Smith** 36729 Moravian 5. Date Debt Was incurred: 01/11/12-7-22-12 Clinton Twp., MI 48035 6. Original Amount of Debt \$ 511.00 \$_0 511.00 FORGIVEN If bank loan, name of endorser or guerantor: Debt #2 Corp? Yes

Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: food 5. Date Date Was Incurred: 7/14/12 6. Original Amount of Debt \$ 91.00	\$	2 0	\$ 91.00
If bank lean, name of endersor or guarantor.		— Art	Marti Endan	
Owed to arby: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: food-meetings 5. Inth Debt Was lacurred: 1/1/12-7/22/12 6. Original Amount of Debt: 3 107.00	\$ \$	nount Endorsed; \$	s 107.00
If bank loan, name of endorser or guaranter.		<u> </u>		LFORGIVEN
		Arm	ount Endorsed; \$	

(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.

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

\$709.00

Page Subtobi (Outstanding debit

Page_6 of 10



DEBTS AND OBLIGATIONS

138271 1. Committee I.D. Number

SCHEDULE 1E 2. Committee Name Committee to Elect Bob Smith CANDIDATE COMMITTEE This Schedule Hemizeu: e committee OR b. Debts and obligations owed to er forgiven by the committee. (Check either a or b. Use only for the purpose checked.) Debts and obligations owed by or forgiven the committee 3. Name and Malling Address of person, vendor or 4. Type of Obligation 7. Date and amount of each payment 9. Outstanding Balance at close 8. Cumulative (Description) 5. indicate date debt was financial institution to whom debt is owed. payment to date on deht of this period Check box to indicate whether debt is owed to an incurred (item 6 minus incorporated business. If debt is a bank toan, piease 6. Indicate original amount (tem 8) provide information regarding the andersers or guarantors, il any. Dabi #1 Yes Corp? 4. Type: Cell phone service Owed to or by: **Bob Smith** 5. Date Debt Was Incurred: 36729 Moravian 01/11/12-7/20/12-Clinton Twp., MI 48035 \$ 0 420,00 6. Original Amount of Debt 420,00 FORGIVEN if bank form, name of endorser or guarantor: Amount Endorsed: \$ Debt #2 Corp? Yes 4. Type: cable ties Owed to or by: **Bob Smith** 5. Date Debt Wes Incurred: 36729 Moravian 7/14/12 Clinton Twp., MI 48035 6. Original Amount of Debt: 114.00 114.00 FORGIVEN If bank loan, name of endorser or guarantor. Amount Endorsed: \$. Dobt #3 4. Type; stamps-mailings Owed to or by: **Bob Smith** 5. Date Debt Was Incurred: 36729 Moravian 1/1/12-7/22/12 Clinton Twp., MI 48035 8. Original Amount of Debt: s 225.00 s 225.00 __ FORGIVEN If bank loan, name of endorser or guarantos. Amount Endorsed: \$ \$759.00 Page Subtotal (Outstanding debt)

A debt or obligation must be shown on this Schedule if there was an outsigniling amount owed on if 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 (Complete on tast page of Schedule showing amounts overal by or to the committee)

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

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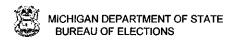


DEBTS AND OBLIGATIONS 1.1	Committee I.D. Number 138	271		
SCHEDULE 1E	0			
CANDIDATE COMMITTEE 2.0	Committee Name COMMITTEE	e to Elect Bob S	imith	
This Schedule Itemizes:				
a Debts and obligations owedby or longiven the con (Che	milities OR b. Deb	ts and obligations owed <u>to</u> un pose checked.)	or forgiven <u>by</u> the co	Amiliae.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Chack box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or pustantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original emount of debt	7. Date and amount of each payment	B. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (flem 6 minus flom 8)
Owed to or by:	4. Type: Independent services	<u> </u>		
Stella Smith	5. Date Debt Was Incorred:	8		
39324 Eliot Clinton Twp., MI 48036	01/01/12-7-12-12	•	1	
Carton 144p., Wt 48000	6. Original Amount of Debt:		\$ 0	ş_300.00
	s 300.60	*		FORGIVEN
If bank town, name of endorser or guerantor:	<u> </u>	<u> </u>	<u> </u>	
Debt #2 Corp? Yes		An	ouni Endorsed: \$	
Owed to or by:	4. Type:	\$	•	
	S. Date Debt Was Incurred:	\$		
	6. Octobral Amount of Debt:	s		
	\$	5	' S	\$
	T			FORGIVEN
If bank loan, name of endorser of guarantor.		Am	ount Endorsed: S	j
Debt #3 Corp? Yes Owed to or by:	4. Type:			
	S. Date Debt Was Incurred:	<u>\$</u>		
1	HEAVEN 1-100 INCRITOR.	<u> </u>		
	6. Original Amount of Debt:	\$	s	
	\$	<u> </u>	ş,	<u></u>
		5	!	FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ouni Endoraed: \$	}
			Onratisticand depth	\$300.00
(Con	plete on last page of Schedule sh	Grand Total or owing amounts owed by or		
				Enter this total on line 12a "owed

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 "ower by" or line 12b "owed to" of the Summery Page

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•	$\mathbf{\cdot}$	v	_		

DEBTS AND OBLIGATIONS 1.0	Committee I.D. Number 1382	2/1		<u> </u>
SCHEDULE 1E CANDIDATE COMMITTEE 2.0	Committee Name Comittee 1	to Elect Bob Smi	th	····
This Schedule itemizes:			· · · · · · · · · · · · · · · · · · ·	
Debts and obligations owed <u>by</u> or forgiven the cor (Che	nmittee OR b. Debt eck either a or b. Use only for the pu	s and obligations owed <u>to</u> o rpose checked.)	r forgiven <u>by</u> the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: gas	\$		
Bob Smith 36729 Moravian Clinton Twp., MI 48035	5. Date Debt Was Incurred: 08/28/10 -/ \$\phi^2 \frac{1}{2}\$ 6. Original Amount of Debt: \$\frac{718}{}\$	\$ \$ \$	\$ <u>0</u>	\$_718.00 FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: Bob Smith 36729 Moravian Clinton Twp., MI 48035	4. Type: food-sign workers 5. Date Debt Was Incurred: 10/7/12 6. Original Amount of Debt: \$ 126	\$ \$ \$	\$ <u>0</u>	\$_126.00
If bank loan, name of endorser or guarantor:			nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by: Bob Smith B6729 Moravian Clinton Twp., MI 48035	4. Type: food-meetings 5. Date Debt Was Incurred: 8/28/12-10/21/12 6. Original Amount of Debt: \$ 197	\$ \$ \$ \$	\$_0	\$_197.00
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$_	<u> </u>
		Page Subtotal	(Outstanding debt)	\$1,041.00
(0	Complete on last page of Schedule s	Grand Total showing amounts owed by o	of all Schedules 1E or to the committee)	Enter this total

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

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

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DEDTS AND ODLICATIONS

138271

DEBIS AND OBLIGATIONS	 Committee I.D. Nu 	mber	
SCHEDULE 1E		Comittee to Elect Bob Smith	
CANDIDATE COMMITTEE	2. Committee Name	Connice to Elect Bob Singi	
his Schedule itemizes:			
			

CANDIDATE COMMITTEE	**************************************			
This Schedule itemizes:				
a Debts and obligations owed <u>bv</u> or forgiven the comi (Chec	mittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven by the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Pole pounder	\$		
Bob Smith 36729 Moravian	5. <u>Date Debt Was Incurred</u> : 10/07/12	\$		
Clinton Twp., MI 48035	6. Original Amount of Debt	<u> </u>	\$ 0	\$ 27.62
If bank loan, name of endorser or guarantor:	\$ 27.62	\$		FORGIVEN
		Amo	unt Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: cell phone	<u> </u>		
Bob Smith 36729 Moravian	5. <u>Date Debt Was Incurred</u> : 8/28/12 - 16/21/12	\$		
Clinton Twp., MI 48035	6. Original Amount of Debt:	\$\$	\$ _0	\$_412.00
	\$_412.00	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$-	
Debt #3 Corp? Yes Owed to or by:	4. Type: Independent Services	\$		
Stella Smith	5. <u>Date Debt Was Incurred</u> :	\$		
39324 Eliot	8/28/12-10/21/12	\$		222.22
Clinton Twp., MI 48036	6. Original Amount of Debt:	\$	\$_0	\$_200.00
	\$ 200.00			FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
		Page Subtotal	(Outstanding debt)	\$639.62
(Co	omplete on last page of Schedule s	Grand Total of the following amounts owed by o	of all Schedules 1E r 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.

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FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number

130211

2. Committee Name Committee to Elect Bob Smith

		2. 00	imilitée Name	
	- USE A	SEPARATE SH	EET FOR EACH EVENT -	
3. Date Event Was Held		f Individuals Attending ing (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any) of th place where the activity was held.
09/20/12		71	Social Gathering	Private Residence
7. Total Contributions \$5,400.00				
3. Other Receipts				
). Gross Receipts (Add lines 7 a	and 8)	\$5,400.00		
0. Total Cost of Event Total Cost includes In-Kind Contributions and All Expenditures		Made For the Event		
11. Check if event was a joi				
Co-Sponsor(s)		Contribution S (%)	Split	Expenditure Split (%)
		<u> </u>		
	_			
	-		<u> </u>	
	.			

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.

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5-		