



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07-21-02 To: 08-26-02
Mo Day Year Mo Day Year

1. Committee I.D. Number
C 2002-028

2. Committee Name
Conan Smith for
County Commission

4. Candidate Last Name Smith First Name Conan M.I. M

4a. Office Sought Including District # or Community Served (If applicable)
County Commission - District #10

4b. County of Residence Washtenaw Driver License # (Optional)

5. Committee's Mailing Address
234 Eighth St
Ann Arbor MI 48103
Area Code and Phone (734) 662-0268

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.

6. Treasurer's Name & Residential Address
Rebekah Warren
234 Eighth St
Ann Arbor MI 48103
Area Code & Phone (734) 662-0268
Driver License # (Optional)

7. Treasurer's Business Address
4515 W. Saginaw St 201
LANSING MI 48917
Area Code and Phone (313) 327-4707

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

Area Code and Phone ()

Driver License # (Optional)

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
08-06-02
Month Day Year

9c. Annual Statement (Coverage Year)

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

9e. Dissolution of Candidate Committee

Effective Date of Dissolution
08-26-02
Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

FILED
 2002 SEP-5 A 10:18
 REG. MICHIGAN
 COUNTY CLERK
 WASHTENAW COUNTY, MI

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 Rebekah Warren Rebekah Warren Date 09-03-02
Type or Print Name Signature Mo Day Year

Candidate Conan Smith Conan Smith Date 09-03-02
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number C2002-028
 2. Committee Name Coran Smith for
County Commission

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,605⁰⁰</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,605⁰⁰</u>	(18.) \$ <u>5,415⁰⁰</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,605⁰⁰</u>	(20.) \$ <u>5,415⁰⁰</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3,645.11</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3,645.11</u>	(23.) \$ <u>5,413.17</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1,041.94</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,605⁰⁰</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,646.94</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,645.11</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1.83</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold. All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math. Authority granted under P.A. 388 of 1976



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C 2009-028
2. Committee Name Conan Smith for County Commission

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 from committees regardless of amount.

3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07-24-07</u>	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name: <u>Eugene Wolfson</u> Address: <u>315 Eighth St Ann Arbor MI 48103</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	\$250.00	\$250.00
Name: <u>Dana Debel</u> Address: <u>213 W. Liberty # 300 Ann Arbor MI 48104</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	\$250.00	\$250.00
Name: <u>Chris Graham</u> Address: <u>925 Aberdeen Dr. Ann Arbor MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00	\$100.00
Name: <u>Walter & Phyllis Hill</u> Address: <u>701 Sunset Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00	\$100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$250.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C 2002-028
2. Committee Name Conan Smith on County Commission

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 from committees regardless of amount.

3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07-25-02</u>	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name: <u>Jeff Padden</u> Address: <u>4298 Cherry Hill</u> <u>Olemos MI 48864</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00	\$100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07-25-02</u> Name: <u>Lana Pollack</u> Address: <u>345 Sumac</u> <u>Ann Arbor MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00	\$50.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07-25-02</u> Name: <u>James Cliff</u> Address: <u>512 Westmoreland</u> <u>Lansing MI 48915</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00	\$50.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07-25-02</u> Name: <u>Dennis Fox</u> Address: <u>1411 West Centerline Road</u> <u>Fowler, MI 48835</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$250.00	\$250.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$225.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C 2002-028
2. Committee Name Conan Smith for County Commission

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 from committees regardless of amount.

3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07-25-02</u>	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name: <u>Dave Dempsey</u> Address: <u>323 N. Walnut, # 801 Lansing, MI 48933</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$2500	\$2500
Name: <u>Linda Keeffe</u> Address: <u>2950 Woodcraft, #13 Lansing, MI 48912</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$2500	\$2500
Name: <u>Judy Bearup</u> Address: <u>802 E Lawrence Avenue Charlotte, MI 48812</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$2000	\$2000
Name: <u>Arlin Wasserman</u> Address: <u>8800 E. End + Rd Suttons Bay MI 49682</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1000	\$1000
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$8000	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2002-028
2. Committee Name Conan Smith for County Commission

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 from committees regardless of amount.

3. Contribution #	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	<input type="checkbox"/> YES	07-25-02	\$500.00	\$500.00
Name: <u>Mike & Mary Schiroen</u> Address: <u>375 Hunters Trl</u> <u>Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				
3. Contribution #2	<input type="checkbox"/> YES	07-25-02	\$250.00	\$250.00
Name: <u>Jessica Kovan</u> Address: <u>2086 Lascom</u> <u>Ann Arbor MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				
3. Contribution #3	<input type="checkbox"/> YES	07-27-02	\$200.00	\$200.00
Name: <u>Tony Ramirez</u> Address: <u>920 E Ann</u> <u>Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				
3. Contribution #4	<input type="checkbox"/> YES	07-27-02	\$500.00	\$500.00
Name: <u>Scott Everett</u> Address: <u>3038 Harper Rd</u> <u>Mason MI 48854</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)			\$1450.00	

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C 2002 - 028
2. Committee Name Conan Smith for County Commission

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 from committees regardless of amount.

3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07-27-02</u>	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name: <u>John Austin</u> Address: <u>817 Berkshire Ann Arbor MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$600.00	\$600.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07-27-02</u> Name: <u>Priscilla Chaven</u> Address: <u>247 S. Wagner Rd Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$250.00	\$250.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07-27-02</u> Name: <u>Conan Smith</u> Address: <u>23A Eighth St Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Land Programs Director</u> Employer <u>MEC</u> Business Address <u>119 Pere Marquette Lansing 48912</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$20.00	\$120.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08-01-02</u> Name: <u>Mane Vitale</u> Address: <u>2395 Grant Drive Ann Arbor MI 48108</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	\$250.00	\$250.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$1300.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2002-028
2. Committee Name Commonwealth County Commission

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 from committees regardless of amount.

3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08-01-02</u>	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name: <u>Frederick Reichardt</u> Address: <u>2005 Shadford Ann Arbor MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$2500	\$2500
Name: <u>Jay Strawser</u> Address: <u>601 Wharton Epsworth MI 48198</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$3000	\$3000
Name: <u>Bruce Manny</u> Address: <u>323 S. Parken Rd Ann Arbor MI 48103</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	\$4500	\$4500
Name: <u>Rebekah Warren</u> Address: <u>234 Eighth St Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$3000	\$5000
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$4000	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2002-028
2. Committee Name Coryn Smith for Congress

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 from committees 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>07-21-02</u> Name: <u>Tara Smith</u> Address: <u>5240 5 Mile Rd</u> <u>Southfield MI 48178</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$400.00	\$400.00
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08-02-02</u> Name: <u>Coryn Smith</u> Address: <u>224 81st St</u> <u>Ann Arbor MI 48103</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	\$35.00	\$470.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08-02-02</u> Name: <u>Matthew & Renee Clevy</u> Address: <u>711 Oak St</u> <u>Ann Arbor MI 48198</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	\$100.00	\$570.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08-02-02</u> Name: <u>Jim Olson</u> Address: <u>4155 Michigan Rd</u> <u>Traverse City MI 49686</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	\$30.00	\$600.00

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

\$880.00

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2002-028
2. Committee Name Carolan Smith for County Commissioner

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 from committees regardless of amount.

3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name: <u>Joan Wolfe</u> Address: <u>PO Box 191 Frankfort MI 49635</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	<u>\$25.00</u>	<u>\$25.00</u>
Name: <u>Lisa Wozniak</u> Address: <u>1018 Congress St Cyprianti MI 48197</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	<u>\$25.00</u>	<u>\$25.00</u>
Name: <u>Kathleen Averno</u> Address: <u>20540 Dubois Clinton Twp, MI 48035</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	<u>\$20.00</u>	<u>\$20.00</u>
Name: <u>Jill Warren</u> Address: <u>2884 Sorento Ann Arbor MI 48104</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	<u>\$50.00</u>	<u>\$50.00</u>
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	<u>\$120.00</u>	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C 2002-028
2. Committee Name Conan Smith for County Commission

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 from committees regardless of amount.

3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name: <u>Dalia Garcia</u> Address: <u>5735 Swan Lake W. Bloomfield MI 48322</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		<u>08-04-02</u>	\$50.00	\$50.00
Name: <u>Wendy Rampson-Gage</u> Address: <u>305 Pauline Blvd Ann Arbor MI 48103</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		<u>08-04-02</u>	\$30.00	\$30.00
Name: <u>Dan Luria</u> Address: <u>6210 Cornell Rd Brighton MI 48118</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		<u>08-04-02</u>	\$50.00	\$50.00
Name: <u>Bill Baker</u> Address: <u>4220 E. Cooperd Herpeton MI 49421</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<u>08-04-02</u>	\$50.00	\$50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)			\$180.00	

Enter this total on line 3a of Summary Page

Page 9 of 10



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2002-028
2. Committee Name Conan Smith for County Commission

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 from committees regardless of amount.

3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08-04-02</u>	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt.)
Name: <u>John Carver</u> Address: <u>5833 Community Dr. Brighton MI 48116</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	\$100.00	\$100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08-07-02</u> Name: <u>Brigit Macomber</u> Address: <u>2036 Delafield Dr. Ann Arbor MI 48105</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	\$50.00	\$50.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08-07-02</u> Name: <u>Michael D. Moore</u> Address: <u>817 Pepperwood Dr. Lansing MI 48917</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	\$250.00	\$250.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08-04-02</u> Name: <u>Andy Schor</u> Address: <u>4229 Chickory Lane Lansing MI 48910</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	\$20.00	\$20.00

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

\$1950.00
\$2105.00

Enter this total on
line 3a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C2002-028
2. Committee Name Conan Smith for County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Job Shop Ink, Inc.</u> Address <u>2321 W. Main St Lansing MI 48917</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07-24</u>	<u>\$ 1002.66</u>
Expenditure #2 Name <u>Krosen</u> Address <u>400 S Maple Ann Arbor MI 48103</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07-24</u>	<u>\$33.61</u>
Expenditure #3 Name <u>Meijers</u> Address <u>5125 W. Saginaw Hwy Lansing MI 48917</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07-25</u>	<u>\$ 49.66</u>
Expenditure #4 Name <u>Postmaster</u> Address <u>5th & Liberty Ann Arbor MI 48107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07-25</u>	<u>\$37.00</u>
Expenditure #5 Name <u>Office Max</u> Address <u>5503 W. Saginaw Lansing MI 48917</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07-25</u>	<u>\$ 27.35</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$1150.28

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C2002-028
 2. Committee Name Conan Smith for County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Focus Photo</u> Address <u>2558 W. Stadium Ann Arbor MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PHOTOS</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07-26</u>	<u>\$21.20</u>
Expenditure #2 Name <u>Postmaster</u> Address <u>Ann Arbor MI 48106</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08-01</u>	<u>\$1017.00</u>
Expenditure #3 Name <u>Sawicki & Son</u> Address <u>1521 W. Lafayette Detroit MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Sign</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07-24</u>	<u>\$424.00</u>
Expenditure #4 Name <u>Postmaster</u> Address <u>Downtown SA 204 Lansing MI 48901</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08-01</u>	<u>\$13.65</u>
Expenditure #5 Name <u>Max Comm Technologies</u> Address <u>1260 Lake Blvd Suite 270 Davis CA 95616</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Phone calls</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08-01</u>	<u>\$277.58</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$1741.43

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

C2002-628

1. Committee I. D. Number

2. Committee Name

Conan Smith for County Commission

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Advanced Imaging Services</u> Address <u>401 S. Pennsylvania Lansing MI 48912</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08.02</u>	<u>\$753.40</u>
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$ 753.40

\$ 3645.11

Enter this total
on line 8a of
Summary Page

LEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2002-028
2. Committee Name Coran Smith for County Commission

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>07-27-02</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity <u>Reception</u>	6. Address and Name (if any) of the place where the activity was held <u>234 8th St</u> <input checked="" type="checkbox"/> Private Residence
-----------------------------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------

7. Total Contributions of \$20.00 or less \$ 4000
 8. Total Contributions of \$20.01 or more \$ 11500
 9. SUBTOTAL (Add lines 7 and 8) \$ 115500
 10. Other Receipts \$ 0
 11. Gross Receipts (Add lines 9 and 10) \$ 115500
 12. Total Cost of Event* \$ 49.66

*Includes In-Kind Contributions and All Expenditures Made For the Event

3. 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 (1-1K), 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.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number C 2002-028
2. Committee Name Conan Smith for County Commission

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>07 25 02</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity <u>Reception</u>	6. Address and Name (if any) of the place where the activity was held <u>119 Per Marguerite</u> <input type="checkbox"/> Private Residence
-----------------------------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------

7. Total Contributions of \$20.00 or less \$ 30.00
 8. Total Contributions of \$20.01 or more \$ 400.00
 9. SUBTOTAL (Add lines 7 and 8) \$ 430.00
 10. Other Receipts 0
 11. Gross Receipts (Add lines 9 and 10) \$ 430.00
 12. Total Cost of Event* \$ 33.61

*Includes In-Kind Contributions and All Expenditures Made For the Event

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

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

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Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), 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.