



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
WASHTENAW COUNTY, MI

2004 SEP -2 A 8:34

**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: 08 23 04 To: 08 23 04
Mo Day Year Mo Day Year

PEGGY M. HAINES
COUNTY CLERK REGIS

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

5. Committee's Mailing Address

234 8th 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
2348th St Ann Arbor MI 48103
Area Code & Phone (734) 662-0268

7. Treasurer's Business Address

4515 W. Saginaw Ste 201
Lansing MI 48917
Area Code and Phone 517 327-4707

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

Area Code and Phone ()

9. TYPE OF STATEMENT

9a. Pre-Election

OR

9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary

General

Convention

School

Special

Caucus

Date of Election, Convention or Caucus

08 03 04
Month Day Year

9c. Annual Statement (Coverage Year)

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

9e. Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper

Rebekah Warren
Type or Print Name

Rebekah Warren
Signature

Date 08 31 04
Mo Day Year

Candidate

Conan Smith
Type or Print Name

Conan Smith
Signature

Date 08 31 04
Mo Day Year

Authority granted under P.A. 388 of 1976



C-2002-028005



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2002-028
 2. Committee Name Conan 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>1205.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1205.00</u>	(18.) \$ <u>5290.00</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>1205.00</u>	(20.) \$ <u>5290.00</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>1686.40</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>1686.40</u>	(23.) \$ <u>5354.71</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>1000.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1000.00</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>526.59</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1205.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1731.59</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1686.40</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>45.19</u>	

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 WASHTENAW COUNTY, MI
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 PEGGY H. HAINES
 COUNTY CLERK/REGISTER



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2003-028
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.	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>07-21-04</u> Name: <u>Jodi Mullet</u> Address: <u>497 Leekspur St</u> <u>Ann Arbor MI</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>07-21-04</u> Name: <u>Catalyn Spencer</u> Address: <u>406 Koch</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	\$20.00	\$20.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07-22-04</u> Name: <u>David Smith</u> Address: <u>5544 Spring Tree</u> <u>Mundy MI 48107</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$200.00	\$200.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07-26-04</u> Name: <u>Joetta Mial</u> Address: <u>1206 Minglewood</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	\$25.00	\$25.00

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

\$345.00

Enter this total on line 3 of Summary Page.

PEGGY M. HAIRES
COUNTY CLERK/REGISTRAR

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WASHTENAW COUNTY, MI



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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.	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>07-26-04</u> Name: <u>Stephen Ranzini</u> Address: <u>959 Maiden Lane Ann Arbor MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Executive</u> Employer <u>University Bank</u> Business Address <u>959 Maiden Lane Ann Arbor</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$500.00	\$500.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07-30-04</u> Name: <u>Jennifer Hall</u> Address: <u>1402 Culver 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	\$250.00	\$250.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08-04-04</u> Name: <u>Brendan Hudson</u> Address: <u>100 S. 4th Ave 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	\$100.00	\$100.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08-04-04</u> Name: <u>James Clift</u> Address: <u>233 Marshall Lansing MI 48912</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

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

\$7250.00

Enter this total on line 3 of Summary Page.

PEGGY M. HAINES
COUNTY CLERK/REGISTER

2004 SEP - 2 A 8:34

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WASHTENAW COUNTY, MI



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 <u>all</u> 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>08-04-04</u> Name: <u>Wanda Powell</u> Address: <u>PO BOX 7722 Ann Arbor MI 48107</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Washtenaw County</u> Business Address <u>101 E Huron Ann Arbor MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00	\$200.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08-09-04</u> Name: <u>Kim Easte</u> Address: <u>101 N State 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	\$10.00	\$10.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08-20-04</u> Name: <u>Conne & Fred Reimley</u> Address: <u>1012 Romana 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
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

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

\$1350.00
\$1265.00

Enter this total on line 3 of Summary Page.

PEGGY H. HAINES
COUNTY CLERK/REGISTER

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WASHTENAW COUNTY, MI



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2002-028
2. Committee Name Conan Smith for County Comm. 5th

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>Core Comm</u> Address <u>4660 S. Hagadone Rd</u> <u>Suite 320</u> <u>East Lansing MI</u> <u>48823</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>web hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/1</u>	<u>\$90.00</u>
Expenditure #2 Name <u>Postmaster</u> Address <u>Ann Arbor MI</u> <u>48106</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/28</u>	<u>\$858.86</u>
Expenditure #3 Name <u>Kinko's</u> Address <u>2609 Plymouth Rd</u> <u>Ann Arbor MI</u> <u>48105</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/27</u> <u>7/28</u> <u>8/1</u>	<u>\$18.87</u> <u>\$52.30</u> <u>\$233.85</u>
Expenditure #4 Name <u>Office Max</u> Address <u>3765 Washtenaw</u> <u>Ann Arbor MI</u> <u>48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/27</u>	<u>\$24.48</u>
Expenditure #5 Name <u>Sawicki & Son</u> Address <u>1521 W. Lafayette</u> <u>Detroit MI</u> <u>48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/27</u>	<u>\$276.66</u>

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

\$1555.02

PEGGY M. HAINES
COUNTY CLERK/REGISTER

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WASHTENAW COUNTY, MI
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2002-028
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>Office Depot</u> Address <u>800 Eisenhower Hwy</u> <u>Ann Arbor MI</u> <u>48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/27</u>	<u>\$25.95</u>
Expenditure #2 Name <u>Kmart</u> Address <u>215 N. Maple</u> <u>Ann Arbor MI</u> <u>48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/25</u>	<u>\$79.67</u>
Expenditure #3 Name <u>Focus Photo</u> Address <u>2558 W. Stadium</u> <u>Ann Arbor MI</u> <u>48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>picture session literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/21</u>	<u>\$125.76</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

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

\$131.38
\$1686.40

PEGGY M. HAINES
COUNTY CLERK/REGISTER

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STEWART COUNTY, MI



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Conan Smith</u> <u>234 8th St</u> <u>Ann Arbor MI</u> <u>48103</u>	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>07-04</u> 6. Original Amount of Debt: \$ <u>1000.00</u>	/ / \$ / / \$ / / \$ / / \$ / / \$	\$ <u>0</u>	\$ <u>1000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	/ / \$ / / \$ / / \$ / / \$ / / \$	2004 SEP - 2 A 8: 34 PEGGY HAINES COUNTY CLERK/REGISTRAR	WASHINGTON COUNTY, MI <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	/ / \$ / / \$ / / \$ / / \$ / / \$	_____ _____ _____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E

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

1000.00
1000.00

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.