



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED  
WASHTENAW COUNTY, MI

**CANDIDATE COMMITTEE  
COVER PAGE**

2006 JAN 31 A 8:27

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: NOV 23 04 to 12 31 05  
AWREND RES ENBA 176 Day Year Mo Day Year

<p>1. Committee I.D. Number <u>C 2002 -028</u></p> <p>2. Committee Name <u>Conan Smith for county Commissioner</u></p>	<p>4. Candidate Last Name <u>Smith</u> First Name <u>Conan</u> M.I. <u>MI</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>County Commissioner</u></p> <p>4b. County of Residence <u>Washtenaw</u></p>
<p>5. Committee's Mailing Address <u>234 8th St Ann Arbor MI 48103</u></p> <p>Area Code and Phone <u>(734) 662-0268</u></p> <p><small>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.</small></p>	<p>6. Treasurer's Name &amp; Residential Address <u>Rebekah Warren</u> <u>234 8th St Ann Arbor MI 48103</u></p> <p>Area Code &amp; Phone <u>(734) 662-0268</u></p>
<p>7. Treasurer's Business Address <u>4515 W. Saginaw Ste 201</u> <u>Cansing MI 48917</u></p> <p>Area Code and Phone <u>517 327-4707</u></p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone ( )</p>

<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus</p> <p>Month Day Year</p>	<p>9c. <input checked="" type="checkbox"/> Annual Statement (<u>2005</u> Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution</p> <p>Month Day Year</p> <p>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.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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 01 31 06  
Type or Print Name Signature Mo Day Year

Candidate Conan Smith Date 01 31 06  
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



C-2002-02B0009



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

**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>227.16</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>227.16</u>	(18.) \$ <u>227.16</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>227.16</u>	(20.) \$ <u>227.16</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
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>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>90.00</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>90.00</u>	(23.) \$ <u>90.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>1,600.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1,600.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>18.29</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>227.16</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>245.45</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>90.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>155.45</u>	



**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 <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>03-23-05</u> Name: <u>Conan Smith</u> Address: <u>234 8th St Conant MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Exec Director</u> Employer <u>MSH</u> Business Address <u>300 Nine Mile Ferndale</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$227.16	\$227.16
3. Contribution #2 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		
3. Contribution # 3 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		
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)

\$227.16  
\$227.16

Enter this total on line 3 of Summary Page.



**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>Core Comm</u> Address <u>4660 S. Hagadorn Rd</u> <u>Ste 320</u> <input type="checkbox"/> Fund Raiser <u>East Lansing MI 48823</u>	Purpose: <u>web hosting</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08-01</u>	<u>\$90.-</u>
Expenditure #2 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 #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
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)

\$90.00  
\$90.00

Enter this total  
on line 8a of  
Summary Page