



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
WASHTENAW COUNTY, MI

2006 SEP -7 P 3:43

**CANDIDATE COMMITTEE
COVER PAGE**

LAWRENCE J. ... FOR OFFICIAL USE ONLY
COUNTY CLERK / REGISTER

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: 07-24-06 to 08-28-06
Mo Day Year Mo Day Year

1. Committee I.D. Number
C-2002-028
2. Committee Name
Conan Smith Sr
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
234 8th 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 (313) 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
08-08-06
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 Signature [Signature] Date 09/07/06
Type of Print Name Signature Mo Day Year
Candidate CONAN SMITH Signature [Signature] Date 09 07 06
Type of Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



C-2002-02E0011



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2002-028
2. Committee Name CONAN SMITH FOR 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>1874.37</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1874.37</u>	(18.) \$ <u>2401.53</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1874.37</u>	(20.) \$ <u>2401.53</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>2224.37</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>2224.37</u>	(23.) \$ <u>2314.37</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>2424.37</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>2424.37</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>455.45</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1874.37</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2329.82</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2224.37</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>105.45</u>	



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2000-028
2. Committee Name Conrad 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>7/29/06</u> Name: <u>Thyl Powell</u> Address: <u>70 Box 7722 Ann Arbor, MI 48107</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	\$100
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>8/1/06</u> Name: <u>Washburn Long Democratic Committee State Account</u> Address: <u>70 Box 3951 Ann Arbor MI 48106</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 type="checkbox"/> Fund Raiser	\$250	\$250
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>Conrad Smith</u> Address: <u>234 Elm St Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Co. Commissioner</u> Employer <u>Washburn Co.</u> Business Address <u>200 N Main St Ann Arbor MI 48104</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$1529.37	\$1529.37
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)

1874.37
~~1574~~
~~1350~~ 1874.37

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2502-002

2. Committee Name CONAN SMITH FOR GOV. COMMITTEE

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>KINKO'S</u> Address <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>7/28</u>	<u>\$491.39</u>
Expenditure #2 Name <u>USPS</u> Address <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>8/1</u>	<u>\$390.00</u>
Expenditure #3 Name <u>KINKO'S</u> Address <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>8/4</u>	<u>\$330.99</u>
Expenditure #4 Name <u>USPS</u> Address <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>8/5</u>	<u>\$312.00</u>
Expenditure #5 Name <u>CONAN SMITH</u> Address <u>234 8TH ST ANN ARBOR, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN PAYMENT</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/25</u>	<u>\$700.00</u>

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

2,224.37

2,224.37

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

2. Committee Name CONAN SMITH FOR COUNTY COMMISSIONER

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (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</u> <u>ANN ARBOR MI 48103</u> If bank loan, name of endorser or guarantor: _____	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>9/20/04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,600.00</u>	<u>8/25/06 \$ 700</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	<u>\$ 700</u>	<u>\$ 900</u> <input type="checkbox"/> FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>CONAN SMITH</u> <u>234 8TH ST</u> <u>ANN ARBOR, MI 48103</u> If bank loan, name of endorser or guarantor: _____	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>8/10/06</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,524.37</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	<u>\$ -</u>	<u>1524.37</u> <input type="checkbox"/> FORGIVEN
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____ If bank loan, name of endorser or guarantor: _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	_____	_____ <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

2424.37

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

2424.37

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.