



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.

2011 JUL 18 P 3:31

3. This Statement covers From: 7-19-10 to 8-23-10

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 Dist #10
4b. County of Residence
Washtenaw

5. Committee's Mailing Address
234 8th St
Ann Arbor MI
(734) 642-0268
Area Code and Phone
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
(734) 642-0268
Area Code & Phone

7. Treasurer's Business Address
SAME
Area Code and Phone

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
AUG 3, 2010

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

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 _____ / _____
Type or Print Name Signature Date
Candidate _____ / _____
Type or Print Name Signature Date



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

**SUMMARY PAGE
CANDIDATE COMMITTEE**

| | Column I This Period | Column II Cumulative this election cycle |
|---|--------------------------------|---|
| RECEIPTS | | |
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>0</u> | (18.) \$ <u>0</u> |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | (19.) \$ <u>0</u> |
| c. Subtotal of "Contributions" | (3c.) \$ <u>0</u> | (20.) \$ <u>0</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ <u>0</u> | |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>0</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>200.00</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> | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>200.00</u> | (23.) \$ <u>700.00</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.) \$ _____ |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ <u>312437</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>105.45</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>0</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>105.45</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>0</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>105.45</u> | |



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

2. Committee Name Conan Smith for Commission

3. Name and address of person or vendor to whom paid

Expenditure #1
Name Washtenaw City Center
Address 200 N. Main St
Suite 120
Ann Arbor MI 48107

4. Purpose (Required Information) 5. Date 6. Amount

Purpose: Campaign Finance Filing Fee Date 08-04-10 \$ 200.00
 Check box if this expenditure is payment of debt or obligation reported on previous statement [Click Here for Memo Itemization Type](#)

Fund Raiser

Expenditure #2

Name

Address

Fund Raiser

Expenditure #3

Name

Address

Fund Raiser

Expenditure #4

Name

Address

Fund Raiser

Expenditure #5

Name

Address

Fund Raiser

Purpose: _____ Date _____ \$ _____
 Check box if this expenditure is payment of debt or obligation reported on previous statement [Click Here for Memo Itemization Type](#)

Purpose: _____ Date _____ \$ _____
 Check box if this expenditure is payment of debt or obligation reported on previous statement [Click Here for Memo Itemization Type](#)

Purpose: _____ Date _____ \$ _____
 Check box if this expenditure is payment of debt or obligation reported on previous statement [Click Here for Memo Itemization Type](#)

Purpose: _____ Date _____ \$ _____
 Check box if this expenditure is payment of debt or obligation reported on previous statement [Click Here for Memo Itemization Type](#)

Check box if this expenditure is payment of debt or obligation reported on previous statement [Click Here for Memo Itemization Type](#)

Subtotal this page

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

200.00

200.00

Enter this total on line 8a of Summary Report



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 for 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 (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 Owed to or by: Conan Smith 2348 1/2 St Ann Arbor MI 48103 Corp? <input type="checkbox"/> Yes | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05-07-11</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ <u>500.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ | Amount Endorsed: \$ _____ | | | |
| Debt #2 Owed to or by: _____ Corp? <input type="checkbox"/> Yes | 4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____ | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ | Amount Endorsed: \$ _____ | | | |
| Debt #3 Owed to or by: _____ Corp? <input type="checkbox"/> Yes | 4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____ | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ | Amount Endorsed: \$ _____ | | | |

Page Subtotal (Outstanding debt) 500.00

(Complete on last page of Schedule showing amounts owed by or to the committee) Grand Total of all Schedules 1E 2924.37

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

203

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.



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2002-028
2. Committee Name Conan Smith for 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 endorser or guarantors, if any.

Debt #1 Corp? Yes
Owed to or by: Conan Smith
2348 1/2 St
Ann Arbor MI
48103
4. Type: Loan
5. Date Debt Was Incurred: 08-04-10
6. Original Amount of Debt: \$ 200⁰⁰
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) \$ 200⁰⁰
 FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? Yes
Owed to or by:
4. Type: _____
5. Date Debt Was Incurred: _____
6. 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) \$ _____
 FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? Yes
Owed to or by:
4. Type: _____
5. Date Debt Was Incurred: _____
6. 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) \$ _____
 FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) 200⁰⁰
Grand Total of all Schedules 1E 3124³⁷
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.