



CANDIDATE COMMITTEE COVER PAGE
FILED
WASHTENAW COUNTY, MI

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 2015 SEP - 4 A 11: 25

3. This Statement covers From: 07/20/15 to 08/24/15

1. Committee I.D. Number
C-2013-027
2. Committee Name
Committee to Elect Chip Smith

4. Candidate Last Name First Name M.I.
SMITH Charles "Chip"
4a. Office Sought Including District # or Community Served (If applicable)
BOARD - AZ CITY COMMISSION
4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
**517 KRAUSE ST
ANN ARBOR MI 48103**
Area Code and Phone **734 709 2022**
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
**JOHN DANA SPRAGLE
3550 E PINEVIEW
DEXTER MI 48130**
Area Code & Phone **785 550 7041**

7. Treasurer's Business Address
**3550 E PINEVIEW DR
DEXTER MI 48130**
Area Code and Phone **785 550 7041**

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
JOHN DANA SPRAGLE
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
 Special
 School
 Caucus
Date of Election, Convention or Caucus
Aug 4 2015

Required ONLY if candidate is not on the ballot for the current year:
 July Quarterly
 October Quarterly
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
 By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.
Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Effective date of dissolution

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

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 **JOHN D SPRAGLE** Signature _____ Date **9-3-2015**
Candidate **CHIP SMITH** Signature _____ Date **9-3-2015**



1. Committee I.D. Number C-2013-027

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee To Elect Chip Smith

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2245.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2245.00</u>	(18.) \$ <u>14083</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>2245</u>	(20.) \$ <u>14083</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1863.09</u>	(21.) \$ <u>5448.94</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>4470.51</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>4470.51</u>	(23.) \$ <u>11886.83</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>4502.42</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2245.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6747.42</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4470.51</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2276.91</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2013-027
2. Committee Name Committee To Elect Chip Smith

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 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>7/20/2015</u> Name & Address: <u>MARK BERNSTEIN</u> <u>2002 SCOTTWOOD</u> <u>Ann Arbor MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>Son BERNSTEIN LAW FIRM</u> Business Address <u>Farmington Hills, MI 48331</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500</u>	\$ <u>500</u>
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/20/2015</u> Name & Address: <u>PAUL SCHUTT</u> <u>201 S 1ST ST #716</u> <u>Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>ISSUE MEDIA GROUP</u> Business Address <u>4470 2ND AVE DETROIT MI 48201</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>300</u>	\$ <u>300</u>
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/24/2015</u> Name & Address: <u>RUTH BRADSTREET</u> <u>920 DUNCAN</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	\$ <u>50</u>	\$ <u>50</u>
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/27/2015</u> Name & Address: <u>MATT MOBERLY</u> <u>3404 OLD COLONY RD</u> <u>KALAMAZOO MI 49008</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>100</u>	\$ <u>100</u>
Click Here for Memo Itemization		

Page Subtotal

950

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2013-027
2. Committee Name Committee To Elect Chip Smith

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 regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/27/2015
Name & Address:

STACE PRINON
3060 Barclay Way
Ann Arbor MI 48105 \$ 20.00 \$ 170.00

5. If over \$100.00 cumulative, please provide:
Occupation Admin Asst Employer U of M Click Here for Memo Itemization
Business Address University of Michigan Ann Arbor MI 48103
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 7/27/2015
Name & Address:

ELIYCE ROTELLA
500 W JEFFERSON
Ann Arbor MI 48103 \$ 250.00 \$ 500.00

5. If over \$100.00 cumulative, please provide:
Occupation PROFESSOR Employer University of Michigan Click Here for Memo Itemization
Business Address U of M Ann Arbor MI 48103
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7/27/2015
Name & Address:

ROBERT GALARDI
315 SECOND ST. #217
Ann Arbor MI 48103 \$ 20 \$ 70.00

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____ Click Here for Memo Itemization
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/27/2015
Name & Address:

MICHAEL HECHT
9 PARK VALL #5
BROOKLINE MA 02446 \$ 100.00 \$ 100

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____ Click Here for Memo Itemization
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 390
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2013-027
2. Committee Name Committee To Elect Chip Smith

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 regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/30/2015

Name & Address:
STACIE PRINTOY
3060 BARCLAY WAY
ANN ARBOR MI 48105

6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 190.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Admin Ast Employer UofM

Business Address University of Michigan Ann Arbor MI 48103

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/29/2015

Name & Address:
Joseph GRANGE
808 DUNCAN ST
ANN ARBOR MI 48103

6. Amount \$ 50 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7/29/2015

Name & Address:
DUNCAN MAGOON
2500 COUNTRY VILLAGE CT
ANN ARBOR MI 48103

6. Amount \$ ~~700~~ 100 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt ~~7/29/2015~~ 8/3/2015

Name & Address:
BETTY MILLER
698 TREBO CIRCLE
ANN ARBOR MI 48103

6. Amount \$ 50 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 220

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

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2013-027
2. Committee Name Committee To Elect Chip Smith

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 regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 8/3/2015

Name & Address: JOHN SPLITT
207 W WILLIAM APT 3
ANN ARBOR MI 48104

6. Amount \$ 250 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 250

5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer SELF [Click Here for Memo Itemization](#)
Business Address GOLD BOND CLEANERS 332 MAYNARD ST ANN ARBOR MI 48104
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 8/11/2015

Name & Address: MIRIAM MEISLER
1203 GARDNER AVE
ANN ARBOR MI 48104

6. Amount \$ 35 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 35

5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ [Click Here for Memo Itemization](#)
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 8/2/2015

Name & Address: JOAN LOWENSTEIN
502 BURSON PL
ANN ARBOR MI 48104

6. Amount \$ 100 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100

5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ [Click Here for Memo Itemization](#)
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 8/3/2015

Name & Address: CONAN SMITH
234 8TH
ANN ARBOR MI 48103

6. Amount \$ 250 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 250

5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE DIRECTOR Employer METRO MATTERS [Click Here for Memo Itemization](#)
Business Address 22757 WOODWARD AVE SUITE 250 FERNDALE MI 48220
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 635

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

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2013-027
2. Committee Name Committee To Elect Chip Smith

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 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>8/4/2015</u> Name & Address: <u>MARY BETH SHEEHAN</u> <u>2314 LATON CT</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	\$ <u>50</u>	\$ <u>50</u> Click Here for Memo Itemization
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	\$ _____	\$ _____ Click Here for Memo Itemization
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	\$ _____	\$ _____ Click Here for Memo Itemization
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	\$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal

50

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

2245.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

C-2013-027

1. Committee I. D. Number

2. Committee Name

Committee To Elect Chip Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>UNITED SOURCE</u> Address <u>109 W MICHIGAN AVE YPSILANTI MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING/MAILERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/27/2015</u> Date	<u>\$ 1967.74</u>
Expenditure #2 Name <u>ALEX YERISEY</u> Address <u>3356 WILLIAMSBURG RD ANN ARBOR MI 48108</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PROFESSIONAL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/29/2015</u> Date	<u>\$ 500.00</u>
Expenditure #3 Name <u>NGP VAN</u> Address <u>1101 15TH ST NW SUITE 500 WASHINGTON DC 20005</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRONIC DATA SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-28-2015</u> Date	<u>\$ 139.68</u>
Expenditure #4 Name <u>JACK SPRAGUE</u> Address <u>3580 E PINEVIEW DR DEXTER MI 48130</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN REPAY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/10/2015</u> Date	<u>\$ 399.82</u>
Expenditure #5 Name <u>CHIP SMITH</u> Address <u>CANDIDATE</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN REPAY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/3/2015</u> Date	<u>\$ 128.47</u>

Subtotal this page

3135.71

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2013-027
2. Committee Name Committee To Elect Chip Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>CHIP SMITH</u> Address <u>CANDIDATE</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN Repay</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/20/2015</u> Date	\$ <u>1334.80</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	_____ Date	\$ _____
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	_____ Date	\$ _____
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	_____ Date	\$ _____
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	_____ Date	\$ _____

Subtotal this page 1334.80

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 4470.51

Enter this total on line 8a of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C2013027

CANDIDATE COMMITTEE

2. Committee Name Committee To Elect Chip Smith

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>JACK SPRAGUE</u> <u>3550 E PINEVIEW DR</u> <u>DEXTER MI 48130</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: <u>JACK SPRAGUE SOLUTIONS LTD</u> <u>ADDPY: SELF</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ROOM/SERVICE/Appetizers</u> 5. Date Of Receipt: <u>8/4</u> 6. Vendor Name & Address: <u>ARBOR BREWING .ABC</u> <u>114 E WASHINGTON</u> <u>ANN ARBOR MI 48104</u> Click Here for Memo Itemization	\$ <u>299.50</u>	\$ <u>581.25</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>CHIP SMITH</u> <u>CANDIDATE</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FACEBOOK ADS</u> 5. Date Of Receipt: <u>8/3</u> 6. Vendor Name & Address: <u>FACEBOOK</u> <u>MENLO PARK, CA</u> Click Here for Memo Itemization	\$ <u>68.20</u>	\$ <u>3222.30</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>CHIP SMITH</u> <u>CANDIDATE</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FACEBOOK ADS</u> 5. Date Of Receipt: <u>8/7</u> 6. Vendor Name & Address: <u>FACEBOOK</u> <u>MENLO PARK, CA</u> Click Here for Memo Itemization	\$ <u>132.27</u>	\$ <u>3354.57</u>

Page Subtotal 499.97

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C2013027

CANDIDATE COMMITTEE

2. Committee Name Committee To Elect Chip Smith

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>CHIP SMITH</u> <u>517 KRAUSE ST</u> <u>ANN ARBOR MI 48103</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: <u>WADE TREM & ASSOC.</u> <u>500 BRISWOLD AVE SUITE 2500</u> <u>DETROIT MI 48226</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Electronic Ads</u>	\$ <u>741</u>	\$ <u>4487.41</u>
5. Date Of Receipt: <u>7/29/2015</u>			
6. Vendor Name & Address:			
Click Here for Memo Itemization			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>CHIP SMITH</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <u>Above</u>	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Office Supplies</u>	\$ <u>9.11</u>	\$ <u>4496.52</u>
5. Date Of Receipt: <u>8/2/2015</u>			
6. Vendor Name & Address:			
<u>STAPLES</u> <u>ANN ARBOR MI 48104</u>			
Click Here for Memo Itemization			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>CHIP SMITH</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <u>Above</u>	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD FOR VOLUNTEER EFFORT</u>	\$ <u>51.16</u>	\$ <u>4547.68</u>
5. Date Of Receipt: <u>8/3</u>			
6. Vendor Name & Address:			
<u>PIZZA HOUSE</u> <u>615 CHURCH ST</u> <u>ANN ARBOR MI 48104</u>			
Click Here for Memo Itemization			

Page Subtotal

801.27

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

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number C2013027
2. Committee Name Committee To Elect Chip Smith

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>JACK SPRAGUE</u> <u>3550 E PINEVIEW DR</u> <u>DEXTER MI 48130</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: <u>JACK SPRAGUE SOLUTIONS</u> <u>ADDR: SELF</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>DRINKS / GATORADE for VOLUNTEERS</u> 5. Date Of Receipt: <u>8/3/2015</u> 6. Vendor Name & Address: <u>BUSCH'S DEXTER</u> <u>DEXTER MI 48130</u> Click Here for Memo Itemization	\$ <u>20.28</u>	\$ <u>601.53</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>JACK SPRAGUE</u> <u>ABOVE</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <u>ABOVE</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ICE - forgotten cooler</u> 5. Date Of Receipt: <u>8/3/2015</u> 6. Vendor Name & Address: <u>BUSCH'S DEXTER</u> <u>DEXTER MI 48130</u> Click Here for Memo Itemization	\$ <u>2.11</u>	\$ <u>603.64</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>JACK SPRAGUE</u> <u>ABOVE</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <u>ABOVE</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAKE - ELECTION NIGHT + SUPPLIES</u> 5. Date Of Receipt: <u>8/4/2015</u> 6. Vendor Name & Address: <u>BUSCH'S DEXTER</u> <u>DEXTER MI 48130</u> Click Here for Memo Itemization	\$ <u>77.93</u>	\$ <u>377.82</u> <u>681.57</u>

Page Subtotal 100.32

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

Enter this total
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C2013027

CANDIDATE COMMITTEE

2. Committee Name Committee To Elect Chip Smith

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>CHIP SMITH</u> <u>CANDIDATE</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Off supplies - Election Eve</u> 5. Date Of Receipt: <u>8/7</u> 6. Vendor Name & Address: <u>STAPLES</u> <u>ANN ARBOR</u>	\$ <u>69.69</u>	\$ <u>4617.37</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____

Page Subtotal

69.69

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

1863.09

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