



**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: 8/25/2015 to 10/18/2015

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

2. Committee Name  
COMMITTEE TO ELECT CHIP SMITH

4. Candidate Last Name SMITH First Name CHARLES "CHIP" M.I.  
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 SPRAGUE  
3550 E PINEVIEW  
DEXTER MI 48130

Area Code & Phone 785 550 7041

LAWRENCE KESTER BAUM  
COUNTY CLERK  
REGISTER  
2015 OCT 22 PM 2:26  
WASHTENAW COUNTY, MI  
FILED

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 SPRAGUE

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  
Nov 3 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 SPRAGUE Signature [Signature] Date 10-21-2015

Candidate CHIP SMITH Signature [Signature] Date 10-22-2015



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
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1435.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1435.00</u>	(18.) \$ <u>15518</u>
<b>4. Other Receipts</b> (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>1435.00</u>	(20.) \$ <u>15518</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions</b> (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>5448.94</u>
<b>7. In-Kind Expenditures</b> (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2302.78</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>2302.78</u>	(23.) \$ <u>14189.61</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
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>0</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2276.91</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1435.00</u>	
<b>15. SUBTOTAL</b> Add lines 13 and 14	(15.) = \$ <u>3711.91</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>2302.78</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>1409.13</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.

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 9/18/2015

Name & Address:  
JACK SPRAGUE  
2055 3550 E PINEVIEW DR  
DEXTER MI 48130

6. Amount \$ 240.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 843.64

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

Occupation Consultant Employer Self

Business Address 305 3550 E PINEVIEW DR DEXTER MI 48130

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 9/29/2015

Name & Address:  
CHIP SMITH  
517 KRAUSE ST  
ANN ARBOR MI 48103

6. Amount \$ 600 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 5217.37

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

Occupation CONSULTANT Employer WADE TREM

Business Address 500 GRIEWOLD AVE SUITE 2500 DETROIT MI 48226

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 10-13-2015

Name & Address:  
NICHOLAS + KATHLEEN LOMAKO  
20154 Edgewood Ave  
LIVONIA MI 48152

6. Amount \$ 200.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 300.00

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

Occupation WEALTH PLANNER Employer WADE TREM INC

Business Address 500 GRIEWOLD AVE SUITE 2500 DETROIT MI 48226

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 9-22-2015

Name & Address:  
JACK SPRAGUE  
3550 E PINEVIEW DR  
DEXTER MI 48130

6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 863.64

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

Occupation CONSULTANT Employer Self

Business Address 3550 E PINEVIEW DR DEXTER MI 48130

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 1060.00

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>10-9-2015</u>	
Name & Address: <u>JAMES NEWTON</u> <u>710 CEDAR ST.</u> <u>BURLINGTON MA 01803</u>		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Landscape Design</u> Employer <u>Maffei Landscape Co.</u> Business Address <u>28 Nicoletta Way Mashpee MA 02649</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10-9-2015</u>	
Name & Address: <u>ERIN NELSON</u> <u>1422 PONTIAC TRAIL</u> <u>ANN ARBOR MI 48105</u>		\$ <u>25.00</u>	\$ <u>80.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10-13-2015</u>	
Name & Address: <u>MATT MOBERLY</u> <u>3401 OLD COLONY DR</u> <u>KALAMAZOO MI 49008</u>		\$ <u>250.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive</u> Employer <u>Bellis Brewery</u> Business Address <u>8938 Krum Ave Galesburg MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal 375.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) 1435.00

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
<p>Expenditure #1 Name <u>Alec Ramsay-Smith</u> Address <u>STUDENT - UofM</u> <u>c/o Chip Smith</u> <u>517 KRAUSE ST ANN ARBOR MI</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Professional Services</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/9</u> Date</p>	<p><u>\$ 500</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #2 Name <u>SANDRA KARZOUSKY</u> Address <u>STUDENT - UofM</u> <u>c/o Chip Smith</u> <u>517 KRAUSE ST ANN ARBOR MI</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Professional Services</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/9</u> Date</p>	<p><u>\$ 500</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #3 Name <u>TREVOR DOLAN</u> Address <u>STUDENT - UofM</u> <u>c/o Chip Smith</u> <u>517 KRAUSE ST ANN ARBOR MI</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>PROFESSIONAL SERVICES</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/9</u> Date</p>	<p><u>\$ 500</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #4 Name <u>Washtenaw County</u> Address <u>ELECTIONS DIVISION</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>FINE - Late Reporty</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/21</u> <del>9/19</del> Date</p>	<p><u>\$ 241</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #5 Name <u>BANK of ANN ARBOR</u> Address <u>ANN ARBOR MI 48103</u> <u>103</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>BANK FEES</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/25</u> Date</p>	<p><u>\$ 30.00</u></p> <p>Click Here for Memo Itemization Type</p>

Subtotal this page

2271.00

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>PAYPAL, INC</u> Address <u>2221 NORTH FIRST STREET</u> <u>SAN JOSE, CA 95131</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Electronic Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15</u> Date	\$ <u>11.78</u> <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____ <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____ <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____ <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____ <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page

11.78

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

2302.78

Enter this total  
on line 8a of  
Summary Page