



**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: 10/19/2015 to 11/23/2015

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 PENEVIEW DR  
DEXTER MI 48130  
Area Code & Phone 785 550 7041

7. Treasurer's Business Address  
3550 E PENEVIEW 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 late 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 Type or Print Name  
Signature [Signature] Date 12-2-2015

Candidate CHIP SMITH Type or Print Name  
Signature [Signature] Date 12-2-2015

FILED  
15 DEC - 3 P 2:55  
COUNTY CLERK/REGISTRAR  
WASHTENAW COUNTY, MI



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>300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>300.00</u>	(18.) \$ <u>15818</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>300.00</u>	(20.) \$ <u>15818</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>129.21</u>	(21.) \$ <u>5578.15</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>1390.65</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>1390.65</u>	(23.) \$ <u>15580.26</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>0</u>
<b>DEBTS AND OBLIGATIONS</b>		
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>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1409.13</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1709.13</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1390.65</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>318.48</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?  YES 4. Date of Receipt 10/19/2015

Name & Address:  
KEVIN NELSON + Shanna Revello Nelson  
907 MILLER AVE  
ANN ARBOR MI 48103

\$ 250.00 \$ 750.00

5. If over \$100.00 cumulative, please provide:  
Occupation EXECUTIVE Employer EXPEDITORS INTERNATIONAL  
Business Address 11505 S WAYNE Rd 150 Romulus MI 48174  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 10/19/2015

Name & Address:  
AUDREY WOSKOWIAK  
523 LOXSHORE  
ANN ARBOR MI 48105

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address: \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address: \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal 300.00  
Grand Total of All Schedules 1A 300.00  
(Complete on last page of Schedule)

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>105 W MICHIGAN AVE</u> <u>YPSILANTI MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MILLERS/PRINTING/HANGERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/2015</u> Date	\$ <u>1261.44</u>
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u><del>LABS/PAPER</del></u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u><del>11/2/2015</del></u> Date	\$ _____
Expenditure #3 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>11/22</u> Date	\$ <u>129.21</u>
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 1390.65

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 1390.65

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number C2013027

2. Committee Name Committee To Elect Chip Smith

**CANDIDATE COMMITTEE**

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)
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<p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: <u>CHIP SMITH</u> <u>CANDIDATE</u></p> <p>If over \$100.00 cumulative, please provide: Occupation:</p> <p>Employer Name &amp; Business Address: <u>Wade Trim + Associates</u> <u>500 GRESWOLD AVE SUITE 2500</u> <u>DETROIT MI 48226</u></p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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</p> <p>Description <u>E-ADS</u></p> <p>5. Date Of Receipt: <u>11-2-2015</u></p> <p>6. Vendor Name &amp; Address: <u>FACEBOOK</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>14.48</u></p>	<p>\$ <u>4631.85</u></p>
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<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: <u>CHIP SMITH</u> <u>CANDIDATE</u></p> <p>If over \$100.00 cumulative, please provide: Occupation:</p> <p>Employer Name &amp; Address: <u>#1 Above</u></p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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</p> <p>Description <u>Adwords Ads</u></p> <p>5. Date Of Receipt: <u>11-2-2015</u></p> <p>6. Vendor Name &amp; Address: <u>GOOGLE, INC.</u> <u>MOUNTAIN VIEW, CA</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>47.18</u></p>	<p>\$ <u>4679.03</u></p>
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<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: <u>CHIP SMITH</u> <u>CANDIDATE</u></p> <p>If over \$100.00 cumulative, please provide: Occupation:</p> <p>Employer Name &amp; Address: <u>#1 Above</u></p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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</p> <p>Description <u>PAPER/TAPE/CABLES/INK</u></p> <p>5. Date Of Receipt: <u>11-1-2015</u></p> <p>6. Vendor Name &amp; Address: <u>STAPLES</u> <u>Ann Arbor, MI 48104</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>27.53</u></p>	<p>\$ <u>4706.56</u></p>
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Page Subtotal	<u>89.19</u>	<u>4706.56</u>
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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) 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: <u>WADE TRIM + Assoc.</u> <u>500 GRISWOLD AVE SUITE 2500</u> <u>DETROIT MI 48226</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- <b>LOAN</b> Description <u>E-ADS</u>  5. Date Of Receipt: <u>11/22/2015</u> 6. Vendor Name & Address: <u>FACEBOOK</u>	\$ <u>40.02</u>	\$ <u>4746.58</u>
<a href="#">Click Here for Memo Itemization</a>			
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- <b>LOAN</b> Description _____  5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
<a href="#">Click Here for Memo Itemization</a>			
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- <b>LOAN</b> Description _____  5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
<a href="#">Click Here for Memo Itemization</a>			

Page Subtotal	<u>40.02</u>	<u>4746.58</u>
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Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	<u>129.21</u>
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Enter this total  
on line 6 of Summary  
Page