



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

2. Committee Name Committee to Elect Chip Smith

**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>11,510</u>	(18.) \$ <u>11,510</u>
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>11,510</u>	(19.) \$ <u>-</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>-</u>	(20.) \$ <u>11,510</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>11,510</u>	
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,329.65</u>	(21.) \$ <u>1,329.65</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>-</u>	(22.) \$ <u>-</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>6,926.94</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>-</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>6,926.94</u>	(23.) \$ <u>6,926.94</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>-</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>-</u>	(24.) \$ <u>-</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>-</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>-</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>318.48</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>11,510</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>11,828.48</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6,926.94</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4,901.54</u>	

FILED
 WASHTENAW COUNTY, MI
 2017 AUG 10 P 2:54
 LAWRENCE H. STENBAUM
 COUNTY CLERK / REGISTER



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

Amended

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 7/13/17

Name & Address:
Ramsay-Smith, Alec
1442 W. Argyle St.
Chicago, IL 60640

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 _____
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 7/13/17

Name & Address:
Deitch, Lawrence B.
4021 Hidden Woods Dr
Bloomfield Hills, MI 48301

6. Amount \$ 500 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 500

5. If over \$100.00 cumulative, please provide:
Occupation Lawyer Employer Bodman
Business Address 201 S. Division St, Suite 400, Ann Arbor, MI 48104

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7/13/17

Name & Address:
Edelson, Gabriel Joseph
3590 Bradway Blvd
Bloomfield Hills, MI 48301

6. Amount \$ 500 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 500

5. If over \$100.00 cumulative, please provide:
Occupation lawyer Employer Honigman
Business Address 3940 Woodward Ave, Ste 101, Bloomfield Hills, MI 48304

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/13/17

Name & Address:
Edelson, Stephanie
3590 Bradway Blvd
Bloomfield Hills, MI 48301

6. Amount \$ 500 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 500

5. If over \$100.00 cumulative, please provide:
Occupation un-employed Employer _____
Business Address Not employed

Type of Contribution: Direct Loan from a person Fund Raiser

**Amended*

Page Subtotal 1600
Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



Amended

**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 <u>all</u> 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	<u>7/13/17</u>		
Name & Address: <u>Schloff, Jill</u> <u>1423 Ingo 4015 Pl</u> <u>Ann Arbor, MI 48104</u>				\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide:					
Occupation <u>lawyer</u>		Employer <u>Aidenbaum Schloff and Bloom Pllc</u>			
Business Address <u>6960 Orchard Lake Rd, Ste 250, West Bloomfield, MI 48322</u>					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 2	PAC Receipt? YES	4. Date of Receipt	<u>7/13/17</u>		
Name & Address: <u>Breza, John M.</u> <u>310 N. Connecticut Ave</u> <u>Royal Oak, MI 48067</u>				\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide:					
Occupation <u>executive</u>		Employer <u>First Holding Mgmt Co. LLC</u>			
Business Address <u>6960 Orchard Lake Rd, # 300, West Bloomfield Township, MI 48322</u>					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 3	PAC Receipt? YES	4. Date of Receipt	<u>7/13/17</u>		
Name & Address: <u>Kaplan, Helen Feingold</u> <u>3545 Charter Pl</u> <u>Ann Arbor, MI 48105</u>				\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide:					
Occupation <u>social worker - clinical</u>		Employer <u>U of M</u>			
Business Address <u>500 S. State St, Ann Arbor, MI 48109</u>					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 4	PAC Receipt? YES	4. Date of Receipt	<u>7/13/17</u>		
Name & Address: <u>Bloom, Carey</u> <u>2030 E. Aster Place</u> <u>Chandler, AZ 85286</u>				\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide:					
Occupation <u>unemployed</u>		Employer _____			
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					

Page Subtotal 2000
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.