
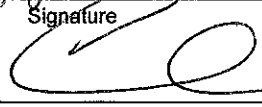




**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number <b>C-2013-027</b></p> <p>2. Committee Name <b>Committee to Elect Chip Smith</b></p> <p>5. Committee's Mailing Address <b>517 Krause St. Ann Arbor, MI 48103</b>  Area Code and Phone <b>734-709-2022</b> <small>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.</small></p> <p>7. Treasurer's Business Address <b>1614 Dexter Ave Ann Arbor, MI 48103</b>  Area Code and Phone <b>312-320-3056</b></p>		<p>3. This Statement covers From: <b>8/29/17</b> to <b>10/22/2017</b></p> <p>4. Candidate Last Name <b>Smith</b> First Name <b>Charles "Chip"</b> M.I.</p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>Board - AZ City Commission</b></p> <p>4b. County of Residence</p> <p>6. Treasurer's Name &amp; Residential Address <b>Samantha Brdek 1614 Dexter Ave Ann Arbor, MI 48103</b>  Area Code &amp; Phone <b>312-320-3056</b></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <b>Samantha Brdek</b>  Area Code and Phone</p>	
<p><b>9. TYPE OF STATEMENT</b></p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p>Primary <input checked="" type="checkbox"/> General Convention Special School Caucus</p> <p>Date of Election, Convention or Caucus</p>		<p>9c. Annual Statement ( ) Coverage Year</p> <p>9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p> <p>9e. 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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>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.</p>			
<p>Current Treasurer or Designated Record keeper <b>Samantha Brdek</b> Type or Print Name</p>		<p> Signature</p> <p>Date <b>10/25/17</b></p>	
<p>Candidate <b>Charles "Chip" Smith</b> Type or Print Name</p>		<p> Signature</p> <p>Date <b>10/25/17</b></p>	

FILED  
 WASHINGTON COUNTY CLERK  
 2017 OCT 27 AM 11:01



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

2. Committee Name CTE 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>4,350</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4,350</u>	(18.) \$ <u>14,918</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>-</u>	(19.) \$ <u>-</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>4350</u>	(20.) \$ <u>14,918</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>655.63</u>	(21.) \$ <u>1813.38</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>-</u>	(22.) \$ <u>-</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3563.07</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3563.07</u>	(23.) \$ <u>12,475.46</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>-</u>	(24.) \$ <u>-</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>294.34</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>-</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>4620.09</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>4350</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>8,970.09</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3563.07</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5407.02 *</u>	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2013-027  
2. Committee Name CTE 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		
Name & Address: <u>Leah M. Gunn</u> <u>2115 Nature Cove Ct, Apt 207</u> <u>Ann Arbor, MI 48104</u>				\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____					
Type of Contribution: <input checked="" type="radio"/> Direct <input type="radio"/> Loan from a person <input type="radio"/> Fund Raiser					
3. Contribution #2	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: <u>Peter Honeyman</u> <u>113 S. 4th Apt. 4</u> <u>Ann Arbor, MI 48104</u>				\$ <u>50</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____					
Type of Contribution: <input checked="" type="radio"/> Direct <input type="radio"/> Loan from a person <input type="radio"/> Fund Raiser					
3. Contribution #3	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: <u>John D. Sprague</u> <u>3550 E. Pineview Dr</u> <u>Dexter, MI 48130</u>				\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>self-employed</u> Employer <u>Jack Sprague Solutions, Ltd</u> Business Address <u>3550 E. Pineview Dr, Dexter, MI 48130</u>					
Type of Contribution: <input checked="" type="radio"/> Direct <input type="radio"/> Loan from a person <input type="radio"/> Fund Raiser					
3. Contribution #4	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: <u>Graydon Krapohl</u> <u>1502 Golden Ave</u> <u>Ann Arbor, MI 48104</u>				\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____					
Type of Contribution: <input checked="" type="radio"/> Direct <input type="radio"/> Loan from a person <input type="radio"/> Fund Raiser					

Page Subtotal

750

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 CTE 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>9/10/17</u>		
Name & Address: <u>Elyce Rotella</u> <u>500 W. Jefferson St.</u> <u>Ann Arbor, MI 48103</u>			\$ <u>250</u>	\$ <u>350</u>
5. If over \$100.00 cumulative, please provide:				
Occupation <u>professor of Economics</u> Employer <u>U of M</u>				
Business Address <u>611 Tappan Ave., 206 Lorch Hall, 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 # 2	PAC Receipt? YES	4. Date of Receipt <u>9/27/17</u>		
Name & Address: <u>Kevin Wilson</u> <u>907 Miller Ave</u> <u>Ann Arbor, MI 48103</u>			\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide:				
Occupation <u>director</u> Employer <u>Expeditors International of Washington, Inc.</u>				
Business Address <u>11505 Wayne Rd #150, Romulus, MI 48174</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>10/5/17</u>		
Name & Address: <u>Raymond A. Deter</u> <u>120 N. Division, Apt. 1</u> <u>Ann Arbor, MI 48104</u>			\$ <u>100</u>	\$ <u>100</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				
3. Contribution # 4	PAC Receipt? YES	4. Date of Receipt <u>10/9/17</u>		
Name & Address: <u>Janis Bobrin</u> <u>3465 Vintage Valley Rd</u> <u>Ann Arbor, MI 48105</u>			\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide:				
Occupation <u>retired</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 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 CTE 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>10/10/17</u>		
Name & Address: <u>Ellen Brody</u> <u>906 Spring St</u> <u>Ann Arbor, MI 48103</u>			\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide:				
Occupation _____ Employer _____				
Business Address _____				
Type of Contribution: <input checked="" type="radio"/> Direct <input type="radio"/> Loan from a person <input type="radio"/> Fund Raiser				
3. Contribution # 2	PAC Receipt? YES	4. Date of Receipt <u>10/11/17</u>		
Name & Address: <u>Jonathan Oberheide</u> <u>318 W. Liberty St, Unit 301</u> <u>Ann Arbor, MI 48103</u>			\$ <u>1,000</u>	\$ <u>1,000</u>
5. If over \$100.00 cumulative, please provide:				
Occupation <u>CTO</u> Employer <u>Duo Security, Inc.</u>				
Business Address <u>123 N. Ashby St, #200, Ann Arbor, MI 48104</u>				
Type of Contribution: <input checked="" type="radio"/> Direct <input type="radio"/> Loan from a person <input type="radio"/> Fund Raiser				
3. Contribution # 3	PAC Receipt? YES	4. Date of Receipt <u>10/11/17</u>		
Name & Address: <u>Benjamin Joffe</u> <u>915 Patricia Ave</u> <u>Ann Arbor, MI 48103</u>			\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide:				
Occupation _____ Employer _____				
Business Address _____				
Type of Contribution: <input checked="" type="radio"/> Direct <input type="radio"/> Loan from a person <input type="radio"/> Fund Raiser				
3. Contribution # 4	PAC Receipt? YES	4. Date of Receipt <u>10/12/17</u>		
Name & Address: <u>Mark Passerini</u> <u>821 Fountain St</u> <u>Ann Arbor, MI 48103</u>			\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide:				
Occupation <u>self employed</u> Employer <u>Om of Medicine</u>				
Business Address <u>112 S. Main St, Ann Arbor, MI 48104</u>				
Type of Contribution: <input checked="" type="radio"/> Direct <input type="radio"/> Loan from a person <input type="radio"/> Fund Raiser				

Page Subtotal 1,350  
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 CTE 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>10/12/17</u>		
Name & Address: <u>Alec Riffle</u> <u>2075 W. Stadium Blvd</u> <u>Ann Arbor, MI 48106</u>			\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide:				
Occupation <u>self employed</u> Employer <u>Tree City Health Collective</u>				
Business Address <u>2730 Jackson Ave, Ann Arbor, MI 48103</u>				
Type of Contribution: <input checked="" type="radio"/> Direct <input type="radio"/> Loan from a person <input type="radio"/> Fund Raiser				
3. Contribution #2	PAC Receipt? YES	4. Date of Receipt <u>10/22/17</u>		
Name & Address: <u>Robert Keegan Thomas</u> <u>404 S. 1st St.</u> <u>Ann Arbor, MI 48103</u>			\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide:				
Occupation _____ Employer _____				
Business Address _____				
Type of Contribution: <input checked="" type="radio"/> Direct <input type="radio"/> Loan from a person <input type="radio"/> Fund Raiser				
3. Contribution # 3	PAC Receipt? YES	4. Date of Receipt <u>10/22/17</u>		
Name & Address: <u>Nancy Marie Stokes Veit</u> <u>535 S. Ashley St</u> <u>Ann Arbor, MI 48103</u>			\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide:				
Occupation _____ Employer _____				
Business Address _____				
Type of Contribution: <input checked="" type="radio"/> Direct <input type="radio"/> Loan from a person <input type="radio"/> Fund Raiser				
3. Contribution # 4	PAC Receipt? YES	4. Date of Receipt <u>10/22/17</u>		
Name & Address: <u>Nicholas P. Comako</u> <u>20154 Edgewood Ave</u> <u>Livonia, MI 48152</u>			\$ <u>100</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide:				
Occupation <u>Senior Vice President</u> Employer <u>Wade Trim</u>				
Business Address <u>Guardian Building, 500 Griswold, Suite 2500, Detroit, MI 48226</u>				
Type of Contribution: <input checked="" type="radio"/> Direct <input type="radio"/> Loan from a person <input type="radio"/> Fund Raiser				

Page Subtotal

1,300

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

4,350

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2013-027  
2. Committee Name CTE 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>517 Krause St Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>repayment for Facebook Ads</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/7/17</u> Date	\$ <u>110</u>
Expenditure #2 Name <u>Chip Smith</u> Address <u>517 Krause St Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>repayment for Adwords - video ads</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/7/17</u> Date	\$ <u>682.05</u>
Expenditure #3 Name <u>NGP VAN Inc.</u> Address <u>PO Box 392264 Pittsburgh, PA 15251-9264</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>bankcard merchant fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/5/17</u> Date	\$ <u>60</u>
Expenditure #4 Name <u>Alex Yerkey</u> Address <u>3093 Williamsburg Rd Ann Arbor, MI 48108</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>campaign management</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/7/17</u> Date	\$ <u>500</u>
Expenditure #5 Name <u>NGP VAN Inc.</u> Address <u>PO Box 392264 Pittsburgh, PA 15251-9264</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>bankcard merchant quarterly fee (for online donations)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/6/17</u> Date	\$ <u>450</u>

Subtotal this page

1807.05

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 CTE 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>NGP Van Inc.</u> Address <u>PO BOX 392264 Pittsburgh, PA 15251-9264</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>bankcard merchant fees for online donations</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/5/17</u> Date	<u>\$ 27.95</u>
Expenditure #2 Name <u>Printing Plus/United Sonz</u> Address <u>105 W. Michigan Ave Ypsilanti, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>print project-flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/19/17</u> Date	<u>\$ 450.50</u>
Expenditure #3 Name <u>Alex Yerkey</u> Address <u>3093 Williamsburg Rd Ann Arbor, MI 48108</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>campaign management</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/27/17</u> Date	<u>\$ 500</u>
Expenditure #4 Name <u>Printing Plus/United Sonz</u> Address <u>105 W. Michigan Ave Ypsilanti, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>print project-AV monitor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/27/17</u> Date	<u>\$ 371</u>
Expenditure #5 Name <u>NGP VAN Inc.</u> Address <u>PO BOX 392264 Pittsburgh, PA 15251-9264</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>bankcard merchant fees for online donations</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/2/17</u> Date	<u>\$ 136.57</u>

Subtotal this page 1486.02

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 CTE 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>Printing Plus / United Sonsz</u> Address <u>105 W. Michigan Ave, Ypsilanti, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>postage for AV mailers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/4/17</u>	\$ <u>275</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

275

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

3503.07

Enter this total  
on line 8a of  
Summary Page



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

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

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 endorsers 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: <u>Pizza House</u> <u>@18 Church St.</u> <u>Ann Arbor, MI 48104</u>	4. Type: <u>Pizza House Party on primary night</u> 5. <u>Date Debt Was Incurred:</u> <u>8/8/2017</u> 6. <u>Original Amount of Debt:</u> <u>\$ 294.34</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>294.34</u>  FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <u>Chip Smith</u> <u>517 Krause St</u> <u>Ann Arbor, MI 48103</u>	4. Type: <u>Facebook Ads repayment</u> <del>Facebook Ads</del> 5. <u>Date Debt Was Incurred:</u> <u>8/8/17</u> 6. <u>Original Amount of Debt:</u> <u>\$ 110.00</u>	<u>9/7</u> \$ <u>110.00</u> \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>110.00</u>	\$ <u>0</u>  FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <u>Chip Smith</u> <u>517 Krause St.</u> <u>Ann Arbor, MI 48103</u>	4. Type: <u>repayment for Adwords - video</u> <del>Adwords - video</del> 5. <u>Date Debt Was Incurred:</u> <u>8/8/17</u> 6. <u>Original Amount of Debt:</u> <u>\$ 682.05</u>	<u>9/7</u> \$ <u>682.05</u> \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>682.05</u>	\$ <u>0</u>  FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 294.34  
Grand Total of all Schedules 1E 294.34  
(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.



**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2013-027  
2. Committee Name CTE 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 <u>all</u> 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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Contribution # 1	PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan
Name & Address: <u>Brock Samant ha</u> <u>1614 Dexter Ave</u> <u>Ann Arbor, MI 48103</u>		Goods Donated or Loaned <input type="checkbox"/> <u>Services Donated</u> <input checked="" type="checkbox"/>
If over \$100.00 cumulative, please provide: Occupation: <u>Accountant</u>		Goods or Services Purchased by Candidate or Others \$ <u>132.25</u> \$ <u>497.95</u>
Employer Name & Business Address: <u>Self-employed/contractor</u> <u>1614 Dexter Ave</u> <u>Ann Arbor, MI 48103</u>	5. Date Of Receipt: <u>9/2 - 10/18/17</u>	Goods or Services Purchased by Candidate or Others- <b>LOAN</b>
Fund Raiser Contribution	6. Vendor Name & Address:	Description <u>5.75 hrs @ \$23/hr</u>

Contribution # 2	PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan
Name & Address: <u>Smith, Chip</u> <u>517 Krause St</u> <u>Ann Arbor, MI 48103</u>		Goods Donated or Loaned <input type="checkbox"/> <u>Services Donated</u> <input checked="" type="checkbox"/>
If over \$100.00 cumulative, please provide: Occupation: <u>Senior Planner</u>		Goods or Services Purchased by Candidate or Others \$ <u>523.38</u> \$ <u>1315.43</u>
Employer Name & Address: <u>Wade Trim</u> <u>500 Griswold St.</u> <u>Suite 2500</u> <u>Detroit, MI 48226</u>	5. Date Of Receipt: <u>10/20/17</u>	Goods or Services Purchased by Candidate or Others- <b>LOAN</b>
Fund Raiser Contribution	6. Vendor Name & Address: <u>Sawicki &amp; Son</u> <u>1521 W. Lafayette</u> <u>Detroit, MI 48216</u>	Description <u>yard signs</u>

Contribution #3	PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan
Name & Address:		Goods Donated or Loaned <input type="checkbox"/> <u>Services Donated</u> <input type="checkbox"/>
If over \$100.00 cumulative, please provide: Occupation:		Goods or Services Purchased by Candidate or Others \$ _____ \$ _____
Employer Name & Address:	5. Date Of Receipt: _____	Goods or Services Purchased by Candidate or Others- <b>LOAN</b>
Fund Raiser Contribution	6. Vendor Name & Address:	Description _____

Page Subtotal 655.63 1813.38  
Grand Total of all Schedules 1-IK (Complete on last page of Schedule) 655.63

Enter this total on line 6 of Summary Page