



**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: 10/23/2017 to 11/27/2017

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

2. Committee Name
Committee to Elect Chip Smith

4. Candidate Last Name Smith First Name Charles M.I. "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
Samantha Brdek
1614 Dexter Ave
Ann Arbor, MI 48103

Area Code & Phone 312-320-3056

7. Treasurer's Business Address
1614 Dexter Ave
Ann Arbor, MI 48103

Area Code and Phone 312-320-3056

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Samantha Brdek

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
11/7/2017

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.

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 Samantha Brdek Signature _____ Date 11/27/2017

Candidate Charles "Chip" Smith Signature _____ Date 12/5/17

FILED
 WASHTENAW COUNTY, MI
 2017 DEC -6
 AM 9:27
 CLERK OF SUPERIOR COURT



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>2230</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2230</u>	(18.) \$ <u>20,794</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>430</u>	(19.) \$ <u>430</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2660</u>	(20.) \$ <u>21,224</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>166.75</u>	(21.) \$ <u>664.70</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>7869.94</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>7869.94</u>	(23.) \$ <u>20,345.40</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>5407.02</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2660</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>8067.02</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>7869.94</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>197.08</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 all contributions regardless of amount.

3. Contribution #	PAC Receipt?	YES	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1		YES	10/25/2017	\$ 100	\$ 450
Name & Address: Elyse Rotella 500 W. Jefferson St. Ann Arbor, MI 48103					
5. If over \$100.00 cumulative, please provide: Occupation <u>economics professor</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		YES	10/25/2017	\$ 75	\$ 75
Name & Address: Dorothy Ebersole 835 Daniel St. Ann Arbor, MI 48103					
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 # 3		YES	10/30/2017	\$ 100	\$ 100 350
Name & Address: Joan Lowenstein 502 Burson Pl. Ann Arbor, MI 48104					
5. If over \$100.00 cumulative, please provide: Occupation <u>lawyer</u> Employer <u>Jaffe Law</u>					
Business Address <u>27777 Franklin Rd #2500, Soutzfield, MI 48034</u>					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 4		YES	11/1/2017	\$ 10	\$ 10
Name & Address: Zach Rable 2015 Miller Ave Ann Arbor, MI 48103					
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					

Page Subtotal 285.00
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 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 all contributions regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/2/2017

Name & Address:
Mark Passerini
821 Fountain St.
Ann Arbor, MI 48103

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

\$ 250 \$ 500

5. If over \$100.00 cumulative, please provide:
Occupation self-employed Employer _____
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 11/2/2017

Name & Address:
Kathryn Muldrum
712 W. Huron St, Apt. 202
Ann Arbor, MI 48103

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

\$ 25 \$ 25

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/2/2017

Name & Address:
Rebecca Hardin
2409 Yine wood Blvd
Ann Arbor, MI 48104

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

\$ 50 \$ 50

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/2/2017

Name & Address:
Allison Ineson
865 Wickfield Ct
Ann Arbor, MI 48105

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

\$ 250 \$ 250

5. If over \$100.00 cumulative, please provide:
Occupation attorney Employer Huron Valley Law Association
Business Address 117 W. State St, Suite 104, Ann Arbor, MI 48104

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 575.00

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 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>11/2/2017</u>		
Name & Address: <u>Melanie & Michael McLeod</u> <u>3460 Tanglewood Trl</u> <u>Chelsea, MI 48118</u>				\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide:					
Occupation <u>consultant</u>		Employer <u>Arachne Web Technologies</u>			
Business Address <u>3324 Alpine Dr, Ann Arbor, MI 48108</u>					
Type of Contribution: Direct Loan from a person <u>Fund Raiser</u>					
3. Contribution #2	PAC Receipt? YES	4. Date of Receipt	<u>11/2/2017</u>		
Name & Address: <u>Aaron Wesley Schacht</u> <u>804 Henry</u> <u>Ann Arbor, MI 48104</u>				\$ <u>20</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide:					
Occupation _____		Employer _____			
Business Address _____					
Type of Contribution: Direct Loan from a person <u>Fund Raiser</u>					
3. Contribution # 3	PAC Receipt? YES	4. Date of Receipt	<u>11/2/2017</u>		
Name & Address: <u>Patricia F. Smith</u> <u>110 Depot St</u> <u>Ann Arbor, MI 48104</u>				\$ <u>50</u>	\$ <u>75</u>
5. If over \$100.00 cumulative, please provide:					
Occupation _____		Employer _____			
Business Address _____					
Type of Contribution: Direct Loan from a person <u>Fund Raiser</u>					
3. Contribution # 4	PAC Receipt? YES	4. Date of Receipt	<u>11/2/2017</u>		
Name & Address: <u>Ronald Cayce Revocable Trust</u> <u>817 Mower Rd.</u> <u>Pinckney, MI 48169</u>				\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide:					
Occupation <u>director</u>		Employer <u>People's Choice Alternative Medicine</u>			
Business Address <u>2245 W. Liberty St, Ann Arbor, MI 48103</u>					
Type of Contribution: Direct Loan from a person Fund Raiser					

Page Subtotal

495⁰⁰ 470⁰⁰

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 all contributions regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/2/2017

Name & Address:
Scott S. Trudeau
526 N. Main St
Ann Arbor, MI 48104

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

\$ 50 \$ 50

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 11/2/2017

Name & Address:
Jonah Copi
225 Briarcrest #206
Ann Arbor, MI 48104

\$ 500 \$ 500

5. If over \$100.00 cumulative, please provide:

Occupation Owner Employer AA Wellness Collective

Business Address 321 East Liberty St, Ann Arbor, MI 48104

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/20/2017

Name & Address:
Dori Edwards
4424 Blossom Hill Trl
Ann Arbor, MI 48108

\$ 250 \$ 250

5. If over \$100.00 cumulative, please provide:

Occupation Consultant Employer Ennwall, LLC

Business Address 421 Miller Ave, Ann Arbor, MI 48103

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/20/2017

Name & Address:
Iron Workers Local 25
25150 Trans X Drive, PO Box 965
Novi, MI 48376

\$ 100 \$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 900
Grand Total of All Schedules 1A 2230⁰⁰
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE**

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

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <u>CTE Jared Hoffert</u> <u>PO Box 130592</u> <u>Ann Arbor, MI 48113-0592</u>	Date of Receipt <u>11/13/2017</u> Fund Raiser	Loan from a Lending Institution Interest Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>repayment of 1/3 of expenses for the co-hosted election night party @ The Black Pearl on 11/7</u>	\$ <u>430</u>
Receipt #2 Name & Address:	Date of Receipt _____ Fund Raiser	Loan from a Lending Institution Interest Refund \Rebate Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____ Fund Raiser	Loan from a Lending Institution Interest Refund \Rebate Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____ Fund Raiser	Loan from a Lending Institution Interest Refund \Rebate Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____ Fund Raiser	Loan from a Lending Institution Interest Refund \Rebate Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____ Fund Raiser	Loan from a Lending Institution Interest Refund \Rebate Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____ Fund Raiser	Loan from a Lending Institution Interest Refund \Rebate Other (Specify) _____	\$ _____
Page Subtotal			<u>430⁰⁰</u>
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			<u>430</u>

Enter this total on line 4 of Summary Page



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)
Contribution # 1 PAC Receipt? Yes Name & Address: <u>Brdek, Samantha</u> <u>1614 Dexter Ave</u> <u>Ann Arbor, MI 48103</u> If over \$100.00 cumulative, please provide: Occupation: <u>Accountant</u> Employer Name & Business Address: <u>self-employed/contractor</u> <u>1614 Dexter Ave</u> <u>Ann Arbor, MI 48103</u> Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description <u>7.25 hrs @ \$23/hr</u> 5. Date Of Receipt: <u>10/19/17 - 12/4/17</u> 6. Vendor Name & Address:	\$ <u>106.75</u> \$ <u>664.70</u>	
Contribution # 2 PAC Receipt? Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	
Contribution # 3 PAC Receipt? Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	

Page Subtotal 106.75 664.70

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 106.75

Enter this total on line 6 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
<p>Expenditure #1 Name <u>Alex Yerkey</u> Address <u>3093 Williamsburg Rd Ann Arbor, MI 48108</u> <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>campaign management</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>10/25/17</u> Date</p>	<p><u>\$ 500</u></p>
<p>Expenditure #2 Name <u>Printing Plus/United Sons</u> Address <u>105 W. Michigan Ave Ypsilanti, MI 48197</u> <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>door hangers and mailers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>11/1/17</u> Date</p>	<p><u>\$ 2,631.31</u></p>
<p>Expenditure #3 Name <u>The Black Pearl</u> Address <u>302 S. Main St. Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>campaign night party</u> <u>(a third to be paid by CTE Jared Hoffert)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>11/7/17</u> Date</p>	<p><u>\$ 1,210.25</u></p>
<p>Expenditure #4 Name <u>Pizza House</u> Address <u>618 Church St. Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Pizza House Party on primary night</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>11/20/17</u> Date</p>	<p><u>\$ 294.34</u></p>
<p>Expenditure #5 Name <u>Chip Smith</u> Address <u>517 Krause St Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>yard signs via Sawicki & Son</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>11/20/17</u> Date</p>	<p><u>\$ 523.38</u></p>

Subtotal this page

5159.28

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>Chip Smith</u> Address <u>517 Krause St. Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>adwords (repayment)</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/17</u> Date	<u>\$ 1,818.31</u>
Expenditure #2 Name <u>Chip Smith</u> Address <u>517 Krause St. Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>facebook (repayment)</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20</u> Date	<u>\$ 732.00</u>
Expenditure #3 Name <u>Chip Smith</u> Address <u>517 Krause St. Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>address labels (repayment)</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20</u> Date	<u>\$ 11.72</u>
Expenditure #4 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>11/2/17</u> Date	<u>\$ 88.63</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>six additional users for Oct.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20</u> Date	<u>\$ 60.00</u>

Subtotal this page 2710.66

Grand Total of all Schedules 1B (Complete on last page of Schedule) 7869.94

Enter this total on line 8a of Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>11/2/2017</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>11</u>	5. Type of Fund Raising Activity <u>cash coffee bar</u>	6. Address and Name (If any) of the place where the activity was held. <u>Electric Eye Cafe</u> <u>811 N. Main St</u> <input type="checkbox"/> <u>AA, MI 48104</u> Private Residence
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7. Total Contributions \$ 1845

8. Other Receipts 0

9. Gross Receipts (Add lines 7 and 8) 1845

10. Total Cost of Event 0
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**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 endorser 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 Corp? Yes Owed to or by: <u>Pizza House</u> <u>@ 18 Church St</u> <u>Ann Arbor, MI 48104</u>	4. Type: <u>Primary night party</u> 5. <u>Date Debt Was Incurred:</u> <u>8/8/17</u> 6. <u>Original Amount of Debt:</u> <u>\$ 294.34</u>	<u>11/20/17 \$ 294.34</u> \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>294.34</u>	\$ <u>Ø</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Debt #2 Corp? Yes Owed to or by: <u>Chip Smith</u> <u>517 Krause St</u> <u>Ann Arbor, MI 48104</u>	4. Type: <u>Yard signs</u> 5. <u>Date Debt Was Incurred:</u> <u>10/20/17</u> 6. <u>Original Amount of Debt:</u> <u>\$ 523.38</u>	<u>11/20/17 \$ 523.38</u> \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>523.38</u>	\$ <u>Ø</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Debt #3 Corp? Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

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