



**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: 11/28/2017 to 7/20/2018

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

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 Type or Print Name
[Signature] Signature Date 25 July 2018

Candidate Charles "Chip" Smith Type or Print Name
[Signature] Signature Date _____

FILED
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
JUL 27 2018
ANN ARBOR, MI



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>100⁰⁰</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>100⁰⁰</u>	(18.) \$ <u>100⁰⁰</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>100⁰⁰</u>	(20.) \$ <u>100⁰⁰</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>800.⁰⁰</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>49.14</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>849.14</u>	(23.) \$ <u>849.14</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>496.93</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>100.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>596.93</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>849.14</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>-252.21</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>D. B. Hales TEE, Daniel B. Hales 1993 Trust</u> <u>711 Oak St. Apt. 102</u> <u>Winnetka, IL 60093</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 #2	PAC Receipt?	YES	4. Date of Receipt		
Name & Address				\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input 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				\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input 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				\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="radio"/> Direct <input type="radio"/> Loan from a person <input type="radio"/> Fund Raiser					

Page Subtotal 100⁰⁰
Grand Total of All Schedules 1A (Complete on last page of Schedule) 100⁰⁰

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>Washtenaw County Clerk</u> Address <u>200 W. Main Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>failure to file fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/22/17</u>	<u>\$ 500</u>
Expenditure #2 Name <u>Sonja Karnovsky</u> Address <u>411 High St. Apt. 1 Ann Arbor, MI 48105</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>graphic design work</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/6/18</u>	<u>\$ 300</u>
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 800⁰⁰

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 800⁰⁰

Enter this total
on line 8a of
Summary Page