



Amended

**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: 7/24/2017 to 8/28/2017

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

4. Candidate Last Name First Name M.I.  
Smith Charles "Chip"  
4a. Office Sought Including District # or Community Served (if applicable)  
Board - AZ city commission  
4b. County of Residence

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  
AA, 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  
8 Aug 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 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  
25 July 2018  
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

FILED  
SHTENAW COUNTY, MI  
JUL 25 2018  
COUNTY CLERK'S OFFICE

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 25 July 2018  
Candidate Charles "Chip" Smith Signature \_\_\_\_\_ Date \_\_\_\_\_



post-election primary  
Amended

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>1704<sup>00</sup></u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1704<sup>00</sup></u>	(18.) \$ <u>13,214<sup>00</sup></u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>-</u>	(19.) \$ <u>-</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1704<sup>00</sup></u>	(20.) \$ <u>13,214<sup>00</sup></u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>903.14</u>	(21.) \$ <u>2232.79</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>1910.45</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>1910.45</u>	(23.) \$ <u>8837.39</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
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>
<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>5126.39</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1704.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6830.39</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1910.45</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4919.94</u>	

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 WASHTENAW COUNTY, MI  
 2010 JUL 25 P 4:53  
 ANNE H. STENBAUM  
 COUNTY CLERK/REGISTRAR



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

*Amended*

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 Sons</u> Address <u>105 W. Michigan Ave Ypsilanti, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>door hangers &amp; mailers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/2/17</u> Date	<u>\$ 1057.<sup>00</sup></u>
Expenditure #2 Name <u>NGP Van, Inc</u> Address <u>PO Box 392264 Pittsburgh, PA 15251-9264</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>bank card 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>8/2/17</u> Date	<u>\$ 102.57</u>
Expenditure #3 Name <u>Alex Yerkey</u> Address <u>3093 Williamsburg Rd AA, 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>8/8/17</u> Date	<u>\$ 500.<sup>00</sup></u>
Expenditure #4 Name <u>Brian Merlos</u> Address <u>412 W. Grand Blvd Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>running govt</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/8/17</u> Date	<u>250.<sup>00</sup></u>
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	_____

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 WASHTENAW COUNTY, MI  
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 CLERK OF SUPERIOR COURT

Subtotal this page 1910.45  
 Grand Total of all Schedules 1B (Complete on last page of Schedule) 1910.45  
 Enter this total on line 8a of Summary Page