



**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.

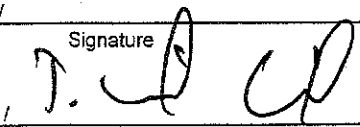
1. Committee I.D. Number C-2001-016		3. This Statement covers From: <u>08/04/10</u> to <u>10/18/10</u>	
2. Committee Name Committee to elect Dan Smith		4. Candidate Last Name Smith First Name Dan M.I. _____ 4a. Office Sought Including District # or Community Served (If applicable) County Commissioner #2 4b. County of Residence Washtenaw	
5. Committee's Mailing Address 328 N. Pointe Dr. Whitmore Lake, MI 48189 Area Code and Phone <u>(734) 449-2985</u> <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>		6. Treasurer's Name & Residential Address Dan Smith 328 N. Pointe Dr. Whitmore Lake, MI 48189 Area Code & Phone <u>(734) 449-2985</u>	
7. Treasurer's Business Address Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____	

FILED
 WASHTENAW COUNTY, MI
 2010 OCT 25 A 9:47
 LAWRENCE A. STENBAUM
 COUNTY CLERK/REGISTRAR

9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____		9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
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A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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 _____ Type or Print Name _____ Signature  Date _____
Candidate Dan Smith _____ Type or Print Name _____ Signature _____ Date 10/24/10



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number _____
2. Committee Name Committee to elect Dan 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? <input type="checkbox"/> YES 4. Date of Receipt <u>04/25/10</u> Name & Address: <u>D. Smith</u> <u>328 N. Pointe Dr.</u> <u>Whitmore Lake, MI 48189</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Autodesk</u> Business Address <u>Novi, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500</u>	\$ <u>500</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/10</u> Name & Address: <u>J. Robbins</u> <u>3384 Bent Trail Dr.</u> <u>Ann Arbor, MI 48108</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	\$ <u>25</u>	\$ <u>25</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>M. Stanalajczo</u> <u>8352 Kearney Rd.</u> <u>Whitmore Lake, MI 48189</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DDS</u> Employer <u>self</u> Business Address <u>Canton, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>300</u>	\$ <u>300</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/30/10</u> Name & Address: <u>G. Smith</u> <u>928 Timber Creek #22</u> <u>Grand Ledge, MI 48837</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	\$ <u>500</u>	\$ <u>500</u> Click Here for Memo Itemization

Page Subtotal \$1,325.00

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 _____

2. Committee Name Committee to elect Dan 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? <input type="checkbox"/> YES 4. Date of Receipt <u>04/25/10</u> Name & Address: E. Post P.O. Box 973319 Ypsilanti, MI 48197		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MD</u> Employer <u>VA</u> Business Address <u>2215 Fuller Rd., Ann Arbor, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/10</u> Name & Address: C. Macnemara 555 Lakeside Dr. SE East Grand Rapids, MI 49506		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>student</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: B. Betts 4357 Lori Lynn Ln. Whitmore Lake, MI 48189		\$ <u>50</u>	\$ <u>50</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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/30/10</u> Name & Address:		\$ _____	\$ _____
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		Click Here for Memo Itemization	

Page Subtotal **\$700.00**

Grand Total of All Schedules 1A (Complete on last page of Schedule) **\$2,025.00**

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2001-016
2. Committee Name Committee to elect Dan Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>vistaprint.com</u> Address 95 Hayden Avenue Lexington, MA 02421 <input type="checkbox"/> Fund Raiser	Purpose: <u>bus. cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/10</u> Date	<u>\$ 103.74</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Land's End</u> Address 2 Lands' End Lane Dodgeville, WI 53595 <input type="checkbox"/> Fund Raiser	Purpose: <u>t-shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/27/10</u> Date	<u>\$ 139.80</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>vistaprint.com</u> Address 95 Hayden Avenue Lexington, MA 02421 <input type="checkbox"/> Fund Raiser	Purpose: <u>bus. cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/16/10</u> Date	<u>\$ 94.98</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>vistaprint.com</u> Address 95 Hayden Avenue Lexington, MA 02421 <input type="checkbox"/> Fund Raiser	Purpose: <u>letterhead</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/22/10</u> Date	<u>\$ 47.01</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Lakeland Screen Printing</u> Address 5300 E M-36 Pinckney, MI 48169 <input type="checkbox"/> Fund Raiser	Purpose: <u>t-shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/10</u> Date	<u>\$ 237.44</u> Click Here for Memo Itemization Type

Subtotal this page **\$622.97**

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-2001-016
2. Committee Name Committee to elect Dan Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Whitmore Media</u> Address P.O. Box 440 Whitmore Lake, MI 48189 <input type="checkbox"/> Fund Raiser	Purpose: <u>ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/11/10</u> Date	<u>\$ 180</u>
Expenditure #2 Name <u>vistaprint.com</u> Address 95 Hayden Avenue Lexington, MA 02421 <input type="checkbox"/> Fund Raiser	Purpose: <u>postcards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/29/10</u> Date	<u>\$ 356.52</u>
Expenditure #3 Name <u>Viking Signs</u> Address 124 W. Grand River Ave. Webberville, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/10</u> Date	<u>\$ 986.86</u>
Expenditure #4 Name <u>vistaprint.com</u> Address 95 Hayden Avenue Lexington, MA 02421 <input type="checkbox"/> Fund Raiser	Purpose: <u>postcards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/20/10</u> Date	<u>\$ 356.52</u>
Expenditure #5 Name <u>Whitmore Media</u> Address P.O. Box 440 Whitmore Lake, MI 48189 <input type="checkbox"/> Fund Raiser	Purpose: <u>ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/10</u> Date	<u>\$ 460</u>

Subtotal this page **\$2,339.64**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$2,962.87**

Enter this total
on line 8a of
Summary Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK
CANDIDATE COMMITTEE

C-2001-016

1. Committee I. D. Number _____
2. Committee Name Committee to elect Dan Smith

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address: Wash. GOP NCMS Building 3025 Boardwalk #290 Ann Arbor, MI 48108	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input checked="" type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: <u>postcard mailing</u>	<u>10/04/10</u> Date	<u>\$ 360</u>
Expenditure #2 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____
Expenditure #3 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____
Expenditure #4 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____
Expenditure #5 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____

Page Subtotal

360

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

360

Enter this total on line 7 of the Summary Page



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

1. Committee I.D. Number C-2001-016

2. Committee Name Committee to elect Dan 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 Corp? <input type="checkbox"/> Yes Owed to or by: D. Smith 328 N. Pointe Dr. Whitmore Lake, MI 48189	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>10/17/10</u> 6. <u>Original Amount of Debt:</u> \$ <u>937.87</u>	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$937.87**
 Grand Total of all Schedules 1E **\$937.87**
 (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.