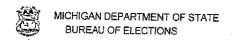


## CANDIDATE COMMITTEE COVER PAGE

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 Statemer                           | of covers From:                              |   |  |                        |
|--|--|--|---|--|------------------------|
|  |  | 10/1   | 8/10 to                                 | 11/29/10                               |                        |
| 1. Committee !.D. Number   | 4. Candidate L                             | ast Name                                     | First Nam                               | e                                      | M.J.                   |
| C-2010-016   | Smith                                      |  | Dan                                     |  |                        |
| 2. Committee Name  | 1  | t Including District # o                     |   |  |                        |
| Committee to elect Dan Smith   | -  | Commiss                                      |   |  |                        |
| 5. Committee's Mailing Address   | <del></del>                                | sidence Washtenaw                            |   |  | 2 %                    |
| 328 N. Pointe Dr.  | 6. Treasurer's Na                          | ame & Residential Ad                         | dress                                   |  | SHIT OF                |
| 1  |  |  |   | ೧೬೬                                    |                        |
| Whitmore Lake, MI 48189  |  |  |   |  | - 2                    |
|  |  |  |   | 2021                                   | S €F                   |
|  | }  |  |   | $\leq \Sigma^{g}$                      | $c_{\mathrm{Li}}$      |
| Area Code and Phone (734) 449-2985   |  |  |   |  | J 20                   |
| 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.  |  |  |   | SS 4                                   | J 🚆                    |
| be sent to this address by the filing official.  | Area Code & Pho                            |  |   | <u></u>                                | , :<                   |
| 7. Treasurer's Business Address  | 8. Designated Re                           | ecord keeper's Name<br>ord keeper)           | and Mailing Addre                       | ss (If the committe                    | ee has a               |
|  | Designated Reco                            | ord keeper)                                  | -                                       | •                                      |                        |
| i  | ·  |  |   |  |                        |
| •  |  |  |   |  |                        |
|  |  |  |   |  |                        |
| ;  |  |  |   |  |                        |
|  |  |  |   |  |                        |
| Area Code and Phone  | Area Code and Pl                           | one  |   |  |                        |
| 9. TYPE OF STATEMENT   |  |  |   |  | -                      |
| , []   | ļ  | ,  |   |  |                        |
| 9a. Pre-Election OR 9b. V Post-  | Election                                   | 9c. Annual Stat                              | ement (                                 | _Coverage Year)                        | )                      |
|  | ı  | a . [] Amandania                             | 4. 0                                    |  |                        |
| Pre-Election or Post-Election Statement relates to:  |  | 9d. Amendment<br>or 9e to indic              | to Campaign State<br>cate which Stateme | ment (Complete I<br>int is being amend | tem 9a, 9b, 9c<br>ded) |
| Primary Gene   | eral                                       | 9e. Dissolution of                           | f Candidate Comm                        | nittee                                 |                        |
| Convention   | ol   | Ε  | ffective Date of Dis                    | solution                               |                        |
|  |  | _  |   |  |                        |
| Special Cauci  | JS   | By checking this item                        | . I\We certify that the                 | ne committee has                       | no assets or           |
| Date of Election, Convention or Caucus   | 10   | outstanding debts, inc                       | cludina late filina fe                  | es. Further !/We                       | request that if        |
|  |  | he dissolution cannot<br>he Reporting Waiver | t be granted, that the                  | ns be considered                       | a request for          |
| 11/02/10   | 17   | Note: The disposition                        | of residual funds n                     | nust be reported o                     | n Schedule             |
| A  | 1'   | IB and the Summary                           | Page.                                   |  | 1                      |
| A committee that does not have a Reporting Waiver must file all requestedules. Direct contributions, in-kind contributions, loans, expending the information listed in thems 2.4.5.5.7 cs. 9 case the property of the information listed in thems. | uired Campaign Sta<br>Jitures, and outstan | atements. The Camp                           | aign Statements m                       | ust include all apporting Waiver the   | plicable<br>eshold     |
| f any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed<br>amendment to the Statement of Organization should accompany this   | since the informat                         | ion was shown on the                         | committee's State                       | ment of Organiza                       | ition, an              |
| f any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed<br>amendment to the Statement of Organization should accompany this<br>perfore the filing deadline of a required campaign statement, tha                                  | t campaign stater                          | nent cannot be waiv                          | ed.                                     | er is not receive                      | a on or                |
| <ol> <li>Verification: I/We certify that all reasonable diligence was used in<br/>your knowledge and belief the contents are true, accurate and corr</li> </ol>  | the preparation of plete.                  | this statement and att                       | ached schedules (                       | if any) and to the                     | best of                |
| urrent Treasurer or  |  |  |   |  | }                      |
| esignated Record keeper  |  |  | Dota                                    |  | l                      |
| Type or Print Name   | Signature                                  | (1)  | Date                                    |  |                        |
| Candidate Dan Smith  | 1. ( 1)                                    | CII  |   | 11/29/                                 | 10                     |
|  | Signature                                  |  | Date                                    | 11/23/                                 |                        |
| Type or Print Name   | Signature                                  |  |   |  |                        |

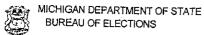


SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number C-2010-016

2. Committee Name Committee to elect Dan Smith

| RECEIPTS   |  |  |
|--|--|--|
| 3. Contributions   | Column I<br>This Period                    | Column II Cumulative this election cycle |
| a. Itemized (Schedule 1A - Column 6)   | (3a.) \$ 692.52                            |  |
| b. Unitemized (less than \$20.01 each - no Schedule)   | (3b.) \$ NOT APPLICABLE                    | -  |
| c. Subtotal of "Contributions"   | (3c.) \$ \$692.52                          | (18.) \$ \$3,655.39                      |
| 4. Other Receipts (Schedule 1A -1, Column 6)   | (4.) \$                                    | (19.) \$                                 |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)                                 | (5.) \$ \$692.52                           | (20.) \$ \$3,655.39                      |
| IN-KIND CONTRIBUTIONS & EXPENDITURES   |  |  |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)   | (6.) \$                                    | (21.) \$ \$360.00                        |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)   | (7.) \$                                    | (22.) \$                                 |
| EXPENDITURES   |  | (==),                                    |
| 8. Expenditures  |  |  |
| a. Itemized (Schedule 1B, Column 6)  | (8a.) \$ \$692.52                          |  |
| b. itemized Get-Out-the-Vote (Schedule 18-G)   | (8b.) \$                                   |  |
| c. Unitemized (less than \$50.01 each - no Schedule)   | (8c.) \$                                   |  |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)  | (9.) \$ \$692.52                           | (23.) \$ \$3,655.39                      |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)  |  | (25.)                                    |
| Disbursements     a. Itemized (Schedule 1C, Column 6)  | (10a.) \$                                  |  |
| b. Unitemized (less than \$50.01 each - no Schedule)   |  |  |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS<br>(Add Line 10a + Line 10b)                          | (10b.) \$                                  |  |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations  | (11.) \$                                   | (24.) \$                                 |
| a. Owed by the Committee (Schedule 1E)   | (12a.) \$_\$1,130.39                       |  |
| b. Owed to the Committee (Schedule 1E)   |  |  |
|  | (12b.) \$<br>BALANCE STATEMENT             |  |
| Ending Balance of last report filed  | # c c c                                    | ·  |
| (Enter zero if no previous reports have been filed.)  4. Amount received during reporting period |  | <u>.</u>                                 |
| (Line 5, Total Contributions & Other Receipts)   | (14.) + \$ \$692.52<br>(15.) = \$ \$692.52 | -  |
| 5. SUBTOTAL Add lines 13 and 14  | #C00 E0                                    | -  |
| Amount expended during reporting period     (Add lines 9 and 11)     TOURING 9.4                 | (16.) - \$ \$692.52                        |  |
| 7. ENDING BALANCÉ (Subtract line 16 from line 15)  | (17.) \$ \$0.00                            | -*                                       |
|  |  |  |



## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

| CANDIDATE COMMITTEE 2. Committee Name  | committee to ele     | ect 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 all contributions regardless of amount. | 6. Amount            | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/25/10  | <u> </u>             | T date of receipt)   |
| The 21st Century Club  |                      |  |
| P.O. Box 130611  | 500                  | 500  |
| Ann Arbor, MI 48113  | <sub>\$</sub> 500    | <sub>\$</sub> 500  |
| 5. If over \$100.00 cumulative, please provide:  | Click Horo           | for Memo Itemization   |
| Occupation Employer  | Onck Field           | io meno tentization  |
| Business Address   |                      |  |
| Type of Contribution: V Direct Loan from a person Fund Raiser  |                      |  |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/29/10  Name & Address  |                      |  |
| Dan Smith 328 N. Pointe Dr. Whitmore Lake, MI 48189  | <sub>\$</sub> 192.52 | <sub>\$</sub> 1130.39  |
| 5. If over \$100.00 cumulative, please provide:  | Click Here fo        | or Memo Itemization  |
| Occupation SW Engineer Employer Autodesk   |                      | WONO REMIZATION  |
| Business Address Novi, MI  |                      |  |
| Type of Contribution: Direct  Loan from a person Fund Raiser   |                      | •  |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:   |                      |  |
|  | \$                   | \$   |
| 5. If over \$100.00 cumulative, please provide:  | Click Here for       | Memo Itemization   |
| Occupation Employer  |                      | •  |
| Business Address   |                      |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |                      |  |
| Contribution #4 PAC Receipt? YES 4. Date of Receipt  Name & Address  |                      |  |
|  | •                    |  |
|  | \$                   | \$   |
| 5. If over \$100.00 cumulative, please provide:  | 0.1                  |  |
| Occupation Employer  | Click Here for I     | Memo Itemization   |
| Business Address   |                      |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |                      | ļ  |
| Page Subtotal  | \$692.52             |  |
| Grand Total of All Schedules 1A  | \$692.52             |  |
| (Complete on last page of Schedule)  | Enter this total on  |  |
| Page of  | line 3a of Summary   |  |



## ITEMIZED EXPENDITURES SCHEDULE 1B

| CANDIDATE COMMITTEE                                  | 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 The Courant                                     |   | 08/08/10        | - \$ 120                       |
| Address  | Purpose: advertising  | Date            | Ψ <u>120</u>                   |
| P.O. Box 440   |   |                 |                                |
| Whitmore Lake, MI 48189                              | Clic  | k Here for Men  | no Itemization Ty <sub>l</sub> |
|  | Check box if this expenditure is payment  | of              |                                |
| Fund Raiser  | debt or obligation reported on previous statement                                   | ·               |                                |
| xpenditure #2  | statement .   | ·               |                                |
| Name Postmaster                                      |   |                 |                                |
| 1 Ostridstei   | ·   | 11/17/10        | \$ 72.52                       |
| ddress   | Purpose: postage  | Date            | + <u></u>                      |
| 11 S. Lafayette                                      | - diposo  |                 |                                |
| outh Lyon, MI 48178                                  | (Mer  | no Itemization) |                                |
| Cut Lyon, IVII 40 1/8                                | Chack how if this   |                 |                                |
| Fund Raiser  | Check box if this expenditure is payment o debt or obligation reported on previous  | f               |                                |
| xpenditure #3  | statement   |                 |                                |
|  | }   |                 |                                |
| The 21st Century Club                                |   | 44/00/40        |                                |
|  |   | 11/29/10        | \$ 500                         |
| dress  | Purpose: return contribution  | Date            |                                |
| O. Box 130611  |   | l t             |                                |
| n Arbor, MI 48113                                    |   |                 | Itemization Type               |
| Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous |                 |                                |
| 4  | statement statement   |                 |                                |
| penditure #4   |   |                 |                                |
| ne   |   |                 |                                |
|  |   |                 | \$                             |
| ress   | Purpose:  | Date            | * <u>*</u>                     |
|  |   |                 |                                |
|  | <sup>3</sup> Click H  | lere for Memo I | temization Type                |
|  | Check box if this expenditure is payment of   |                 |                                |
| Fund Raiser  | debt or obligation reported on previous   |                 |                                |
| enditure #5  | statement   |                 |                                |
| ne   |   |                 | -                              |
|  |   |                 |                                |
| ress   | Rumani  | Date            | \$                             |
|  | Purpose:  | Date            |                                |
|  | Click H   | ere for Memo If | emization Type                 |
|  | Check box if this expenditure is payment of   | io momo n       | ionication Type                |
| Fund Raiser .  | debt or obligation reported on previous statement                                   |                 |                                |
|  |   | al this page    | #coc ==                        |
|  | •   | · [_            | \$692.52                       |
|  | Grand Total of all So   | chedules 1B     | \$692.52                       |
|  | (Complete on last page of   | of Schedule)    | ゆいさと.ひと                        |

Enter this total on line 8a of Summary Page



| DEBTS AND OBLIGATIONS 1.1  | Committee I.D. Number C-2  | 010-016   |                                       |  |
|--|--|---|---------------------------------------|--|
| SCHEDULE 1E  |  |   |                                       |  |
| CANDIDATE COMMITTEE 2.0  | Committee Name Committee   | ee to elect Dan S                                     | mith                                  |  |
| This Schedule itemizes:  |  |   |                                       |  |
| a ☑Debts and obligations owed by or forgiven the com<br>(Che   | nmittee OR b. Del  | ots and obligations owed <u>to</u> courpose checked.) | or forgiven <u>by</u> the co          | emmittee.  |
| 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<br>Balance at close<br>of this period<br>(Item 6 minus<br>Item 8) |
| Debt #1 Corp? Yes Owed to or by:   | 4. Type: loan  | \$  |                                       |  |
| Dan Smith<br>328 N. Pointe Dr.<br>Whitmore Lake, MI 48189  | 5. <u>Date Debt Was Incurred</u> :  10/17/10 6. <u>Original Amount of Debt</u> :  \$ 937.87                | \$<br>\$<br>\$  | \$                                    | \$_937.87  |
| If bank loan, name of endorser or guarantor:   |  | Amo   | unt Endorsed: \$                      |  |
| Debt #2 Corp? Yes Owed to or by:   | 4. Type: loan  | \$  |                                       |  |
| Dan Smith<br>328 N. Pointe Dr.   | 5. <u>Date Debt Was Incurred:</u><br>11/29/10  | \$  |                                       |  |
| Whitmore Lake, MI 48189  | 6. <u>Original Amount of Debt</u> :<br>\$192.52  | \$  | \$                                    | \$ 192.52<br>FORGIVEN  |
| If bank loan, name of endorser or guarantor:   |  | \$  |                                       |  |
| Debt #3 Corp? Yes  |  | Amo   | ount Endorsed: \$                     |  |
| Owed to or by:   | 4. Type:   | <u> </u>  |                                       |  |
|  | 5. <u>Date Debt Was Incurred</u> :   | \$  |                                       |  |
|  | 6. Original Amount of Debt:  | \$<br>\$<br>\$  | \$                                    | \$FORGIVEN   |
| If bank loan, name of endorser or guarantor:   |  | Amo   | unt Endorsed: \$                      |  |
|  |  | Page Subtotal (C                                      | Outstanding debt)                     | \$1,130.39   |
| Grand Total of all Schedules 1E \$1,130.39  (Complete on last page of Schedule showing amounts owed by or to the committee)  Enter this total  |  |   |                                       |  |
| A debt or obligation must be shown on this Schodule if there was an author to a school of the shown on this Schodule if there was an author to a school of the shown on the school of the scho |  |   |                                       | on line 12a "owed<br>by"" or line 12b<br>'owed to" of the                        |

Summary Page

| Page_ | of | <u> </u> |
|-------|----|----------|
|       |    |          |