



**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.

<p>1. Committee I.D. Number C-2010-016</p> <p>2. Committee Name Committee to elect Dan Smith</p> <p>5. Committee's Mailing Address 328 N. Pointe Dr. Whitmore Lake, MI 48189</p> <p>Area Code and Phone <u>(734) 449-2085</u> 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.</p> <p>7. Treasurer's Business Address</p> <p>Area Code and Phone _____</p>		<p>3. This Statement covers From: <u>1/1/2011</u> to <u>12/31/2011</u></p> <p>4. Candidate Last Name <u>Smith</u> First Name <u>Dan</u> M.I. _____</p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>County Commissioner - District 2</u></p> <p>4b. County of Residence <u>Washtenaw</u></p> <p>6. Treasurer's Name &amp; Residential Address <u>Dan Smith</u> <u>328 N. Pointe Dr.</u> <u>Whitmore Lake, MI 48189</u></p> <p>Area Code &amp; Phone <u>(734) 449-2085</u></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone _____</p>	
<p><b>9. TYPE OF STATEMENT</b></p> <p>9a. Pre-Election <b>OR</b> 9b. Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p>Primary <span style="margin-left: 200px;">General</span></p> <p>Convention <span style="margin-left: 180px;">School</span></p> <p>Special <span style="margin-left: 200px;">Caucus</span></p> <p>Date of Election, Convention or Caucus _____</p>		<p>9c. <input checked="" type="checkbox"/> Annual Statement ( <u>2011</u> Coverage Year)</p> <p>9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. Dissolution of Candidate Committee</p> <p style="text-align: center;">Effective Date of Dissolution _____</p> <p>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.</p>	
<p>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. <b>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.</b></p>			
<p>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.</p>			
<p>Current Treasurer or Designated Record keeper <u>Dan Smith</u> / _____ Date _____ Type or Print Name Signature</p>		<p>Candidate <u>Dan Smith</u> / _____ Date _____ Type or Print Name Signature</p>	



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

2. Committee Name Committee to elect Dan 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>10353.24</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>10353.24</u>	(18.) \$ <u>10353.24</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>10353.24</u>	(20.) \$ <u>10353.24</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>254.97</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>254.97</u>	(23.) \$ <u>254.97</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <u>7918.24</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>10353.24</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>10353.24</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>254.97</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>10098.27</u> *	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-016  
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?	YES	4. Date of Receipt		
Name & Address: Gail Smith 918 Timber Creek #22 Grand Ledge, MI 48837				\$ 100	\$ 100
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 2	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Rodney Nanney 40 S. Summit St. #1 Ypsilanti, MI 48197				\$ 25	\$ 25
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 3	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Peter Smith 926 Stanley St. Lansing, MI 48915				\$ 40	\$ 40
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 4	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Marilyn Engstrom 8994 Posey Dr. Whitmore Lake, MI 48189				\$ 50	\$ 50
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					

Page Subtotal **\$215.00**

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-2010-016  
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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: Mark Stanalajczo 8352 Kearney Rd. Whitmore Lake, MI 48189				\$ 150	\$ 150
5. If over \$100.00 cumulative, please provide: Occupation <u>dentist</u> Employer <u>self</u> Business Address <u>Farmington Hills, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct    Loan from a person    Fund Raiser					
3. Contribution # 2	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Gail Smith 918 Timber Creek #22 Grand Ledge, MI 48837				\$ 200	\$ 300
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct    Loan from a person    Fund Raiser					
3. Contribution # 3	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Kent Sparks 9024 Posey Dr. Whitmore Lake, MI 48189				\$ 25	\$ 25
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct    Loan from a person    Fund Raiser					
3. Contribution # 4	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: David Jones 10347 Grafton Rd. Carleton, MI 48117				\$ 50	\$ 50
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct    Loan from a person    Fund Raiser					

Page Subtotal \$425.00  
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-2010-016  
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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: Pam Weipert 135 N. Warren South Lyon, MI 48178				\$ 40	\$ 40
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 2	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Donna Hrozencik 3502 River Pines Dr. Ann Arbor, MI 48103				\$ 100	\$ 100
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 3	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Karen Taracks 1864 N. Kenwyck Dr. Ypsilanti, MI 48198				\$ 25	\$ 25
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 4	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Ron Miller 8435 Dixboro South Lyon, MI 48178				\$ 20	\$ 20
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					

Page Subtotal \$ 185.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
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3. Contribution # 1	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Karen Taracks 1864 N. Kenwyck Dr. Ypsilanti, MI 48198				\$ 25	\$ 50
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 2	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Bob LeVanseler 6300 Pontiac Tr. South Lyon, MI 48178				\$ 25	\$ 25
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 3	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Jessica Phillips 40101 W. Huron River Dr. Romulus, MI 48174				\$ 25	\$ 25
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 4	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Bill Saunders 426 E. Shore Dr. Whitmore Lake, MI 48189				\$ 50	\$ 50
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					

Page Subtotal \$ 125.00

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

Enter this total on  
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3. Contribution # 1	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Stephanie Stiles 4639 Pearl St. Ypsilanti, MI 48197				\$ 50	\$ 50
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 2	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Angela Wagner 3647 E. Northfield Church Rd. Ann Arbor, MI 48105				\$ 50	\$ 50
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 3	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Gail Smith 918 Timber Creek #22 Grand Ledge, MI 48837				\$ 200	\$ 500
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 4	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Greg Laycock 1144 E. Forest Ave. Ypsilanti, MI 48198				\$ 100	\$ 100
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					

Page Subtotal

\$ 400.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
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1. Committee I.D. Number C-2010-016  
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3. Contribution # 1	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Ed Gunther P.O. Box 235 Dexter, MI 48130				\$ 100	\$ 100
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 2	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Jennifer Helmer 7500 Noble Rd. Saline, MI 48176				\$ 45	\$ 45
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 3	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Donna Evans 55375 Park Pl. New Hudson, MI 48165				\$ 100	\$ 100
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 4	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Tammie Ebenhoeh 3944 Steamboat Ct. Ann Arbor, MI 48108				\$ 100	\$ 100
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					

Page Subtotal

\$ 345.00

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

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3. Contribution # 1	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Sheila Mueller 10177 Haley Ln #204 Whitmore Lake, MI 48189				\$ 45	\$ 45
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 2	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Helen Wohnus 5895 Community Dr. Brighton, MI 48116				\$ 45	\$ 45
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 3	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Pam Weipert 135 N. Warren South Lyon, MI 48178				\$ 45	\$ 85
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution # 4	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Chris McNamara 2138 S. Cross Creek Dr. SE Grand Rapids, MI 49508				\$ 45	\$ 45
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					

Page Subtotal

\$ 180.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
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3. Contribution # 1	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Diane Bennink 7226 Eaton CT Dexter, MI 48130				\$ 45	\$ 45
<b>5. If over \$100.00 cumulative, please provide:</b>					
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 # 2	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Marion Olmstead 3185 Dwight St. Ann Arbor, MI 48108				\$ 45	\$ 45
<b>5. If over \$100.00 cumulative, please provide:</b>					
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	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Jerry Robbins 3384 Bent Trail Dr. Ann Arbor, MI 48108				\$ 45	\$ 85
<b>5. If over \$100.00 cumulative, please provide:</b>					
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 # 4	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Susan Klein 601 Liberty Pointe Dr. Ann Arbor, MI 48103				\$ 45	\$ 45
<b>5. If over \$100.00 cumulative, please provide:</b>					
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

\$ 180.00

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3. Contribution # 1	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>7/25/2011</u>		
Name & Address: Miller Canfield PAC 150 W. Jefferson #2500 Detroit, MI 48226			\$ <u>45</u>	\$ <u>45</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser				
3. Contribution # 2	PAC Receipt? YES	4. Date of Receipt <u>7/6/2011</u>		
Name & Address: Michael Moran 4621 Ford Rd. Ann Arbor, MI 48105			\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser				
3. Contribution # 3	PAC Receipt? YES	4. Date of Receipt <u>7/6/2011</u>		
Name & Address: Kristin Judge 6082 Vineyard Ave. Ann Arbor, MI 48108			\$ <u>45</u>	\$ <u>45</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser				
3. Contribution # 4	PAC Receipt? YES	4. Date of Receipt <u>7/23/2011</u>		
Name & Address: Peter Simmons 5077 Village Rd. Saline, MI 48176			\$ <u>45</u>	\$ <u>45</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser				

Page Subtotal \$235.00

Grand Total of All Schedules 1A  
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3. Contribution # 1	PAC Receipt? YES	4. Date of Receipt <u>8/3/2011</u>			
Name & Address: Alicia Ping 307 N. Harris St. Saline, MI 48176				\$ <u>45</u>	\$ <u>45</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      Fund Raiser					
3. Contribution #2	PAC Receipt? YES	4. Date of Receipt <u>12/28/2011</u>			
Name & Address: Dan Smith 328 N. Pointe Dr. Whitmore Lake, MI 48189				\$ <u>7918.24</u>	\$ <u>7918.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SW Engineer</u> Employer <u>Autodesk</u> Business Address <u>Novi, MI</u> Type of Contribution: Direct <input checked="" type="checkbox"/> Loan from a person      Fund Raiser					
3. Contribution #3	PAC Receipt? YES	4. Date of Receipt <u>12/31/2011</u>			
Name & Address: Edd Post P.O. Box 973319 Ypsilanti, MI 48197				\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      Loan from a person      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: Direct      Loan from a person      Fund Raiser					

Page Subtotal	\$8,063.24
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$10,353.24

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

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

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 Address Postmaster South Lyon, MI 48178  <input type="checkbox"/> Fund Raiser	Purpose: <u>postage</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/6/2011</u> Date	\$ <u>8.80</u>
Expenditure #2 Name Address Postmaster Whitmore Lake, MI 48189  <input type="checkbox"/> Fund Raiser	Purpose: <u>postage</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/30/2011</u> Date	\$ <u>23.20</u>
Expenditure #3 Name Address Postmaster Whitmore Lake, MI 48189  <input type="checkbox"/> Fund Raiser	Purpose: <u>postage</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/2/2011</u> Date	\$ <u>5.80</u>
Expenditure #4 Name Address vistaprint.com 95 Hayden Avenue Lexington Lexington, MA 02421  <input type="checkbox"/> Fund Raiser	Purpose: <u>business cards</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/27/2011</u> Date	\$ <u>82.15</u>
Expenditure #5 Name Address vistaprint.com 95 Hayden Avenue Lexington Lexington, MA 02421  <input type="checkbox"/> Fund Raiser	Purpose: <u>business cards</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/2/2011</u> Date	\$ <u>135.02</u>

Subtotal this page \$ 254.97

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) \$ 254.97

Enter this total  
on line 8a of  
Summary Page



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

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

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? Yes Owed to or by:  Dan Smith 328 N. Pointe Dr. Whitmore Lake, MI 48189	4. Type: <u>loan</u>  5. <u>Date Debt Was Incurred:</u> <u>12/28/2011</u>  6. <u>Original Amount of Debt:</u> <u>\$ 7918.24</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>7918.24</u>  <u>\$</u>  <u>FORGIVEN</u>
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? Yes Owed to or by:  Dan Smith 328 N. Pointe Dr. Whitmore Lake, MI 48189	4. Type: <u>loan</u>  5. <u>Date Debt Was Incurred:</u> <u>10/17/2010</u>  6. <u>Original Amount of Debt:</u> <u>\$ 937.87</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u>  <u>XX</u> <u>XX</u> <u>FORGIVEN</u>
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? Yes Owed to or by:  Dan Smith 328 N. Pointe Dr. Whitmore Lake, MI 48189	4. Type: <u>loan</u>  5. <u>Date Debt Was Incurred:</u> <u>11/29/2010</u>  6. <u>Original Amount of Debt:</u> <u>\$ 192.52</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u>  <u>XX</u> <u>FORGIVEN</u>
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) \$7,918.24

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee) \$7,918.24

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.