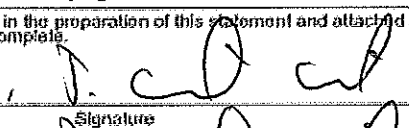
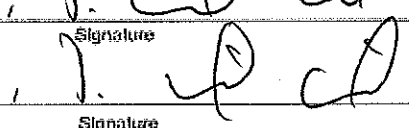




**CANDIDATE COMMITTEE
COVER PAGE**

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: <u>1/1/2012</u> to <u>7/22/2012</u>	
1. Committee I.D. Number C-2010-016	4. Candidate Last Name Smith First Name Dan M.I. 4a. Office Sought including District # or Community Served (If applicable) County Commissioner - District 2 4b. County of Residence Washtenaw
2. Committee Name Committee to elect Dan Smith	6. Treasurer's Name & Residential Address Dan Smith 328 N. Pointe Dr. Whitmore Lake, MI 48189 Area Code & Phone (734) 449-2985
6. Committee's Mailing Address 328 N. Pointe Dr. Whitmore Lake, MI 48189 Area Code and Phone (734) 449-2985 <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>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code & Phone
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
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 checked="" type="checkbox"/> Primary General <input type="checkbox"/> Convention School <input type="checkbox"/> Special Caucus Date of Election, Convention or Caucus <u>8/7/2012</u>	
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. Dissolution of Candidate Committee Effective Date of Dissolution _____ <small>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.</small>	
<small>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.</small>	
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 <u>Dan Smith</u> <small>Type or Print Name</small>	 <small>Signature</small> Date <u>7/23/2012</u>
Candidate <u>Dan Smith</u> <small>Type or Print Name</small>	 <small>Signature</small> Date <u>7/23/2012</u>



**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: 1/1/2012 to 7/22/2012

<p>1. Committee I.D. Number C-2010-016</p> <p>2. Committee Name Committee to elect Dan Smith</p>	<p>4. Candidate Last Name First Name M.I. Smith Dan</p> <p>4a. Office Sought Including District # or Community Served (If applicable) County Commissioner - District 2</p> <p>4b. County of Residence Washtenaw</p>
<p>5. Committee's Mailing Address 328 N. Pointe Dr. Whitmore Lake, MI 48189</p> <p>Area Code and Phone <u>(734) 449-2985</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>6. Treasurer's Name & Residential Address Dan Smith 328 N. Pointe Dr. Whitmore Lake, MI 48189</p> <p>Area Code & Phone <u>(734) 449-2985</u></p>
<p>7. Treasurer's Business Address</p> <p>Area Code and Phone _____</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>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary General</p> <p><input type="checkbox"/> Convention School</p> <p><input type="checkbox"/> Special Caucus</p> <p>Date of Election, Convention or Caucus <u>8/7/2012</u></p>	<p>9c. Annual Statement (_____ 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>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>
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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.

<p>Current Treasurer or Designated Record keeper <u>Dan Smith</u> Type or Print Name</p>	<p>/ Signature</p>	<p>Date <u>7/23/2012</u></p>
<p>Candidate <u>Dan Smith</u> Type or Print Name</p>	<p>/ Signature</p>	<p>Date <u>7/23/2012</u></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>2151.73</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2151.73</u>	(18.) \$ <u>12504.97</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2151.73</u>	(20.) \$ <u>12504.97</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>746.73</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>3</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>749.73</u>	(23.) \$ <u>749.73</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.) \$ <u>7918.24</u>	
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>10098.27</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2151.73</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>12250.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>749.73</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>11500.27</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: Linda L. Hornberger 918 Timber Creek #22 Grand Ledge, MI 48837				\$ 300	\$ 300
5. If over \$100.00 cumulative, please provide: Occupation <u>Bookkeeper</u> Employer <u>Lansing Christian Schools</u> Business Address <u>Lansing, MI</u> 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: Scott Menzel 1347 Callaway CT Howell, MI 48843				\$ 50	\$ 50
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					
3. Contribution # 3	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Philip Weipert 135 N. Warren South Lyon, MI 48178				\$ 40	\$ 125
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address <u>South Lyon, MI</u> 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: Steve Belcher 9423 Summerland 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 <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					

Page Subtotal

\$440.00

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

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: Anne Iaquinto 9876 Main St. 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 <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution #2	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Julia Wellings 341 Lillian CT 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 <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 3	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Barbara J. Watkins 438 Jennings Rd. 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 <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 4	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Donna Hrozencik 3502 River Pines Ann Arbor, MI 48103				\$ 150	\$ 250
5. If over \$100.00 cumulative, please provide: Occupation <u>OB/GYN</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					

Page Subtotal

\$300.00

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
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: Elaine Smith 5593 E. Price Rd. St. Johns, MI 48879				\$ 100	\$ 100
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					
3. Contribution #2	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Chris McNamara 2138 S. Cross Creek Dr. SE Grand Rapids, MI 49508				\$ 100	\$ 145
5. If over \$100.00 cumulative, please provide: Occupation <u>Communications</u> Employer <u>State of Michigan</u> <u>Lansing, MI</u> 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: Mark Stanalajczo 8352 Kearney Rd. Whitmore Lake, MI 48189				\$ 200	\$ 350
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 <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 4	PAC Receipt?	YES	4. Date of Receipt		
Name & Address: Linda L. Hornberger 918 Timber Creek #22 Grand Ledge, MI 48837				\$ 200	\$ 500
5. If over \$100.00 cumulative, please provide: Occupation <u>Bookkeeper</u> Employer <u>Lansing Christian Schools</u> <u>Lansing, MI</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					

Page Subtotal

\$ 600.00

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
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	<u>3/19/2012</u>		
Name & Address: David Jones 10347 Grafton Rd. Carleton, MI 48117				\$ <u>75</u>	\$ <u>115</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Purchasing</u> Employer <u>Metro Machine</u> Business Address <u>Romulus, MI</u> 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	<u>4/12/2012</u>		
Name & Address: Greg Laycock 1144 E. Forest Ave. Ypsilanti, MI 48198				\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT</u> Employer <u>WCC</u> 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	<u>7/7/2012</u>		
Name & Address: Donna Hrozencik 3502 River Pines Ann Arbor, MI 48103				\$ <u>100</u>	\$ <u>350</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OB/GYN</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					
3. Contribution # 4	PAC Receipt? YES	4. Date of Receipt	<u>7/12/2012</u>		
Name & Address: David Jones 10347 Grafton Rd. Carleton, MI 48117				\$ <u>50</u>	\$ <u>165</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Purchasing</u> Employer <u>Metro Machine</u> Business Address <u>Romulus, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					

Page Subtotal \$ 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 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	<u>7/15/2012</u>	
Name & Address: Jerry Robbins 3384 Bent Trail Dr. Ann Arbor, MI 48108				\$ <u>50</u>	\$ <u>95</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>7/2/2012</u>	
Name & Address: Kristin Judge 6082 Vineyard Ave. Ann Arbor, MI 48108				\$ <u>50</u>	\$ <u>95</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>6/27/2012</u>	
Name & Address: Michael Moran 4621 Ford Rd. Ann Arbor, MI 48105				\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Township Supervisor</u> Employer <u>Ann Arbor Township</u> Business Address <u>Ann Arbor, MI</u> 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>7/21/2012</u>	
Name & Address: Dan Smith 328 N. Pointe Dr. Whitmore Lake, MI 48189				\$ <u>286.73</u>	\$ <u>286.73</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct Loan from a person Fund Raiser					

Page Subtotal \$ 486.73

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$ 2,151.73

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 The Courant Address P.O. Box 440 Whitmore Lake, MI 48189 <input type="checkbox"/> Fund Raiser	Purpose: <u>advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/16/2012</u> Date	\$ <u>330.00</u>
Expenditure #2 Name Postmaster Address Novi, MI 48376 <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>3/2/2012</u> Date	\$ <u>25.60</u>
Expenditure #3 Name The Courant Address P.O. Box 440 Whitmore Lake, MI 48189 <input type="checkbox"/> Fund Raiser	Purpose: <u>advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/3/2012</u> Date	\$ <u>330.00</u>
Expenditure #4 Name Staples Address 47610 Grand River Ave. Novi, MI 48374 <input type="checkbox"/> Fund Raiser	Purpose: <u>labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/20/2012</u> Date	\$ <u>29.13</u>
Expenditure #5 Name Postmaster Address Novi, MI 48374 <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>6/20/2012</u> Date	\$ <u>32.00</u>

Subtotal this page \$ 746.73

Grand Total of all Schedules 1B
(Complete on last page of Schedule) \$ 746.73

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> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	\$ _____	\$ _____ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	\$ _____	\$ _____ FORGIVEN
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.