



**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: 8/23/2016 to 10/23/2016

<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>
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<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>6. Treasurer's Name &amp; Residential Address Dan Smith 328 N. Pointe Dr. Whitmore Lake, MI 48189</p> <p>Area Code &amp; Phone <u>(734) 449-2085</u></p>
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<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>
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<p><b>9. TYPE OF STATEMENT</b></p> <p>9a. <input checked="" type="checkbox"/> Pre-Election <b>OR</b> 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p>Primary <input type="checkbox"/> General <input checked="" type="checkbox"/></p> <p>Convention <input type="checkbox"/> School <input type="checkbox"/></p> <p>Special <input type="checkbox"/> Caucus <input type="checkbox"/></p> <p>Date of Election, Convention or Caucus <u>11/8/2016</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></p> <p>Type or Print Name</p>	<p><u>[Signature]</u></p> <p>Signature</p>	<p><u>10/27/2016</u></p> <p>Date</p>
<p>Candidate <u>Dan Smith</u></p> <p>Type or Print Name</p>	<p><u>[Signature]</u></p> <p>Signature</p>	<p><u>10/27/2016</u></p> <p>Date</p>

THE STATE OF MICHIGAN  
 COUNTY OF WASHTENAW  
 2016 OCT 28 A 9:00 AM  
 COUNTY CLERK



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

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Dan Smith

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,986.29</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,986.29</u>	(16.) \$ <u>3,986.29</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(18.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>3,986.29</u>	(20.) \$ <u>3,986.29</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-K, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-K, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>13,033.61</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>13,033.61</u>	(23.) \$ <u>15,459.64</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 by the Committee (Schedule 1E)	(12a.) \$ <u>38,305.30</u>	
b. Owed to 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>37,711.21</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3,986.29</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>41,697.50</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>13,033.61</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>28,663.89</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 all 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>9/16/2016</u>		
Name & Address: Karl Fink 7457 Mast Rd. Dexter, MI 48130				\$ <u>100.00</u>	\$ <u>100.00</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					
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	<u>9/21/2016</u>		
Name & Address: Washtenaw County GOP 3025 Boardwalk St. #290 Ann Arbor, MI 48108				\$ <u>1000.00</u>	\$ <u>1000.00</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					
3. Contribution # 3	PAC Receipt? YES	4. Date of Receipt	<u>10/16/2016</u>		
Name & Address: Anne Iaquinto 9876 Main St. Whitmore Lake, MI 48189				\$ <u>100.00</u>	\$ <u>100.00</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					
3. Contribution # 4	PAC Receipt? YES	4. Date of Receipt	<u>10/17/2016</u>		
Name & Address: Otto Moehrle 4305 Pontiac Tr. Ann Arbor, MI 48105				\$ <u>200.00</u>	\$ <u>200.00</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					

Page Subtotal \$1,400.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

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

**CANDIDATE COMMITTEE**

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>10/23/2016</u>		
Name & Address: Tom Larson 663 Halcyon Ct Ann Arbor, MI 48103				\$ <u>50.00</u>	\$ <u>50.00</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					
3. Contribution # 2	PAC Receipt? YES	4. Date of Receipt	<u>10/19/2016</u>		
Name & Address: Beth Fitzsimmons 101 N. Main St. #1005 Ann Arbor, MI 48104				\$ <u>100.00</u>	\$ <u>100.00</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					
3. Contribution # 3	PAC Receipt? YES	4. Date of Receipt	<u>10/17/2016</u>		
Name & Address: David Phillips 7777 Cherry Hill Rd. Ypsilanti, MI 48197				\$ <u>20.00</u>	\$ <u>20.00</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					
3. Contribution # 4	PAC Receipt? YES	4. Date of Receipt	<u>10/16/2016</u>		
Name & Address: Edd Post 3589 Northbrook Dr. Ypsilanti, MI 48198				\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>doctor</u> Employer <u>VA Hospital</u> Business Address <u>Ann Arbor, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					

Page Subtotal \$420.00

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 all 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>10/12/2016</u>		
Name & Address: Chuck Reinhart 2200 Green Rd. #E Ann Arbor, MI 48105				\$ <u>50.00</u>	\$ <u>50.00</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					
3. Contribution #2	PAC Receipt? YES	4. Date of Receipt	<u>10/18/2016</u>		
Name & Address: Mark Ouimet 3502 River Pines Dr. Ann Arbor, MI 48103				\$ <u>1000.00</u>	\$ <u>1000.00</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					
3. Contribution # 3	PAC Receipt? YES	4. Date of Receipt	<u>10/15/2016</u>		
Name & Address: Scott Menzel 9450 Sandlewood Ct Whitmore Lake, MI 48189				\$ <u>50.00</u>	\$ <u>50.00</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					
3. Contribution # 4	PAC Receipt? YES	4. Date of Receipt	<u>10/15/2016</u>		
Name & Address: Jerry Robbins 3384 Bent Trail Dr. Ann Arbor, MI 48108				\$ <u>25.00</u>	\$ <u>25.00</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					

Page Subtotal \$1,125.00

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**

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

**CANDIDATE COMMITTEE**

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>10/15/2016</u>		
Name & Address: Steve Belcher 9423 Summerland Dr. Whitmore Lake, MI 48189				\$ <u>50.00</u>	\$ <u>50.00</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					
3. Contribution # 2	PAC Receipt? YES	4. Date of Receipt	<u>10/16/2016</u>		
Name & Address: Karen Valvo 552 Galen Circle Ann Arbor, MI 48103				\$ <u>75.00</u>	\$ <u>75.00</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					
3. Contribution # 3	PAC Receipt? YES	4. Date of Receipt	<u>10/15/2016</u>		
Name & Address: Marilyn Dahms 5065 Red Fox Run Ann Arbor, MI 48105				\$ <u>25.00</u>	\$ <u>25.00</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					
3. Contribution # 4	PAC Receipt? YES	4. Date of Receipt	<u>10/15/2016</u>		
Name & Address: Ed Gunther P.O. Box 235 Dexter, MI 48130				\$ <u>50.00</u>	\$ <u>50.00</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					

Page Subtotal \$200.00

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 all 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>10/15/2016</u>		
Name & Address: Gail Smith 918 Timber Creek #22 Grand Ledge, MI 48837				\$ 300.00	\$ 300.00
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 #2	PAC Receipt? YES	4. Date of Receipt	<u>10/16/2016</u>		
Name & Address: Jim Fink 320 N. Main St. #300 Ann Arbor, MI 48104				\$ 100.00	\$ 100.00
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>10/23/2016</u>		
Name & Address: Dan Smith 328 N. Pointe Dr. Whitmore Lake, MI 48189				\$ 341.29	\$ 341.29
5. If over \$100.00 cumulative, please provide: Occupation <u>SW Engineer</u> Employer <u>MDA</u> Business Address <u>Ypsilanti, 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>10/23/2016</u>		
Name & Address: Rodger Williams 2710 S. Knightsbridge Cr Ann Arbor, MI 48105				\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>Ann Arbor, MI</u> Type of Contribution: <input type="checkbox"/> Direct      Loan from a person      Fund Raiser					

Page Subtotal	\$841.29
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$3,986.29

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      The Courant 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>10/21/2016</u> Date	\$ <u>800.00</u>
Expenditure #2 Name Address      Progressive Printing 14875 Galleon Ct. Plymouth, MI 48170  <input type="checkbox"/> Fund Raiser	Purpose: <u>printing &amp; mailing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/23/2016</u> Date	\$ <u>5302.33</u>
Expenditure #3 Name Address      Progressive Printing 14875 Galleon Ct. Plymouth, MI 48170  <input type="checkbox"/> Fund Raiser	Purpose: <u>printing &amp; mailing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/2016</u> Date	\$ <u>1594.20</u>
Expenditure #4 Name Address      Progressive Printing 14875 Galleon Ct. Plymouth, MI 48170  <input type="checkbox"/> Fund Raiser	Purpose: <u>printing &amp; mailing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/2016</u> Date	\$ <u>4820.79</u>
Expenditure #5 Name Address      Combat Data 13262 Blaisdell DeWitt, MI 48820  <input type="checkbox"/> Fund Raiser	Purpose: <u>walk list</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/2016</u> Date	\$ <u>175</u>

Subtotal this page      \$12,692.32  
 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-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 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>10/5/2016</u> Date	\$ <u>94.00</u>
Expenditure #2 Name Address Gwen Frostic Prints 5140 River Rd. Benzonia, MI 49616  <input type="checkbox"/> Fund Raiser	Purpose: <u>notecards</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/29/2016</u> Date	\$ <u>123.97</u>
Expenditure #3 Name Address Kolossos Printing 2055 W. Stadium Blvd. Ann Arbor, MI 48103  <input type="checkbox"/> Fund Raiser	Purpose: <u>printing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/5/2016</u> Date	\$ <u>56.18</u>
Expenditure #4 Name Address Office Depot 3765 Washtenaw Ave. Ann Arbor, MI 48104  <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>10/8/2016</u> Date	\$ <u>58.26</u>
Expenditure #5 Name Address CVS 3535 Plymouth Rd. Ann Arbor, MI  <input type="checkbox"/> Fund Raiser	Purpose: <u>envelopes</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/8/2016</u> Date	\$ <u>8.88</u>

Subtotal this page \$341.29  
 Grand Total of all Schedules 1B  
 (Complete on last page of Schedule) \$13,033.61

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>\$ 7,918.24</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	7,918.24  \$ _____  FORGIVEN
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>12/26/2013</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,387.06</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ 10,387.06  \$ _____  FORGIVEN
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: _____ 5. <u>Date Debt Was Incurred:</u> <u>12/28/2015</u> 6. <u>Original Amount of Debt:</u> <u>\$ 20,000</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ 20,000  \$ _____  FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				\$38,305.30
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to this committee)				\$38,305.30

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.