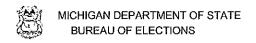
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE							
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	signed by andidate.	3. This Statement covers Fron	" 4/27/2017 to 7/23/2017				
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.				
C-2013-027		Smith Charles "Chip" 4a. Office Sought Including District # or Community Served (If applicable)					
2. Committee Name							
Committee to Elect C		Dogra-Al	? City Commission				
	4 Him2	4b. County of Residence	4b. County of Residence				
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address				
517 Krause St.		Samanth					
Ann Arbor, MI 4810	3	1614 Dex	ter Ave				
Area Code and Phone 734-709-70	<u> </u>	Avin Arboi	r, MI 48103				
mailing address on the Statement of Organization, to be sent to this address by the filing official.	nail may	Area Code & Phone 3/	1-320-3056				
7. Treasurer's Business Address		Designated Record keeper Designated Record keeper)	's Name and Mailing Address (If the committee has a				
1614 Dexter Ave		Samart	ha Brdoks-				
Ann Arbor, MI 4	18103	Designated Record keeper) Samantha Brdeks					
Area Code and Phone 3/7-370-3	056	Area Code and Phone					
9. TYPE OF STATEMENT			9e. (0 OD)				
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the current year:		By checking this item two certify any outstanding debt by the committee to the candidate or his or her spouse is here				
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven; and no longer collectible from the committee. The committee has/no oustanding assets,				
Primary	July Quarte	епу	owes no lates fees or hās āny oustanding dēbt.				
General	October Q	uarterly	Further, if the dissolution cannot be granted, that this be				
Convention			considered a request for the Reporting Waiver.				
Special	9c. Annua	I Statement ()					
School	Ailiua	Coverage Year	Effective date of dissolution				
Caucus		dment to Campaign Statement					
		plete Item 9a, 9b, 9c or 9e to be which Statement is being led.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.				
Date of Election, Convention or Caucus							
8 Aug 2017							
10 Verification: IWe certify that all reasonable diline	ence was used i	n the preparation of this stateme	ent and attached schedules (if any) and to the best of				
myour knowledge and belief the contents are true, a	accurate and co	mplete.	,,				
Current Treasurer or Designated Record keeper Same Grant Name	a Brdek	Signature	Date 7/25/70/7 Date 27 Juy 207				
0120 0 541			- Control of the Cont				
Candidate Chip Smith			Date 27 July 2017				

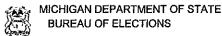


SUMMARY PAGE
CANDIDATE COMMITTEE

1. Committee I.D. Number	C-7013-027	

2. Committee Name Committee to Elect ChipSmith

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	69	,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ $1/1,5/0$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>//, 5/0</u>	(18.) \$ //,5/0
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>11, 5 10</u>	(20.)\$ 11,510
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.)\$ <u>/329.65</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 6976.94	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	y 4
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>6976.94</u>	(23.)\$ 6, 976.94
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)		(24.)\$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) Ø
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	<u> </u>
13. Ending Balance of last report filed	(13.) \$ 3/F. 48	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 11.510	
(Line 5, Total Contributions & Other Receipts)	II A = A UN	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$	
(Add lines 9 and 11)	(16.) - \$ <u>6, 966.99</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4,901.54</u> *	
·	•	



1. Committee I.D. Number <u>C - ZO/3 - OZ 7</u>

2. Committee Name Committee to Elect Chip Shift CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 30/20/2 Name & Address: Vander Viet, M. Grace 503 W. Jefferson Ann Arbor, MI 48103 s /00 s /00 5. If over \$100.00 cumulative, please provide: Occupation _ Business Address ____ Type of Contribution: (Direct Loan from a person 4. Date of Receipt 5/5//7 3. Contribution #2 PAC Receipt? YES Name & Address Clevey, Mark 2917 Brockman Blud 100 \$ 100 Ann Arbor MI 48104 5. If over \$100.00 cumulative, please provide: Employer_ Occupation _ Business Address ____ Fund Raiser Type of Contribution: (Direct) Loan from a person 4. Date of Receipt 5//4//7 PAC Receipt? 3. Contribution #3 YES Name & Address: Lindeberg, John 416 Longshore Drive Ann Arkor, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation . Business Address Type of Contribution: <Direct → Loan from a person **Fund Raiser** 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address Harrington, Mary 353 Take Park Lane 20 , Ann Arbon, MI 48/03 5. If over \$100.00 cumulative, please provide: Employer . Occupation_ Business Address _ Fund Raiser Type of Contribution: Loan from a person Direct \ Page Subtotal

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

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Enter this total on line 3a of Summary Page.

Page of



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

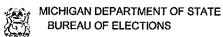
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number <u>C - 7013 - 027</u>

CO - - 410: 40 Elect ChigSmi. II.

CA	NDIDATE C	OMMITTEE	2. Committee Name	Imm Her 4	O Elect Chysm
	to indicate if contrib	ntribution is from an individual, oution is from a Political Comm gardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: Prtn+on, S 30 60 B Ann Arb 5. If over \$100.00 cumu	, AptZA or, MI 4		pt <u>5/14/17</u>	s 70_	\$ <u>70</u>
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser	·	
3. Contribution #2 Name & Address Hewitt, R 7057 fa Ann Arbo	whine Ct	YES 4. Date of Recei	pt <u>5/14/17</u>	sZO	s <u>20</u>
5. If over \$100.00 cumu	•				
Occupation	1	Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
	enders Cr or, MI 4	8103	ipt <u>5/14/17</u>	\$ <u>50</u>	\$ 50
Occupation		Employer			
Business Address Type of Contribution:	Direct)	Loan from a person	Fund Raiser		
3. Contribution #4 Name & Address Hanklas 0 727 Lina East Lan 5. If over \$100.00 cumu Occupation Profi	lenst sing, MI	YES 4. Date of Rece 48823 de: Employer <u>MSU</u>	ipt <u>5 /14 /17</u>	s 7 <i>50</i>	s 250
Business Address ZZ Type of Contribution:	O Trowbe	Loan from a person	Lansing, MI Fund Raiser	48424	
			Page Subtotal	300	

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



CANDIDATE COMMITTEE

1. Committee I.D. Number	<u> </u>	<u> 20/3</u>	-0z	in j
0.0	MA ALI	Jo F	locat C	140.Sm/m

Enter contributor's name a middle initial. Check box t Committee (PAC) Report	o indicate if contrib	ution is from a Political C			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: Gordon, A Z3ZJ Fer Ann Arbo	n wood Au		Receipt _	5/24/17	s_ <i>Z O</i>	\$ <u>ZO</u>
5. If over \$100.00 cumula	tive, please provid	le:		•		
Occupation		Employer				
Business Address				CONTRACTOR		
Type of Contribution:	Direct	Loan from a person	(Fu	und Raiser		
3. Contribution #2 Name & Address Smith, fa 110 Depot Ann Arbor	street	YES 4. Date of F	Receipt	5/24/17	\$ Z <i>5</i>	\$ 75
5. If over \$100.00 cumula						
Occupation	E	mployer				
Business Address						
	Direct	Loan from a person	(F	fund Raiser		
3. Contribution #3 Name & Address: Warpehosk ZOZO Wine Ann Arbo 5. If over \$100.00 cumulat Occupation Director Business Address 14/5	wood Ave r, MI 48 tive. please provid	/03 e:	· 	5/24/17 Peace & Justice	s <u>ZOO</u> e Coalition	\$ <u>200</u>
Business Address 14/	4 Hills:	+ Ann Arb	or M	1± 48104		
Type of Contribution: (Direct	Loan from a person	₫.	Fund Raiser		
3. Contribution #4 Name & Address Spindler 515 W. Su Ann Arbor	PAC Receipt? Teffrey mmit St. MI 4811	YES 4. Date of	Receipt	5/24/17	\$ 50	s 50
5. If over \$100.00 cumula	,					
Occupation		Employer				
Business Address						
Type of Contribution: (Direct	Loan from a person	Fu	ınd Raiser		
				Page Subtotal	295	
			Orand T	Total of All Schedules 1A	- "	

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MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

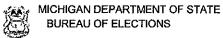
CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C - Z013 - OZ7</u>
2. Committee Name <u>Committee to Elect ChipSm.74</u>

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 5/24/17 Name & Address: LOWENSTEIN, Joan 502 Burson Place Ann Arbor, MI 48104	\$ 250	s 250
5. If over \$100.00 cumulative, please provide:		
Occupation 1awyer Employer Jaffe Law		
Business Address 27777 Franklin Rd #2500, Southfield,	MI 48034	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/24/17 Name & Address WOJKOWIAK, Audrey 523 Longshore B Ann Arbor, MI 48105	s_50	s5()
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/24/17 Name & Address: Piotrowski, David 7566 Lake Hollow Court Dexter, MI 48130	\$ 100	\$_100
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/24/17 Name & Address Pinnell, Anthony 1328 Minerva Ra Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide:	s 25	s 75
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal		

Page 4 of 17

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



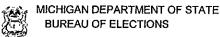
CANDIDATE COMMITTEE

1. Committee I.D. Number	0-7013-027	
2. Committee Name	Imittee to Elect ChipSmit	1,

_			2. Committee Hame	11.0777	
	oox to indicate if contri	bution is from a Political Co	ual, enter last name, first name, mmittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
5. If over \$100.00 cur	rkley bor, MI 4	ide:	Receipt 5/24/17	s <i>ZO</i>	\$ ZO
Business Address					
Type of Contribution:	(Direct)	Loan from a person	Eund Raiser		
1614 De	PAC Receipt? Samantha exter Ave rbor, MI Y	YES 4. Date of R	eceipt <u>5/75/17</u>	\$ <u>30</u>	\$ <u>30</u>
5. If over \$100.00 cum	nulative, please prov	ide:			
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
2320 W	PAC Receipt? Melissa laHer Dr bor, MI 48	YES 4. Date of F	Receipt <u>5/24/17</u>	\$ 100	s 100
5. If over \$100.00 cum	•				
Occupation Business Address	(Pinel)	Employer			
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
7581	PAC Receipt? S, Ky/L N. Frank/		Receipt <u>5/24/17</u>	\$ 50	<u>\$_50</u>
Ann A 5. If over \$100.00 cun	nulative, please prov	1010 3 ide:		•	
Occupation		Employer			
Business Address					
Type of Contribution:	(Direct)	Loan from a person	Fund Raiser		
			Page Subtotal	200	_
			O INCLUSION OF A BOOK AND A STATE OF A STATE	1	

Page <u>5</u> of <u>17</u>

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



1. Committee I.D. Number	(-7013-077
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2. Committee Name COMM THEE TO Elect Chysm. Th CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: Vander Brock. Jamie 625 Barber Ave 70 s ZO Ann Arbor, MI 48103
5. If over \$100.00 cumulative, please provide: _____Employer_ Occupation __ Business Address ____ Type of Contribution: (Direct) Fund Raiser Loan from a person YES 3. Contribution #2 4. Date of Receipt PAC Receipt? Name & Address Burke, Lori 705 Gott St Ann Arbor, MI 48/03 5. If over \$100.00 cumulative, please provide: Occupation _ Business Address _ Fund Raiser (Direct) Type of Contribution: Loan from a person 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Rogers, Julie 1203 Belmar Pl Ann Arbor, MI 48103
5. If over \$100.00 cumulative, please provide: Employer_ Occupation_ Business Address _ Type of Contribution: (Direct) Loan from a person (Fund Raiser) 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Grand Julie 1604 Brooklyn Ave s 70 Ann Arbor MI 48104
5. If over \$100.00 cumulative, please provide: Employer _ Occupation_ Business Address Direct Fund Raiser Type of Contribution: Loan from a person

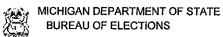
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

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CANDIDATE COMMITTEE

1. Committee I.D. I	Number	<u> </u>	70	13-	027	······································
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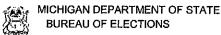
•	JANDIDA I E C	OIMIMI I		2	. Committee Name 👤	VITE I	FULLEUT CHIPSONIT
Enter contributor's nar middle initial. Check I Committee (PAC) Rep	box to indicate if contr	ibution is fro	m a Political Co	ual, ente mmittee	r last name, first name, or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
1502 G	PAC Receipt? I, Greta Olden Ave bor, MI 48 nulative, please prov		4. Date of Ro	eceipt	5/24/17	s 100	<u> </u>
Occupation		Employer					
Business Address							
Type of Contribution:	Direct	Loan fro	m a persoл	F	und Raiser)		
3465	PAC Receipt? Tanis Vintage Var bor, MI nulative, please prov	18105	4. Date of Re	eceipt	5/24/17	\$ 100	\$ <u>/() ()</u>
Occupation		Employer				•	
Business Address							
Type of Contribution:	Direct	Loan fron	n a person	G	Fund Raiser		
618 S. AS	or, MI 48		4. Date of R	eceipt _	5/24/17	\$ ZO	<u> </u>
Occupation		Employer_					
Business Address			,				
Type of Contribution:	Direct	Loan fror	n a person	\subseteq	Fund Raiser		
3. Contribution #4 Name & Address Briggs ZOY Ma Ann Ari	PAC Receipt? , Erica , rk Hannah bor, MI 48,	YES (0.3)	4. Date of F	Receipt	5/24/17	\$ 50	<u>\$ 50</u>
5. If over \$100.00 cun	nuiauve, piease prov	iue.					
Occupation		Employ	er				
Business Address							
Type of Contribution:	Direct	Loan from	n a person	Œ	und Raiser>		
					Page Subtota	270	
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

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Page.



1. Committee I.D. Number	 2.013	-07	7
			464

2. Committee Name Committee to Elect Chip Smith CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: McCune Andrew 5187 Wimbledon Cir \$ 100 Ann Arbon MI 48108 5. If over \$100.00 cumulative, please provide: Occupation _ _____Employer Business Address ____ Type of Contribution: Difect Fund Raiser Loan from a person YES 3. Contribution #2 PAC Receipt? 4. Date of Receipt Name & Address Fraser Sarah 303 W. Woodland St Ferndale, MI 48220 5. If over \$100.00 cumulative, please provide: Occupation _ Business Address _ (Fund Raiser) Type of Contribution: (Direct) Loan from a person 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Hauptman, Jeff \$ 1,000 \$ 1000 G11 Strotford Dr Ann Arbor, MI 48/04 5. If over \$100.00 cumulative, please provide: Occupation C FO Employer Oxford Companies Business Address Z /O (Fund Raiser Type of Contribution: Direct Loan from a person 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 5/24/17 Name & Address Scott, Katie 926 Loyola Dr Ann Arbor MI 48103 5. If over \$100.00 cumulative, please provide: Occupation_ Employer . **Business Address** Fund Raiser Loan from a person

Grand Total of All Schedules 1A

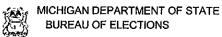
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Page Subtotal

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CANDIDATE COMMITTEE

1. Committee I.D. Number	г <u> С-го</u>	13-027
2 Committee Name	OMMITTER 4	o Elect Chiso Smith

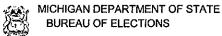
		2. 00111111100	, , , , , , , , , , , , , , , , , , ,	
Enter contributor's name and address. If cormiddle initial. Check box to indicate if contributions remainded (PAC) Report <u>all</u> contributions re	oution is from a Political Com		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? Name & Address: Kubin, Laura G 25 Fountain St. Ann Arbor, MI 4	YES 4. Date of Rec	ceipt <u>5/24/17</u>	s 50	s 50
5. If over \$100.00 cumulative, please provi				
Occupation	Employer			
Business Address	·	and the second s		
Type of Contribution: Direct	Loan from a person	Fund Raiser	4	
3. Contribution #2 PAC Receipt? Name & Address Weinert, Bryan 108 Worden Avl Ann Arbor, MI	YES 4. Date of Red	eipt <u>5/28/17</u>	s 200	\$_ Z 00
5. If over \$100.00 cumulative, please provi				
Occupation Director of Strong	eqy imployer Recycle	Ann Arbor		
Business Address ZYZO S. Ind	ustrial High	way. Ann Arbor	MI 48104	
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address: Ziph, Elizabeth 1501 Hillridge Blo Ann Arbor, MI 48 5. If over \$100.00 cumulative, please provise	7103	ceipt <u>5/31/17</u>	\$ <u>50</u>	\$ 50
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #4 PAC Receipt? Name & Address Firkl, Samuel	YES 4. Date of Re	cceipt 6/2/17		
7809 Craig Rd Ann Arbon, MI 481 5. If over \$100.00 cumulative, please provide	/03 de:		\$ 17.5	\$_ <i>175</i>
Occupation Project Director		Inalysis @ TNTP		
Business Address 186 Jorally		•	NY 11201	
Type of Contribution: Direct	Loan nom a person	Page Subtotal	425	
	_	Page Subtotal	Y 6 9	

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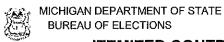


CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C-Z0/3-027</u>
2. Committee Name <u>Committee to Elect Class Smith</u>

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		z. Committee Name 1		
	ox to indicate if contr	ibution is from a Political Com	al, enter last name, first name, nmittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: Gunn, C 7115 N Ann Ar 5. If over \$100.00 cum	ature Cov bor, MI 48	*	ceipt <u>(/</u> 2/17	s_/00	\$_/O()
Occupation		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address FE/OH, 6 3 KEPP Ann Ar		YES 4. Date of Rec	eipt <u>(0/2/17</u>	\$ <u>40</u>	s <u>40</u>
5. If over \$100.00 cum	ulative, please prov	ride:			
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
2115 N	PAC Receipt? PLET taylor ature Cove rbor, MI	YES 4. Date of Re for Mayor 2. Ct. Apt 207 48-104	ceipt <u>6/2/17</u>	\$ 100	\$ 100
5. If over \$100.00 cum	ulative, please prov	ride:			
Occupation		Employer		•	
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #4 Name & Address Babょs 813 H:s	PAC Receipt? ka, Chris cock St	YES 4. Date of Re	eceipt <u>6/7//7</u>	s /00	. 100
	-bor, MI			\$ <u>////</u>	<u> </u>
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
	LIP TO		Page Subtotal	340	
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Grand Total of All Schedules 1A (Complete on last page of Schedule)



1. Committee I.D. Number	C	~ (1/3	- (7	
0					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0

CANDIDATE COMMITTEE 2. Committee Name	MM:746E 401	Elect Unip Smit
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 Name & Address: Cohen, Harry 3/40 w. Dobson Pl Ann Arbor MI 48/05 5. If over \$100.00 cumulative, please provide: Occupation restaurant owner Employer Black Pearl	s <u>1,000</u>	<u> </u>
Business Address 302 S. Main St, Ann Arbor, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/7//7 Name & Address Hutton, Susan 1102 Olivia Aul Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide:	\$/ <i>O(</i>)	s
Direct Loan from a person Fund Raiser		
S. Contribution #3 PAC Receipt? YES 4. Date of Receipt Colory Longko, Nicholas ZO154 Edglwood Ave Livenia, MI 48/52 5. If over \$100.00 cumulative, please provide: Occupation Senior Vice President Business Address Guardian Building, 500 Griswold, Syife Z	\$ 150 500 Detro	\$ 150 H& MI 40220
Type of Contribution: Direct Loan from a person Fund Raiser		40666
S. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/21/17 Name & Address Bryan, Susan 11/6 W. Was Lington St Ann Arbor, MI 48/03 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 100	s
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	1350	

Page // of 17

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



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

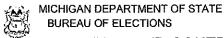
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number	C ~ 7013	-027) 	
•	La la la la	Ki I	a . A	

CANDIDATE COMMITTEE 2. Committee Name 420	MM, THEC TU	- El Valf-M
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 6/24/17 Name & Address: Joseph Thomas 38655. Michael Rd Ann Arbon, MI 48103	s 750	s 750
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive</u> Employer <u>Visiun</u> , <u>Inc.</u> Business Address <u>3865 S. Michael Rd</u> , <u>Ann Arbor</u> , <u>MI</u> 487 Type of Contribution: Direct Loan from a person Fund Raiser	03	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/28/17 Name & Address Sokatch. Andrew 47 Maple wood Ave Newton Center, MA 02459	\$	\$ 100
5. If over \$100.00 cumulative, please provide: Occupation Employer		
Business Address Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/29/17 Name & Address: Godman, Adam 615 His cock Ann Arbor, MI 48103	s 50	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/30//7 Name & Address Weinert, Dary/ 1400 Linwood Ave	\$ 100	\$
Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	,	
Page Subtotal	500	A SECTION OF THE PROPERTY OF T

Page 12 of 17

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



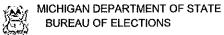
CANDIDATE COMMITTEE

2. Committee Name (OMM HER 40 FILLY Chip Sm 172)

•		C-14114111 1		2. 55	C.		
	ox to indicate if contril	oution is from	n a Political Commi	enter last name, first nar ittee or an Independent	me,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
500 Ann.	PAC Receipt? Ila, Elyce W. Jeffe Arbor, MI	4810	4. Date of Recei	pt <u>6/30/17</u>	7	s 100	s 100
5. If over \$100.00 cun	nulative, please prov	ide:					
Occupation		Employer_					
Business Address					_	•	:
Type of Contribution:	Direct	Loan from	n a person	Fund Raiser			
7002	PAC Receipt? tein, Mark Scottwood Irbor, MI	YES 1 AUC 18104	4. Date of Recei	pt 7/8/17		s 1,000	\$ 1000
5. If over \$100.00 cum	nulative, please provi	de:					
Occupation <u>Q++0</u>	rulu	Employer	LeSam	Bernstein	Low	Firm, 82	LC
Duciness Address 3	1731 100	1.00+0	1 - H-al	way, Suite 3	1 555	Formingto	n Hills, MI
Turn of Contributions	() I I I I I I I I I I I I I I I I I I	A WU- I		Fund Raiser	- , من مسدم	J	48334
Type of Contribution:	(Direct)	Loan from				11.11.11.11.11.11.11.11.11.11.11.11.11.	<u> </u>
225 9	PAC Receipt? aar, Danie Ashley S Arbor, MI nulative, please provi	+ , Sutt	4. Date of Rece	ipt 7/9/17		s_Z00_	\$ <u>700</u>
Occupation real	estate	Employer_	Urban G	rroup Pere	10pm	ent Com	pany
		ey S+,		Fund Raiser			ney neturned
3. Contribution #4 Name & Address HOhnh 301 N Ann A	PAC Receipt? cf, Carster Revena L rbon, MI	YES 31 vd 4810 3	4. Date of Rece	eipt 7/9/17	*	s 100	s 100
5. If over \$100.00 cum	, -						
						:	
Occupation		Employe	er	<u>.</u>			
Business Address					_	1 0 2 1	
Type of Contribution:	Direct	Loan from	n a person	Fund Raiser			·
				Page Su	ubtotal	1,400	

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



CANDIDATE COMMITTEE

1. Committee I.D. Number	C-2013-027
2. Committee Name	mm : After to Elect Ch & Smith

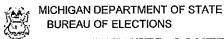
OANDATE COMMITTEE		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/13/17 Name & Address: Ramsay-Smith, Alec 1442 W. Argyle St. Chicago, IL 60640	s /00	s 100
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	: .	•
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7//3/17 Name & Address DETTCH, Laurence B. 4021 Hidden Woods Dr Bloomfield Hills, MI 4830/	s <u>500</u>	\$ <i>500</i>
5. If over \$100.00 cumulative, please provide:		
Occupation lawyer Employer Bodman		
Business Address ZOIS. Division St, Swite 400, Ann Arbor	MI 48104	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/13/17 Name & Address: Edelson, Gabriel Joseph 3590 Bradway Blvd Bloomfield Hills, MI 4830/	s 500°0	\$ <i>500</i>
5. If over \$100.00 cumulative, please provide:	•	
Occupation <u>I a w yf r</u> Employer <u>H O n i g m a n</u> Business Address <u>3 9 4 0 0 W O of Ward Ave, Ste 101</u> <u>B 10</u> 0 m t Type of Contribution: Direct Loan from a person Fund Raiser	rew Hills,	MI 48 304
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/13/17 Name & Address Edelson, Stephanie 3590 Bradway BIVA Bloomfield #115, MI 48301	\$ 500	\$ 500
5. If over \$100.00 cumulative, please provide:	•	
Occupation + 19Cher Employer <u>unknown</u>		
Business Address Unknown		
Type of Contribution: Direct Loan from a person Fund Raiser		(1-1-1-3-1-4) geoglese Streppiskanskrapsk (44):
Page Subtotal	1600	
Grand Total of All Schedules 1A	1	

(Complete on last page of Schedule)

Enter this total on line 3a of Summary

Page.

Page 14 of 17

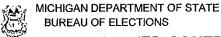


CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C-Z0/3-0Z7</u>
2. Committee Name <u>COMMISHULY OF LOUIC Chip Smith</u>

CANDIDATE CO	ZIVILVII I EE	2. Committee Name 124/12	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Enter contributor's name and address. If con middle initial. Check box to indicate if contrib Committee (PAC) Report <u>all</u> contributions req	ution is from a Political Con		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? Name & Address: Schiff Jill	YES 4. Date of Re	ceipt <u>17//3//7</u>	:	
1473 I roq 4012 Arbor MII 5. If over \$100.00 cumulative, please provi	48104		\$ <i>500</i>	s 500
	de:	ogum Schloff	a N 81000	1 P/10
Occupation /awyer	1 1 1 1	Rd, Ste 750	Wash Bl	markell Mr
Business Address 6 7 60 0 r 6	hard lake	1 KM, SYL (50)	WEST 21	49377
Type of Contribution: Direct	Loan from a person	Fund Raiser		A S C C
Contribution #2 PAC Receipt? Name & Address	YES 4. Date of Rec	ceipt 7//3/19		
Breza, John M 310 N. Connect			s_500_	\$ 500
$Royal\ Qak\ MJ$ 5. If over \$100.00 cumulative, please provi	ie.		0 110	
Occupation <u>Extentive</u>	mployer First	Holding Many	LO. CLC	
Business Address 6960 Ov Char	rdlake Rd #	#300 WOST Blood	intellatow.	aship, MI
Type of Contribution: Direct	Loan from a person	Fund Raiser		48366
3. Contribution # 3 PAC Receipt?	YES 4. Date of Re	eceipt ~///3//*	ार क्षा का शक्का हुआ (क्षा के कर	organica de de la granda de la g Composição
Name & Address: Kaplan, Helen F	e inare W		:	. :
3545 Charter			s 500	s <u>500</u>
Ann Arbor MJ. 5. If over \$100.00 cumulative, please provi	48105 de:			
Occupation SOCYal Worker-C	Employer unker	OWN	1.	
Business Address <u>500 E. W. 4.</u> Type of Contribution: <u>Direct</u>	Loan from a person	Fund Raiser	nn Arbor,	MIT 48 104
Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of R	teceipt 17//3//19		
Bloom, Carey 2030 E Aster P			s 500	s 500
Chandler $A \ge 8$. 5. If over \$100.00 cumulative, please provi	5786 de:			<u> </u>
Occupation Unemployed	Employer			
Business Address				:
Type of Contribution: Direct	Loan from a person	Fund Raiser		
' <u></u>		Page Subtotal	7000	
		Grand Total of All Schedules 1A		

(Complete on last page of Schedule)



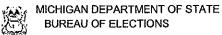
:	
1, Committee I.D. Number	2013-027
2. Committee Name COMMIT	lee to Elect Crip Smith

CANDID	ATE COMMITTEE	2. Committee Name	MM JYEE YU	Elect Chipson
	ress. If contribution is from an individu ate if contribution is from a Political Cor ributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address:	Receipt? YES 4. Date of Revisor Vis April 146 MI 48105 ease provide:	eceipt <u>7//4//</u> 7	\$ 25	\$ 75
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Revalue & Address NEED LO. Sum Ann Arbor,	ob mitst	eceipt 7//5//17	s 15	\$ 15
5. If over \$100.00 cumulative, pl	¥ 2			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser	:	•
3. Contribution #3 PAC Ri Name & Address: COX, NOVMA 1520 Cim W Ann Arbor 5. If over \$100.00 cumulative, pla	in ood Ave	eceipt 7//3//17	s /00	\$ <u>/00</u>
Occupation	Employer		:	
Business Address Type of Contribution: Direct) Loan from a person	Fund Raiser		
3. Contribution # 4 PAC R	Receipt? YES 4. Date of F			a martin a superior for the first of the superior (1993) Marcon (1994) A
Elyakin M 1300 Red Od Ann Arber 5. If over \$100.00 cumulative, pl	argurer KRd MI 48103		\$	\$ 100
Occupation	Employer			
•	—			
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
1,750 or Contribution. Difect	Loan from a potadi	Page Subtotal	240	4

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

Enter this total on line 3a of Summary Page.

Page 10 of 17



1. Committee I.D. Number	<u>C =</u>	2013	,	07	7	
and the second s		A		4 4 4	4%	

SCHEDULE IA	·04	25-11-11-11-11
CANDIDATE COMMITTEE 2. Committee Name COV	um 199140	Elect Chysmith
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 7/20//7 Name & Address: Battler and Joll		7 d d d d
7758W. Grand Blvd, Apt 308 Detroit MI 48708 5. If over \$100.00 cumulative, please provide:	\$	\$.5
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		l 1.7.1 (1: 188 de décide 1884) de company de 188 de company de 188 de
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/20/17 Name & Address Scott Jr, M. Doug bus 1575 Harding Rul Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide:	s *** 7.5	\$ 25
Occupation Employer		***************************************
Business Address	,	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/20/17 Name & Address: Rogers Vivginia E. 1337 White St.	\$	\$
Ann Arbor MI 48104 5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:	***	A MARKAN AND SERVICE MENTER STREET TO REMARKATE PARKATE AND A LULI I
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/70//17 Name & Address Daly, James F. 124 W. Symmitst St. Ste F	s 500	s 500
5. If over \$100.00 cumulative, please provide:		1
Occupation Manager Employer Ann Arkor Dellnes		ve
Business Address 371 E. L. blyty St, Ann Arbor, MI Vs	2104	
Type of Contribution: Direct Loan from a person Fund Raiser	1	The state of the s

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

Page Subtotal

11,510



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	C-2013-027	

CANDIDATE COMMITTEE 2.0	committee Name Committee to Elect Chip Smith
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name Alex Yerkey	Purpose: <u>Campaign management</u> Date Purpose: <u>Campaign management</u>
Ann Arbor MI 48108	Purpose: Campaign management
Ann Arbor, MI 45108	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #2	
Name NG P VAN, Inc.	Purpose: Online donation application/webs
PO BOX 392764	of ica ion webs of
P7445 burgh PA 15251-9264	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	
Name Alex Yerkey Address 3093 Williams burg Rd	Purpose: Campaign management
Ann Arbon, MI 48108	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	
Name Chip Smith	7/17/17 \$ 10.75
Address 5/7 Knausi St.	Purpose: repayment for fundroiser food, (xc)
Ann Arbon, MI 48103	note cords, and yard signs and Check box if this expenditure is payment of (*523)
Fund Raiser	debt or obligation reported on previous statement +-sh:++s for parade (23
Expenditure #5	
Name NGP VAN Inc.	6/7/17 \$176.74
10 Box 397764	Purpose: bank card merchant Date \$ 176.74 fees for online donations
Pitts burgh, PA Fund Raiser 15751-9764	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser 13 (5) 1-9 (6)	statement
	Subtotal this page [7651,74]

Enter this total on line 8a of Summary Page

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



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number C-7013-027

White in Flort Chro Smith

CANDIDATE COMMITTEE 2. C	committee Name COMM THE 40 E	- 1ect Chipsmin
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name Printing Plus	A . 1	6/4/17 \$ 450.50
105 W. M. Chigan Ave	Purpose: <u>fostagras</u>	Date
Ypsilanti, MI 48197 □ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	
Expenditure #2	statement	
Name Sawtchi & Son		6/14/17 \$ 678.05
Address 1571 W. Lafayette Detroit, MI 18716	Purpose: YCVC SIGNS	Date
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name Ann Arbor Jaycees Foundation		6/16/17 \$ 50
PO BOX 1466	Purpose: registration for 4th of July Par	Date ————
Ann Arbon, MI 44106 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #4		,
Name Printing Plus	Purpose: direct mailing	6/26/17 \$ 709.70
Address Michigan Ave	Purpose: <u>direct mailing</u>	
Ypsilanti, MI 48197	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #5 Name Alex Yerkey		6/79/17 . 500
Ann Arbon, MI 48108	Purpose: Campaga rough	6/29/17 \$ 500 Contact
Ann Arbon, MI 45108	Check box if this expenditure is payment of debt or obligation reported on previous statement	
	Subtot	al this page 23 34, 25
	Grand Total of all S	C) 30, C)
	(Complete on last page	l l



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number <u>C-7013-077</u>
2. Committee Name <u>COMMITHER 40 Elect Chip Smight</u>

Z. C	CONTRACTOR	-1601 01	1132 -11,517
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name NGV Van Inc	Purpose: bank card mercha	7/3/17	\$ 36.39
Address	Purpose: Dank Card mecha	Date	
Address PO BOx 391764	fills for online di		
Pitts burgh, PA	- LES VE UNIVER U	ination	27
	Check box if this expenditure is payment of		
☐ Fund Raiser 15751-9764	debt or obligation reported on previous statement		
Expenditure #2		,	
Name Daniel Ketelaar	. 4	7/14/17 Date	* <u>700</u>
Address	Purpose: return of donot	00	
2755. Achley St Surtle 203	to avoid conflict	of in	terest
- Ann Arbor MI 48104	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name Grange		Alahi	7 6 711 23
· · · · · · · · · · · · · · · · · · ·	Purpose: fundraistr/met+	Date	" <u> </u>
Address 118 W. L. berty St.	Purpose: The Purpose:	god g	rlex
	with Each and	5 y son	2
Ann Arbor, MI 48104	with ₹ach and \ □ Check box if this expenditure is payment of	Frent	<i>(</i>
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
		, .	
Name Printing Plus		7/22/17	¢ 1/7/ >>
Address	- man Viana and made	Date	* 10 CO. C.S
105 W. Michigan Ave	Purpose: <u>mailers and pas</u>	rage	
Ypsilants, MI 48 197	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement	***	
Expenditure #5			
Name			
		 Date	\$
Address	Purpose:	Date	
	Check box if this expenditure is payment of		
☐ Fund Raiser	debt or obligation reported on previous statement		
			10 - 10 -
	Subtota	al this page	1921 95

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

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number C-20/3-027

2. Committee Name Committee to Elect Chip Smith

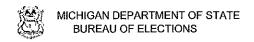
- USE A SEPARATE SHEET FOR EACH EVENT -					
3. Date Event Was Held 5/24/70/79	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity Campaign kickoff	6. Address and Name (If any) of place where the activity was held Arbor Browing (If E. Drewing (Ann Arbor MI Private Residence		
7. Total Contributions	\$7555		,		
8. Other Receipts					
9. Gross Receipts (Add lines 7	and 8)	·			
10. Total Cost of Event (Total Cost includes In-Kind Co	ر کے کے ہا ntributions and All Expenditures	Made For the Event)			
11. Check if event was a jo	int fund raiser and complete the	following:			
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)		
	-				
		·			
					
					
		0 1 10 1 5 1 6 1 1	in a second hadd dereing the		

• The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

 Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page _____ of _____



FUND RAISER SC CANDIDATE CO	HEDOLL II	mmittee I.D. Number <u>C ~ ZO</u>	13-027 to Elect Chie Smin				
	- USE A SEPARATE SHEET FOR EACH EVENT -						
3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity Meet and Greet	6. Address and Name (If any) of the place where the activity was held. Grange Kitchen to the control of the place where the activity was held. If the control of the place was a control of the place with the place w				
7. Total Contributions 8. Other Receipts 9. Gross Receipts (Add lines 7 a 10. Total Cost of Event (Total Cost includes In-Kind Cor	\$ 74.	3 3 3 9s Made For the Event)					
11. Check if event was a joi	nt fund raiser and complete th	ne following:					
Co-sponsor(s) Chip Smith Jason Fren Zachary Ack	zel <u>34</u>	Split 5 % 6 % 6 % 7 % 6 % 6 % 6 % 6 % 6	Expenditure Split (%) 33% 34% 3370				

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page 2 of 2

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1.	Committee L	D.	Number

1. Committee I. D. Nu	ımber	C -	70/3	-02	7	
2. Committee Name	Com	m.4	lee 40	Elect	Chip	Smith

	CANDIDATE (COMM	NTT	ΕE
3. Name and Addres	ress from whom received rom an individual, enter last			/pe o
name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.			5. Date of 6. Name purchase	

0, 111212, 112 0011111	··· · · · · · · · · · · · · · · · · ·		
Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or	8. Cumulative
	5. Date of Receipt	Fair Market Value	for Election
is from a Political Committee or an Independent	6. Name & Address of Vendor from whom goods or services were	Value	Cycle (Through date in Item 5)
Committee (Both are commonly called PACs). Report all in-kind contributions.	purchased		
Contribution # 1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address:	Goods Donated or Loaned Services Donated	غاطية سيست	
Brock, Samantha	S_	754.61	\$
1614 Dixter Ave	Goods or Services Purchased by Candidate or Others		
If over \$100.00 cumulative, please provide:	Goods or Services Purchased by Candidate or Others- LOAN		
Occupation: /	Description 11.07 hours @ \$23/hr		
ACCOMMEN	5. Date Of Receipt: 4/27/17thru 7/20/17		
Employer Name & Business Address:			
self-employed/contract	o. vendor name & Address:		
1614 Dexter Ave			
Ann Arbor, MI 48103			
Fund Raiser Contribution			
Contribution # 2 PAC Receipt? Yes	Endorsement or Guarantee of Bank Loan		
Name & Address	Goods Donated or Loaned Services Donated		783,50
517 Koquse St	\$	283.50	\$_ 1075_6 4
517 Krquse St			
Ann Arbor MI 48103	Goods or Services Purchased by Candidate or Others- LOAN	ر ر	25
If over \$100.00 cumulative, please provide:	Description + undraistr + and (a) Ari	bor Brewi	ng Compan
Occupation: Sinton Vanner	5. Date Of Receipt: 5/24/2017	,) ' '
Employer Name & Address:			
wade Trim	6. Vendor Name & Address:		
500 Griswold St	TIBUR BREWSHY CUMPANY		
Suit 6 7500	114 E. Washington St		
Detroit MI 48276	Arbor Brewing Company 114 E. Washington St Ann Arbor, MI 43104		
Fund Raiser Contribution	to the total		
Contribution #3 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan	4	316.60
Name & Address:	Goods Donated or Loaned Services Donated \$	33./ <u>0</u> 9	<u> </u>
Smith Chil	Goods or Services Purchased by Candidate or Others		
517 Krause St	Goods or Services Purchased by Candidate or Others- LOAN	7	
Ann Anbor MI 43/03 fover\$100.00 cumulative, please provide:		rit	
	Description <u>notecaras</u>		
Occupation:	5. Date Of Receipt:		
Employer Name & Address:	6. Vendor Name & Address:		
	Printing Plus		
	105 W. Michigan Ave		
Fund Raiser Contribution	Ypsilanti, MI 481897		

Page Subtotal

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

> Enter this total on line 6 of Summary Page

571.21

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